



ROWLAND UNIFIED SCHOOL DISTRICT Health & Medical Services Training Plan (Hospital)

Intern Name: _____

Internship Site: _____

Contact Person: _____ Phone: _____

Industry Site Supervisor: _____ Phone: _____

Department: _____ Email: _____

Please indicate afternoon hours available to have an intern placed at your site.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Special needs (i.e., attire, equipment, and experience) Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Scrubs
<input type="checkbox"/> Lab coat
<input type="checkbox"/> Stethoscope | <input type="checkbox"/> School attire
<input type="checkbox"/> Scrubs and/or lab coat to be furnished by site.
<input type="checkbox"/> Other: _____ |
|--|---|

Career experience/activities that can be supported at the internship site

Clerical Services

- Answer phones
- Compile patient charts
- Distribute mail
- Copy charts and other paperwork
- Obtain charts from Medical Records
- Specimens to appropriate departments
- Organize/file test results
- Run errands on site
- Order supplies
- Discharge patients per w/c or ambulatory

Patient Care Services

- Pass water
- Give nourishment to patients
- Feed patients as assigned
- Answer patient call light
- Pick up meal tray
- Weigh patients
- Assist in transporting patients
- Nurse directed activities as allowed
- Observe procedures as appropriate
- Vitals

List other experiences that are not listed here:

Important Note: Have your supervisor go over the training plan and identify the tasks you can reasonably complete during your internship. This Training Plan is to be completed and returned to your internship coordinator.

Industry Site Supervisor Signature

Intern Signature