

2020 FACULTY UNIT ORIENTATION CHECKLIST

Faculty Name: _____

College/University: _____

Course Number: _____

Facility (check one): __Dearborn __Taylor __Trenton __Wayne

Assigned Unit: _____

***Method of Validation (MOV) Key:**

O = Observation V = Verbalization D = Demonstration

<i>Faculty Orientation Items</i>	<i>Check Off Each item When Completed</i>	<i>*MOV</i>
1. Review of unit documentation		
2. Review of pertinent unit equipment including but not limited to beds, scales, IV pumps, tube feeding pumps etc.		
3. Review of unit medication administration process		
4. Review of unit order processing		
5. Review of population served on the unit including age specific policies/procedures		
6. Review of patient safety issues		
7. Proper use of patient call systems		
8. Review of roles of unit staff including nurse externs, nurse assistants and ward secretary		
9. Review of isolation precautions relevant to the unit, if any		
10. Review of PYXIS use, if applicable		
11. Review of emergency procedures and emergency equipment as they apply to the unit		
12. Review of patient identifiers		
13. 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 attending their clinical experience.		

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

Unit Manager or Unit Designee 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 Beaumont Health.

Faculty Signature

Date