

Aurora Student Experience Checklist – Undergraduate Student (Hospital)

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> follow instructions
- Step 2:** Health Requirements and Background checks must be completed. See above link.
- Step 3:** Complete Required On-Line Orientation (All students):
- Module 1: www.fvhca.org/students
 - Module 2: www.fvhca.org/students
 - Orientation to Aurora Health Care: Oshkosh/Fond du Lac Market www.aurora.org/students
 - Review any policies specific to your role on our Website www.aurora.org/students
- Step 4:** Submit the following forms to your clinical instructor/advisor or school coordinator:
(Please note: student files are randomly selected for audit to ensure compliance)
- FVHCA: Confidentiality Agreement
 - FVHCA: General On-line Orientation Signature Form
- Step 5:** BRING THIS FORM to FIRST DAY. Review, Sign and Submit this form to Aurora Education Department on your first day of clinical/experience:
- Undergraduate Student Orientation checklist (this form), Minimum Necessary Use of Information Worksheet, Safety Walk Checklist, Badge Form (2 pages)

**Minimum Necessary
Use of Information Worksheet**
(Information includes paper, electronic, oral and any other media)

PROTECTED HEALTH INFORMATION	CATEGORY OF ACCESS		
No information	<input type="checkbox"/> (If this is checked, all other boxes must be blank)		
Limited Demographic Data Name Patient Location	<input checked="" type="checkbox"/> Essential	<input type="checkbox"/> Limited	<input type="checkbox"/> Incidental
Extended Demographic Data Identification #SSN Date of birth, gender Address, phone # Payer name Payer ID number Plan Elements coverage	<input type="checkbox"/> Essential	<input type="checkbox"/> Limited	<input checked="" type="checkbox"/> Incidental
Health Services Provided Dates of service Preliminary diagnosis Diagnostic/Procedure codes Procedures/Supplies/Tests ordered Provider	<input checked="" type="checkbox"/> Essential	<input type="checkbox"/> Limited	<input type="checkbox"/> Incidental
Patient Financial Information Patient payment activities/account history	<input type="checkbox"/> Essential	<input type="checkbox"/> Limited	<input checked="" type="checkbox"/> Incidental
Clinical Data w/Special Precautions Chemical dependency, mental health, HIV	<input checked="" type="checkbox"/> Essential	<input type="checkbox"/> Limited	<input type="checkbox"/> Incidental
Occupational Health Demographic data Screening tests and exams Preventative services	<input type="checkbox"/> Essential	<input checked="" type="checkbox"/> Limited	<input type="checkbox"/> Incidental

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.

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Safety Walk Review		Reviewed
All students / instructors must wear identification at all times at all Aurora sites		
All students / instructors <u>at the hospital</u> must also wear an Aurora ID Badge (Badge agreement below)		
Emergency Alerts <input type="checkbox"/> Locate Emergency alert guide for review	Policies and Procedure Manuals <input type="checkbox"/> Located on Market web page	
Fire Extinguishers <input type="checkbox"/> Location of fire extinguishers <input type="checkbox"/> Fire Alarm pulls - site notification for fire situation <input type="checkbox"/> Site/Department specific response procedure for Fire Alarm Alert (Fire) <input type="checkbox"/> R.A.C.E. and P.A.S.S.	Evacuation Procedures <input type="checkbox"/> Locate Exits (Marked by exit signs)/fire doors <input type="checkbox"/> Locate Evacuation plan for department/site <input type="checkbox"/> Locate Evacuation Equipment (Hospital) to move patients Oxygen and Air shut off valves (If Utilized at the site) <input type="checkbox"/> Location in department (Only Aurora caregivers can shut off valves)	
Emergency Crash Cart and Calling a Code/Cardiac Arrest/Medical Alert <input type="checkbox"/> Location in department/site; equipment available <input type="checkbox"/> Role in a code – initiate emergency response <ul style="list-style-type: none"> o Dial 5911 – “Cardiac Arrest and Room # ” (hospital) o Dial 5911 – “Medical Alert and Room/Suite # ” (Oshkosh Clinic) o Dial 9-911 – Outlying Clinics o Dial 22 – Fond du Lac Clinic <input type="checkbox"/> Stroke symptoms – dial as above; Hospital Only - report “RRT Stroke to room____) <input type="checkbox"/> Rapid Response Team (Hospital only) available – dial 5911, request “RRT to room____”		
Equipment Storage <input type="checkbox"/> Maintain hallways 8ft wide (Hospital), 4ft wide (clinic sites). <input type="checkbox"/> Maintain at least a 4ft clearance for temporary storage (equipment in hall <30 minutes). <input type="checkbox"/> Temporary storage should be to one side of the hallway		
Infection Prevention/Isolation <input type="checkbox"/> Locate PPE and PAPR (If PAPR available at site) <input type="checkbox"/> Review signage (Hospital)/ Isolation Rooms (Hospital) <input type="checkbox"/> Locate Infection Prevention Policies on Aurora Oshkosh/Fond du Lac Market Web site		
Medical, Pharmaceutical, and Recyclable Waste <input type="checkbox"/> Red – Medical Waste (Blood/body fluids - drippable, pourable, flakable, squeezable) <input type="checkbox"/> Yellow – Chemo Waste <input type="checkbox"/> Black box – Pharmaceutical Wastes (see poster on units for specific details) <input type="checkbox"/> Needles and Sharps – Reusable and disposable sharps containers <input type="checkbox"/> Paper and Recyclables – see labeled containers <input type="checkbox"/> Private Information – Gray privacy bins - shredded		
Material Safety Data Sheets (MSDS) access <input type="checkbox"/> Locate MSDS Online – “find a website”, type in MSDS <input type="checkbox"/> If on-line not available...contact Security 920-456-7020		

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.

Undergraduate Student Signature: _____

Date: _____

AURORA BADGE AGREEMENT
 Students / Instructors with experiences **at the Hospital** must wear an **Aurora ID Badge**. One will be provided to you at the start of your orientation. Students at other Aurora sites must wear school ID and/or may be issued an Aurora ID Badge.

Badge #: _____ **Department:** _____
(Record number on back of badge) (Location of student experience)

Instructor / Coordinator phone number/email: _____

I acknowledge that I am responsible for a \$5.00 replacement fee for lost or damaged badges at the time of printing. There will be no charge for replacement badges due to a malfunctioning badge.

Student Signature: _____