



Orientation

Guide to Orientation of the Intern

For GP Clinic Supervisors orientating the Intern on their GP Rotation

- Please complete, with the Intern, the Term Description and Learning Objectives form This form will be utilised over the term for the Mid Term & End of Term Assessments also).
- Please refer to the “Orientation, Assessment & Evaluation Flowchart” for appropriate processes.
- Please find attached “Orientation of the New Intern to the GP Clinic” form. This form and checklist is to be completed by the GP Supervisor (or delegate within the Practice if applicable) and the intern within the first two weeks of commencement of the GP Rotation.
- Please provide the Intern with the appropriate Orientation package for your Practice.
- The Intern will also be supplied with the following forms, some of which you may be able to provide input and orientation:
 - Doctor’s Orientation Checklist for health services ED & Acute Units.
 - Residential Aged Care facility orientation checklists if applicable.
 - Theatre & other Unit/Department orientation checklists as applicable.

For Supervisors orientating the Intern to a local health service – non-core rotation

- The health service is to provide the Intern with the appropriate Orientation Package giving details and information on the health service to the Intern.
- Please find attached “Doctor’s Orientation Checklist for health services ED & Acute Units”. This form is to be completed with the intern during their orientation to the “parent” health service ED & Acute units, usually by the Nurse Unit Manager (NUM).
- There may also be other Orientation Checklists for various units/departments within the health service as applicable. The Intern with the NUM of the applicable unit/department, is responsible for completing these checklists.

For Supervisors orientating the Intern to a core-rotation health service (ie. NHW & AWH)

- The health service is to provide the Intern with the appropriate Orientation Package giving details and information on the health service to the Intern and including applicable checklists.

Once all orientation checklists are completed and signed off, please send to the Manager Regional Junior Medical Programs and retain a copy for the health service/GP Practice.

M2M INTERN ORIENTATION WEEK – Updated 6/1/12

Monday 9/1/12	Tuesday 10/1/12	Wednesday 11/1/12	Thursday 12/1/12	Friday 13/1/12
<p>Albury Wodonga Health (AWH) Orientation – includes:</p> <ul style="list-style-type: none"> Use and limitations on Prescriber # and Provider #. Medicare Sessions. Coroner. Death Certificates. <p>+ Fire Simulator Training (conducted by Jason O'Keeffe from NHW at AWH – Jason will be collecting, transporting & returning simulation equipment.</p> <p>Attached: Program for the day</p>	<p>9.00am to 12.00pm - M2M Health Services Overview Orientation – Cobram District Health (CDH) Boardroom, morning tea provided.</p> <p>12.00pm to 1.00pm – Lunch</p> <p>1.00pm to 2.00pm – Geriatric Program Education Session – CDH Boardroom. "Management of Chronic Kidney Disease in the Elderly"</p> <p>2.00pm to 5.00pm – Education Session on "Advanced Care Planning & Terminal Plans". Presented by Dr Jenny Schwarz (Geriatrician at Western Health) and Dr Margi Cameron (Educator Hume Palliative Care Consortium). CDH Boardroom, afternoon tea provided.</p>	<p>8.00am to 12.30pm – Northeast Health Wangaratta (NHW) Orientation (half day).</p> <p>12.30pm to 1.00pm – Lunch</p> <p>1.00pm to 5.00pm – ALS Training. Venue – NHW</p> <p>Social Activity in the evening – Yarrawonga Mulwala Golf Club Resort, Yarrawonga for dinner – 7.30pm.</p>	<p>9.30am to 12.30pm – GP Clinic Training Session by Bogong Regional Training Network. Venue – Yarrawonga Clinical Education Centre, 38 Lynch Street, Yarrawonga. Morning tea provided.</p> <p>12.30pm to 1.00pm – Lunch</p> <p>1.00pm to 5.00pm – Procedural Skills Training by Jenny Doyle & Sandra Lamb from La Trobe University. Venue – Yarrawonga Clinical Education Centre, 38 Lynch Street, Yarrawonga. Afternoon tea provided.</p>	<p>9.30am to 12.30pm – Orientation at the health service/rotation intern will be commencing at on 16/1/12.</p> <p><u>Northeast Health Wangaratta</u> Dorothy Ling Alison Mahoney (please report to Jason O'Keeffe)</p> <p><u>Albury Wodonga Health</u> Grace Reynolds (please report to Linda Moon)</p> <p><u>Cobram District Health</u> Anoop Sharma Pem (please report to Craig DeLacy)</p> <p><u>Yarrawonga Health</u> Simon Dunn (please report to Wendy Ralph)</p>

