

Nursing Faculty Orientation Guidelines

Faculty Orientation Guidelines

Faculty must contact leadership at the site of educational experience at least two weeks in advance of the initial date students will be present. If the faculty does not have the leader's contact information, they may notify Novant Health student programs by emailing studentprograms@novanthealth.org.

The orientation plan will be arranged with site leadership.

1. **Orientation plans for first time faculty:**

- ✓ New faculty members are required to complete 16 hours of orientation, scheduling can be made with Leader or Unit manager.
- ✓ Leader or Unit Manager may require additional orientation time as deemed necessary.

2. **Orientation Plans for returning faculty:**

- ✓ Faculty returning to the same facility, but new unit are required to complete 16 hours of orientation.
- ✓ Faculty returning to the same facility and the same unit from prior semester are required to meet with the Leader or Unit Manager prior to the beginning of the clinical experience to discuss any unit changes and/or policy and procedure updates with which faculty and students are expected to comply.

During orientation faculty must provide Unit Leader of Manger the following:

- ✓ Faculty name
- ✓ Faculty phone number
- ✓ List of student names
- ✓ Dates and times student and faculty will be on unit(rotation schedule)
- ✓ Clinical objectives

Novant Health: Clinical Faculty Orientation Checklist

Directions: Clinical Faculty who are leading clinical groups at **Novant Health Facilities** will need to complete the items **listed** below during their orientation period prior to taking a new group of students to the unit/facility.

Name: _____

Program: _____

School: _____

Department Orienting to: _____

Date: _____

Contact # after clinical hours: _____

VALIDATION ITEMS	WHO VALIDATES	VALIDATOR'S SIGNATURE/DATE
1. Faculty completes "Faculty orientation packet" on student programs website	Clinical Faculty <i>(self or faculty)</i>	
2. Faculty will provide unit leader(s) and student programs team with list of student names and rotation schedule.	Leader/Unit Manager or NH team member	
3. Faculty will meet with unit leader(s) to discuss faculty, student roles and expectations.	Leader/Unit Manager or NH team member	
4. Faculty will meet with unit leader(s) to discuss unit standards of practice, patient care models, policies & procedures, and any appropriate unit specific skills.	Leader/Unit Manager or NH team member	
5. Faculty will meet with unit leader(s) to discuss responsibilities related to documentation.	Leader/Unit Manager or NH team member	
6. Faculty will complete appropriate unit facility express orientation.	Leader/Unit Manager or NH team member	
7. If applicable, faculty will complete initial Skills validation.	Leader/Unit Manager or NH team member	
8. Faculty will complete clinical faculty orientation/update to the satisfaction of unit leaders.	Leader/Unit Manager or NH team member	

After successful completion, the completed list needs to be emailed to Studentprograms@novanthealth.org

Nursing Faculty Initial Skills Validation Checklist

Name & Credentials: _____	Employee ID _____
Unit/Dept. _____	Date of Hire _____

Faculty Member: You are responsible for following the Novant Health (NH) policies/procedures (P&P). The primary source of procedural steps is Document Manager. If there is not a NH procedure, refer to Lippincott Procedures for the procedural steps. Upon completion of orientation, you must submit the completed Nursing Initial Skills Validation Checklist to studentprograms@novanthealth.org. This checklist will become a permanent part of your faculty file.

Validator: Validate skills with date/signature. Initials must include a full signature.

Validation Methods may include:

RD	Return Demonstration	S	Simulation
DO	Direct Observation; evidence of daily work	V	Verbalization

Skills (Indicate when the skill is limited to RN only)	Self -Evaluation		Methods	Skills Validation Date/Initials	Comments
	Previously Performed	Never Performed			
NURSING GENERAL ORIENTATION (NGO)					
Restraints & Seclusion			<input checked="" type="checkbox"/> DO <input checked="" type="checkbox"/> RD <input type="checkbox"/> S <input checked="" type="checkbox"/> V		
Suicide Precautions			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input checked="" type="checkbox"/> V		
Waived Testing-Glucose Meter			<input checked="" type="checkbox"/> DO <input checked="" type="checkbox"/> RD <input type="checkbox"/> S <input checked="" type="checkbox"/> V		
Waived Testing-HemaPrompt FG			<input checked="" type="checkbox"/> DO <input checked="" type="checkbox"/> RD <input type="checkbox"/> S <input checked="" type="checkbox"/> V		
SAFETY					
Fall Prevention			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Bed Alarm			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Chair Alarm			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
INFECTION PREVENTION					
Healthcare-Acquired Infection (HAI)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Chlorhexidine Gluconate (CHG) Treatment/Bathing			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
EMERGENCY RESPONSE					
Code Cart Check			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Automated External Defibrillator (AED)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
MEDICATION ADMINISTRATION					
IV administration set priming			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Bolus Injection			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Solution Preparation, Adding Medications to the Container			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Peripherally inserted central catheter (PICC) drug administration			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
INTRAVENOUS THERAPY					

