

ORIENTATION EVALUATION - INTERNS

Your Name:.....

In order to ensure that the Orientation Program is meeting INTERN requirements, your assistance in completing this Evaluation would be appreciated.
Please return this Evaluation Sheet to the M2M Administration within 3 months of attending the applicable Orientation.

Which Orientation process is this Evaluation in reference to?		
• Orientation Week – January 2014	<input type="checkbox"/>	
• 'Parent' Health Service Orientation	<input type="checkbox"/>	
• GP Clinic Rotation	<input type="checkbox"/>	
• Northeast Health Wangaratta Orientation	<input type="checkbox"/>	
• Albury Wodonga Health Orientation	<input type="checkbox"/>	
	Yes	No
Did you receive a Staff Commencement Pack prior to commencing your employment? Did the Pack contain all information you required?	<input type="checkbox"/>	<input type="checkbox"/>
How welcome were you made by the Staff throughout the Health Service / GP Clinic?		
• Very Welcome	<input type="checkbox"/>	
• Fairly Welcome	<input type="checkbox"/>	
• Unwelcome	<input type="checkbox"/>	
Comments:		
	Yes	No
Do you understand the philosophy and objectives of Health Service / Practice?	<input type="checkbox"/>	<input type="checkbox"/>
Were the roles & methods of communication and support through Supervisors, Managers, M2M staff, etc., clearly explained?	<input type="checkbox"/>	<input type="checkbox"/>
Did the staff members & managers you worked in tandem with assist in your orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Orientation paperwork & Checklist assist in familiarisation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the program provided adequate information to satisfactorily orientate you to your role as an Intern in this health service/Practice?	<input type="checkbox"/>	<input type="checkbox"/>
Were all sessions during the applicable Orientation relevant and informative?	<input type="checkbox"/>	<input type="checkbox"/>
Comments on any of the above?		

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	Yes	No	N/A
Did your orientation program provide adequate information on the following?			
• Fire and Safety Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiopulmonary Resuscitation Techniques and Management of Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Quality / Continuous Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pay and Personnel Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Physical Tour of your work area / facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Privacy / Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Position Duties & Daily Routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the location of the following?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Evacuation Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiac Arrest Trolleys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Paediatric Resuscitation Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oxygen and Suction Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clean Utility / Blood Fridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Unit Store Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Department Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Policy and Procedure Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resident Care Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Notices & Lists relevant to the work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Resident Care Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments and Suggestions for Improving the Orientation Program			
Your Signature:			