Student Orientation Checklist

Student Name: __________________________________________________ Phone: __________________________
School _________________________________________________________ Program: _______________________
Emergency Contact: ___________________________________ Phone _____________________________________
Unit/Area: _________________________________________ Clinical Dates: __________________________

Complete page 1 of this Checklist prior starting your assignment at Aurora Sheboygan Memorial Medical Center (ASMMC).

Student to Complete Before Starting Assignment

____ I have viewed and understand the on-line orientation module.
____ I have signed the Contract Staff/Student Confidentiality Statement

Aurora Health Care’s Mission & Goals:
____ I have read and understand the Appearance Policy.
____ I have reviewed and understand the organization’s Vision, Mission & Values and Service Standards.

Patient Rights and Ethical Aspects of Care:
____ I have reviewed and understand the Patient Rights, Confidentiality, and HIPAA guidelines. I am aware of Aurora’s Confidentiality/Information Privacy and Patient Rights policies.
____ I understand Aurora’s commitment to fostering an environment of sensitivity and diversity.

Blood Borne Pathogens/Infection Prevention
____ I understand the importance of reducing the risks associated with bloodborne pathogens, using sharps safety devices and disposing of sharps properly.
____ I understand the importance of hand hygiene, standard precautions. and isolation procedures.
____ I have read and understand the information about tuberculosis.

Safety/Environment of Care/Incident Reporting at ASMMC:
____ I am aware of Aurora’s Safety policy.
____ I know the emergency phone number and how to contact Loss Prevention.
____ I understand the emergency alert codes. I will locate the emergency flipchart, evacuation route, and code cart (if applicable) on the units to which I am assigned.
____ I understand how to respond to a fire using the R.A.C.E. and P.A.S.S. response.
____ I understand how to report a concern about the safety of medical equipment.
____ I understand the incident reporting process and will contact the department manager for help, if needed, to complete an incident report.
____ I have reviewed and understand how to recycle and dispose of waste.
____ I have read the information about hazardous substances and understand the MSDS is available online.
____ I understand Aurora’s no smoking and no weapons policy.
____ I have reviewed the parking instructions.

__________________________________________________________ ________________________________
Student Signature                                                                                              Date

Give completed form to clinical instructor or bring all forms (Student Orientation Checklist, Student/Trainee Confidentiality Statement, and Minimum Necessary Checklist) with you on your first day of clinical experience.

Revised 01/06/05; 6/12; 5/14; 11/14 ; 6/16
Orienter Complete

**Identification**
___ Student has school name badge. If not, contact Loss Prevention to obtain ID badge.
___ Verify photo ID. If name badge does not contain a photo, student must carry photo identification.

**Orientation to the facility and department:**
___ Receive completed forms from orientee:
   • Contract Staff/Student Confidentiality Statement
   • Student Orientation Checklist
___ Discuss and complete the Minimum Necessary Checklist
___ Provide Quick Reference Guide.
___ Discuss job responsibilities, expectations, and department/population specific considerations.
___ Introduce to caregivers and a resource for leadership/administration issues.
___ Tour unit/area. Locate emergency flipchart, fire extinguishers, evacuation routes, waste disposal, and crash cart (if applicable).
___ Demonstrate use of Nurse Call system if applicable.
___ Demonstrate use of telephone and paging systems.
___ Demonstrate how to access policy and procedure manuals and other resources.
___ Review reporting of incidents, patient complaints or abuse/family violence.
___ Discuss appearance/uniform requirements; name badge required when providing services.
___ Discuss unit approaches to Aurora service standards (example: back to basics, rounding with a purpose, AIDET).
___ Discuss unit approaches to patient safety (example: fall risk process, when may leave patients unattended).

**Additional Orientation:**

_________________________ ___________________________ ___________________________
Student Signature Print Name Date

_________________________
Orienter Signature
Role (instructor, educator, manager, preceptor ) Date

Send all completed student forms to Volunteer Services Office to file.

Revised 01/06/05; 6/12; 5/14; 11/14; 6/16