



SCRIPPS STUDENT ORIENTATION CHECKLIST

Course Faculty (or preceptor) to sign and submit this form to the San Diego Nursing & Allied Health Service Education Consortium at the completion of the student orientation, within the first week of student rotation.

Non-members & preceptors only: email this form to: studentplacements@scrippshealth.org

All Students	
✓Topic Covered	
	Documentation requirements <ul style="list-style-type: none"> Expectations regarding documentation and completion of eCourses assigned by Faculty
	Population-based care <ul style="list-style-type: none"> Description of population served: age, ethnicity, religion, etc.
	General Safety <ul style="list-style-type: none"> Location of personal protective equipment Hand Hygiene, use and locations of hand sanitizers Transmission-based precautions signage & procedures Safety Data Sheets (SDS) Identity and location of biohazardous/pharmaceutical waste containers Injury prevention & reporting per school policy Safe Medical Device Act & Medical Device Reporting Emergency Codes & Emergency Management Guide (red tri-fold) Fire Safety: RACE, PASS, evacuation routes, EvacuChair, EvacuSled, location of extinguishers & pull stations
	Patient Safety <ul style="list-style-type: none"> Two forms of patient identification (patient name & medical record number) Occurrence reporting process Operation of equipment: beds, call lights
	Other <ul style="list-style-type: none"> Scripps Mission / Vision / Values Computer use / security of information Site tour
Clinical Students Only	
✓Topic Covered	
	Patient Safety <ul style="list-style-type: none"> Review of: Medication Safety / Adverse Drug Event Reporting, Pain Management, Fall Prevention Blood Glucose monitoring (Nursing Only) Medical equipment applicable to the objectives of the clinical rotation Skin care: Assessment screen & interventions Restraint policies and restraint use
	Other <ul style="list-style-type: none"> Scripps Interdisciplinary Standards of Practice – role and scope of the clinical student

I certify that the students identified on the Student Orientation Record have been oriented to the above information and have completed the required course content prior to the beginning of the clinical rotation.

Course Faculty (printed name)

Signature

Date: _____

Consortium #: _____
(Required)

School: _____

Scripps Location:

Department Unit: _____

- Encinitas
 Green
 La Jolla
 Mercy San Diego
 Mercy Chula Vista
 SHAS
 Home Based Care
 Scripps Clinic _____
 Scripps Coastal Medical Center _____