|  |
| --- |
| **Upskill to HUC** |
| Employee Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Dept./Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upskill Unit/Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clerical Duties** | **Preceptor RN Initials/Date** | **Patient Care Duties** | **Preceptor RN Initials/Date** |
| Perform CISCO phone functions * transfer
* hold
* forward
* proper phone etiquette
 |  | Demonstrate process for preparing a chart * stickers
* H & P
* consent
* allergy sticker
 |  |
| Demonstrate operation of* copy
* print
* fax
* scanner
 |  | Demonstrate process for printing * face sheet
* armbands
* patient labels
 |  |
| Demonstrates process for STAPLES supply ordering |  | Demonstrate competency with EPIC documentation* clerk discharge
* workflow notes
* placing patient on LOA
* discharging
 |  |
| Verbalize process for posting * patient list
* therapy schedule
* call schedule
 |  | Demonstrates role in * admission process
* transfer process
* discharge process
 |  |
| Demonstrates process for logging in to Responder 5 and ensuring staff assignments are updated |  | Demonstrate process for coordinating inpatient * US
* MRI
* Stress Test
* ECHO
* Nuc med
* Respiratory Exams
 |  |
| Demonstrate entering of daily charges and census sheet review |  | Demonstrate ability to print telemetry strips from central station |  |
| Verbalize process for obtaining outside medical records |  | Demonstrate process for d/c appointments and weekend calendar appointments |  |
| Demonstrate downtime processes* refilling paper in printers
* copies
 |  |  |  |
| ***Please return to your unit manager*** |

*I understand the content covered addresses emergency COVD-19 training. I understand it is my professional responsibility to seek clarification from appropriate staff regarding any questions/clarifications.*

**Trainee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_