STUDENT ORIENTATION CHECKLIST
Nursing Senior Immersion Clinical

Faculty Name: _____

College/University: _____

Course Number: _____

Facility and Assigned Unit: _____

Preceptor Name: _____

Method of Validation (MOV) Key:
O = Observation   **V = Verbalization**   **D = Demonstration**

Student Orientation Items	MOV
1. Review of unit documentation	
2. Review of pertinent unit equipment including but not limited to beds, scales, IV pumps, tube feeding pumps, etc.	
3. Review of unit medication administration process	
4. Review of unit order processing	
5. Review of population served on the unit, including age specific policies/procedures and cultural sensitivity information.	
6. Review of patient safety issues	
7. Proper use of patient Call Systems	
8. Review of roles of unit staff including nurse externs, nurse assistants, and ward secretary	
9. Review of isolation precautions relevant to the unit, if any	
10. Review of glucose monitor use	
11. Review of PYXIS use, if applicable	
12. Review of emergency procedures as they apply to the unit	
13. Review of patient identifiers	
14. Review of Student Orientation Website documents including the Student Clinical Placements Policy, Safe Medication Management Practices, and EMR Training Manual.	

15. Review of Student Information Guide contents including information on:
   ▪ Mission Statement, Core Values, Nursing Vision
   ▪ Dining Facilities
   ▪ Smoking Policy
   ▪ Electrical Safety
   ▪ Hazardous Materials
   ▪ Medical Waste
   ▪ Material Safety Data Sheets (MSDS)
   ▪ Body Mechanics and Back Safety
   ▪ Emergency Announcements
   ▪ Fire & Safety
   ▪ Infection Control
   ▪ Personal Protective Equipment (PPE)
   ▪ TB Exposure Control Plan
   ▪ OSHA Bloodborne Pathogen Standard
   ▪ Incident Reporting
   ▪ Ethical Issues
   ▪ Cultural Diversity
   ▪ Abuse and Neglect
   ▪ Conflict Resolution/Chain of Command
   ▪ Patient Confidentiality
   ▪ Patient Family Centered Care (PFCC)	

16. Tour of site and review of exits/evacuation routes	
17. <u>STUDENT/FACULTY CONFIDENTIALITY STATEMENT</u> I shall respect the confidentiality of the patient information obtained in providing care and treatment including information contained in the medical record. I will not divulge or disclose patient information obtained in care and treatment, or the contents of the medical record except as permitted under Beaumont Health's policy and procedure. This includes, but is not limited to, the patient's name, dates of service, diagnosis, or any other patient identifying information. I will at all times and in all places put into practice Beaumont Health's policies and procedures that govern confidentiality located in the Corporate Policy Manual, Policy #1001. I know it is my responsibility to be familiar with these policies and procedures and any changes to these policies and procedures. If I do not understand a confidentiality policy and procedures statement, I know I should ask my instructor or an Beaumont Health representative for guidance. I understand that unauthorized access, ordering, possession, use, copying, discussion, or release of patient information, medical records or personnel files is cause for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience. I know that unauthorized acquisition, release, and/or discussion of any information relating to Beaumont Health's business/activities, patient information, current and past employees, job applications, and computerized data is a most serious matter and will be grounds for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience. In addition, I will report any infractions of the above to a Beaumont Health manager/supervisor immediately.	
18. ***Students who are also employees*** are obligated to inform the Manager of Nursing Development and Clinical Outreach of any Beaumont Health employment disciplines incurred and the nature of those disciplines immediately upon their occurrence. These will be reviewed on a case by case basis as the incurred discipline may result in termination from clinical placement at Beaumont Health. ***Students who are also employees*** are obligated to inform the Manager of Nursing Development and Clinical Outreach of nonvoluntary termination from Beaumont Health employment. Nonvoluntary termination from Beaumont Health employment will result in immediate dismissal from clinical placement.	

I have my student to the above per Beaumont Health policy.

_____   _____

Preceptor Signature   *Date*

I have been oriented to the above unit specific items as indicated above. I am aware that I am responsible to ask my preceptor, a unit staff nurse, or manager if I have any future questions or concerns about these items or any other unit specific policies and/or procedures throughout my clinical placement period at Beaumont Health. In addition, I am aware that I am responsible for ongoing education related to the clinical experience on my assigned unit.

(STUDENT MUST SIGN BELOW)

Print Student Name	*Student Signature*