

APN Student Orientation Checklist

To preceptors

This checklist provides an outline for you to follow in welcoming and introducing the student to their position, department and to NorthShore University HealthSystem.

1. Complete the checklist within 30 days.
2. Indicate each item reviewed with your initials and date or if an item is "Not Applicable" with "N/A".
3. Send completed checklist to Anum Malik @ amalik2@northshore.org.

Student Name: _____ **Preceptor Name:** _____

Environment of Care (Complete day 1)

Date Reviewed/Initials

Department infection control procedures	_____
Incident report procedure	_____
Life Safety: Department fire plan/notification/response	_____
Location of emergency alarms, exits and fire extinguishers	_____
Other emergency procedures: evacuation, hazardous spills, etc.	_____
Security/access control/sensitive areas	_____
NorthShore manuals for safety and emergency response	_____
Hazardous substances/MSDS reference data	_____
Other department specific safety policies/procedures	_____

Department Information (Complete by day 30)

Department organizational structure	_____
Staff introductions including key resource persons	_____
Customer service expectations	_____
HIPAA/Confidentiality policies	_____
Identification with student ID badge (complete day 1)	_____
Resource for patient rights	_____
Telephone, paging systems standard	_____
Facility tour, department layouts	_____
Parking	_____

Other

NorthShore no smoking policy	_____
Resources for interpretive services	_____

Signatures and Comments

APN student acknowledgement:

I have completed the APN Student Orientation Checklist. I acknowledge that the items have been reviewed with me. I am aware that the corporate and department policies and procedures are established to promote quality patient care, excellent customer service and to assure the health, safety and confidentiality of patients and staff. I agree to comply with the policies and procedures of the department and the organization.

APN Student Signature _____
 Date _____

Preceptor's Signature _____
 Date _____

NOTE: Upon completion, scan the form and send it to Anum Malik @ amalik2@northshore.org or fax 847-733-5160 or send via inter-office mail to Anum Malik at Evanston Hospital, Nursing Professional Development & Research office, #G215.