New Instructor Orientation Checklist

Name: ___________________________ Date: ________________________

School: ___________________________ Area Assigned: ___________________________

☐ Complete the Fox Valley Healthcare Alliances’ placement requirements at:
  FVHCA.org
  Clinical Placements tab
  Faculty/Instructor Responsibilities tab

☐ Health Requirements are up-to-date
  BID required annually, CBC required every 4 years
  OSHA/BBP/Safety and HIPAA/Compliance modules reviewed annually
  Assure with your school coordinator that your instructor information is included on
  FVHCA Required Student/Faculty Information Form (RIF).

☐ Complete Aurora Oshkosh/FDL Site Specific Orientation
  ☐ Aurora Orientation Online Module
  ☐ Print Orientation Checklist, applicable to your clinical experience
  ☐ Review Policies as applicable to student experience/role

☐ Complete FVHCA Forms A, B, and C

☐ MUST make an on-site visit to orient to department and equipment, prior to clinical start
  ☐ Blood Glucose Meter check off
  ☐ Alaris™ Smart Pump Review
  ☐ Pyxis Access

NOTE: If new to clinical area, the expectation is to shadow with RN for minimum of one shift.

☐ Arrange for Epic Faculty training.

☐ For conference room reservations for post clinical meetings, email Khaofeng.Lo@aurora.org

☐ Provide at least two of the following to the department educator:
  • A copy of the course objectives
  • Your clinical expectations of the students
  • Skills/tasks students can/cannot perform.
  • Skills/tasks students have already performed in other clinicals or in skills lab

Turn in the following documents to AMCO Education Department when completed:

☐ Aurora Undergraduate Student Orientation Checklist
☐ New Instructor Orientation Checklist (this form)

Note: You should collect the following forms from students for school files:
1. FVHCA Form A: Confidentiality Agreement
2. FVHCA Form B: Orientation Modules 1 and 2 Completion Form
3. FVHCA Form C: Organization Specific Orientation Confirmation Form

I have received orientation and have been able to ask questions regarding the above listed topics.
I understand the information provided and my role and responsibility as an instructor at AMCO.

My signature below indicates completion of New Instructor Orientation to Aurora Medical Center Oshkosh.

Instructor Signature: ___________________________ Date: ______________

AMCO Educator or Caregiver Name/title: ___________________________ Date: ______________