M2M Orientation Program Wednesday 11^h January 2012

Venue: NHW Boardroom (Meet at front reception 0800hrs)

DrAnoop Pen
Dr Alison Mahony

Dr Grace Reynolds
Dr Simon Dunn

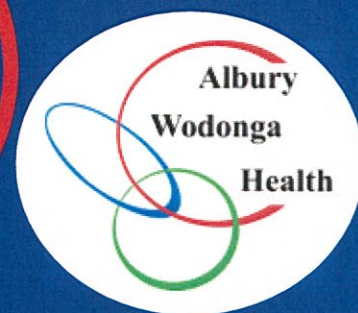
Dr Dorothy Ling
Shane Boyer

TIME	CSF	TOPIC	VENUE	PRESENTER
0805	Welcome to NHW Safe patient care	Welcome breakfast- UoM teaching opportunities Clinical risk-Healthcare Associated Infections	Boardroom	Dr Steve Bismire-Clinical Sub-Dean UoM Margaret Bennett-CEO Glen's story (play DVD)
0820	Patient management	Patient flow& discharge planning	Boardroom	Lois Foley-DDON Pt flow
0830	Administration matters	Medical administration & accommodation	Boardroom	Julie Deretic-Med Admin
0840	Administration matters	ID badges	Boardroom (Julie to escort to IT training room)	Sheree Hamilton-HR
0850	Communication Managing information	Clinical communication <ul style="list-style-type: none"> IT access and log in ORION and electronic records including Pathology/Radiology Medical Handover Dorevitch Pathology services 	IT Training Room- Margaret Boyd Education Centre	Kevin Vaughan-DDON Surg Services Glenda Shrimpton-Path Mgr
0925	Communication	ORION and Pharmacy National Inpatient Med chart	IT Training Room (Jennifer or Kim to escort back to Boardroom)	Jennifer Lowe-Dir Pharm Kim Brown-Qual Coord
1000	Morning Tea			Boardroom
1000	Managing information	Welcome& private patients	Boardroom	Dr John Elcock-DMS
1015	Education Program	Medical Education	Boardroom	Di Ward-Edu& Research
1030	OH&S	OH & S review & Fire and Safety package	Boardroom	Danielle Licciardo-OHS Mgr
1100	Hospital tour	Hospital tour & evacuation points	Via Radiology & Health Information	Julie Deretic to lead Hayden Sharp-Rad Mgr Lucinda Jones-HI Mgr
1130	Communication Working in teams	Welcome to NHW-an Interns perspective	Boardroom	Current NHW Intern
1200-1300	Lunch			Boardroom
1300-1700	Clinical skills	Introduction to ALS	UoM building- Skills Lab	Jan Garvey-Cln Educator (Julie to escort to UoM)

INTERN ORIENTATION PROGRAM

Monday 9 January 2012, Wodonga Hospital

Dr Naomi Kilham AWH
 Dr Mark Fletcher AWH
 Dr Anoop Pen M2M
 Dr Alison Mahoney M2M
 Dr Dorothy Ling M2M
 Dr Grace Reynolds M2M
 Dr Simon Dunn M2M



