



## Nursing Students Off-Unit Observation

Clinical Instructor: \_\_\_\_\_

Clinical Day/Time: \_\_\_\_\_

Nursing School: \_\_\_\_\_

1. Please request **one** student to sign up for **one** unit observation for 4 hours (0800 - 1200). Do not have your student report to off unit observation before 0800.
2. Return request back to; **Sharon James** at [Sharon.James@ascension.org](mailto:Sharon.James@ascension.org)  
**and**  
**Laura Sowinski** at [Laura.Sowinski@ascension.org](mailto:Laura.Sowinski@ascension.org)
3. A confirmation email will be sent to you to confirm the date based upon department availability.

### Student:

1. Call the unit at 0750 on the observation day to notify the Charge RN of your arrival
2. Report to Charge RN when you are leaving at 1200

Observation Department	Student Name	Date	Student Name	Date
ICU <i>Charge RN x 5328</i>				
Emergency Dept <i>Charge RN x 5311</i>				
Surgical Services (OR) <i>Erin x 5421</i>				
Cardiac Cath Lab <i>Charge RN x 5388</i>				
Wound Center <i>Charge RN x 5454</i>				
Endoscopy <i>Charge RN x 5618</i>				