

Clinical Rotation Orientation

Name:

Clinical Site:

1. Who is the person "In Charge" at your clinical site? What is their title?
2. Who works at your clinical site? (EX: Medical Assistant, Registered Nurse, Dental Hygienist, etc)
3. What are the working hours at your clinical site?
4. Describe the staff work schedule. (EX: Monday through Friday 9am-5pm)
5. What kinds of services does your clinical site provide?
6. What is the location of fire extinguishers?
7. Where is the location of any Personal Protective Equipment?
8. What types of equipment/tools/instruments are specific to your clinical site?
9. In a typical day, how many patients will your clinical site see/treat/care for?
10. What are some of the diseases/diagnoses/illnesses your clinical site treats?