Time	Session	Venue	Presenter
0900	Welcome	Kruss Room 1	Management Team: Dr Kevin Holwell, Director of Clinical Training Dr Richard Parkinson, Assistant DMS, Dr Mike Taylor, Director of ED Dr Franz Eversheim, Director of Physician Education Leanne Wegener, Deputy Director Nursing Jason O'Keefe, HMO Manager, North East Health Wangaratta Linda Moon, Medical Services Manager
0930	<ul style="list-style-type: none"> • Provider and Prescriber Numbers – use and limitations • Death Certificates • Deaths reportable to Coroner • Medico-legal considerations including consent, refusal of medical treatment • Legislation including guardianship and privacy • File notes • Confidentiality • Code of Conduct/Professional behaviour expectations 	Kruss Room 1	Dr Kevin Holwell Dr Richard Parkinson Leo Mason, Director of Pharmacy
1030	Emergency scenario		Dr Luke Baitch, Specialist Anaesthetist
1100	Morning Tea Break		
1115	Infection Control and notification of infectious diseases	Kruss Room 1	Suzanne Nelson, Infection Control Coordinator
1145	Information Technology logins	Kruss Room 1	IT
1200	Secret Codes - advice on DRG funding and coding	Kruss Room 1	Wendy Sutcliffe, Health Information, Project Manager
1230	Lunch break		
1300	Pathology and other useful IT tips Do Your Discharge Summaries Emergency Codes and Procedures	Kruss Room 1	Dr Brent Corcoran, 2011 Intern
1345	Incident Reporting Patient Liaison and Complaints	Kruss Room 1	Shell Morphy, Quality Coordinator
1415	Medical Imaging	MI Rooms	Luke Restall / Adam Torocsik, Medical Imaging Technologists
1445	Fire Simulator Training	Engineering	Jason O'Keefe

Orientation of a New Intern – GP Rotation

Orientation of a new Intern at the start of a GP term is an important aspect of GP supervision. The following points must be covered (if relevant to your practice). It is not expected that this will be completed in one teaching session. Once the Orientation is complete the Intern will complete an evaluation.

Tick (✓) each activity as completed:

Orientation to the Medical Practice

- ☐ **Introduction to staff**
List of staff names and positions
- ☐ **Tour of premises**
Where are medical supplies and stationary?
Security system
- ☐ **Surgery hours**
- ☐ **Branch Surgeries**
- ☐ **After Hours**
Roster
How to open and lock up the surgery / security system code
Accessing Medical Records
Weekend surgeries
Billing after hours
- ☐ **Doctor's bag**
- ☐ **Emergencies**
Ambulance
Resuscitation Procedures
Emergency Retrievals and Advice
Poisons Information
- ☐ **Home Visits**
- ☐ **Hospital(s)**
- ☐ **Nursing Home(s) and Aged Care**
Aged Care Assessment Team
Respite Care
Enhanced Primary Care Medicare Items
Day Centre
- ☐ **Equipment in Surgery**
- ☐ **Practice Resources**
In room
Practice Library
Other – eg internet
Patient Information Resources

- ☐ **Practice Meetings** - Doctors / Staff / CME
- ☐ **Practice Management** - Who is responsible for what
- ☐ **The Intern's role** - reinforcing their role as an independent practitioner, with appropriate consultation with the supervisor. The model of parallel consulting will be used.
- ☐ **Timetabling of set aside teaching and set time to develop a Learning Plan**
- ☐ **Process for 'corridor' consultations** - who can be approached, how, and when?
- ☐ **Telephone system**
 - Use of lines / on hold / transferring calls
 - Communications between staff and doctors
 - Policy for returning calls to patients
- ☐ **Office Equipment**
 - Use of photocopier, fax, scanner
- ☐ **Computer System**
 - Turning on / logging on
 - Turning off
 - Front office use – appointments, accounts etc

Orientation to general practice systems

- ☐ **Appointment System**
 - Practice policy regarding appointments
- ☐ **Medical Records**

Filing System and Accessing Records	Computerised Records
Preferred method of record keeping	Results – protocol for checking and filing
- ☐ **Billing Procedures**

