

## KAISER PERMANENTE Baldwin Park Medical Center

Faculty-Student Orientation Forms Inpatient/Hospital Nursing Departments

| Date Completed & Verified   |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| ,                           |  |  |  |  |  |
|                             |  |  |  |  |  |
| Academic Liaison / Educator |  |  |  |  |  |

Student File: One-to-One Direct Supervision with KP Employee/Provider with

DIRECT Patient Care Activities
(example: 1:1 Clinical Preceptorships or Clinical Rotations)

\*One per Student as Top Sheet

| _ |      | _   |    | <br>        |
|---|------|-----|----|-------------|
|   | <br> | F 1 | C4 | <br>: File: |
|   |      |     |    |             |
|   |      |     |    |             |

|  |  | Ш           | istructor verification  |  |  |  |  |
|--|--|-------------|-------------------------|--|--|--|--|
| Course Syllabus and Objectives   |  |             | Included in Packet      |  |  |  |  |
| Health & Safety Verification Excel (sent separately f  | rom School – all boxes filled out)         | Ī           | Completion Verified     |  |  |  |  |
| Valid US Governmental Photo Identification Card  |  | Ī           | Completion Verified     |  |  |  |  |
| Copy of BLS (Front and Back) or Printed eCard veri   | fied by Faculty/School                     | ΙĒ          | Completion Verified     |  |  |  |  |
| Child Abuse Reporting Requirements   |  | Ī           | Completion Verified     |  |  |  |  |
| KP Health Connect Confidentiality and Non-Disclos  | ure Agreement                              | Ī           | Completion Verified     |  |  |  |  |
| Confidentiality Agreement  |  | ΙĒ          | Completion Verified     |  |  |  |  |
| Drug-Free Workplace Employee Acknowledgement   |  | ĪĒ          | Completion Verified     |  |  |  |  |
| Elder Abuse Reporting Requirements   |  | ĪĒ          | Completion Verified     |  |  |  |  |
| Hand Hygiene Post-Test   |  | ΙĒ          | Completion Verified     |  |  |  |  |
| Safe Patient Handling Post Test  |  | ΙĒ          | Completion Verified     |  |  |  |  |
| Emergency Preparedness Education Attestation   |  |             | Completion Verified     |  |  |  |  |
| High Alert Medication Safety Practices Education At  | testation                                  |             | Completion Verified     |  |  |  |  |
| Baldwin Park Specific KP Learns  |  |             | Completion Verified     |  |  |  |  |
| - Please refer to Inpatient Baldwin Park page via  | Nursing Pathways website for this          |             | =                       |  |  |  |  |
| list   | abassian ALL against CAUDI                 |             |                         |  |  |  |  |
| - Please print off KP Learn Completed Transcript   | snowing <b>ALL</b> completed KP Learns     |             |                         |  |  |  |  |
| (both Baldwin Park Specific and Regional)  |  |             |                         |  |  |  |  |
| REGIONAL REQUIRED KP LEARNS & ADDITION   | IAL ITEMS                                  |             |                         |  |  |  |  |
|  |  |             |                         |  |  |  |  |
| COVID-19 Training 2021   |  |             | Completion Verified     |  |  |  |  |
| COVID-19 Symptom Self-Check & Badge Attestatio   | n  |             | Completion Verified     |  |  |  |  |
| Equal Access & Effective Communication at Kaiser   |  | ĪĒ          | Completion Verified     |  |  |  |  |
| Ethics and Compliance Introduction: Building a Cult  |  | ĪĒ          | Completion Verified     |  |  |  |  |
| Initial OSHA Safety Training for California (Hospitals   |  | ĪĒ          | Completion Verified     |  |  |  |  |
| Management of Patients who are a danger to self, or  | thers or gravely disabled                  |             | Completion Verified     |  |  |  |  |
| Providing Culturally and Linguistically Appropriate S  | ervices in California                      |             | Completion Verified     |  |  |  |  |
| Abuse Assessment and Reporting   |  |             | Completion Verified     |  |  |  |  |
| School Affiliate Preceptor/Student Role Agreement  |  |             | Completion Verified     |  |  |  |  |
| Required Reading Attestation for Student Unpaid Fi   | eld Experience and Training                |             | Completion Verified     |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |             |                         |  |  |  |  |
| The following forms can be submitted before or   | on the first day of clinical residence     | <b>:</b> y: |                         |  |  |  |  |
| Roche Glucometer Competency (Faculty to complete   | te students' training & competency)        |             | Completion Verified     |  |  |  |  |
| Unit Scavenger Hunt (as appropriate for department   | t assigned)                                |             | Completion Verified     |  |  |  |  |
|  |  |             |                         |  |  |  |  |
| I have reviewed the KP Baldwin Park College Affiliating G  |  |             |                         |  |  |  |  |
| documents and attest that I have completed the above documents. I will communicate with my professor or university     |  |             |                         |  |  |  |  |
| designee for any assistance or clarifications to provide safe patient care.  |  |             |                         |  |  |  |  |
| I understand the clinical rotation will not begin until individual faculty and student orientation mandatory paperwork |  |             |                         |  |  |  |  |
| are submitted to department educator and received educators signed approval to begin.                                  |  |             |                         |  |  |  |  |
|  |  |             |                         |  |  |  |  |
| Student Printed Name   | College Instructor / Designee Printed Name | 3           |                         |  |  |  |  |
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| 0.1.0  | 0.000                                      |             |                         |  |  |  |  |
| Student Signed Name  | College Instructor / Designee Signed Name  |             | form updated 9/21/21 mp |  |  |  |  |