

Orientation Checklist - Simulation Technician

Name: _____ Title: _____ Hire Date: _____
(Please Print)

All new simulation technicians shall receive appropriate orientation and training to successfully learn the aspects of the department and simulation in order to demonstrate these abilities annually to their colleagues.

Directions: Mentor/Advisor will initial/date when orientee shows fulfillment.

TOPIC/SKILL/FUNCTION	INITIAL/DATE	COMMENTS
Tour of department		
Department Structure: Roles, Team Dynamics		
Job Description		
Policies and Procedures		
Schedule (Time Clocks, PTO requests, etc.)		
Office Applications (email, direct messaging, etc.)		
Department Scheduling (example: Outlook)		
Video Software (example: VALT)		
Emergency Response Procedures		
·Emergency Exits, Fire Alarms, Fire Extinguishers		
·AEDs		
·Eye Wash Station and MSDS		
Ergonomic Request Form		
Rosters/Evaluations		
Simulation Lab		
Preference Cards		
Scenario Development Form		
Programming Manikins		
EPIC Playground		
Specimens - Fridge/Freezer (if wet/dry lab)		
Standardized Patient Script		

TOPIC/SKILL/FUNCTION	INITIAL/DATE	COMMENTS
High Fidelity Manikins (running, introducing, maintenance and/or troubleshooting)		
· Oscar (Gaumard)		
· Noelle (Gaumard)		
· Charles (Gaumard)		
· Hank (Gaumard)		
· Oliver/Gabe (Gaumard)		
· Newborn Hal (Gaumard)		
Skills Trainers:		
· TraumaMan		
· TraumaChild		
· CentraLine Man		
· FemoraLine Man		
· Chester Chest		
· Interscalene/Supraclavicular Block Trainer		
· Catheterization Trainers		
· Lumbar Puncture (adult, infant)		
· IV Arms (Auris, Venipuncture, etc.)		
· Peter PICC Line		
· Joint Injections (IM, knee, shoulder, etc.)		
· Ultrasound		
· BodyWorks Eve		
· GE Ultrasound Machine		
· Ultrasound Models		
Moulage		
Storz Equipment/LiveStream		
Steris Equipment (Autoclave/Ultrasonic)		
Education/Development		
New Employee Orientation		
Mandatory Education (Annually)		

TOPIC/SKILL/FUNCTION	INITIAL/DATE	COMMENTS
Employee Compact		
Code of Ethics (SSH)		
Basic Life Support		
Pediatric Advanced Life Support (if applicable)		
Advanced Cardiac Life Support (if applicable)		
CHSOS (SSH) (if applicable)		
1 Month Check-in		
3 Month Check-in		
6 Month Check-in		

Must be complete within 6 months of hire.

Employee Signature of Completion: _____

Date: _____

Manager Signature: _____

Date: _____

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[illegible]

[illegible]

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