



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

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

- Review ICOE (In Case Of Emergency) Book
- Identify evacuation routes from unit/department and relocation point
- Explain fire safety procedures for site/department
- Identify emergency phone number for site
- Locate fire pulls and exits
- Locate online Safety Data Sheets (SDS)
- Review equipment safety procedures
- Explain events or situations which may impact staff, patient, or visitor safety
- Locate Safety Event Reporting sheet
- Demonstrate use of Safety Event Reporting system

- Demonstrate use of AIDET communication framework
- Explain strategies which positively impact patient satisfaction

- Review department specific communication systems (call light system, Rauland, Vocera, as applicable)
- Explain student parking expectations at assigned location
- Review site policies for personal cell phone use and other personal electronic devices
- Tour unit/department and assigned work area
- Describe dress code and personal appearance expectations
- Locate lockers/locker rooms and restrooms
- Locate supply rooms and clean/dirty holds

For students assigned with an individual preceptor:

- Discuss call-in procedures with your preceptor (sick, late, etc.)
- Locate 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: _____