



Respiratory Care Technology Program Clinical Preceptor Handbook



Revised September 2017

This Handbook is made available to all HCC Respiratory Care Technology Clinical Preceptors at each clinical site and is posted on the program webpage at:

<http://www.hindscc.edu/programs-of-study/nursing-and-health-related-programs/Respiratory-Care-Technology/index>

Prior to evaluating students, all clinical preceptors should review this handbook and complete Inter-rater Reliability training.

GENERAL PURPOSE OF CLINICAL INSTRUCTION

- Provide a clinical environment in which students may learn to listen, think, reason and communicate effectively.
- Provide a clinical environment where students can develop intellectually, socially, physically, and ethically.
- Provide guidance, counseling, and learning experiences which will enable students to develop skills in respiratory care.

CLINICAL AFFILIATES

Students shall receive their clinical experiences at Mississippi Baptist Medical Center, St. Dominic's Health Services, University of Mississippi Medical Center, Methodist Rehabilitation Center, and Hometown Medical. Other selected rotations may be assigned to enhance the student's clinical experience. Rotations will be scheduled to ensure all students have comparable clinical experience opportunities. Educational experiences scheduled for students of this program must be under the direct control of a clinical instructor or their designee.

STUDENTS' RIGHT TO PRIVACY

Clinical Preceptors must maintain confidentiality of the student's work by providing verbal feedback to them when other students and staff and patients cannot hear, and keeping student evaluations in a secure place. In addition, the preceptor must uphold the requirements of the **Family Educational Rights and Privacy Act (FERPA)**, which requires that students' academic records must be kept confidential. This means that the student's clinical performance must not be discussed with anyone except the RCT program's Clinical Site Instructor, Clinical Coordinator, or Chairperson.

INTER-RATER RELIABILITY

The Commission on Accreditation for Respiratory Care's "Standards and Guidelines" requires programs to demonstrate inter-rater reliability among those individuals who perform student evaluations. Those Respiratory Therapists who act as instructors at the clinical sites (preceptors) undergo training to ensure evaluation of students is consistent, fair, timely, and assesses appropriate learning objectives. Demonstrating inter-rater reliability involves having more than one evaluator assess a singular incidence of student performance, using a specific evaluation instrument to measure consistent assessment among those evaluators. This can be achieved by either live performance or by videoed performance. Each preceptor should be annually assessed for inter-rater reliability. The program offers preceptors the opportunity to assess student performance by video on the RCT web page.

The student performance video can be viewed on that page by clicking the play button on the video screen that appears at the top of the page. Clicking on the student evaluation form link (on that same page) will bring up the form. When the form is completed, preceptors click on the "Submit" button and the document will be sent to the RCT Clinical Coordinator, who will report participation to hospital administrators according to their requests. Preceptors should keep in mind that the performance is not intended to be perfect, and the intent is to determine if all persons evaluating a student performance will do so equally, given the same guidelines. If an evaluator's assessment is outside the established norm, HCC – RCT faculty will work with them to improve their understanding of the assessment process.

SAFEGUARDS

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. Respiratory Care Technology provides training in the following:

- Infection Control Procedures
- OSHA Guidelines
- HIPAA Regulations
- Safe Work Environment including Fire Safety, MRI Safety, Electrical Safety, and appropriate Body Mechanics
- Cultural Diversity

Students are expected to incorporate these concepts in their clinical, classroom, and lab activities. The students shall fulfill all applicable OSHA requirements as required by the clinical affiliation.

EMPLOYMENT

All clinical activities required in the program must be educational and students must not be substituted for staff!

It is a violation of Mississippi state law governing licensure for an unlicensed student to receive compensation for providing respiratory care services. It shall also be a violation of these regulations to knowingly compensate an unlicensed student for providing respiratory care services. *Students may be employed by a health care agency, but care must be taken to insure they do not perform the duties of a licensed Respiratory Therapist.* While at work, students are not permitted to complete clinical coursework or wear the school uniform or any identification related to their HCC student role. Students employed in an Allied Health profession **cannot** be paid for any activities during educational clinical hours.

ABSENTEEISM

The faculty believes that avoidable absence from **both classroom and clinical lectures and labs** reflects a lack of responsibility or accountability and should be thus evaluated. Therefore, any student who is absent from, or tardy for any reason, will be required to explain the reason to the instructor and coordinator. Each case will be decided on its own merits, but job conflicts, business or pleasure trips, and demands of other course work are not valid reasons.

