

Beaumont Health

REHAB SERVICES

AMBULATORY ORIENTATION CHECKLIST

Name: _____

College/University: _____

Course Number (if applicable): _____

Clinical Site: _____

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

O = Observation
D = Demonstration

V = Verbalization
T = Test

GD = Group Discussion

| Student Orientation Items | *MOV |
|---|------|
| 1. Review of site documentation | |
| 2. Review of pertinent site equipment | |
| 3. Review of site medication administration | |
| 4. Review of population served at the site including age specific policies/procedures and Cultural sensitivity information. | |
| 5. Review of patient safety issues | |
| 6. Review of roles of all staff | |
| 7. Review of isolation precautions relevant to the site, if any | |
| 8. Review of emergency procedures as they apply to the site | |
| 9. Review of site mission and vision statement | |
| 10. Tour of site and review of exits/evacuation routes | |
| 11. Review of Ambulatory tri-fold contents including: <ul style="list-style-type: none"> ▪ Mission Statement, Core Values, Nursing Vision ▪ Important Phone Numbers ▪ Parking ▪ Smoking Policy ▪ Fire & Safety ▪ Emergency Codes ▪ Medical Waste Information ▪ Infection Control ▪ Personal Protective Equipment (PPE) ▪ Material Safety Data Sheets (MSDS) ▪ Body Mechanics and Back Safety ▪ TB Exposure Control Plan ▪ Electrical Safety ▪ Hazardous Materials ▪ Abuse and Neglect ▪ National Patient Safety Goals ▪ <i>Service First!</i> ▪ Patient Confidentiality ▪ Cultural Diversity and Sensitivity ▪ Ethical Issues ▪ Conflict Resolution/Chain of Command ▪ Incident Reporting | |

12. 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.
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| 13. Review of HIPPA fact sheet | |
| 14. Review of JCAHO student/faculty information | |
| 15. Review of Ambulatory Student Placement Policy | |

I have oriented each student/agency/volunteer to the above per Beaumont Health policy.

Beaumont Health Representative Signature

Date

I have been oriented to the site-specific items as indicated above. I am aware that I am responsible to ask my instructor, preceptor or manager if I have any future questions or concerns about these items or any other site-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 at my assigned site.

(STUDENTS MUST SIGN BELOW)

| <i>Print Name</i> | <i>Signature</i> |
|-------------------|------------------|
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