

**Student Affiliations
ORIENTATION CHECKLIST**



Student Name
Instructor Name & School
Start Date & Site

A. Self-Study Complete prior to beginning clinical rotation. Utilizing the on-line Instructor/Student Orientation Manuals, as a reference, please discuss/present the following orientation topics.

✓ = REVIEWED NA = NOT APPLICABLE

General Orientation		Must be completed prior to clinical
<p>Reviewed Online Orientation Materials:</p> <input type="checkbox"/> Student/Instructor Orientation Manual <ul style="list-style-type: none"> • Mission, Vision, Values • Service Excellence • Corporate Compliance • Ethics • Gratuities • Diversity and Cultural Competence • Team Dynamics • Patient safety • Falls Prevention • Occurrence reports • Risk Management • Safety and Security • Harassment/Violence in the Workplace • Smoking Regulations • Alcohol and Controlled Substances • Dress Code / I.D. Badge • EMTALA • Patient's/Resident's Rights • Pain Management • Infection Control • Emergency Medical Services • Abuse, Neglect, and Exploitation • Caregiver Misconduct 	<input type="checkbox"/> HIPAA <input type="checkbox"/> Ethical and Religious Directives <input type="checkbox"/> Facility/Parking information (tab on web site) <input type="checkbox"/> Unacceptable Abbreviations List <input type="checkbox"/> Clinical Rotation Guidelines <p>OSHA/Safety Training: Review Online Materials:</p> <input type="checkbox"/> Fire & Evacuation Plan <input type="checkbox"/> Disaster Plan <input type="checkbox"/> Bomb / Explosive Devices Plan <input type="checkbox"/> Riot and/or Civil Disturbance <input type="checkbox"/> Infant / Child Abduction <input type="checkbox"/> Utilities Failure <input type="checkbox"/> MSDS On-line (acute care) <p>Electronic Health Record (E.H.R.)</p> <input type="checkbox"/> Review/complete pre-work for appropriate E.H.R. applications	<p>Signature Sheets:</p> <input type="checkbox"/> Confidentiality (print & sign statement) <input type="checkbox"/> Expectations for the Journey (print and sign) <input type="checkbox"/> For Iowa only: Anti-harassment Statement (print and sign)

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"/> Expectations for the Journey-Living the Values at the Department Level <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 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)	<p>WFH to orient Instructors; Instructors responsible for orienting the students to the following:</p> <input type="checkbox"/> Electronic student placement process <input type="checkbox"/> Computer/ADU (Diebold) Access <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> MAR overview <input type="checkbox"/> Blood Glucose Testing Competency if appropriate <input type="checkbox"/> Restraints <input type="checkbox"/> Department equipment (ex: Pumps, tubes, etc...) <input type="checkbox"/> Documentation System **Applicable Electronic Health Record applications <input type="checkbox"/> Micromedex tip sheet <p>Instructors Only</p> <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 Wheaton Franciscan Healthcare Representative Signature: _____ * Required for new instructor or Validation of original orientation

This student has completed self-learning review and department orientation.

Signature

Date

Instructor Signature

Directions: After completing the orientation, turn in this form to the instructor, who will forward it, along with signature sheets (Confidentiality Statement, Expectations for the Journey, Anti-harassment Statement for Iowa only) to:

1. **For WFH-All Saints:** Education Resources Department
3821 Spring St.
Racine, WI 53405

2. **For all Marianjoy (Illinois) sites:**
Marianjoy Rehabilitation Hospital and Clinics

To the attention of: Discipline specific educator (nursing, physical therapy, occupational therapy and speech therapy)
26W171 Roosevelt Road
Wheaton IL 60187
Phone: 630-909-8000

3. **For Iowa sites:**
Wheaton Franciscan Healthcare-Iowa, Clinical Development
3421 W. 9th Street
Waterloo, Iowa 50702

4. **For all other WFH sites:** Wheaton Franciscan Healthcare
Organization & Leadership Development
400 W. River Woods Parkway
Milwaukee, WI 53212

Clinical Affiliations General/Departmental Orientation Documentation

The undersigned students have completed WFH System orientation and / or Departmental Orientation and Electronic Health Record training.

Clinical group-site: _____ Date: _____
(ex. 2 Gen., days)

By signing below I verify that I have read and understand the materials presented to me.

Date attended Electronic Health Record training	Student Name (Printed)	Signature

Instructor Signature: _____