

Cleveland Clinic Health System  
Faculty/ Student Orientation Checklist

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**School:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_  
**Dates:** \_\_\_\_\_ **Unit:** \_\_\_\_\_  
**Instructor:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Orientation	Date
<b>Environment of Care:</b>	
<i>Orientation Review:</i> Focus: Professional Ethics, Patient Bill of Rights, Code of Ethics, OBN – Nursing conduct policy <i>Safety:</i> Fire, Electrical, Radiation, Hazardous Substances, Ohio Emergency Codes, cultural diversity, abuse & Domestic violence, restraints <i>Infection Control:</i> General, transmission based precautions, prevention of infections, bloodborne pathogens, and personal protective equipment. <i>National Patient Safety Goals &amp; HIPPA Focus:</i> Quality, safety, service and mechanism for reporting infractions.	
<b>Medication &amp; Patient Safety-Review with students</b> Focus: Successful completion of Meti-eDose, (faculty only) Medication administration policies (two identifiers,) unacceptable abbreviations, verbal and telephone orders, specimen labeling, safety of Infusion pumps, Smart Pump, Patient Falls, Pain Management, and Handoff communication.	
<b>Restraint Policy(review information with students)</b> Focus: Application of restraints; care, safety and documentation of the patient in restraints Considerations of age, development, gender, ethnicity, history of abuse	
<b>Point of Care Testing review information with students</b> Focus: Demonstration of quality control and patient test; code distribution of blood glucose monitoring.	

**The above instructor has completed the following requirements:**

**Nursing Education Instructor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Instructor is responsible for reviewing the above information with their student group. Upon completion each student must print and sign signature as testament their instructor has reviewed material.**

Student Name Printed	Student Signature	Date

**Signature of Instructor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send completed form to Joyce Leonette within two weeks of the start of clinical  
 HSB-111 (via interoffice mail)  
 216-636-2190 (via fax)  
[leonetj@ccf.org](mailto:leonetj@ccf.org) (via email)