

# HENRY FORD HEALTH

## Nursing Students Off-Unit Observation

**Faculty Responsibility:**

1. Please have only **one** student assigned for a department on a given day.
2. This is a 4 hour observation experience: **8:00am - 12:00pm**
3. Return this completed form and send it to each Nurse Manager (per unit) for their approval.

Instructor Name: \_\_\_\_\_

Instructor Email: \_\_\_\_\_

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

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

**Student Responsibility:**

1. Call the unit at 7:50am on the observation day to notify the **Charge RN** of your arrival. There can be a possible change in schedule based on acuity, staff and environment on the unit.
2. Observational experience **only...no** hands-on demonstration and must remain with a staff member at all times.
3. Notify the **Charge RN** when you leave at 12:00pm.

Hospital Observation Nursing Units	Student Name	Date	Student Name	Date
Critical Care (ICU)				
Emergency Dept (ED)				
Stepdown Unit (SDU)				
Critical Care (CVICU)				
Inpatient Rehabilitation (IPR)				

**Surgical Services (OR, Pre-Op, PACU) are separate requests arranged in advance by email with Clinical Coordinator or Nurse Educator on a case-by-case basis.**