New Hire Orientation Guide			
Inside/Outside Adjuncts	AHF Internal	Non -AHF	
	Transfer	Full/P	art Time
	Full/Part		
	Time		
		HR	Day
		Clinical	Non-Clinical
		Nursing	
		Orientation	
Complete College Orientation	Complete College Orientation		ion
Complete Online Orientation	Complete Online Orientation		on
Education Requirements	Education Requirements		
Unit Orientation if needed	Unit Orientation if needed		
Course Coordinator meeting	New Faculty Needs Self-Assessment		
	Mentor assignment		
	Course Coordinator meeting		

Name of Employee: Due Date:	Start date	
Position:		
Employee Number:		
Status upon hire: 	Adjunct (Inside/Outside AHF) AHF Internal Transfer Clinical Non-Clinical Non-AHF Clinical Non-Clinical	

Division of Nursing New Faculty Needs Assessment

This form is designed to provide the **new faculty member**, the **Program Director and Dean of Nursing**, and the **assigned mentor** with insight relative to competency in the specified areas of responsibility. Orientation will be individualized based on the employee's role and identified needs.

Directions:

- 1. Complete this form prior to the beginning of teaching/clinical responsibilities.
- 2. Using the scale below, place the number that identifies your level of competency.
- 3. Return this form to the assigned mentor.
- 4. Discuss the self-evaluation with the assigned mentor and develop an education plan as appropriate.
- 5. Complete again at the end of the first semester of teaching and discuss with the assigned mentor.
 - 1) have not had experience in this area.
 - 2) do not feel confident in this area.
 - 3) need review in this area.
 - 4) feel confident in this area.
 - NA Not applicable

Function Within the Educational Environment	Initial Self- Assessment	Education Plan	Post Assessment
Provide job description		Developed by employee, mentor, and nursing leadership	Mentor
General Responsibilities			
Nursing focused			
Vision/ Mission/Values			
Aultman College Faculty			
Handbook			
Aultman College Policies –			
Catalog			
Rules of Engagement			
Academic Calendar			

Technology	Access Granted/Instruction for each	
ATI		
Electronic Health Record		
ExamSoft		
Halogen		
Learning Management System (LMS)		
Kronos		
Nurse Tim		
Office:		
 Excel PowerPoint Outlook Calendar Use Email Out of Office Word 		
On Base – (Program director only)		
PolicyTech		
Student Information System - CAMS		
T:Drive		
tK 20		
Ya Rooms		
гоом		
 Additional Support technology White Boards Anatomage Table Simulation (high – moderate – low fidelity) 		

Feeilitete Leewing and		
Facilitate Learning and Learner Development		
Provide Course Coordinator Guidelines		
Classroom Management		
Syllabus template		
Course supplies		
Nursing grading scale		
Student Incivility		
Textbook evaluation		
Clinical/Lab Management		
Clinical supervision of students and adjuncts		
Clinical Agency orientation		
Medicare Pass Through		
Student assignments		
 Student Evaluation Clinical /Lab Evaluations, including progression expectations Anecdotal notes Conference Forms 		
Facilitation of pre- post conference (Linking theory to clinical setting)		
Referral to Skills Laboratory		
Participate in Curriculum Design and Evaluation of Outcomes/Use Assessment and Evaluation Strategies Curriculum Design		
ASN program		
BSN program		
BSN prelicensureBSN Completion		
Course building		
Federal Definition of a credit Hour		

Curriculum Evaluation		
 Core Abilities Program Outcomes Student Learning Outcomes (Course) Testing Guidelines End of Course Reports Juried assessments Curriculum Review 		
Accreditation and Regulation		
 ACEN Standards CCNE Standards Ohio Board of Nursing Law and Rule related to education Systematic Evaluation Plans 		
Develop the Educator		
Role/Engage in Scholarship		
Provide a copy of the Faculty Roles and Responsibilities		
Professional Development		
 CNE Requirement CPR Portfolio Annual tracking requirements 		
Function as a Change Agent		
Provide copy of governance by-laws		
Change implementation		
Organizational Chart		
College committee structure		
Division change process		

SPECIAL NEEDS: (Additional training based on assigned role, program director, simulation coordinator, chair of nursing accreditation/quality)

WHAT OVERALL NEEDS DO YOU FEEL HAVE PRIORITY?

Initial Assessment_____

Signature of New Hire ______Date_____

Signature of Mentor	Date
0	

Education Plan

Date to be completed by: _____

Re-Assessment		
	Signature of New Hire	Date
	Signature of Mentor	Date