



Student Orientation Checklist

Student Name: _____ Initials _____ School: _____

Clinical Instructor: _____ Initials _____ Consortium Number _____

Dates of Rotation: Start: ___/___/___ End ___/___/___ Facility: _____ Unit: _____

Please return this completed form to the school to be kept in the student file

	Subject	Completed/ Oriented by (Initials)	Date	Student (Initials)
A.	ADMINISTRATIVE/DEPARTMENTAL OPERATIONS			
1.	Sharp Healthcare Values, Vision, Mission, The Sharp Experience: AIDET & Behavioral Standards			
B	CLINICAL OPERATIONS – UNIT TOUR			
1	Chain of command			
2	Population served, Scope of Care			
3	Documentation: Completed Cerner Training			
5	Medication delivery system and access: Barcoding			
6	Abbreviations not to be used.			
7	Applicable Equipment: Accucheck; Pumps; B/P, etc			
8	Waste Management			
9	Reportable Patient Issues – Abuse reporting is mandated			
10	Policies & Procedures – Sharp Intranet – Safety information			
11	Restraints & Seclusion			
C	Student Performance			
1	Appearance/Dress Code/Valuables			
2	Patient Rights - Patient Chart – do not print screen			
3	Cell Phones: are not permitted in patient care areas			
D	SAFETY			
1	Standard Safety Guidelines: review Body Fluids/ Patient Mobilization/Fall Prevention			
2	Codes (Blue, Red, Green, Yellow, Pink, Purple) Call *** for all codes at all facilities			
3	Fire: Fire extinguisher locations: R.A.C.E.			
4	Material Safety Data Sheet: (MSDS)			
5	National Patient Safety Goals			