- Students must be on time for their assignments and no early dismissals will be allowed. Each student **must arrange any appointments and work schedules around the school schedule.**
- Students are to report to the clinical instructor or shift supervisor prior to reporting to their assigned clinical area.
- Students are expected to “report out” to their clinical instructor or assigned preceptor, prior to leaving the facility, and must give appropriate report on their patients prior to leaving. Students are required to work the full shift for which they are scheduled.
 - Students must not ask preceptors or clinical faculty permission to leave clinical early except in the case of illness or emergency.
 - An absence of more than 15 minutes from any time period in the shift is considered a full day’s absence and the absence make up policy applies.
 - A clinical occurrence and possible disciplinary action may be implemented for inappropriate requests to leave early, as well as for inappropriately leaving clinical early.
 - **Any student reporting for the wrong shift or to the wrong clinical site shall be sent home and marked with an unexcused absence for the day.**
- One **excused** clinical absence will be allowed without a required make up experience.

- All other clinical absences will require a makeup experience.
 - The makeup experience will be scheduled at a time designated by, and at the discretion of, the program faculty and will depend on available clinical facilities and faculty supervision. (Refer to NAH Student Manual on-line.)
 - **It is the responsibility of the student to contact the clinical coordinator to arrange for rescheduling, as well as, to verify whether the first absence meets qualifications required to not be rescheduled.** If he/she fails to arrange scheduling of make-up time, clinical assignment will be denied when the make-up deadline has passed.
 - All make-up time must be accomplished within 14 days of the absence in the fall and spring semesters, and within 7 days in the summer semester.
 - If a student is absent for a rescheduled clinical day, this is counted as an additional absence.

In accordance with HCC policy (refer to HCC on-line catalog), absences will be limited as follows:

■ **Maximum Excused Absences:**

- Fall and Spring Semester - The student must attend 80% of scheduled clinical meetings. The number of allowable absences will vary with each semester.
- Summer Semester - **MAXIMUM** of 4 absences

■ **Excessive Unexcused Absences:**

- Fall and spring semesters-day or evening class, after the number of times that the class meets in one week plus one, based on a full semester length course.
- Four (4) week term - after two (2) days. Eight (8) week term - after four (4) days.
- Summer session - evening class, after the number of times that class meets in one week.
- If a student exceeds the number of allowable unexcused absences, a notice of absence will be initiated. Refer to HCC handbook on-line, and HCC on-line catalog.

In the event of a clinical absence, the student must notify the clinical site at least two hours in advance of the time the student is scheduled to report.

The student is to notify the **RC shift supervisor** and state the reason that he/she will not be at clinical and give information where he/she may be reached by the clinical instructor. **The student should ask for the name of the person taking the message.** In addition, students must call their site instructor's or clinical coordinator's **office phone** to leave a recorded message regarding their absence and the call in time and the name of the supervisor to whom they reported.

Failure to appropriately notify the clinical site will result in an unexcused absence, a zero grade on the daily evaluation will be given for the day, and a required make-up clinical experience must be scheduled. This includes late call in and "no call, no show" occurrences. All clinical absences are recorded on the **summative** (Clinical Practice IV) **evaluation**, which, with student consent, is used for job reference upon graduation. (Refer to evaluation section for explanation of the summative evaluation.)

Clinical assignments are made prior to each shift and any tardies disrupt the smooth operation of the clinical department. *If an emergency (e.g. loss of electricity, car trouble, bad weather, illness in family, or any other situation the instructor deems valid) should arise after the two-hour notification period, the Respiratory Care Department of the hospital must be notified no later than 30 minutes before the start of the shift.*

Please note: the **clinical site** must be made aware of student absences in a timely manner because it affects their daily work assignments. Faculty can be contacted later through voice mail or pager if necessary.

Changes in the clinical schedules are to be made only by the Clinical Coordinator.

CLINICAL TARDIES

Clinical tardies will be handled in the following manner:

- **Three tardies equals one clinical absence.**
 - *In the event of the third tardy, the student will accrue an unexcused absence; will be sent home; and must make arrangements for a make-up clinical day.*

PERSONAL APPEARANCE

Patients and visitors frequently are unfamiliar with medical procedures and therefore, are prone to judge the hospital by what they see and hear. Attire, grooming and manner can serve to reassure patients, their families and visitors that one is competent and careful in the performance of clinical duties.

Attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, the following personal appearance and hygiene requirements have been established and are also a matter of hospital policies.

Choice of clothing when in uniform or non-uniform needs to be simple in design and constructed to allow freedom of movement without embarrassment to ones' self, patients, visitors, physicians and employees.

