

**Beaumont Health**  
**REHAB SERVICES**  
**STUDENT ORIENTATION CHECKLIST**

Name: \_\_\_\_\_

Clinical Instructor: \_\_\_\_\_

Beaumont Health Facility and Assigned Department: \_\_\_\_\_

School: \_\_\_\_\_

Date of Affiliation: \_\_\_\_\_

Method of Validation (MOV) Key:

O = Observation

V = Verbalization

GD = Group Discussion

D = Demonstration

T = Test

<b>Student Orientation Items</b>	<b>MOV</b>
1. Hospital tour of site and review of exits/evacuation routes	
2. General department tour including Rehab Office, coat rack, refrigerator, restrooms	
3. Discussion of goals/objectives	
4. Discussion of format of feedback/evaluations (i.e. formal vs. informal)	
5. CI role/expectations	
6. CCCE role	
7. Student expectations/previous experiences	
8. Department Policies & Procedures including documentation, dress code, Emergency Codes, Patient Confidentiality, Informed Consent, Medicare B patients, Lunch/Breaks, Inservice Requirement, Productivity Expectation	
9. CI's teaching style	
10. Typical day/patient population	
11. Restraint policy reviewed/checkoff completed	
12. Scheduling outpatients/Medicare B patients, if applicable	
13. Billing	
14. Resources/references	
15. Badge/parking	
16. Review of department documentation	
17. Review of medical record, chart review	
18. Review of pertinent department/unit equipment including but not limited to beds, modality devices, assistive devices, etc...	
19. Review of departmental order processing	
20. Review of population served on the department/unit including age specific policies/procedures and cultural sensitivity information	
21. Review of patient safety issues	
22. Proper use of paging system	
23. Review of roles of department staff including Rehab Director, Rehab Manager, senior therapists, PT, PTA, OT, SLP, rehab attendant, department secretary, etc...	
24. Review of isolation precautions relevant to the department/unit, if any	
25. Review of Oakchart, as appropriate	
26. Review of PYXIS use, if applicable	
27. Review of emergency procedures as they apply to the department	
28. Review of patient identifiers	
29. Review of Student Information Guide contents including information on: <ul style="list-style-type: none"> <li>▪ Mission Statement, Core Values, Vision</li> <li>▪ Dining Facilities</li> <li>▪ Smoking Policy</li> <li>▪ National Patient Safety Goals</li> <li>▪ Electrical Safety</li> <li>▪ Hazardous Materials</li> <li>▪ Medical Waste</li> <li>▪ Material Safety Data Sheets (MSDS)</li> </ul>	

- Body Mechanics and Back Safety
- Emergency Codes
- Fire & Safety
- Infection Control
- Personal Protective Equipment (PPE)
- TB Exposure Control Plan
- OSHA Bloodborne Pathogen Standard
- Incident Reporting
- Ethical Issues
- Cultural Diversity
- Abuse and Neglect
- Conflict Resolution/Chain of Command
- *Service First!*
- Patient Confidentiality
- Review of lockers (if applicable) and parking

**30. STUDENT/FACULTY CONFIDENTIALITY STATEMENT**

I shall respect the confidentiality of the patient information obtained in providing care and treatment including information contained in the medical record. I will not divulge or disclose patient information obtained in care and treatment, or the contents of the medical record except as permitted under Beaumont Health's policy and procedure. This includes, but is not limited to, the patient's name, dates of service, diagnosis, or any other patient identifying information.

I will at all times and in all places put into practice Beaumont Health's policies and procedures that govern confidentiality located in the Corporate Policy Manual, Policy #1001. I know it is my responsibility to be familiar with these policies and procedures and any changes to these policies and procedures. If I do not understand a confidentiality policy and procedures statement, I know I should ask my instructor or a Beaumont Health representative for guidance.

I understand that unauthorized access, ordering, possession, use, copying, discussion, or release of patient information, medical records or personnel files is cause for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience. I know that unauthorized acquisition, release, and/or discussion of any information relating to Beaumont Health's business/activities, patient information, current and past employees, job applications, and computerized data is a most serious matter and will be grounds for immediate dismissal from the current Beaumont Health student clinical experience and elimination from any future Beaumont Health student clinical experience.

In addition, I will report any infractions of the above to a Beaumont Health manager/supervisor immediately.

- Respect the rules governing the use of any information accessible through the computer system and only utilize the information necessary to the performance of my job.
- Respect the ownership of proprietary software. For example, will not make unauthorized copies of such software for my own use, even when the software is not physically protected against copying and will not operate any non-licensed software on any computer provided by Beaumont Health.
- Prevent unauthorized use of any information in files maintained, stored or processed by Beaumont Health.
- Not seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through my work assignment.
- Not exhibit, divulge or discuss the contents of any record or report except to fulfill a work assignment and then in accordance with Beaumont Health Policies.
- Not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- Not remove or copy any record or report from the office where it is kept in the performance of my duties.
- Understand that the information accessed through all Beaumont Health contains sensitive and confidential patient/member care, business, financial and hospital employee information that should only be disclosed to those authorized to receive it.
- Not give my authentication code or password to anyone else, nor allow anyone else to access or alter information under my identity and not to utilize anyone else's authentication code or password in order to access information within the Beaumont Clinical Information System.
- Respect the confidentiality of any reports printed from any computer system and handle, store and dispose of these reports to ensure the confidentiality of information contained therein.
- Understand that all access to the Clinical Information System may be monitored
- Understand that my obligations under this Agreement will continue after termination of my employment. I understand that my privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.

I am knowledgeable of the above information and have oriented each student in my clinical group to the above per Beaumont Health policy.

\_\_\_\_\_  
*Clinical Instructor Signature*

\_\_\_\_\_  
*Date*

I have been oriented to the above department specific items as indicated above. I am aware that I am responsible to ask my instructor or manager if I have any future questions or concerns about these items or any other department specific policies and/or procedures throughout my clinical placement period at Beaumont Health. In addition, I am aware that I am responsible for ongoing education related to the clinical experience in my assigned department.

**(STUDENTS MUST SIGN BELOW)**

<i>Print Student Name</i>	<i>Student Signature</i>

The Student Orientation Checklist has been modified in accordance with the activities of the Physical Medicine and Rehabilitation Department at Beaumont Hospital – Dearborn.