FACULTY UNIT ORIENTATION CHECKLIST

Faculty Name: _____
School & Program: _____ Dept/Unit: _____

METHOD OF VALIDATION (MOV) KEY: **O** = Observation **V** = Verbalization **D** = Demonstration

Faculty Orientation Items	*Faculty Initials*	*Validator Initials*	**MOV*	*Comments*
1. Unit-specific standards (report times, shift routines, rounding procedures, computer use)				
2. Role of Team Members (interdisciplinary), chain of command for patient safety concerns, and communication/delegation practices				
3. Review of population served on the unit, including age specific policies/procedures				
4. 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 – ***Instructor must remain on unit while students 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.***				
7. Location of resources (patient education, drug information, hospital and unit policies/procedures)				
8. Documentation of patient care (unit-specific items as applicable)				
9. Physician communication practices ***– students/instructors must NOT receive physician orders***				
10. Unit medication administration process (patient identifiers, process for obtaining medications, applicable policies) – ***instructor MUST be present 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, alarm, O2 storage, O2 shutoff valves), Nurses Station, Break Room, Bathroom, Clean & Dirty Utility Rooms, Equipment (e.g. pumps, beds, scales, POCT 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)				

The above indicated faculty person has been oriented as indicated to the items listed above.

_____ _____
Unit Designee/Validator Name *Unit Designee/Validator Title*

_____ _____
Unit Designee/Validator Signature *Date*

I have been oriented to the above unit specific items as indicated above and received a general orientation from my clinical site placement coordinator or designee. I am aware that I am responsible to ask a unit staff nurse or manager if I have any future questions or concerns about these items or any other unit specific policies and /or procedures throughout my clinical placement period at WVUM Thomas Hospitals . I also acknowledge that I am responsible for ensuring my students are oriented to the above items on the first clinical day—prior to providing any patient care.

_____ _____
Faculty Signature *Date*