

BEAUMONT REHABILITATION & CONTINUING CARE – DEARBORN FACULTY UNIT ORIENTATION

Faculty Name: _____

College/University: _____

Course Number: _____

Assigned Unit: _____

*Method of Validation (MOV) Key:

O = Observation

V = Verbalization

D = Demonstration

<i>Student Orientation Items</i>	<i>Check Off Each item When Completed</i>	<i>*MOV</i>
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 and documentation		
4. Review of unit order processing		
5. Review of population served on the unit including age specific policies/procedures		
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 POC and Matrix, as appropriate		
11. Review of glucose monitor use		
12. Review of emergency procedures as they apply to the unit		
13. Review of resident identifiers		

The above indicated faculty person has been oriented as indicated to the items listed above.

Unit Manager or Unit Designee Signature

Date

I have been oriented to the above unit specific items as indicated above and received a general orientation form my clinical site placement coordinator or designee. I am aware that I am responsible to ask 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.

Faculty Signature

Date