PALOMAR HEALTH

Filling out a Student Orientation Record (SOR) Form

- Student Orientation Record (SOR) forms are to be filled out as a requirement of all *Approved* requests within the San Diego Nursing Service-Education Consortium.
- Refer to the information outlined below to assist you in filling out the SOR form. Contact StudentPlacements@palomarhealth.org for questions or concerns.

Key Points

- **All yellow boxes are required. Press the TAB key to easily move between fields.**
- **Do not CUT & PASTE information from one cell to another as it will create data errors within the SORs. If you need to copy information, please use COPY & PASTE as an alternative method.**

Rotation Information

Rotation Information		
Consortium #:		**Orientation Date:**
		Rotation Start Date: 8/1/2018
		Rotation End Date:

- **Consortium #:** Enter the Request # that is generated from the consortium website
- **Orientation Date**: Enter the orientation date (date students will be in the hospital)
- **Rotation Start Date**: Enter the first date students will be performing their rotation (date must be greater than or equal to the current date)
- **Rotation End Date**: Enter the last date students will be onsite (must be greater than the Rotation Start Date)

School Information

School Information		
School:		**Program Type:** Undergraduate
Course #: (Enter Course Number)		**Semester:**
Course Name: (Enter Course Name)		**Level of Student:**
		Rotation Type: Primary

School:
- Azusa Pacific University (APU)
- Brandman University
- Capella University
- Chamberlain School of Nursing
- CSU Dominguez Hills
- CSU San Marcos
- Grand Canyon University
- MiraCosta College

Program Type: Undergraduate
- Undergraduate
- Graduate
- Doctorate
- Post-Doctorate
- Certificate

- **School:** Click on the arrow and select the school from the drop down list.
- **Program Type:** Click on the arrow and select the program type from the drop down list (i.e. Undergraduate, Graduate, Doctorate, Post Doctorate, Certificate).
- **Course #:** This is a free textbox. Enter the course number here.
- **Course Name:** This is a free textbox. Enter the course name here.
- **Semester:** Click on the arrow and select the corresponding semester.

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- **Level of Student:** This is a free textbox. Enter the student level here.
- **Rotation Type:** Click on the arrow and select the rotation type (i.e. Primary or Preceptorship).
  NOTE: Selecting **Preceptorship** will display the *Clinical Hours Required* cell. Enter the value of the clinical hours student(s) are required to fulfill.

School Information	
Program Type:	Graduate
Semester:	Fall
Level of Student:	
Rotation Type:	Preceptorship
Clinical Hours Required:	

Primary Instructor Information

- For undergraduate clinical rotations, fill out required fields for the instructor.
  a. Selecting **Undergraduate** will display additional fields that are required for within the *Primary Instructor Information* section.

School Information			
School:		Program Type:	Undergraduate
Course #:	(Enter Course Number)	Semester:	Fall
Course Name:	(Enter Course Name)	Level of Student:	
		Rotation Type:	Preceptorship
		Clinical Hours Required:	
Primary Instructor Information			
Last Name:		Email:	
First Name:		RN License #:		Lic Exp Date:	
Mobile:		SSN:		DOB:	

  b. Additionally, selecting all other Program Type options will **only** require the Last Name and Email of the primary instructor.

	School Information		
6			
7	School:	Program Type:	Graduate
8	Course #: (Enter Course Number)	Seme	Undergraduate / Graduate
9	Course (Enter Course Name)	Level of Stud	Doctorate / Post-Doctorate
10	Name:	Rotation Type:	Certificate / Primary
12	**Primary Instructor Information**		
13	Last Name	Email:	

Second Instructor Information

☑ Secondary Instructor Information					
Last Name:		Email:			
First Name:		RN License #:		Lic Exp Date:	
Mobile:		SSN:		DOB:	

Check the **Second Instructor Information** check to enter information for a second instructor, if applicable to the request.

Primary Assignment

Primary Assignment								
Facility:	PMC Escondido	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Unit:		art Time:		End Time:				
	4E Surgical Acute							
	4NW Surg & Trauma Progressive	ond Assignment)						
	6E Med Surg Tele							
	6W Progressive	nments						
	7E Ortho							
Facility:	7W Neuro Progressive	Unit:						
	8NE Postpartum	Required for Each Student)						
	8SE Medical Acute						Palomar	

- **Facility**: Click on the arrow for the Facility drop down list and select the appropriate facility.
  NOTE: The facility that is selected will display the associated units/department within the *Unit* dropdown list.
- **Unit**: Select the corresponding unit from the drop down list.
- **Days of the Week** – Check the boxes that apply to which days students will be on the unit.
- **Start and End Times**: Enter the start/end times here.

Second Assignment

Check the **Secondary Department Information** checkbox to enter information for a Second Assignment, if applicable to the request.

- **Facility**: The facility defaults based on the facility that is selected on the Primary Assignment.
- **Site**: Select the corresponding unit from the drop down list.

Float Assignments

This section is to be filled out if students are required to float to different unit(s) during the duration of the rotation.

- **Facility**: Select the appropriate facility from the drop down list.
- **Unit**: Select the corresponding unit.

If there are multiple float assignments for the rotation, a subsequent row will automatically be once all cells for the first float assignment are completely filled out.

Student Information

Student Information (All Fields Required for Each Student)							
Last Name	First Name	SS#	Gender	DOB	Phone #	Last at PH (mm/yyyy)	Palomar Health Employee?
Brown	Joe	123-45-6789	M	12/3/1987	(998) 765-4321	May-18	Yes
Green	Maureen	010-01-0100	F	5/13/1981	909-112-1133	First Time	No
						First Time	
						First Time	
						First Time	
						First Time	
						First Time	
						First Time	
						First Time	
						First Time	

Enter all information for students that are a part of the request. Please verify the students' personal information prior to submission (i.e. *Last Name, First Name, SS#, Gender, DOB, Phone #*).

- **Last at PH (MM/YY)**: The value within this cell will need to reflect **one** of the following options:

1. If this is the first rotation at Palomar Health for any of the listed students, leave cell as "First Time.

2. If any of the students have been a part of a clinical rotation in the past, enter the **Month/Year** of the students' last recent visit.

   NOTE: The *Last at PH* column will help determine if any of the students are required to complete or renew Palomar Health requirements for nursing students. Refer to the ***Nursing Student Clinical Rotation Guidelines*** document for additional details regarding pre-clinical requirements.

- **Palomar Health Employee**: Indicate whether or not the student is a Palomar Health employee.