Aurora Student Experience Checklist – Undergraduate Student (Clinic)

Student Name: __________________________ Date: __________________________

School: __________________________ Program: __________________________

Preceptor/Provider requested (if known): __________________________

Step 1: A Request for clinical placement must be sent by school coordinator/advisor and approved prior to student experience start date.
  - [http://www.fvhca.org/Students](http://www.fvhca.org/Students) follow instructions

Step 2: Health Requirements and Background checks must be completed. See above link.

Step 3: Complete Clinic Computer Orientation (for students assigned to clinic Providers):

Step 4: Complete System (EPIC) Access Request (MA students)

Indicate computer orientation date and time here:

Step 4: Complete Required On-Line Orientation (All students):
  - Module 1: Confidentiality [www.fvhca.org/students](http://www.fvhca.org/students)
  - Module 2: OSHA and Safety [www.fvhca.org/students](http://www.fvhca.org/students)
  - Orientation to Aurora Health Care: Oshkosh/Fond du Lac Market
  - Review any policies specific to your role on our Website [www.aurora.org/students](http://www.aurora.org/students)

Step 5: Submit the following forms to your clinical instructor/advisor or school coordinator:
(Please note: student files are randomly selected for record review to ensure compliance- regulatory requirement)
  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

Step 6: Bring this form to first day. Review, Sign and Submit this form to Aurora Education Department on your first day of your experience:
  - Undergraduate Student Orientation checklist (this form), Minimum Necessary Use of Information Worksheet, Safety Walk Checklist (2 pages)

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**Protected Health Information**

No information

Limited Demographic Data
  - Name
  - Patient Location

Extended Demographic Data
  - Identification #SSN
  - Date of birth, gender
  - Address, phone #
  - Payor name
  - Plan Elements coverage

Health Services Provided
  - Date of service
  - Preliminary diagnosis
  - Diagnostic/Procedure codes
  - Procedures/Supplies/Tests ordered
  - Provider

Patient Financial Information
  - Patient payment activities/account history

Clinical Data w/Special Precautions
  - Chemical dependency, mental health, HIV

Occupational Health
  - Demographic data
  - Screening tests and exams
  - Preventative services

My use and/or access to confidential material as a result of my student assignments is to be limited to only the information required by those assignments.
## Aurora Student Experience Checklist – Undergraduate Student (Clinic)

**Student Name:** ____________________________  **Date:** ____________________________

### Safety Walk Review – With Preceptor

<table>
<thead>
<tr>
<th>Emergency Alerts</th>
<th>Policies and Procedure Manuals</th>
<th>Evacuation Procedures</th>
<th>Oxygen and Air shut off valves (If Utilized at the site)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Locate Emergency alert guide for review</td>
<td>□ Located on Market web page</td>
<td>□ Locate Exits (Marked by exit signs)/fire doors</td>
<td>□ Location in department (Only Aurora caregivers can shut off valves)</td>
</tr>
<tr>
<td>Fire Extinguishers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Location of fire extinguishers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Fire Alarm pulls - site notification for fire situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Site/Department specific response procedure for Fire Alarm Alert (Fire)</td>
<td></td>
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<tr>
<td>□ R.A.C.E. and P.A.S.S.</td>
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</tbody>
</table>

### Emergency Crash Cart and Calling a Code/Cardiac Arrest/Medical Emergency

- □ Location in department/site; equipment available
- □ Role in a code – initiate emergency response
  - □ Dial 5911 – “Code Blue and Room # “(hospital)
  - □ Dial 5911 – “Medical emergency and Room/Suite # “(Oshkosh Clinic)
  - □ Dial 9-911 – Outslyng Clinics
  - □ Dial 22 – Fond du Lac Clinic
  - □ Dial 8111- Neenah Clinic
- □ Stroke symptoms – dial as above; Hospital Only - report “RRT Stroke to room____
- □ Rapid Response Team (Hospital only) available – dial 5911, request “RRT to room____”

### Equipment Storage

- □ Maintain hallways 8ft wide (Hospital), 4ft wide (clinic sites).
- □ Maintain at least a 4ft clearance for temporary storage (equipment in hall <30 minutes).
- □ Temporary storage should be to one side of the hallway

### Infection Prevention/Isolation

- □ Locate PPE and PAPR (if PAPR available at site)
- □ Review signage/ Isolation Rooms where applicable
- □ Locate Infection Prevention Policies on Aurora Oshkosh/Fond du Lac Market Web site

### Medical, Pharmaceutical, and Recyclable Waste

- □ Red – Medical Waste (Blood/body fluids - drippable, pourable, flakable, squeezable)
- □ Yellow – Chemo Waste
- □ Black box – Pharmaceutical Wastes (see poster on units for specific details)
- □ Needles and Sharps – Reusable and disposable sharps containers
- □ Paper and Recyclables – see labeled containers
- □ Private Information – Gray privacy bins - shredded

### Material Safety Data Sheets (MSDS) access

- □ Locate MSDS Online – Caregiver Connect- Under places
- □ If on-line not available...contact Security 920-456-7020

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I confirm that I have reviewed all the safety and required information necessary for me to participate in a student experience at Aurora. I am also responsible to practice within my scope, regulatory guidelines, and follow any policies or procedures that define the experiences I participate. Failure to comply will result in termination of my experience.

**Student Signature:** ____________________________  **Date:** ____________________________