

## ADVANCE PRACTICE STUDENT NURSE ORIENTATION CHECKLIST

Name: \_\_\_\_\_

Preceptor/Mentor Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Course Number: \_\_\_\_\_

Assigned Clinical Site: \_\_\_\_\_

**\*Method of Validation (MOV) Key:**

**O = Observation**

**V = Verbalization**

**D = Demonstration**

| Orientation Items   | Check Off<br>Each item<br>When<br>Completed | *MOV |
|---|---|------|
| 1. Review of site documentation   |   |      |
| 2. Review of pertinent site equipment   |   |      |
| 3. Review of site medication administration   |   |      |
| 4. Review of population served at the site including age specific policies/procedures and cultural sensitivity information.   |   |      |
| 5. Review of patient safety issues  |   |      |
| 6. Review of roles of all staff   |   |      |
| 7. Review of isolation precautions relevant to the site, if any   |   |      |
| 8. Review of emergency procedures as they apply to the site   |   |      |
| 9. Tour of site and review of exits/evacuation routes   |   |      |
| 10. Review of all required reading documents on Student/Faculty Orientation Website   |   |      |
| <b>11. Review of Site Student Information Guide contents including:</b> <ul style="list-style-type: none"> <li>▪ Mission Statement</li> <li>▪ Important Phone Numbers</li> <li>▪ Parking</li> <li>▪ Smoking Policy</li> <li>▪ Fire &amp; Safety</li> <li>▪ Emergency Announcements</li> <li>▪ Medical Waste Information</li> <li>▪ Infection Control</li> <li>▪ Personal Protective Equipment</li> <li>▪ Material Safety Data Sheets</li> <li>▪ Body Mechanics/Back Safety</li> <li>▪ TB Exposure Control Plan</li> <li>▪ Electrical Safety</li> <li>▪ Hazardous Materials</li> <li>▪ Abuse and Neglect</li> <li>▪ Service Excellence!</li> <li>▪ Patient Confidentiality</li> <li>▪ Cultural Diversity and Sensitivity</li> <li>▪ Ethical Issues</li> <li>▪ Conflict Resolution/Chain of Command</li> <li>▪ Incident Reporting</li> <li>▪ Patient Family Centered Care (PFCC)</li> </ul> |   |      |

**12. STUDENT/FACULTY CONFIDENTIALITY STATEMENT**

I shall respect the confidentiality of the patient information obtained in providing care and treatment including information contained in the medical record. I will not divulge or disclose patient information obtained in care and treatment, or the contents of the medical record except as permitted under Beaumont Health's policy and procedure. This includes, but is not limited to, the patient's name, dates of service, diagnosis, or any other patient identifying information.

I will at all times and in all places put into practice Beaumont Health's policies and procedures that govern confidentiality located in the Corporate Policy Manual, Policy #1001. I know it is my responsibility to be familiar with these policies and procedures and any changes to these policies and procedures. If I do not understand a confidentiality policy and procedures statement, I know I should ask my instructor or an Beaumont Health representative for guidance.

I understand that unauthorized access, ordering, possession, use, copying, discussion, or release of patient information, medical records or personnel files is cause for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience. I know that unauthorized acquisition, release, and/or discussion of any information relating to Beaumont Health's business/activities, patient information, current and past employees, job applications, and computerized data is a most serious matter and will be grounds for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience.

In addition, I will report any infractions of the above to a Beaumont Health manager/supervisor immediately.

**13. Students who are also employees** are obligated to inform the Placement Coordinator of any Beaumont Health employment disciplines incurred and the nature of those disciplines immediately upon their occurrence. These will be reviewed on a case by case basis as the incurred discipline may result in termination from clinical placement at Beaumont Health.

**Students who are also employees** are obligated to inform the Placement Coordinator of nonvoluntary termination from Beaumont Health employment. Nonvoluntary termination from Beaumont Health employment will result in immediate dismissal from clinical placement.

I have oriented my student(s) to the above per Beaumont Health policy.

\_\_\_\_\_  
*Preceptor Signature*

\_\_\_\_\_  
*Date*

I have been oriented to the above site specific items as indicated above. I am aware that I am responsible to ask my instructor, preceptor, or manager if I have any future questions or concerns about these items or any other site specific policies and/or procedures throughout my clinical placement period at Beaumont Health. In addition, I am aware that I am responsible for ongoing education related to the clinical experience at my assigned site.

**Any project for this academic course involving Beaumont in any way (including its' patients or employees) has been preapproved by the Beaumont Nursing Inquiry, EBP & Research Council including student research, evidence based practice projects, quality improvement initiatives, or any Beaumont audit/data collection process.**

**(PLEASE SIGN BELOW)**

| <i>Print Name</i> | <i>Signature</i> |
|-------------------|------------------|
|                   |                  |