Students will report to scheduled clinical sites clean and well-groomed and in complete uniform.

The HCC RCT program has an agreement with TC's Uniform on State Street in Jackson to make available specific brand, color, and model number scrub suits and lab jackets to insure classroom and clinical uniformity among program students. Specific instructions and contact information will be shared in the mandatory program orientation. Substitutions will not be accepted without prior approval from the program chairperson. The clinical uniform consists of a brand specific solid color **navy blue** scrub suit (without color trim), **clean white** leather nursing or tennis shoes, neutral hosiery or white socks, a white lab jacket with the **HCC Respiratory Care patch** (on the upper left sleeve 3 inches from shoulder).

Uniforms must be clean and pressed when worn to the clinical site. Scrub tops are to be worn inside of the scrub pants unless they are of the tunic type.

If a uniform skirt is worn, it must be no shorter than the middle of the knee and worn with **white hose** (no socks).

Students are allowed to wear a short sleeved **white** t-shirt under uniform, and while a ***white*** tee shirt may show at the top of the garment, **it should not show below the sleeves or hemline.**

Items with company logos (other than HCC) are strictly prohibited. This includes clothing, pens, notebooks etc. Hooded jackets are not allowed in the clinical environment.

Clinical affiliates require that all employee and student tattoos remain covered. Options for covering tattoos include long sleeved lab coats where allowed, wide watch bands, low pony tails, and wide bandage strips. The use of **navy blue long sleeved t-shirts (purchased as part of the clinical uniform at TC's)** are an option when lab coats are not permitted. If these methods are not effective, nor reasonable, another alternative is tattoo concealing makeup such as "Dermablend". This would only be effective when the affected body part is not subject to vigorous washing or scrubbing as in NICU.

The only time a student may take off his/her lab coat is when working in an intensive care or surgery unit. The left sleeve of the blue clinical scrub tops must be embroidered in a specific block font with "HCC-RCT" so the student is identified as such when their coat is removed in a unit. Even then, **the student must wear ID badges, and put the coat back on when leaving the unit for any reason, including breaks.**

If the student is not in complete and specified uniform, he/she will be sent home and marked absent for that clinical day.

Other required items below are considered a part of the uniform, and include:

- the Hinds student identification badge,
- any required hospital ID,
- RCT Clinical Policies excerpts from the Program Manual,
- a double-bell stethoscope,
- goggles,
- a digital watch or watch with a second hand,
- black and red pens,
- the student's unexpired clinical clearance letter, (from background check remaining current for two years) and RAP sheet if student has received an unsuitability for employment statement with their clinical clearance letter,
- the clinical competency manual,
- clinical practice skills check-off lists

When visiting Clinical sites to prepare for case presentations, the student should wear the full clinical outfit, as specified above. The student must also notify the appropriate clinical supervisor of their presence and sign any information releases required for presentation research.

Students will be advised of appropriate dress for attending workshops or conferences. Hats/caps may not be worn at sites.

- **Hair** is an important part of a student's appearance. Hair must be clean and well-groomed in a conservative style and a **natural color** appropriate to a health care environment. Students with medium or long hair should secure their hair to the back so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment. (Hair that falls below the collar must be secured.) Long freeform dreadlocks that cannot be pulled back and secured at the back of the neck are not allowed. Men must either be clean shaven or have an *established*, well-trimmed beard/mustache. Facial hair must allow for proper fitting of a HEPA mask. Half shaven appearance is not acceptable.
- **Make-up** can contribute to the professional look when used in moderation with a natural appearance. Dramatic or flashy colors, sequins, and theatrical application of make-up are not appropriate to the clinical setting. **Long nails and sculptured or artificial nails are not to be worn. Fingernail polish is not allowed.**
- **Strong odors** can lead to respiratory difficulty in certain patients. **Therefore, the use of tobacco products, perfume, perfumed lotions, aftershave, or cologne is prohibited while at clinical.**
- **Personal hygiene is essential:** Students should bathe daily; using mild soaps and deodorants. While gum chewing is not allowed during clinical, the use of breath mints is permitted in non-patient care areas. Toothpicks, dental floss, or toothbrushes may be used in the privacy of a restroom.

