

Start Date
Instructor Name & School
Unit/Department

## Instructor/Student DEPARTMENTAL ORIENTATION CHECKLIST

- A. **Self-Study:** Instructors and students should have reviewed the mandatory online orientation materials and confirmed completion on the MercyOne website. This checklist is for documentation of department orientation.
- B. **Department Orientation** ✓ = REVIEWED NA = NOT APPLICABLE

Orientation Items Covered in the Department		
<input type="checkbox"/> <b>Department Overview</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Scope and Hours of Service</li><li><input type="checkbox"/> Culture Orientation</li><li><input type="checkbox"/> Key People/Contacts in Department</li><li><input type="checkbox"/> Current Performance Improvement Activities</li><li><input type="checkbox"/> Dress Code &amp; Uniforms</li><li><input type="checkbox"/> Service Recovery Kit (if applicable)</li><li><input type="checkbox"/> Unit resource person/contact</li></ul> <input type="checkbox"/> <b>Facility Tour</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Building &amp; Department Tour</li><li><input type="checkbox"/> Restrooms &amp; Lockers</li><li><input type="checkbox"/> Parking</li><li><input type="checkbox"/> Needle &amp; Other Disposal Containers</li><li><input type="checkbox"/> Work Station</li><li><input type="checkbox"/> Supplies &amp; Equipment</li></ul> <input type="checkbox"/> <b>Communication</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Computer (Access, Training, Policies)</li><li><input type="checkbox"/> Telephone, Cell Phone, Paging System</li><li><input type="checkbox"/> Communication Boards</li><li><input type="checkbox"/> Shift to Shift Report/Hand-off Communication</li></ul> <input type="checkbox"/> <b>Work Schedule</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Procedures for Being Away from Work Station</li><li><input type="checkbox"/> Breaks &amp; Lunch</li><li><input type="checkbox"/> Call-in Procedure for Clinical Groups and Precepted Students</li></ul>	<input type="checkbox"/> <b>Safety</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Safety &amp; Infection Control Policies</li><li><input type="checkbox"/> Material Safety Data Sheets (if applicable)</li><li><input type="checkbox"/> Emergency Procedures Reference Chart</li><li><input type="checkbox"/> General Policies &amp; Procedures</li><li><input type="checkbox"/> Personal Protective Equipment (PPE)</li><li><input type="checkbox"/> Department Specific Roles for Codes</li><li><input type="checkbox"/> Code Cart</li><li><input type="checkbox"/> Utilities Failure Procedures (nearest Power Failure Phone)</li><li><input type="checkbox"/> Panic Buttons &amp; Security Alarms</li><li><input type="checkbox"/> Fire Extinguishers, Alarm Box/ Station &amp; Exits</li><li><input type="checkbox"/> Flashlights &amp; Batteries</li><li><input type="checkbox"/> Oxygen Shut Off</li><li><input type="checkbox"/> Lifting/Transferring Patient (Ergonomics &amp; Equipment)</li></ul> <input type="checkbox"/> <b>Medication Safety</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Medication Administration</li><li><input type="checkbox"/> Medication Reconciliation</li><li><input type="checkbox"/> MAR Overview</li><li><input type="checkbox"/> Computer/ADU (Diebold) Access (if applicable)</li></ul>	<input type="checkbox"/> <b>Competencies</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Restraints-if applicable (Return demonstrations of application and quick release knot)</li><li><input type="checkbox"/> Point of Care Testing</li><li><input type="checkbox"/> Blood Glucose Monitoring (if applicable)</li><li><input type="checkbox"/> Other (List): _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul> <input type="checkbox"/> <b>Department Equipment</b> (as applicable for student level/scope) <ul style="list-style-type: none"><li><input type="checkbox"/> IV Pump</li><li><input type="checkbox"/> PCA Pump</li><li><input type="checkbox"/> Enteral Feeding Pump</li><li><input type="checkbox"/> Other (List): _____</li><li><input type="checkbox"/> _____</li><li><input type="checkbox"/> _____</li></ul> <input type="checkbox"/> <b>Documentation System</b> <input type="checkbox"/> <b>**Applicable Electronic Health Record Applications</b>

This instructor/student has completed department orientation.

\_\_\_\_\_  
Date    Instructor's Signature    Preceptor's Signature

Student(s):

PRINT Full Name	Signature

Directions: After completing the orientation, please return this form to: MercyOne Northeast Iowa-Clinical Development