

**Student Role Expectations**

**ROLE SUMMARY**

Cheyenne Regional Medical Center (CRMC or CRMG) supports the development of high-quality educational experiences for students entering the healthcare field. Students will be partnered with skilled preceptors for the duration of their rotation. Students will participate and perform care of patients or perform the department’s day-to-day activities under the **direct supervision** of the college’s designated faculty or Cheyenne Regional’s assigned clinical preceptor. All tasks will be completed only upon the direction of Cheyenne Regional staff.

**By participating in the program, the students agrees to:**

1. Adhere to all hospital policies and procedures.
2. Uphold Cheyenne Regional’s behavioral standards at all times during the shadow/observation experience.
3. Maintain patient confidentiality standards according to HIPAA regulations.
4. Complete the application packet and provide Cheyenne Regional with all clearance documents within the time frames required.
5. Refrain from taking photographs, video, or audio recordings at any time during the experience and shall refrain from sharing their experience on social media.
6. Notify their sponsor and Onboarding Coordinator at Cheyenne Regional to reschedule their experience if they have a cold, fever, or other infectious diseases that would pose a health risk to Cheyenne Regional’s patients and staff.
7. Follow the Cheyenne Regional’s and/or academic organization’s dress code.
8. Identify themselves at all times while at Cheyenne Regional by wearing the appropriate hospital issued badge while on-premises.
9. Return their badge to the Clinical Education department at the end of their experience.
10. Notify the Onboarding Coordinator immediately of any problems that may occur during the experience.
11. Document in the computer and/or written permanent medical record after obtaining training through our EPIC training program. Documentation must adhere to the Cheyenne Regional policy and procedure standards. Documentation must be co-signed by either a preceptor or an Academic Faculty member.

I have read and agree to the expectations required for completing an observation experience.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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