

PATIENT CARE TECH EXTERNSHIP PROGRAM

STAGE 2 – 150 HOURS

The Patient Care Tech Externship gives the student the opportunity to perform in a medical facility and to become more familiar with the day-to-day situations and procedures that occur. The following outline will give insight into the training the student has received. Please give the student the opportunity to perform as many of the procedures as possible.

CLINICAL: Patient and physician assisting, vital signs, maintaining sterility, height and weight, wound care, feedings, comfort measures, EKGs, catheters, and patient education.

LABORATORY: Complete urinalysis, H & H, venipuncture, blood slide preparation, capillary stick, blood sugar, ESR, processing specimens for outside laboratories.

All students have taken a course in Medical Law & Ethics & HIPAA and are very much aware of the rules of confidentiality.

ATTENDANCE: The student must work a total of **150** hours. He/she must fill in a time sheet for each week of work and must personally deliver the completed time sheet to the school. The school should be notified if the student fails to come in or is late without prior notification. Persistent absentees or tardiness is not to be tolerated. Progress of the student should be noted on the time sheet.

EXTERN SITE: Notify the school if the student fails to abide by site regulations. Inform the student as to what you and your staff expect from him/her. Do not ask the student to perform any functions that may be harmful to their health or might violate the MEDICAL PRACTICE ACTS of this state.

EVALUATION: Please fill in the Student Evaluation form by commenting in each category. Evaluations must be received by the school before the student may receive their diploma.

We welcome your comments and suggestions! Should you have any questions or require additional information, please do not hesitate to contact the Externship Coordinator at PCI HEALTH TRAINING CENTER. The telephone number is 214-630-0568.

THANK YOU FOR YOUR PARTICIPATION IN OUR EXTERNSHIP PROGRAM!
PATIENT CARE TECH

INITIATIVE							
PROMPTNESS							
ATTENDANCE							
MISC.							

This student can benefit from the suggestions for improvement in the following areas:

We would appreciate any comments/suggestions in regard to the student and/or program:

Would you recommend this student for a position: **YES** _____ **NO** _____

If yes, Why? _____

If no, Why? _____

Was the extern hired? **YES** _____ **NO** _____

If yes, **DATE OF HIRE:** _____ **STARTING PAY/HR. \$** _____

THANK YOU VERY MUCH FOR OPENING YOUR FACILITY TO OUR STUDENTS!

SIGNATURE OF PHYSICIAN/SUPERVISOR DATE