# **Clinical Services Coordinator Orientation**

**Name: Start date of role specific education:­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Area of Orientation** |
| 1.0 | Potential Donor Identification and Assessment  |
| 2.0 | Donor Optimization and Recommendation of Clinical Donor Management Strategies  |
| 3.0 | Organ Offering and Allocation |
| 4.0 | Optimum Recovery Planning |
| 5.0 | Case Handover and Reporting  |
| 6.0 | Responsibilities Post Recovery & Office Duties  |
| 7.0 | Documentation and Data Entry  |
| 8.0 | Organizational Awareness & Quality |
| 9.0 | Professional Practice: Team Work and Interpersonal Skills  |

***This section to be filled out upon completion of education***

Education has been provided on the above competencies.

CSC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***This section to be filled out upon completion of orientation period in the Provincial Resources Centre.***

This individual has been deemed competent for individual practice in the Clinical Services Coordinator role as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CSC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_