

Northside Hospital Student Placement Office
Cohort Rotation - Onboarding Checklist

Northside Adjunct Faculty Full Name (Legal name only)*:	
Rotation ID*:	Semester*:
Clinical Start Date*:	Clinical End Date:
School Name*:	
Course Name*:	Campus/Unit Assigned*:

***Required**

Orientation Type	Orientation Items	
Cohort Rotation Orientation	Attend School Orientation Review course content, outline, and schedule, grading criteria Confirm receipt of student names and contact information Confirm receipt of contact information for Course Coordinator Review school-specific expectations for Adjunct Faculty <ul style="list-style-type: none"> ○ Active supervision, perform skills, review all documentation, med administration, etc. 	Review school-specific expectations for students <ul style="list-style-type: none"> ○ Level of independence, professional behavior, etc. Location/contact information for unit assignment Unit daily routine Identify space for pre/post-conference Review observation/shadowing assignments (if applicable)
Nursing Student Orientation	Student Badges/Parking Uniforms and Dress Code Student Nurse Scope of Practice Accessing Policies & Procedures via Lucidoc	Accessing Resource materials online (Lippincott, etc.) Service Behaviors & Professionalism EMR Confidentiality & HIPAA Cell Phone Use
Unit Orientation	Patient Assignments Assignment sheet/board Unit/Department's Scope of Services Role Expectations for Students Huddle/Bedside Handoff/Shift Report Accident/Injury Reporting/Incident Reporting Following Unit Chain of Command Use of Equipment <ul style="list-style-type: none"> • Blood pressure monitor • Blood glucose monitor • Pulse oximeter • Use of PPE • Sharps disposal 	Sharps disposal Supply/Storage Clean/Dirty Utility Rooms Waste Disposal Eye wash location Location of Code Cart/AED Infection Prevention (isolation precautions, disinfection) Handwashing

I have reviewed and completed each item on the **Cohort Rotation - Onboarding Checklist**.

Northside Adjunct Faculty Signature: _____ Date _____

Northside Unit Representative Signature: _____ Date _____

Please scan/email completed forms to:
Patient.carestudents@Northside.com
 Fax: (404)531-6210