

Beaumont Health System

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 style="text-align: center;">Instructor Responsibilities:</p> Determine Student Assignment Review and Co-Sign Documentation Oversee all aspects patient care by student Discuss with Charge/Lead Nurse: Time patient care begins & ends, minus pre-post conference Medication Administration times Faculty must be present on unit at all times with students	<p style="text-align: center;">Student Responsibilities:</p> Complete patient care, report to assigned RN Obtain report from RN at beginning of shift; report off prior to leaving floor and end of shift Complete documentation with Instructors co-signature Administer medications with Instructor and/or preceptor only
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<p style="text-align: center;">Skills/Tasks Students will Perform</p> <input type="checkbox"/> Patient Bath/Oral Care/hygiene <input type="checkbox"/> Skin Assessment <input type="checkbox"/> Vital Signs <input type="checkbox"/> Monitor/Record: Intake/Output <input type="checkbox"/> Patient positioning <input type="checkbox"/> Collect specimens _____ <input type="checkbox"/> Foley Insertion <input type="checkbox"/> Foley Removal <input type="checkbox"/> IV Removal <input type="checkbox"/> IV Insertion <input type="checkbox"/> Perform Wound Care <input type="checkbox"/> IV Dressing Changes <input type="checkbox"/> Assist with patient feeding <input type="checkbox"/> Suction <input type="checkbox"/> Trach Care <input type="checkbox"/> Patient Transfer/Ambulation <input type="checkbox"/> Drains <input type="checkbox"/> Medication Administration	<input type="checkbox"/> IV Push medications (as approved by unit) w/Faculty or Preceptor <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p style="text-align: center;">Skills/Tasks Students Will <u>NOT</u> Perform</p> Hand off transfer report/form PICC or Central Line dressing change Wound VAC care Blood Transfusion (may monitor for reactions w/faculty or preceptor) Blood glucose testing Pleural Drainage device Plastic Surgery dressing changes First post-op dressing change
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Faculty: Please complete and return to unit manager or Preceptor