Common list of fees and item numbers	Practice policy on private and bulk billing
Commonly used procedures	Various medicals, vaccines and dressings
Medicare guidelines for rebates	When and how to privately bill after hours
Communicating billing to front office	The use of EPC items
- ☐ **Pharmaceutical Benefits Scheme** – PBS, Authority Scripts, Private, OTC
- ☐ **Workers' Compensation**
- ☐ **MAIB**
- ☐ **Practice Policy and Procedure Manual**
 - Particular areas of importance to new doctor. Eg Infection Control, Sterilisation
 - Procedures, Occupational Health and Safety, normal & abnormal results, threats, evacuations
- ☐ **Pathology - Sample Collection / Preferred provider**
- ☐ **X-ray Services**
- ☐ **Blood Pressure Monitoring**
- ☐ **Ultrasounds and Bone Density**
- ☐ **Requests for repeat prescriptions**
- ☐ **Minor Surgery and Procedures done in the Practice**
- ☐ **Practice Nurse: Procedures undertaken by nurse**

- ☐ **Patients with complex problems or who are frequent after hours attendees who are likely to be seen by the new intern**
- ☐ **Immunisations** - When and where, Immunisations kept at the surgery and those that require a prescription

Referrals

- ☐ **Specialists**
- ☐ **Community Nursing Service**
- ☐ **Palliative Care**
- ☐ **Diabetes Services**
 - Diabetes Educator
 - Podiatrist
 - National Diabetes Supply Scheme
 - Dietician
 - Diabetes Australia
 - Purchase of Blood Glucose Monitors
- ☐ **Dentists**
- ☐ **Mental Health Services- Alcohol and Drug Rehabilitation**
- ☐ **Cardiology Services**
- ☐ **Other Allied Health Professionals**
 - Audiology
 - Optometrists
 - Psychologists
 - Fertility Clinics
 - Counseling
 - Physiotherapists
 - Social Workers
 - Occupational Therapy
 - Podiatrists
 - Bone Density
- ☐ **Shared Care – Antenatal / Diabetes**
- ☐ **Termination of Pregnancy**

Other

- ☐ **Child Abuse – Mandatory Reporting**
- ☐ **Medical Examinations:** Non-Medicare/Pre-employment/Insurance/Diving/Commercial Vehicle License
- ☐ **Medico legal reports**
- ☐ **Sexual Assault**

Orientation to the Local Community

- ☐ **Accommodation**
- ☐ **Orientation to Local Hospital and Nursing Home**
- ☐ **Demographics of patients and community**
- ☐ **Social activities in the community**
- ☐ **Local Division of General Practice**
- ☐ **Other local sources of GP medical education**

Local Services

- ☐ **Pharmacies**
- ☐ **Schools**
- ☐ **Churches**
- ☐ **Community Centre**
- ☐ **Library**
- ☐ **Community Service Groups**

Orientation of a New Intern (Mandatory)

Intern:	
Practice:	
Supervisor:	
Date:	

The **Orientation of New Intern** has been completed successfully.

Signed:

..... (Date)

..... (Supervisor) (Date)

The Intern and Practice should keep a copy of this paperwork.

Please provide details of the services carried out at this Practice: (alternatively please ensure Intern has been provided with such details in their GP Practice Orientation documentation.

Term Objectives:

By the completion of this Term the Intern may expect to acquire the following knowledge:

- Simple care of patients with common medical problems.
- Appreciation of teamwork and involvement with Allied Health.
- Development of flexibility in assessment and management skills.

During this rotation, the listed skills and conditions below are likely to be seen or be available to perform. You will however need to actively seek out opportunities to complete some of them.

Visits to outpatient clinics must be pre-arranged and must not impact on service provision in your current term. The Specialist in charge must be informed at the start of the shift of your wish to attend an outpatient clinic and you will only be able to go if the patient load of the department allows it.

The following is a list of conditions and situations which the Intern may expect to see and manage during their General Practice Term. Also following is a list of skills for which the Intern is expected to gain competence by the completion of this Term. These lists can be utilised as Learning Objectives for the General Practice Terms. Please discuss the items on these lists and tick off during the Term as they have been seen/managed/performed.

