Medical Student Orientation Checklist

Student Name:	School/Program:
Contact #:	
Emergency Contact Name and #:	
Disclose Allergies? Medical Conditions? Special Requirements?	

Start Date:	* MUST CLEAR ALL MESSAGES ON LAST DAY
End Date:	Deactivate User in EMR complete? Y/N

Activity	Completed Y/N	Notes/Comments
Tour of the students' main clinical site, fire exits, pull stations, evacuation procedure		
Advise of where to park		
Introduction to staff and ED		
Overview of roles of IHP team		
Orient to office routines and schedules		
Discuss hours/days of placement		
Plan for sick days/clinic closure		
Confidentiality form		
Privacy Policy		
Sexual Harassment and Violence Policy		
Workman's Comp paperwork		
Receive access codes to EMR		
Basic overview of computer system		
Emergency button EMR feature		
Introduction to EMR		
Charting procedures		
Start collection procedures		
Given EMR short cuts handouts		
Discuss commonly used forms/stamps		

Student Signature & Date:

Preceptor Signature & Date: