Specialty orientation discussion planner

Specialty/unit: _____ Date: _____

Preceptor/educator contact: _____

1. Define the role and the timeline

What patient population, responsibilities, shifts, and clinical areas are included?

Planned supervised shifts/hours: _____ Review date: _____

How are classes, simulation, leave, and missed experiences accounted for?

2. Check the support plan

- ☐ Usual preceptor and backup contact identified.
- ☐ Expectations for assignments and supervision discussed.
- ☐ Required learning and unit-specific assessment process clarified.
- ☐ Feedback, escalation, and additional-support routes confirmed.
- ☐ Support after formal orientation and next check-in agreed.

3. Name the learning opportunity still needed

Which specialty experience needs supervised practice or an alternative learning plan?

4. Agree on the next step

Learning/support action	Owner / role	Review date

A discussion aid, not a competency sign-off, patient-care record, or national orientation standard. Follow local policies, orientation plans, supervision, escalation processes, and approved records. Do not include patient identifiers or sensitive personal details. Course completion and time elapsed do not establish readiness for independent practice.

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