This document is to be taken by the Intern to the Mid Term Appraisals and the End of Term Assessments and completed as appropriate.

There is also space after these checklists, to list any other Learning Objectives that may be agreed to by the Supervisor & Intern.

CONDITIONS & SITUATIONS WHICH INTERNS MAY EXPECT TO SEE AND MANAGE DURING THEIR GENERAL PRACTICE TERM

	Seen (Tick ✓)	Managed (Tick ✓)
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Adverse drug reaction & allergy	<input type="checkbox"/>	<input type="checkbox"/>
Aged Care Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Aged Care issues	<input type="checkbox"/>	<input type="checkbox"/>
Age related fractures	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
Cellulitis	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive or physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Concealed patient history	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: new cases & complications	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Disability issues	<input type="checkbox"/>	<input type="checkbox"/>
Dysfunctional family situations	<input type="checkbox"/>	<input type="checkbox"/>
Dysuria and/or frequent micturation	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse	<input type="checkbox"/>	<input type="checkbox"/>
Electrolyte disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Falls, especially in the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Fever (undiagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
Fluid retention	<input type="checkbox"/>	<input type="checkbox"/>
Functional decline or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Genetically determined conditions	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Joint disorders	<input type="checkbox"/>	<input type="checkbox"/>
Leg ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Limb ischaemia	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Morbid obesity & consequences	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home placement issues	<input type="checkbox"/>	<input type="checkbox"/>
Oliguria	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral oedema	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/respiratory infections	<input type="checkbox"/>	<input type="checkbox"/>
Postural hypotension	<input type="checkbox"/>	<input type="checkbox"/>
Septicaemia	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorders	<input type="checkbox"/>	<input type="checkbox"/>
Social difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Upper airway obstruction	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>
UTI	<input type="checkbox"/>	<input type="checkbox"/>
UTI and association with systemic events	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss (unexplained)	<input type="checkbox"/>	<input type="checkbox"/>

BY THE COMPLETION OF THIS GENERAL PRACTICE TERM THE INTERN MAY EXPECT TO GAIN COMPETENCE IN THE FOLLOWING SKILLS:

Skill	Seen (Tick ✓)	Performed (Tick ✓) & Date if possible
Assessment of vital sign	<input type="checkbox"/>	<input type="checkbox"/> Date:
Blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Pulse oximetry reading	<input type="checkbox"/>	<input type="checkbox"/> Date:
Core temperature measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Blood sugar estimation	<input type="checkbox"/>	<input type="checkbox"/> Date:
Estimate the GCS	<input type="checkbox"/>	<input type="checkbox"/> Date:
Recording a 12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/> Date:
Reading a 12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/> Date:
Monitor Rhythm Scripts	<input type="checkbox"/>	<input type="checkbox"/> Date:
Gown and Glove in a sterile fashion	<input type="checkbox"/>	<input type="checkbox"/> Date:
Bladder catheterization (M&F)	<input type="checkbox"/>	<input type="checkbox"/> Date:
Urine dipstick testing – urinalysis	<input type="checkbox"/>	<input type="checkbox"/> Date:
Spirometry	<input type="checkbox"/>	<input type="checkbox"/> Date:
Peak Flow Measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/> Date:
Nebuliser treatment	<input type="checkbox"/>	<input type="checkbox"/> Date:
Interpret X-Rays/Scans	<input type="checkbox"/>	<input type="checkbox"/> Date:
Insert Nasogastric Tube	<input type="checkbox"/>	<input type="checkbox"/> Date:
Analysis of Pathology	<input type="checkbox"/>	<input type="checkbox"/> Date:
Venepuncture	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous cannulation	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous infusion set-up	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous drug administration	<input type="checkbox"/>	<input type="checkbox"/> Date:
Fluid Balance Assessment	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous fluid & electrolyte therapy	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Hyperglycaemia	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Dehydration	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Fluid Overload	<input type="checkbox"/>	<input type="checkbox"/> Date:
Anticoagulant prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Antibiotic prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Insulin prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intramuscular & Subcutaneous injections	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Febrile Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Patient with Chest Pain	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Dyspnoeic Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Confused Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Use alcohol withdrawal scale	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do mini mental state exam	<input type="checkbox"/>	<input type="checkbox"/> Date:
Perform a Literature Search	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do a case presentation at meeting	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do a competent Discharge Summary	<input type="checkbox"/>	<input type="checkbox"/> Date:
Arrange a referral to another Specialist	<input type="checkbox"/>	<input type="checkbox"/> Date:
Perform a comprehensive handover	<input type="checkbox"/>	<input type="checkbox"/> Date:
Communicate with GP	<input type="checkbox"/>	<input type="checkbox"/> Date:

