**Clinical Training Checklist for:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Employee name:** | **Date:** |
| **Manager /Coordinator Name:** | **Date:** |

This form provides a means for documenting orientation performance.  The completion of the orientation skills checklist should not exceed six (6) months from the date the employee assumes a new job position because of hire or transfer.

**Instructions:**  Use the Validation Method key to document the method of skill validation.  Place the appropriate code in the met column. Date and initial in the comment’s column the date that the validator judges the orientee competent in the skill.  The signature and date of the validator signifies that the validator has observed, or have seen demonstrated, the specific skill by the orientee and the orientee is deemed competent to perform that skill.

**Validation Methods:**

D = Demonstration: Orientee has performed while preceptor watches

O = Observation: Orientee has observed preceptor or provider

V = Verbal discussion: Orientee has been educated, but there has been no opportunity to perform

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| **Skills** | **Met** | **Not Met** | **Comments/Additional Training Recommended** | **Date** | **Initials of Staff Preceptor** | **Initials of Staff Member** |
|  |  |  |  |  |  |  |
| **General** |  |  |  |  |  |  |
| Tour of Facility: Non-Clinical area; Medical records; Lab area; Clinical work area; Lunch area; Rest rooms, etc.  where to park; food/beverage policy at workstation; Location of Emergency equipment |  |  |  |  |  |  |
| Introduction to all staff members / physicians |  |  |  |  |  |  |
| Obtain employee information (address; telephone number; emergency contact; etc.) Share employee telephone triage list. Review My Hub and Outlook information for accuracy. Add UPMC Disclaimer to Outlook. |  |  |  |  |  |  |
| Review job description, performance standards, and performance appraisals. |  |  |  |  |  |  |
| Review safety training completed (online) by accessing U learn through MY HUB |  |  |  |  |  |  |
| *Verify* current certification/clearances applicable to position. Obtaining copies for HR. |  |  |  |  |  |  |
| Telephone types, use, operation, telephone etiquette. Utilizing the new language of access protocol. UPMC policies on the use of Personal Cell Phones, Personal Calls & Personal Devices. |  |  |  |  |  |  |
| Review of departmental information:  Mail delivery; responsibilities.  Staff scheduling/hours of operation/staff meetings.  Review of provider schedules.  Review of lunch and break schedules; Designated eating areas / Non-smoking facilities.  Review Kronos Computer vs Swipe Procedures.  Dress code- including facial jewelry, tattoos, footwear, fingernails & fragrances.  Chain of command – site specific  Department time and attendance policy - general attendance, absenteeism, tardiness, procedure for reporting off, PTO requests, scheduling adjustments, and emergency weather policy  Assure Name Badge is current and accurate.  Review visitor policy – Drug Rep and acceptance of “gifts.”  Procedure to follow in the event of an emergency (i.e. patient fall, abusive patient).  Protocol for receiving and sending information via the fax machine.  Procedure to follow if you receive a “suspicious phone call (i.e. bomb or violence threat). |  |  |  |  |  |  |
| Emergency procedure guideline location Work Partners telephone number 1.800.633.1197  <http://infonet2.upmc.com/Health/WorkersComp/Pages/Report-a-Work-Related-Injury-or-Illness.aspx>  Employee Health/MyHealth@Work for all BBP Exposures http://infonet2.upmc.com/Health/EmployeeHealth/Pages/default.aspx  Location of Healthcare Provider Panel |  |  |  |  |  |  |
| Safety Manual  Hazard Communication Plan, Chemical Inventory and MSDS  Fire Safety Plan, location of exits and fire extinguishers.  Other sections (TB, workplace violence)  Spill Cleanup (chemical; blood; mercury, etc.) NOTIFY CLINICAL STAFF **IMMEDIATELY** |  |  |  |  |  |  |
| Advanced HIPAA education – Policy Overview (as appropriately based on position) |  |  |  |  |  |  |
| Notice of Privacy Practices |  |  |  |  |  |  |
| Release of Information Policy HS-MR1000 |  |  |  |  |  |  |
| Access to Protected Health Information |  |  |  |  |  |  |
| HIPAA Complaint Management |  |  |  |  |  |  |
| Personal Representatives |  |  |  |  |  |  |
| Appropriate position based EMR access to related job title |  |  |  |  |  |  |
