# Student Unit/Department Orientation Checklist

All students must complete a Student Unit/Department Orientation Checklist for each unit/department assignment. The form must be signed by the student and co-signed by the preceptor or clinical instructor. The checklist must be completed prior to patient care.

**Students:** Return checklist to your instructor or preceptor no later than one week from clinical start date.

**Instructors/Preceptors:** Checklists should be scanned and emailed to: [StudentDeptChecklists@froedtert.com](mailto:StudentDeptChecklists@froedtert.com)

Direct questions to Organizational Learning at 414-805-5393.

- [ ] Reviews ICOE (In Case Of Emergency) Book
- [ ] Identifies evacuation routes from unit/department and relocation point
- [ ] Explains fire safety procedures for site/department
- [ ] 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, as applicable)
- [ ] Explains student parking expectations at assigned location
- [ ] Reviews site policies for personal cell phone use and other personal electronic devices
- [ ] Tours unit/department and assigned work area
- [ ] Describes dress code and personal appearance expectations
- [ ] Locates lockers/locker rooms and restrooms
- [ ] Locates supply rooms and clean/dirty holds

**For students assigned with an individual preceptor:**
- [ ] Discusses call-in procedures with your preceptor (sick, late, etc.)
- [ ] Locates department/leader/preceptor contact information

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 Student Name (legibly): __________________________________________

Student Signature: ____________________________________________ Date: ________________

Hospital/Clinic: _____________________________ Department/Unit: __________________________

Print Instructor/Preceptor Name (legibly): __________________________________________

Instructor/Preceptor Signature: ____________________________________________

School Name: ____________________________________________________________