OTHER LEARNING OBJECTIVES SET BY THE SUPERVISOR & INTERN: Please list any other Learning Objectives you would like to meet in this Term.		
Skill / Condition / Situation	Seen (Tick <input checked="" type="checkbox"/>)	Performed / Managed (Tick <input checked="" type="checkbox"/>) & Date if possible
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:

Supervisor	
Name:	Position:
Signature:	Date:

Junior Doctor	
Name:	
Signature:	Date:

Intern Orientation Checklist

General Overview – Parent Health Service

This form is to be completed at the time of orientating the new intern at each Health Service on the Parent Health Service orientation day during the initial orientation week. When this form has been completed and signed, please send to the Manager Regional Junior Medical Programs and retain a copy for your health service.

Department/Building Locations	ORIENTATED	N/A
Acute Services & Emergency Department		
Maternity Services		
Dialysis Unit		
Day Stay Unit		
Palliative Care		
X-Ray & CT (if applicable)		
Pharmacy / Dispensary		
Operating Theatre		
Residential Aged Care facility / facilities		
Community Health Centre		
District Nursing Service		
Location of Policy/Procedure Manuals		
Visiting Specialist's Rooms & Consulting Timetable		
HIM / Medical Records		
Human Resources/Payroll – including ID Badge		
Finance & Administration		
Executive Offices		
OH&S Coordinator		
Hotel Services		
Admissions		
Discharge Planning		
Conference Room		
Multi-Purpose Room		
Boardroom		
Training / Education Rooms		
Support Services		
Guidelines / Policies to be Provided & Read		
Incident Reporting Procedure		
Code Of Conduct		
OH&S Policy		
'No Lift' Policy		
Manual Handling Protocol/Policy		
Privacy & Confidentiality of Personal & Health Information		
Mandatory Reporting – Child Abuse/Maltreatment		

Elder Abuse Policy		
Compulsory Reporting in Aged Care		
Infection Control		
Waste Management		
Information: Fire & Emergency Procedures		
Mandatory Education / Orientation		
Organisation Wide Orientation Day		
Date Attended or to be attended : / /		
Fire & Emergency Training		
Date Attended or to be attended : / /		

I (Intern Name) Acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

.....
(Intern)

.....
(Date)

.....
(Health Service Representative)

.....
(Date)

Intern Orientation Checklist **For Health Services ED & Acute Units**

This form is to be completed at the time of orientating the new intern at each Health Service during non-core or core rotations, with the intern. When this form has been completed and signed, please send to the Manager Regional Junior Medical Programs and retain a copy for your health service.

