

**Student Affiliations  
ORIENTATION CHECKLIST**



|                          |
|--------------------------|
| Student Name             |
| Instructor Name & School |
| Start Date & Site        |

**A. Self-Study** Complete prior to beginning clinical rotation. Utilizing the on-line Instructor/Student Orientation Manuals, as a reference, please discuss/present the following orientation topics.

✓ = REVIEWED      NA = NOT APPLICABLE

| General Orientation   |  | Must be completed prior to clinical  |
|---|--|--|
| <p><b>Reviewed Online Orientation Materials:</b></p> <input type="checkbox"/> Student/Instructor Orientation Manual <ul style="list-style-type: none"> <li>• Mission, Vision, Values</li> <li>• Service Excellence</li> <li>• Corporate Compliance</li> <li>• Ethics</li> <li>• Gratuities</li> <li>• Diversity and Cultural Competence</li> <li>• Team Dynamics</li> <li>• Patient safety</li> <li>• Falls Prevention</li> <li>• Occurrence reports</li> <li>• Risk Management</li> <li>• Safety and Security</li> <li>• Harassment/Violence in the Workplace</li> <li>• Smoking Regulations</li> <li>• Alcohol and Controlled Substances</li> <li>• Dress Code / I.D. Badge</li> <li>• EMTALA</li> <li>• Patient's/Resident's Rights</li> <li>• Pain Management</li> <li>• Infection Control</li> <li>• Emergency Medical Services</li> <li>• Abuse, Neglect, and Exploitation</li> <li>• Caregiver Misconduct</li> </ul> | <input type="checkbox"/> HIPAA<br><input type="checkbox"/> Ethical and Religious Directives<br><input type="checkbox"/> Facility/Parking information (tab on web site)<br><input type="checkbox"/> Unacceptable Abbreviations List<br><br><input type="checkbox"/> Clinical Rotation Guidelines<br><br><p><b>OSHA/Safety Training:</b><br/><b>Review Online Materials:</b></p> <input type="checkbox"/> Fire & Evacuation Plan<br><input type="checkbox"/> Disaster Plan<br><input type="checkbox"/> Bomb / Explosive Devices Plan<br><input type="checkbox"/> Riot and/or Civil Disturbance<br><input type="checkbox"/> Infant / Child Abduction<br><input type="checkbox"/> Utilities Failure<br><input type="checkbox"/> MSDS On-line (acute care)<br><br><p><b>Electronic Health Record (E.H.R.)</b></p> <input type="checkbox"/> Review/complete pre-work for appropriate E.H.R. applications | <p><b>Signature Sheets:</b></p> <input type="checkbox"/> <b>Confidentiality</b> (print & sign statement)<br><input type="checkbox"/> <b>Expectations for the Journey</b> (print and sign)<br><input type="checkbox"/> <b>For Iowa only: Anti-harassment Statement</b> (print and sign) |

**B. Department Orientation**      ✓ = REVIEWED      NA = NOT APPLICABLE

| Orientation Items Covered in the Department   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Department Overview</b><br><input type="checkbox"/> Scope and Hours of Service<br><input type="checkbox"/> Expectations for the Journey-Living the Values at the Department Level<br><input type="checkbox"/> Key People/Contacts in Department<br><input type="checkbox"/> Current Performance Improvement Activities<br><input type="checkbox"/> Dress Code and Uniforms<br><input type="checkbox"/> Service Recovery Kit (if applicable)<br><input type="checkbox"/> Unit resource person/contact<br><input type="checkbox"/> <b>Facility Tour</b><br><input type="checkbox"/> Building & Department Tour<br><input type="checkbox"/> Restrooms & Lockers<br><input type="checkbox"/> Parking<br><input type="checkbox"/> Needle and other Disposal Containers<br><input type="checkbox"/> Work Station<br><input type="checkbox"/> Supplies and Equipment<br><input type="checkbox"/> <b>Communications</b><br><input type="checkbox"/> Computer (Access, Training, and Policies)<br><input type="checkbox"/> Telephone, Cell Phone and Paging System<br><input type="checkbox"/> Communication Boards<br><input type="checkbox"/> Shift to shift report/ handoff communication<br><input type="checkbox"/> <b>Work Schedule</b><br><input type="checkbox"/> Procedures for Being Away From Workstation<br><input type="checkbox"/> Breaks and Lunch<br><input type="checkbox"/> Call-in Procedure for clinical groups and precepted students | <input type="checkbox"/> <b>Safety</b><br><input type="checkbox"/> Safety & Infection Control P&P Manuals*<br><input type="checkbox"/> Material Safety Data Sheets Manual (if applicable)*<br><input type="checkbox"/> Emergency Procedures Reference Chart*<br><input type="checkbox"/> General Policy & Procedures Manuals*<br><input type="checkbox"/> PPE (Personal Protective Equipment)*<br><input type="checkbox"/> Department Specific Roles for Codes<br><input type="checkbox"/> Code Cart<br><input type="checkbox"/> Utilities Failure Procedures (nearest Power Failure Phone)<br><input type="checkbox"/> Panic Buttons & Security Alarms<br><input type="checkbox"/> Fire Extinguishers, Alarm Box/Station & Exits*<br><input type="checkbox"/> Flashlights & Batteries<br><input type="checkbox"/> Oxygen shut off<br><input type="checkbox"/> Lifting/ transferring patient (ergonomics and equipment) | <input type="checkbox"/> Electronic student placement process<br><input type="checkbox"/> Computer/ADU (Diebold) Access<br><input type="checkbox"/> Medication Reconciliation<br><input type="checkbox"/> MAR overview<br><input type="checkbox"/> Blood Glucose Testing Competency if appropriate<br><input type="checkbox"/> Restraints<br><input type="checkbox"/> Department equipment (ex: Pumps, tubes, etc...)<br><input type="checkbox"/> <b>Documentation System</b><br>**Applicable Electronic Health Record applications<br><input type="checkbox"/> Micromedex tip sheet<br><p><b>Instructors Only</b></p> <input type="checkbox"/> Communicating student assignments to units<br><input type="checkbox"/> Communicating student skills to assigned staff members<br><input type="checkbox"/> Process for reserving meeting rooms<br><br>Wheaton Franciscan Healthcare Representative Signature: |

This student has completed self-learning review and department orientation.

Signature

Date

Instructor/Orienteer Signature

**Directions:** After completing the orientation, turn in this form to the instructor, who will forward it, along with signature sheets (Confidentiality Statement, Expectations for the Journey, Anti-harassment Statement for Iowa only) to:

1. **For WFH-All Saints:** Education Resources Department  
3821 Spring St.  
Racine, WI 53405

2. **For all Marianjoy (Illinois) sites:**

Marianjoy Rehabilitation Hospital and Clinics

To the attention of: Discipline specific educator (nursing, physical therapy, occupational therapy and speech therapy)

26W171 Roosevelt Road

Wheaton IL 60187

Phone: 630-909-8000

3. **For Iowa sites:**

Wheaton Franciscan Healthcare-Iowa, Clinical Development

3421 W. 9<sup>th</sup> Street

Waterloo, Iowa 50702

4. **For all other WFH sites:** Wheaton Franciscan Healthcare  
Organization & Leadership Development  
400 W. River Woods Parkway  
Milwaukee, WI 53212