

## **NEW INSTRUCTOR ORIENTATION SUMMARY**

	Instructor Name	Affiliating School
Unit o	of Orientation:	t. Luke's Orientation Date:
Orient	tation Core Competencies	
0	Glucose testing process (POC) (if needed)	
0	MedSelect process/annual form completion	
0	Instructor Information Form	
0	Student Paperwork	
Unit C	Orientation for Un	it Date:
0	Introduction to unit/department leadership	
0	Tour of unit/department	
0	Review of other policies and procedures per	inent to patient care
0	4-8 hour experience with staff nurse	
0	Others:	
After of unit.	completing this orientation, I feel adequately p	repared to be a resource for my students on this
	Instructor'	s Signature
	completing this orientation, I feel is instructor is unit.	is adequately prepared to be a resource for students
	Unit Manager o	or Designee's Signature

Upon completion of this form, please return a copy to Student/Faculty Intake Coordinator, <a href="mailto:scarlet.d'amore@stlukeshospital.com">scarlet.d'amore@stlukeshospital.com</a>