EMERGENCY DEPARTMENT	ORIENTATED
Location of telephone & necessary contact numbers	
Information provided re: applicable Health Service Emergency Code	
Location of Protocols, Policies & Procedures	
Location of "Crash Cart"	
Orientation to "Crash Cart" contents	
Orientation to use of "Crash Cart" monitors	
Orientation to blood test analysers available, and procedures to use	
Informed of Ambulance Transfer Procedure (from ED)	
Orientation to most common referral facilities	
Orientation to Emergency Department paperwork & documentation requirements	
Orientation to procedure for admitting patients to the Acute Ward	
Procedure for payments for ED patients	
HOSPITAL	ORIENTATED
Orientation to times for Doctor's Rounds, and expectations	
Location of telephones and necessary contact numbers	
Location of Protocols, Policies & Procedures	
Informed of Ambulance Transfer Procedure (from hospital)	
Orientation to most common referral facilities	
Orientation to Acute Ward paperwork & documentation requirements	
Orientation to Ward layout & room locations	
Information provided regarding classification of patients	
Pathology	
Decontamination Unit	
VMO On Call Roster	
Payment Schedule documentation	
EQUIPMENT	ORIENTATED
ECG Machine	
BP Machine NiBP & Manual	
Cardiac Monitor	
Glucometer	
Defibrillator	
CPAP Machine	
Neonate Resus Trolley	
Bladder Scanner	
Oxygen & Suction	

Please turn over for signing



I (Intern Name) Acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

.....
(Intern)

.....
(Date)

.....
(NUM Acute/Delegate)

.....
(Date)



Intern Orientation Checklist Maternity Services

This form is to be completed at the time of orientating the new intern at each Health Service during non-core or core rotations, with the intern. When this form has been completed and signed, please send to the Manager Regional Junior Medical Programs and retain a copy for your health service.

MATERNITY SERVICES	ORIENTATED
Location of telephone & necessary contact numbers	
Unit & Birthing Suite Layout	
Call Bell System – Nurse Call, Assist, Emergency	
Forms – patient leave, discharge at own risk, ambulance transfer, refusal of treatment	
Store Cupboard / IV & Epidural Trolley	
Protective Clothing	
Xray & Pathology Procedures & Reports	
Pathology – Box, Book, Tray, Tube Guide, Results, X/Match, Group & Hold/Blood Book, Blood Fridge	
CTG Room	
Admissions/Intrapartum – Procedure, Care Plan, Observations – BP.T.P.R. A/N Assessment, wt, FWT. Initial management.	
Specific AN Care Procedures if applicable	
Transfer from another hospital / Public-Private Patients	
Notification of Birth	
Policies & Procedures Manual	
Discharge Procedures	

I (Intern Name) Acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

.....
(Intern)

.....
(Date)

.....
(CCMS/Delegate)

.....
(Date)

Intern Orientation Checklist Operating Theatre

This form is to be completed at the time of orientating the new intern at each Health Service during non-core or core rotations, with the intern. When this form has been completed and signed, please send to the Manager Regional Junior Medical Programs and retain a copy for your health service.

OPERATING THEATRE	ORIENTATED
Location of telephone & necessary contact numbers	
Unit Layout – Operating Room, Recovery, Day Stay Unit	
Clean Utility / Dirty Utility	
Sterile Stock Areas	
Protective Clothing / Scrubs	
Workplace Flows	
Staff Facilities	
Resuscitation Trolleys	
Anaesthetic Trolley (OT)	
Duress Alarm	
Equipment in the Unit	
Policies & Procedures Manual	

I (Intern Name) Acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

.....
(Intern)

.....
(Date)

.....
(NUM OT/Delegate)

.....
(Date)

Intern Orientation Checklist Residential Aged Care Facility

This form is to be completed at the time of orientating the new intern at each Health Service during non-core or core rotations, with the intern. When this form has been completed and signed, please send to the Manager Regional Junior Medical Programs and retain a copy for your health service.

Residential Aged Care facility	ORIENTATED
Location of telephone & necessary contact numbers	
Unit Layout	
Security Gates	
Bed Alarms	
Staff Facilities	
Documentation – Reports/Progress Notes, Activities Book, Personal Care Plans, CMA's, Profiles	
Policy & Procedure Manuals	
Security System including After Hours Service	
Clinical Emergency Procedures ie. Death in the Facility	
Doctor's Vists	
Pathology	
Medication Webster Packs	
Waste Management	
Relevant Equipment	

I (Intern Name) Acknowledge that I have been orientated to each of the abovementioned areas and items.

Signed:

.....
(Intern)

.....
(Date)

.....
(NUM/Delegate)

.....
(Date)