

SON Instructor Name:		
School and		
Course Number: UCDH Unit Visited		
(Ex: Tower 4 ENT)		
	The following tasks are intended to obtain Unit specific expectations, so you can disseminate this information to your students. • Complete one form per assigned Nursing Unit for every clinical group	
DATE COMPLETED	TASK	INITIALS
	Check-in with Nurse Manager and/or Unit Leadership of assigned Nursing Units	
	 Offer rotation schedule dates and inform them of student experience level (1st, 2nd, 3rd, or 4th semester) 	
	 Discuss process of picking patients and communicating student assignments to Unit Charge Nurse 	
	List skills checkoff items, if applicable, this rotation	
	Check-in with key staff/Charge Nurse on the shift you will be teaching	
	Discuss clinical routines, unit policies, patient care protocols, etc.	
	Obtain essential information/expectations/skills students should know before caring for this patient population/unit	
	Review EPIC Training/Updates if unfamiliar with UCD EMR	
	Review/observe equipment or procedures to be used by students. For any equipment use to be supervised by instructor, give competency demonstration to Unit staff (e.g., infusion pumps, unit specific equipment, procedures).	
DATE COMPLETED	Equipment Review – General and Unit Specific	INITIALS
Equipment Use	Demo Smart Pumps (LIST if applicable)	
Equipment Hea	Domo Monitoro (LIST if applicable)	
Equipment Use	Demo Monitors (LIST if applicable)	
Equipment Use	e Demo (LIST if applicable)	
Procedure Den	no (LIST if applicable)	
Heit Oteff Dhile N	(DDINT):	
Unit Staff RN's Nam Date:	ne (PRINT): Unit Staff RN's Signature:	
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