



# CaroMont Health

## Faculty Education Experience Agreement

CaroMont Health allows students to participate in safe learning experiences at sites appropriate for the objectives of the clinical experience. To protect the safety and welfare of the patients, students, employees, and myself, I agree to the following:

- I will fulfill the responsibilities assigned to me by the Facility. I agree to comply with Facility's policies, procedures, guidelines, and standards of practice of CaroMont Health, and ensure students do as well.
- I have the responsibility for teaching students new procedures, supervising, and evaluating their clinical practice. I must discuss all procedures with the assigned RN prior to proceeding with any procedure or patient care activity, ensuring procedures are allowed by the facility and within the scope of practice commensurate with their course objectives and their level in the nursing curriculum.
- I will follow CaroMont Health's Dress Code and will always wear an Identification Badge prominently, ensuring students do as well.
- I will treat patients, visitors, employees, and physicians with respect, honoring CaroMont's CARES Values. Patients have the right to refuse to allow students and faculty to participate and/or observe their care and I will honor that.
- I will cooperate with CaroMont Health staff in arranging the dates, times, and length of educational experiences.
- I will follow the Confidentiality Agreement and hold all information I learn about patients in strict confidence and ensure students comply.
- I will observe proper hand hygiene and other infection control measures, ensuring students do the same.
- In the event I, or a student, are involved in an accident on CaroMont Health property and need help, CaroMont Health will provide access to first aid or emergency care. The cost of first aid or emergency care provided by a facility to a student or faculty member is not the responsibility of CaroMont Health or the applicable facility.
- I am responsible for my, and the students under my supervision, actions during the education experience, including any negligent or intentional acts that may result in a claim against a CaroMont Health employee or facility.
- I understand CaroMont Health has the right to exclude the student if such individual is not performing satisfactorily.

Printed Name: \_\_\_\_\_

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

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