Nursing Faculty Initial Skills Validation Checklist

Skills (Indicate when the skill is limited to RN only)	Self -Evaluation		Methods	Skills Validation Date/Initials	Comments
	Previously Performed	Never Performed			
Blood Culture Sample Collection			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Blood Specimen Collection from CVAD			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central venous access catheter blood sampling			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central venous access catheter flushing and locking			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central venous access catheter removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central Venous Access Device Declotting (RN only)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central Venous Access Device Dressing Change			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Central Venous Tunneled Catheter Dressing Change			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Implanted Port Accessing			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Implanted Port Non-coring Needle Removal (De-accessing)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Dressing Change			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Catheter Insertion			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Catheter Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
IV Pump Operation			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Midline Catheter Dressing Change			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Midline Catheter Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Peripherally Inserted Central Catheter (PICC) Blood Sampling			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Peripherally Inserted Central Catheter (PICC) Dressing Change			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Peripherally Inserted Central Catheter (PICC) Flushing and Locking			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Peripherally Inserted Central Catheter (PICC) Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Sterile Technique, Basic			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
PAIN MANAGEMENT					
Patient-controlled analgesia			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
LABORATORY SPECIMEN					
Nasal Swab Adult Acute Care - MRSA Specimen Collection			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
CARDIOVASCULAR					
Blood and Blood Product Administration			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
ECG MONITORING					

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	Previously Performed	Never Performed			
Initiating Cardiac Monitoring Adult Patient			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Terminating Cardiac Monitoring			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
RESPIRATORY					
Chest Tube Drainage System Monitoring and Care			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Chest Tube Drainage System Setup			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Oxygen Administration			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Tracheostomy and Ventilator Speaking Valve Use			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Tracheostomy Suctioning			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Tracheostomy Tube Cannula and Stoma Care			<input type="checkbox"/> DO <input type="checkbox"/> RD S V		
GENITOURINARY					
Bladder Ultrasonography (Scanner)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
External Female Catheter Application and Management			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Indwelling Urinary Catheter (Foley) Care and Management			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Indwelling Urinary Catheter (Foley) Insertion Female			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Indwelling Urinary Catheter (Foley) Insertion Male			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Indwelling Urinary Catheter (Foley) Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Male Incontinence Device (condom catheter) Application			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Perineal care of the Female Patient			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Perineal Care of the Male Patient			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Suprapubic Catheter Replacement			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Urine Specimen Collection from an Indwelling Urinary Catheter (Foley)			<input type="checkbox"/> DO <input type="checkbox"/> RD S V <input type="checkbox"/> <input type="checkbox"/>		
Urine Specimen Collection, Random			<input type="checkbox"/> DO <input type="checkbox"/> RD S V		
GASTROINTESTINAL					
Colostomy and Ileostomy Appliance Care			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Enema Administration			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Enteral tube feeding, continuous, gastrostomy and jejunostomy			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Enteral tube feeding, intermittent, gastrostomy and jejunostomy			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Enteral Feeding Tube Insertion, Gastric and Duodenal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Nasogastric Tube Insertion			<input type="checkbox"/> DO <input type="checkbox"/> RD S V		

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	Previously Performed	Never Performed			
Nasogastric Tube Monitoring			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Nasogastric Tube Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Nasal Bridle Removal			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
ENDOCRINE					
Glucomander			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
MUSCULOSKELETAL					
Gait Belt Use			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Transfer with a Hydraulic Lift			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
PSYCHOSOCIAL					
Postmortem Care			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Pronouncement of Cardiac Death by the Registered Nurse (NC RN only)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Determination of Death and Post-Mortem Care (Virginia only)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
UNIT SPECIFIC/OTHER					
12 Lead Electrocardiogram (EKG)			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Drain Removal, Surgical			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Nasal Bridle Insertion			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
Radial Artery Access Care After Percutaneous Intervention			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		
			<input type="checkbox"/> DO <input type="checkbox"/> RD <input type="checkbox"/> S <input type="checkbox"/> V		

Nursing Faculty Initial Skills Validation Checklist

I agree that I have performed these skills without prompting and without assistance on the above dates.

Skills that were not validated during orientation must be validated by a validated RN prior to independent skills performance.

Signature of Faculty member: _____ Credentials: _____ Date: _____

Signature of validator: _____ Credentials: _____ Date _____

Signature of validator: _____ Credentials: _____ Date _____