Student Orientation Checklist

Student Name (print): ________________________________________________________________

Phone: ___________________________________________________________________________

School __________________________________________________________________________

Program: _________________________________________________________________________

Emergency Contact: __________________________________________________________________

Phone __________________________________________________________________________

Clinical Unit/Area: __________________________________________________________________

Clinical Dates: _____________________________________________________________________

Student to Complete Before Starting Assignment

_____ I have viewed and understand the on-line orientation modules:
  • Advocate Aurora Health Care Purpose, Values, Priorities
  • Professional Expectations
  • HIPAA Privacy and Security
  • Infection Prevention
  • Safety

_____ I understand the parking instructions posted on the Student Website.

_____ I have read and signed the Contract Staff/Student Confidentiality Statement.

_____ Undergraduate nursing students: I have completed the Epic training modules.

________________________________________________________________________

Student Signature                                                                 Date

Give completed forms to clinical instructor or bring all forms (Student Orientation Checklist, Student Confidentiality Statement, and Minimum Necessary Checklist) with you on your first day of clinical experience.
Orienter to 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:
____ Collect and complete forms from orientee:
  • Contract Staff/Student Confidentiality Statement
  • Minimum Necessary Checklist
  • Student Orientation 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.
____ Demonstrate use of Nurse Call system if applicable.
____ Demonstrate use of telephone and paging systems.
____ Demonstrate how to use equipment appropriate to department (e.g. IV pumps).
____ 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).
____ RN students review Undergraduate Nurse Policy.

Additional Orientation:

_______________________________________
Student Signature
Print Name
Date

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

Send all completed student forms to Academic Liaison Office to file.

Revised 01/06/05; 6/12; 5/14; 11/14 ; 6/16; 8/19