Goshen Hospital Summer Patient Care Extern Program

Ready to jump-start your nursing career?
If you're a junior nursing student enrolled in an accredited program and eager to gain hands-on experience, the Patient Care Extern Program at Goshen Hospital is your chance to shine!

As a Patient Care Extern, you'll work side-by-side with an experienced RN preceptor, learning the real-world responsibilities of a professional nurse while building confidence and skills that set you apart.

Why choose a Magnet® recognized hospital?
The American Nurses Credentialling Center's Magnet Recognition Program® is the gold standard for nursing excellence. Goshen Hospital was among the first in the region to earn this prestigious recognition – and we've achieved it five times, most recently earning Magnet® *with Distinction*.

PROGRAM HIGHLIGHTS

- 10-week summer program, June 1 to August 8, 2026
- 36 to 40 hours per week
- Specialty tracks with rotations through a variety of nursing areas
- One-on-one dedicated time with a Registered Nurse
- Monthly educational offerings
- Competitive pay

CANDIDATE INTERVIEWS

Candidates will be contacted to schedule an interview during the following times:

- Friday, February 13, 2026, 8 a.m. to 4 p.m.
- Monday, February 16, 2026, 1 p.m. to 4 p.m.
- Wed., February 18, 2026, 8 a.m. to 4 p.m.
- Friday, February 20, 2026, 8 a.m. to 4 p.m.

PROGRAM REQUIREMENTS

- Must be an incoming senior enrolled in an accredited BSN or ASN program who has successfully completed 3 years (BSN) or 1 year (ASN) of nursing in an accredited nursing program.
- Entering final pre-licensure year of nursing school (graduation December 2026 or Spring 2027)
- 3.0 GPA or higher
- Proof of CPR and immunizations required upon acceptance into the program

How to Apply

- Complete the Goshen Health Online Application: PCE Application
- Complete the PCE program packet, upload completed packet along with the following documents to: PCE Program
  - Two faculty recommendation forms (completed by instructor)
  - Skills validation form
  - Official transcript
- All documents must be submitted by January 31, 2026, to be considered for the Goshen Health PCE Program.

Contact Jana Risemas jrisemas@goshenhealth.com with any questions; 574-364-2892

Goshen Hospital | Magnet Recognition with Distinction American Nurses Credentialing Center

Faculty Recommendation Form

Applicant name (please print) _____

School _____

TO THE EVALUATOR:

We value your honest feedback on the applicant's potential to benefit from the Patient Care Extern Program. Please complete the tables below to provide your appraisal. In addition, we welcome comments or insights using the space provided. Thank you for taking the time to share your perspective. Your input is greatly appreciated!

What is your association with the applicant? _____

Please rate the personal characteristics of this applicant by initialing the corresponding boxes below:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Reliable					
Motivated					
Self-disciplined					
Sound judgment					
Self-confident					
Mature					
Team player					
Emotionally stable					

Please rate your experience/observations with this applicant in the clinical environment by initialing the corresponding boxes below:

	Always	Often	Sometimes	Rarely	Never
Demonstrates compassion and respect with patients, families and peers					
Communicates appropriately with patients, families and peers					
Provides care in a safe and thoughtful manner					
Demonstrates the ability to apply critical thinking skills in the clinical area					
Arrives at assigned clinical area on time					
Attends class and clinicals as assigned					
Seeks out learning opportunities					
Takes direction well					

Faculty Recommendation Form

Please comment on your knowledge of the applicant, especially as it relates to the applicant's interest in pursuit of their career in nursing and acceptance into the Patient Care Extern program. You may also provide a separate letter of recommendation if it is more convenient.

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

OVERALL RECOMMENDATION OF APPLICANT:

- ☐ Strongly recommend
- ☐ Recommend
- ☐ Do not recommend
- ☐ Applicant not suitable at this time for recommendation
- ☐ Insufficient information to recommend

Name of evaluator _____ Title _____

University/college name _____

Contact address/email _____

Signature/initials _____ Date _____

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Return completed form to student.

Goshen Hospital

Patient Extern Application

Competency Skills Verification Form

Applicant name (please print) _____

School _____

NURSING INSTRUCTOR - this student is applying to the Goshen Health Patient Care Extern program. Documentation verifying competency of the fundamental nursing knowledge and skills listed below is required. Please provide the information requested below including any comments you would like to share.

Thank you in advance for your time.

Please document date validated, your initials and any comments you would like to share in the boxes below:

***Skills must be demonstrated in simulated lab or clinical setting**

Fundamental knowledge/skill	Date validated	Instructor's initials	Comments
Vital signs			
Pulse, respiratory rate, blood pressure, pain			
Oxygen therapy principles:			
a. O2 set-up/modes of delivery b. Pulse oximetry c. Incentive spirometry			
Infection control principles:			
a. Hand hygiene b. Donning and doffing PPE			
Urinary catheterization			
a. Insertion b. Removal c. Irrigation			
Sterile technique principles:			
a. Aseptic technique/sterile dressing			
Patient care principles:			
a. Bathing (full, assist, partial, self-care) b. Eating (full, partial, self-care) c. Ambulation • Transfer to a chair • Transfer to a bed • Assist to ambulate			

Fundamental knowledge/skill	Date validated	Instructor's initials	Comments
Intake & output/ Monitor & record			
Intravenous therapy			
a. Monitor site b. Monitor drip rate c. Change bag d. Change tubing e. Discontinue IV f. IV pump/controller use g. Convert to IV to reseal h. Insertion of IV			
Blood glucose monitoring			
Dressings			
a. Simple b. Complex c. Wet to dry d. Packing a wound			
Wound irrigation			
Staple/suture removal			
Suctioning			
a. Oral b. Pharyngeal			
Nasogastric tubes a. Insertion b. Irrigation c. Removal d. Monitoring suction • Intermittent • Continuous			
Ostomy care			
Postmortem care			
Traction			
Pin care			
Cast care			
Bandaging			
CPM machine			
Chest tubes			
a. Care b. Removal			
Bladder scanner			
Drains (care/removal)			
a Jackson-Pratt b. Penrose c. Hemovac			

Instructor (print name) _____ Instructor (signature) _____ Instructor (initials) _____

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