

Pre-Rotation Unit Specific Orientation: Clinical Student Group (Nursing & Nursing Related)

Faculty Name: _____

School Name: _____

Facility & Unit Name: _____

Date: _____

Clinical/ Rounding Faculty:

- The instructor is responsible for orientating the students to their assigned location and returning this form ***within one week*** of the first clinical. The instructor may collaborate with the clinical unit/site to best orient the students for:
 - Specialty Areas (Critical Care, Specialty Pediatrics, PeriOp, GI) and Community Health - the assigned preceptor can orient the student or the instructor can orient in advance of the clinical start date.
 - Mark NA for the below items that do not apply to the clinical area.
- Please complete the following orientation checklist below. The purpose of this document is to ensure the students' unit specific orientation (regulatory requirements, life-safety, patient safety and quality expectations and initiatives) are reviewed, acknowledged, and documented for ***regulatory*** and auditing purposes. Thank you in advance for helping to ensure that your students are prepared to work in this clinical area and provide safe, quality patient care.
- Make sure you have received the unit's float cheat sheet, if applicable, and other unit specific documents to assist in preparing for an optimal rotation on the unit. It is your responsibility to ask questions and understand the limitations on your scope of practice while working in this area.

For Questions and/or to Return Completed Form, email NursingAcademics@PrismaHealth.org

CLINICAL UNIT ORIENTATION	Orientee's Initials	Facilitator's Initials
<i>*Elements listed are covered in-depth through various methodologies as applicable to content (didactic / discussion, simulation, testing, demonstration, touring)</i>		
Unit Layout		
Overview of Patient Population		
Overview of Roles and Unit Routines		
Fire Safety – location of alarms, extinguishers, exits		
Crash cart – locations		
Patient Call System / Paging Systems		
Clean Supplies/ Omnicell Supply		
Infection control and Dirty Utility Room		
Unit Specific Floor Charge Items and Proc. Trays – <i>if applicable</i>		
Bed/Stretcher Operation		
Hand off Communication Requirements for this unit - BSSR		
Patient Rounds/Expectations		
Review of Unit Specific Procedures & Policy		
Unit Forms (location, process)- <i>if applicable</i>		
Unit Quality and Patient Safety/Patient Experience Expectations and Initiatives		
HIPAA / AIDET		

