

Instructor/Student Affiliations ORIENTATION CHECKLIST	Student Name
	Instructor Name & School
	Start Date & Site

A. Self-Study: Instructors and students should have reviewed the mandatory online orientation materials. This checklist is used to document department orientation.

B. Department Orientation ✓ = REVIEWED NA = NOT APPLICABLE

Orientation Items Covered in the Department		
<input type="checkbox"/> Department Overview <input type="checkbox"/> Scope and Hours of Service <input type="checkbox"/> Key People/Contacts in Department <input type="checkbox"/> Current Performance Improvement Activities <input type="checkbox"/> Dress Code and Uniforms <input type="checkbox"/> Service Recovery Kit (if applicable) <input type="checkbox"/> Unit resource person/contact <input type="checkbox"/> Facility Tour <input type="checkbox"/> Building & Department Tour <input type="checkbox"/> Restrooms & Lockers <input type="checkbox"/> Parking <input type="checkbox"/> Needle and other Disposal Containers <input type="checkbox"/> Work Station <input type="checkbox"/> Supplies and Equipment <input type="checkbox"/> Communications <input type="checkbox"/> Computer (Access, Training, and Policies) <input type="checkbox"/> Telephone, Cell Phone and Paging System <input type="checkbox"/> Communication Boards <input checked="" type="checkbox"/> Shift to shift report/ handoff communication <input type="checkbox"/> Work Schedule <input type="checkbox"/> Procedures for Being Away From Workstation <input type="checkbox"/> Breaks and Lunch <input type="checkbox"/> Call-in Procedure for clinical groups and precepted students	<input type="checkbox"/> Safety <input type="checkbox"/> Safety & Infection Control P&P Manuals <input type="checkbox"/> Material Safety Data Sheets Manual (if applicable) <input type="checkbox"/> Emergency Procedures Reference Chart <input type="checkbox"/> General Policy & Procedures Manuals <input type="checkbox"/> PPE (Personal Protective Equipment) <input type="checkbox"/> Department Specific Roles for Codes <input type="checkbox"/> Code Cart <input type="checkbox"/> Utilities Failure Procedures (nearest Power Failure Phone) <input type="checkbox"/> Panic Buttons & Security Alarms <input type="checkbox"/> Fire Extinguishers, Alarm Box/Station & Exits <input type="checkbox"/> Flashlights & Batteries <input type="checkbox"/> Oxygen shut off <input type="checkbox"/> Lifting/ transferring patient (ergonomics and equipment) <input type="checkbox"/> Medication Safety <input type="checkbox"/> Medication Administration <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> MAR overview <input type="checkbox"/> Computer/ADU (Diebold) Access (if applicable)	<input type="checkbox"/> Competencies <input type="checkbox"/> Restraints-if applicable (Return demonstrations of application and quick release knot) <input type="checkbox"/> Point of Care Testing : <input type="checkbox"/> Blood Glucose Monitoring (if applicable) <input type="checkbox"/> Other (List): _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Department equipment (as applicable for student level / scope) <input type="checkbox"/> IV pump <input type="checkbox"/> PCA pump <input type="checkbox"/> Enteral Feeding pump <input type="checkbox"/> Other: (List) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Documentation System **Applicable Electronic Health Record applications Instructors Only <input type="checkbox"/> Electronic student clinical placement process <input type="checkbox"/> Communicating student assignments to units <input type="checkbox"/> Communicating student skills to assigned staff members <input type="checkbox"/> Process for reserving meeting rooms

This instructor/student has completed department orientation.

Instructor/Student Signature
Date
Instructor/Orienteer Signature

Directions: After completing the orientation, return this form to the instructor or preceptor, who will forward it to:
For all Marianjoy (Illinois) sites:

To the attention of: Marianjoy Rehabilitation Hospital and Clinics
 Discipline specific educator (nursing, physical therapy, occupational therapy and speech therapy)
 26W171 Roosevelt Road
 Wheaton IL 60187
 Phone: 630-909-8000
 Fax: 630-909-6960 Attn: Angela Killian