

#### First Day Scholastic Clinical Student Required Orientation Checklist

#### **EVERY PATIENT, EVERY MEMBER, EVERY TIME**

The Presbyterian Healthcare Services (PHS) First Day Scholastic Clinical Student and Faculty Required Orientation Checklist includes critical patient and facility safety procedures and protocols and is a requirement of The Joint Commission.

Orientation is a key element in safety. To maintain policy compliance and confirm competency, all Scholastic Faculty and Students must complete a mandatory Unit Orientation prior to the patient contact, observation, and/or the first day of student clinical rotation.

On the first day of a clinical rotation or preceptorship, Scholastic Faculty and Students must complete the Scholastic Clinical Orientation Checklist with their instructor or their PHS preceptor.

All completed Orientation Checklist Spreadsheets MUST to be returned via email ONE week post clinical start date. For Nursing send to <u>nsgstudentcoordinator@phs.org</u> OR for Allied Health send to <u>clinicalcoordinator@phs.org</u>

**PLEASE NOTE:** If the 1<sup>st</sup> Day Orientation Form is not received within the ONE week Post Clinical Start Date, the students will be pulled from their respective units until we have their signatures.



## Scholastic Student Orientation Checklist

| Name:      |   |
|------------|---|
| Program:   |   |
| Facility:  |   |
| Department | : |

## EVERY PATIENT, EVERY MEMBER, EVERY TIME

Complete this set of competencies on the first day you are on the unit prior to patient contact or observation of patients. Return this form to your school coordinator

## INSTRUCTIONS AND DEFINITIONS

| Competency Validation:<br>Orientee demonstrates<br>proficiency in   | <ul> <li>Information may be acquired through scholastic institution instructional methodology</li> <li>Content and relevance to Presbyterian will be reviewed and validated by clinical instructor onsite at Presbyterian</li> </ul> |       |     |       |          |  |
|---|--|-------|-----|-------|----------|--|
| performing critical   | • Orientee demonstrates competency using one or more of these methods  |       |     |       |          |  |
| elements specified both   | Assessment Method:   |       |     |       |          |  |
| from knowledge and  | <b>PD</b> = Personally Demonstrated to Validator   |       |     |       |          |  |
| clinical application  | $\mathbf{D} = \mathbf{D}$ iscussion: Validator shared information about this co  |       |     |       |          |  |
|   | $\mathbf{O} = \mathbf{O}$ bservation: Validator has observed skill inclinical set  | tting | 1   | 1     |          |  |
| Combetench/Internation Commentary Method Assessment Method  |  |       |     |       | Comments |  |
|   | PRE- FIRST DAY CLINICAL ORIENTATIO   | ON CH | IEC | KLIST |          |  |
| Code of Conduct /Chain of Command <ul> <li>Unit Manager/Charge Nurse/Departmental Manager</li> <li>Presbyterian Clinical Coordinator</li> </ul>   |  |       |     | D     |          |  |
| Scholastic Coordinator/Dean   |  |       |     |       |          |  |
| <ul> <li>Customer Loyalty Focus / Patient Rights</li> <li>Patient/client charts may not be removed. Copies may not be made.</li> <li>Printed copies of the EMR may not be removed from facility.</li> <li>Chart access is limited to assigned patient(s)</li> <li>Patient Information privacy/HIPAA</li> <li>Place documents containing patient information in blue bins</li> </ul> |  |       |     | D     |          |  |
| • Doffing ( <b>MU</b>   | <b>UST</b> be demonstrated by student)<br><b>ST</b> be demonstrated by student)<br>Program I Exposure Control<br>blicy   |       |     | PD    |          |  |

# Scholastic Student Orientation Checklist

| Name:       |  |
|-------------|--|
| Program:    |  |
| Facility:   |  |
| Department: |  |

| Competency/Information   | Validators<br>Initials | DATE | Assessment<br>Method | Comments |
|--|------------------------|------|----------------------|----------|
| <ul> <li>Patient Safety</li> <li>Medical Error Prevention I Standardization</li> <li>Communication Strategies</li> <li>Fall Prevention</li> <li>Midas: Error Reporting I Near Misses</li> <li>Patient Abuse I Neglect Reporting</li> </ul>   |                        |      | 0                    |          |
| <ul> <li>Safety, Emergency Preparedness</li> <li>Safety <ul> <li>Fire exits, Fire extinguishers, Pull stations</li> <li>Unit/department/organization evacuation plan</li> </ul> </li> <li>Security <ul> <li>Contacting security</li> <li>Access to I location of all entrances to building</li> </ul> </li> <li>Emergency Preparedness <ul> <li>Codes</li> <li>Student actions and role in drills, real emergency situation</li> </ul> </li> <li>Haz/Mat Waste <ul> <li>Location of MSDS</li> <li>Sharps disposal/Biohazard disposal</li> <li>Waste separation/dirty utility in each department</li> <li>Disposal of toxic medications in black bins</li> <li>Liquid/non-hazardous waste disposal</li> </ul> </li> </ul> |                        |      | D                    |          |
| <ul> <li>Map and Tour of the Department</li> <li>Facility Hours/Facility Parking</li> <li>Personal/Professional space: Bathrooms, Break Room</li> <li>Phones, copy machines</li> <li>Location of charts</li> </ul>   |                        |      | О                    |          |
| Unit Equipment<br>• Blood Pressure cuffs/vitals machines<br>• Location of Crash Cart<br>• Baxter IV pumps<br>• Dumbwaiter<br>• Pneumatic Tube System<br>• Supply Scan  |                        |      | 0                    |          |
| <ul> <li>Translation Services</li> <li>Identify patients in need of interpretive services D Location of interpretation equipment and services D Charting of interpretive services</li> </ul>   |                        |      | D                    |          |
| <ul> <li>Electronic Orientation</li> <li>Appropriate use of phones, cell phones, computers and social media</li> <li>Dress code and dress code policy</li> <li>Student ID Badge</li> </ul>   |                        |      | D                    |          |

A PRESBYTERIAN



#### Scholastic Student Orientation Checklist

| Name:       |  |
|-------------|--|
| Program:    |  |
| Facility:   |  |
| Department: |  |

Form must be returned to the scholastic team within 1 week of start date. The Instructor/Preceptor or Precepted Student will e-mail the form back to their School Coordinator and the School Coordinator will send to either: nsgstudentcoordinator@phs.org for Nursing Students OR clinicalcoordinator@phs.org for Allied Health Students

| Completed By:                 |  |
|-------------------------------|--|
| Clinical Dates (To and From): |  |

I attest that all of the following students have been trained and understand the requirements and responsibilities as a student when doing clinicals at Presbyterian.

| Preceptor, Cohort or Instructor's Name: | Signature: |
|---|------------|
|   |            |

I have completed the orientation and received the information and I agree to comply with any Rules and Regulations, Hospital policies and procedures, standards and requirements of the Joint Commission on the Accreditation of Health Care Organizations, Medicare, Medicaid, and other licensing and accrediting agencies, and all applicable federal and state statutes and regulations. I understand if I have any questions, I will ask my Clinical Instructor, the Unit Charge Nurse and/or Staff Nurse.

| Student Last Name | Student First Name | Signature |
|-------------------|--------------------|-----------|
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