FACULTY UNIT ORIENTATION CHECKLIST					
aculty Name: BMC or JMC:					
School & Program:	& Program: Dept/Unit:				
*METHOD OF VALIDATION (MOV) KEY: O = Observation V = Verbalization D = Demonstration					
Faculty Orientation Items		culty itials	Validator Initials	*MOV	Comments
1. Unit-specific standards (report times, shift routines, rounding					
procedures, computer use)					
Role of Team Members (interdisciplinary), chain of command for pa safety concerns, and communication/delegation practices	atient				
Review of population served on the unit, including age specific					
policies/procedures					
Review of isolation precautions relevant to the unit					
5. Actions to eliminate, minimize, or report risks. Procedures to follow	/ in				
the event of an incident and/or adverse event including the need to					
report the event or incident. Reporting processes for common					
problems, failures, and user errors while in clinical experience.					
6. Student supervision – <i>Instructor must remain on unit while studen</i>	ts				
in clinical area; ensure patient safety in delegating tasks; and					
supervise all clinical skills/procedures. Students may not act as					
witness to treatment or procedure consent.	امدما				
 Location of resources (patient education, drug information, hospita unit policies/procedures) 	and				
8. Documentation of patient care (unit-specific items as applicable)					
9. Physician communication practices – <i>students/instructors must NO receive physician orders</i>	ÞΤ				
Unit medication administration process (patient identifiers, process)	for				
obtaining medications, applicable policies) – <i>instructor MUST be pro</i>					
with student and scan medications under instructor login					
11. Review of safety information and emergency procedures pertinent	to				
area (code/rapid response, fire)					
12. UNIT TOUR: Emergency Equipment (crash cart, fire extinguisher, ala					
O2 storage, O2 shutoff valves), Nurses Station, Break Room, Bathro					
Clean & Dirty Utility Rooms, Equipment (e.g. pumps, beds, scales, Po	ОСТ				
testing). NO lift equipment (ARJO) equipment to be used!					
13. Proper use of patient call systems					
14. Faculty Experience ("walk in my shoes" experience on the unit with					
the staff nurses doing their patient care assignment – can be brief or extended according to unit needs/availability)	or				
The above indicated faculty person has been oriented as indicated to the	e items list	ted al	oove.		
Unit Designee/Validator Name	Unit Des	Designee/Validator Title			
Unit Designee/Validator Signature	Date	 е			
I have been oriented to the above unit specific items as indicated above site placement coordinator or designee. I am aware that I am responsibl future questions or concerns about these items or any other unit specifi placement period at WVU Medicine East. I also acknowledge that I am rethe above items on the first clinical day—prior to providing any patient of the second secon	le to ask a ic policies a esponsible	unit s and /d	taff nurse or proced	e or mar lures thr	nager if I have any oughout my clinical

Date

Faculty Signature