Instructor Department Orientation Checklist

All instructors must complete an Instructor Department Orientation Checklist for each department assignment. This checklist must be signed by the instructor and co-signed by the department leader or designee. Complete checklist prior to patient care.
Scan and email completed checklists to: StudentDeptChecklists@froedtert.com
For questions, contact Organizational Learning at 414-805-5393.

- Reviews ICOE (In Case Of Emergency) Book
- Identifies department evacuation routes and relocation point
- Explains department fire safety procedures
- Identifies emergency phone number for site
- Locates fire pulls and exits
- Locates online Safety Data Sheets (SDS)
- Reviews equipment safety procedures
- Explains events or situations which may impact staff, patient, or visitor safety
- Locates Safety Event Reporting sheet
- Explains process for reporting safety event

- Demonstrates use of AIDET communication framework
- Explains strategies which positively impact patient satisfaction

- Reviews department specific communication systems (call light system, Rauland, Vocera, staffing assignments, signage, patient charm bracelets) as applicable
- Explains student and instructor parking expectations at clinical site
- Reviews clinical site policies for use of personal cell phones and other electronic devices
- Tours assigned department and other applicable work areas
- Verbalizes unit workflows including handoff report
- Verbalizes and/or demonstrates correct use of department supplies and equipment
- Describes dress code and personal appearance expectations
- Locates lockers/locker rooms and restrooms
- Locates supply rooms and clean/dirty holds

- Discusses clinical cancellation process with department leader or designee (sick, late, etc.)
- Locates department/leader/designee contact information
- Explains process for addressing student or staff concerns
- Reviews and summarizes content of student handbook

My signature indicates items listed above are complete. I am accountable for this information and will ask questions and seek out resources if I am unsure.

Print Instructor Name (legibly):

Instructor Signature: __________________________ Date: _______________

Hospital/Clinic: ___________________________ Department/Unit: _______________

Print Department Leader or Designee Name (legibly):

Department Leader or Designee Signature: __________________________

School Name

11/8/2019-Organizational Learning