

Instructor Orientation Summary

Instructor Name: _____

Unit of orientation: _____

Affiliating School: _____

Date: _____

WCH Orientation:

- Core Orientation
- Glucose testing processes (POC)
- Pyxis access
- Intake survey completed
- Student paperwork requirements

Unit Orientation for _____ Unit

- Introduction to unit/department leadership
- Tour of unit/department
- Review of policies/procedures pertinent to patient care
- 4-8 hour shadow experience with staff RN

Please complete the following:

1. The most helpful part of this orientation is:
2. I would like to have more information on:
3. Suggestions/comments:

After completing this orientation, I feel adequately prepared to be a resource for my students on this unit.

Instructor signature: _____

After completing this orientation, I feel this instructor is adequately prepared to be a resource for students on this unit.

Staff RN signature: _____

Upon completion of this form, please return a copy to:

nursing.student@woodcountyhospital.org