| Review accessing personal or family medical records |  |  |  |  |  |  |
| My UPMC Proxy functions |  |  |  |  |  |  |
| Release of information |  |  |  |  |  |  |
| Risk Management incident reporting via Risk Master |  |  |  |  |  |  |
| Location of shred bins or shredders |  |  |  |  |  |  |
| Procedure for reporting errors – EXAMPLE: the patient who calls in and says that they  received someone else's documents intermixed with their own |  |  |  |  |  |  |
| Computer Password and Username responsibilities  Importance of locking your computer when away from your desk. |  |  |  |  |  |  |
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| **Computer access** |  |  |  |  |  |  |
| Email/Internet use: review policies **ISD HS-IS0147** Electronic Mail and Messaging and **HS-IS0202** Acceptable Use of Information Technology Resources Social Media policy (Facebook/Twitter). |  |  |  |  |  |  |
| Printer location(s) |  |  |  |  |  |  |
| HELP desk (412-647-HELP) OR EPIC/PSD –IT 412.647.7748 |  |  |  |  |  |  |
| HR Direct |  |  |  |  |  |  |
| Teams |  |  |  |  |  |  |
| Epic/EpicCare |  |  |  |  |  |  |
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| **Basic Rooming** |  |  |  |  |  |  |
| Using Core Values/AIDET- Greet patient, introduce yourself |  |  |  |  |  |  |
| Patient identification using two identifiers |  |  |  |  |  |  |
| Document Chief Complaint |  |  |  |  |  |  |
| Obtain patient vital signs, height and weight and record in EpicCare |  |  |  |  |  |  |
| Review allergies and medication list |  |  |  |  |  |  |
| Indicate patient’s preferred pharmacy for this visit |  |  |  |  |  |  |
| Ask patient if they need any refills and prep for the Provider |  |  |  |  |  |  |
| Complete all required areas of visit navigator and document accurately |  |  |  |  |  |  |
| Indicate patient status by using the appropriate colored dot (if applicable) |  |  |  |  |  |  |
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| **Nurses Visits** |  |  |  |  |  |  |
| Accucheck – per hospital competency |  |  |  |  |  |  |
| Bladderscan |  |  |  |  |  |  |
| EKG |  |  |  |  |  |  |
| Hemoccult |  |  |  |  |  |  |
| Phlebotomy |  |  |  |  |  |  |
| Suture removal |  |  |  |  |  |  |
| Staple removal |  |  |  |  |  |  |
| Urine collection/urinalysis |  |  |  |  |  |  |
| Injections |  |  |  |  |  |  |
| Documenting a nurse visit in EpicCare |  |  |  |  |  |  |
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| **Clinic Specific Competencies** |  |  |  |  |  |  |
| PHQ9 |  |  |  |  |  |  |
| Orthostatic BP and Pulse |  |  |  |  |  |  |
| Assisting with office procedures |  |  |  |  |  |  |
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| **Clinical Phone Triage** |  |  |  |  |  |  |
| Prescription refills |  |  |  |  |  |  |
| Prior authorization- Navinet |  |  |  |  |  |  |
| Results to Patients |  |  |  |  |  |  |
| Proper documentation of phone call |  |  |  |  |  |  |
| Completing In-baskets |  |  |  |  |  |  |
| Responding to MyUPMC Messages |  |  |  |  |  |  |
| Knowledge of pools |  |  |  |  |  |  |
| Routing encounters |  |  |  |  |  |  |
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| **Other Responsibilities:** |  |  |  |  |  |  |
| Hand hygiene |  |  |  |  |  |  |
| Knowledge of Universal Precautions (PPE) |  |  |  |  |  |  |
| Low level disinfection |  |  |  |  |  |  |
| Handling and removal of sharps containers/medical waste |  |  |  |  |  |  |
| Specimen/culture handling and labeling |  |  |  |  |  |  |
| Logging specimens in pathology book |  |  |  |  |  |  |
| Equipment cleaning |  |  |  |  |  |  |
| Cleaning and stocking of rooms |  |  |  |  |  |  |
| Huddle process |  |  |  |  |  |  |
| Location of site-specific forms: fax cover sheets, handicap placard application, MoCA etc. |  |  |  |  |  |  |
| Distribution of documents (labs and test results, medical record, etc including from non-UPMC facilities) |  |  |  |  |  |  |
| Check in process |  |  |  |  |  |  |
| Check out process |  |  |  |  |  |  |
| Documentation of telephone messages |  |  |  |  |  |  |
| Authorizations for referrals |  |  |  |  |  |  |
| Authorizations for tests |  |  |  |  |  |  |
| Injections |  |  |  |  |  |  |
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**Preceptor Signatures**

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| **Initials** | **Signature** | **Initials** | **Signature** |
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