

## Student Experience Guidelines

Affiliated School: _____ Instructor: _____ Contact Phone #: _____ Assigned Unit: _____	Clinical Start Date: _____ Clinical End Date: _____ Day(s) of Week: _____ Hours on the Unit: _____
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**Faculty Directed Clinical: Faculty Supervises Medication Administration**  
**Preceptor Directed Clinical: RN Preceptor Supervises Medication Administration**

<p><b>Instructor Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Determine Student Assignment</li> <li>• Review and Co-Sign Documentation</li> <li>• Oversee all aspects of patient care by student</li> <li>• Discuss with Charge/Lead Nurse:             <ul style="list-style-type: none"> <li>○ Time patient care begins &amp; ends, minus pre- post conference</li> <li>○ Medication Administration times</li> <li>○ Faculty must always be present on unit with students</li> </ul> </li> </ul>	<p><b>Student Responsibilities:</b></p> <ul style="list-style-type: none"> <li>• Complete patient care, report to assigned RN</li> <li>• Obtain report from RN at beginning of shift; report off prior to leaving floor and end of shift</li> <li>• Complete documentation with Instructors co-signature. Students may not document:             <ul style="list-style-type: none"> <li>○ Initial Admission Assessment</li> <li>○ Plan of Care</li> <li>○ Patient Education</li> <li>○ Discharge Instructions</li> </ul> </li> <li>• Administer medications with Instructor and/or preceptor only</li> </ul>
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<p><b>Skills/Tasks Students will Perform</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Bath/Oral Care/Hygiene</li> <li><input type="checkbox"/> Skin Assessment</li> <li><input type="checkbox"/> Vital Signs</li> <li><input type="checkbox"/> Monitor/Record: Intake/Output</li> <li><input type="checkbox"/> Patient Positioning</li> <li><input type="checkbox"/> Collect Specimens _____</li> <li><input type="checkbox"/> Foley Insertion</li> <li><input type="checkbox"/> Foley Removal</li> <li><input type="checkbox"/> IV Removal</li> <li><input type="checkbox"/> Perform Wound Care</li> <li><input type="checkbox"/> Assist with Patient Feeding</li> <li><input type="checkbox"/> Suction</li> <li><input type="checkbox"/> Trach Care</li> <li><input type="checkbox"/> Patient Transfer/Ambulation</li> <li><input type="checkbox"/> Drains</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Medication Administration</li> <li><input type="checkbox"/> IV Push Medications (as approved by unit) w/Faculty or Preceptor</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> <p><b>Skills/Tasks Students Will <u>NOT</u> Perform</b></p> <ul style="list-style-type: none"> <li>• Hand-Off Transfer Report/Form</li> <li>• PICC or Central Line Dressing Change</li> <li>• Wound VAC Care</li> <li>• Blood Transfusion (may monitor for reactions w/faculty or preceptor)</li> <li>• Blood Glucose Testing</li> <li>• Pleural Drainage Device</li> <li>• Plastic Surgery Dressing Changes</li> <li>• First Post-Op Dressing Change</li> <li>• Initial Admission Assessment</li> </ul>
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***These guidelines are in conjunction with your academic institution***  
***Faculty: Please complete and return to unit manager or Preceptor***