

New Instructor Orientation Checklist

Name: _____ Date: _____

School: _____ Area Assigned: _____

All new clinical instructors (excluding current Aurora employees) must make on-site visit at minimum 3 weeks prior to start of clinical. Contact the Education Department at 920-456-7346.

- Assure instructor information is included on **FVHCA Required Student/Faculty Information Form** and sent to Aurora Medical Center Education Department. Visit www.fvhca.org/students
 - Information verifies contact information, license number, CBC, and health requirements.
 - Information will be used to obtain Cerner Documentation ID and password.
 - Cerner password and ID is good for one year (as instructor) unless otherwise indicated

- Complete Aurora Undergraduate Student Orientation checklist – www.aurora.org/students:
 - Review Policies on Aurora Web Page
 - May use on-line AMCO orientation to present to clinical group on first day

- Arrange for on-site visit to orient to department and equipment minimum of 3 weeks prior to clinical. Strongly encourage shadowing with an RN for a day or more.**
 - Blood Glucose Meter check off
 - Alaris™ Smart Pump Review
 - Review all Policies posted and those that will impact student experience

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

- Arrange for Cerner Documentation orientation. Can be done with your clinical group or in advance when courses are offered.

- Provide schedule indicating when you would need a conference room reserved for post clinical meetings. Contact 920-456-7346 or 456-7196 to schedule conference rooms.

- 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: Confidentiality -HIPAA & General On-line Orientation Signature Form
2. FVHCA: Organization Specific Orientation Signature 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:** _____