

EDUCATION EXPERIENCE AGREEMENT

Wake Forest Baptist Health allows certain students to participate in education experiences in Wake Forest Baptist Health facilities in an effort to assist the student in achieving educational objectives. In order to protect the safety and welfare of the patients and employees, as well as myself, I agree as follows:

- I will fulfill the responsibilities assigned to me by the Facility during the clinical training program. I agree to comply with Facility's rules, regulations and policies.
- I will wear my school-appointed scrubs, appropriate shoes, and my Identification Badge will be displayed prominently at all times during my education experience.
- I will be cleared, as a student, for my education experience before I start my experience.
- I will arrive on time and stay for the duration of my shift. I will remember to place my parking pass in my car.
- I will treat patients, visitors, employees, and physicians with respect. Patients have the right to refuse to allow me to participate and/or observe their care and I will honor that.
- I will cooperate with WFBH staff in arranging the dates, times, and length of my education experience.
- I will follow the *Confidentiality Agreement* and hold all information I learn about patients in strict confidence. I will review the [Mission, Vision and Values](#) information.
- I will follow the direction of my preceptor/clinical instructor and remain on my assigned unit or observation area at all times.
- I will work with my preceptor and others to make sure that my education experience is meaningful.
- I will observe and implement proper hand hygiene and other infection control measures.
- In the event I am involved in an accident on Wake Forest Baptist Health property and need help, Wake Forest Baptist Health will provide access to first aid or emergency care. If I am seen in the Emergency Department, I will be charged normal Emergency Department fees.
- I am responsible for my own actions while I am participating in the education experience, including any negligent or intentional acts that may result in a claim against a Wake Forest Baptist Health employee or facility.
- I will not make or receive personal calls and/or text messages during the workday, regardless of the phone used; I understand this may result in my being removed from the facility. Please leave your cell phone with your personal belongings. You may make personal calls and send text messages on non-work time (breaks, lunch, etc). Please make sure that your friends and family members are aware they should not call during the workday unless it is an emergency.
- I authorize Wake Forest Baptist Health and my educational institution to exchange a copy of my records, including health and immunization records.
- In the event that I am employed by Wake Forest Baptist Health, apply for employment at Wake Forest Baptist Health or provide services in any capacity to Wake Forest Baptist Health outside the scope of this clinical training program, I authorize Wake Forest Baptist Health to disclose the results of my Criminal Background Check, Office of Inspector General Report, Drug Screen and any other information related to my performance during this experience to Wake Forest Baptist Health's Human Resources Department and Employee Occupational Health Department if the results of those reports would disqualify me or otherwise impact my employment or other relationship.
- I understand that if I am not up-to-date on Respiratory Fit Testing (within the last year) with a 3M or Halyard mask, I am not permitted to enter into patient rooms on Airborne Precautions. If my clinical instructor or preceptor wishes to assign me to Airborne Precaution patients, it is the responsibility of the school to ensure Fit Testing has been completed and that proof (by documentation) has been turned into the appropriate contact at the school and forwarded to Nurse Affiliate.
- I understand that it is my responsibility, if asked to enter an Airborne Precaution room without proper Fit Testing, to escalate the matter to my clinical instructor, Charge RN, or RN Manager.
- I will provide emergency contact information and ensure that it is readily available to my preceptor, clinical instructor, or other contact on my assigned unit.

Name of School _____

Student (Print) _____

Student (Signature) _____ Date _____