

## Practicum Student / Clinical Preceptor Checklist

### Clinical Preceptor/ Responsibilities

The clinical preceptor delegating an aspect of care, has a continuing responsibility to judge the appropriateness of delegation by:

- Reassessing the condition of the patient in the care of the clinical preceptor at appropriate intervals and determining that it remains stable and predictable.
- Observing the competence of the student and determining that he/she remains competent to safely perform the delegated task of care safely and effectively.
- Evaluating whether to continue delegation of the task.
- Review emergency codes and life safety plan in the assigned department (fire exit, pull stations and fire extinguishers).
- If any student works out of their scope of practice, the preceptor needs to report the violation to the nursing leaders in the assigned unit and the Learning & Department at [studentplacement@nicklaushealth.org](mailto:studentplacement@nicklaushealth.org). The student will not be able to continue their clinical rotation.

\*It is the responsibility of the clinical preceptor to review patient charts together with the student as some student disciplines might not receive access to PEDS.

### Student Responsibilities

- Students may not participate in invasive or complex activities **without direct supervision** of an approved clinical preceptor.
- Students can only give medications **with the clinical preceptor** while at the bedside.
- Students are not allowed to take telephone or verbal orders.
- Students are not allowed to act as a second witness for treatment of care or procedure consent.
- Students are not allowed to give blood products, narcotics and/or heparin via IV push.
- Students are not allowed to start Peripheral IV access but can assist with the procedure.
- Students are not allowed to document or print out any patient information from PEDS.
- Students are not allowed to take pictures of patients or medical records.

### **ATTESTATION:**

Please sign below attesting that you have reviewed the above guidelines on the first day of your clinical rotation. Once completed, email signed copy to [studentplacement@nicklaushealth.org](mailto:studentplacement@nicklaushealth.org).

Clinical Preceptor Name: \_\_\_\_\_

Clinical Preceptor Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student's School: \_\_\_\_\_

Date: \_\_\_\_\_

*\*This form must be completed & returned to the Learning & Development at [studentplacement@nicklaushealth.org](mailto:studentplacement@nicklaushealth.org) within 5 business days from the start of the clinical rotation.*

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