|  |  |  |  |
| --- | --- | --- | --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_