TITLE: Student’s Return to Clinical Following Surgical Procedure/ Medical Condition Requiring Care by Primary Healthcare Provider

TARGET GROUP: Core Campus Undergraduate Students
SECTION: Academic Policies
NEW POLICY: X

Objective:

Students are capable of meeting the essential skills required to provide patient care for 8-12 hours on a clinical unit when returning to clinical courses following a surgical procedure, medical condition requiring care by a primary healthcare provider or a vaginal delivery.

Policy:

Students returning to clinical following a medical condition as described above must be able to complete the essential skills necessary to provide patient care for an 8-12 hour clinical shift. The shift hours are determined by the clinical section in which the student registered. To meet the clinical course competencies, students must be able to safely engage in the practice of nursing with the physical capabilities of performing all necessary psychomotor skills.

If a student has missed clinical due to a medical condition described above, prior to returning to a clinical course, the student must submit the completed and signed RELEASE FOR IUSON UNDERGRADUATE NURSING STUDENT TO RETURN TO CLINICAL COURSES form to their clinical instructor.

Approved by CCNF Student Affairs 09-26-11
Approved by CCNF Executive Committee 01-09-12
Approved by CCNF Business Meeting 04-02-12
Indiana University School of Nursing undergraduate nursing students returning to clinical courses following a surgical procedure, medical condition requiring care by healthcare provider, must be able to perform the essential skills required to provide patient care for an 8 or 12 hour clinical shift. The shift hours are determined by the clinical section in which the student registered. Prior to returning to clinical courses, this completed form from the primary healthcare provider must be presented by the student to the clinical faculty.

____________________________________________ is able to resume IUSON clinical courses and perform the essential skills required to provide patient care for her/his clinical shift.

Healthcare Provider’s Signature

Date

Provider Number

Agency

Address

Phone Number

Upon returning to clinical courses, I understand that I am responsible for meeting the IUSON BSN Essential Abilities.

Student’s signature

Date