Jewelry and accessories: In patient contact areas, females may wear one earring of the **SMALL** stud variety placed in the lobe of each ear. Males are not allowed to wear earrings. Necklaces or bracelets pose a safety hazard, and may not be worn. Rings are against infection control standards in some areas and should be limited to smooth wedding bands only. No other jewelry (or visible piercings including tongue

rings) will be worn, in keeping with a conservative and professional uniform code. Due to security concerns, **purses should not be brought to the clinical site. Students should bring driver's license and lunch money in a small wallet/ID holder that can easily fit into scrub pockets. Students should not leave purses or other valuables in their cars during their clinical rotations! HCC and its clinical affiliates do not assume any legal obligation to pay for the loss of personal property left unattended in personal vehicles.**

- **Identification badges** The Hinds Community college I.D will be worn at all clinical sites, as well as classes, in addition to the clinical site I.D. should an institution require it. Failure to do so will result in the student being sent home, marked absent for the day, and disciplinary referral. Refer to HCC handbook on-line.
 - The students' HCC ID and all clinical badges must be surrendered to the HCC –RCT chairperson, or their designee, when a student graduates or leaves the program for any reason. Refer to HCC handbook on-line.

PROFESSIONAL BEHAVIOR

It is expected that each student act in a professional manner while on clinical duty and continue to promote the field of Respiratory Care to the public and to other hospital personnel.

Students must maintain **professional courtesy** with patients, physicians, and all department staff. Failure to comply with policies regarding courtesy will be documented with an anecdote and the incident will be reflected on the student's Evaluation score.

Profanity, threatening or inappropriate behavior will result in the student being sent home from clinical. This will result in an unexcused clinical absence and a grade of "0" for the day. Disciplinary action is taken via the Violation/Fine form. Refer to the HCC handbook on-line.

The student is responsible for adhering to specific clinical agency regulations as far as appropriate time to see patients, charts and collect and report data. ***When the student identifies patient data that shows a significant decrease from earlier values indicating patient deterioration, the student must immediately notify his/her assigned preceptor/clinical instructor immediately!***

Students are not allowed to take minor children to the clinical setting during assessment time or clinical lab.

The student is to wear the appropriate school uniform during assigned clinical lab period. Visiting patients socially in uniform is not condoned. Wearing the uniform in any situation other than scheduled clinical rotations is prohibited and is cause for disciplinary action.

Students are bound by the same code of ethics as employees and must respect the patient's right to privacy, by not discussing the patient or patient cases in public areas of the hospital (cafeteria, hallways, elevators, etc.) Patients' names should not appear on a case presentation.

Students are encouraged to review patient charts for information, but they are to confine their review to assigned patients only. Students should **never** review a chart of an acquaintance or family member. If the student is assigned to treat an acquaintance or family member, the clinical instructor will reassign the student upon notification.

During all clinical rotations students will be assigned to a clinical instructor or staff preceptor. Students are expected to initially observe any assigned skills in which they have clinical clearance. The student will then be assigned to perform those procedures under the direct supervision of a clinical instructor or

staff preceptor. When the instructor feels that the student has sufficiently refined his/her technique to clinically practice unobserved, he/she will indicate verbally or on the clinical evaluation form that the student is ready for his/her clinical check-off.

In the performance of competencies, the student shall abide by the Policies and Procedures of the Clinical Affiliation in which they are assigned.

In the absence of a clinical site instructor, if a student is presenting a problem in the clinical site, e.g. presents a safety hazard, is inordinately late in giving therapy, or refuses to fully participate, etc., he/she may be referred to the supervisor to be sent home. The supervisor should notify the RCT Clinical Coordinator via phone at 601-376-4834 or e-mail at Stephanie.Jones2@hindsc.edu. A clinical anecdote will be completed by the Clinical Coordinator and disciplinary referral and/or laboratory remediation will be made as indicated.

- **If charges are so severe that a hospital administrative investigation results in denial of clinical privileges, that student will be unable to complete their training and will thus be dismissed from the program.**

When scheduled in a critical care area, a student is allowed to perform patient care procedures (e.g. ventilator checks, treatments, suctioning, invasive procedures, etc.) **only if a staff member or instructor is present in the unit.** There are **no** exceptions to this policy. A student failing to comply with this policy will be sent home, given a grade of "0" on the daily evaluation, and disciplinary action will be taken.

- **Accountability** - Refer to HCC Student Handbook on-line.
- **Smoke free environment** - All clinical sites are smoke free environments and the use or presence of all tobacco products are prohibited at all clinical locations. Students are not allowed to leave the premises or go to the parking lot to smoke.
 - Smoking can be an irritant as well as a health and safety hazard. Residual smoke can cling to hair and clothing and exacerbate respiratory disease. Students who smoke must take care to avoid patient exacerbation with these odors. Smokeless tobacco (including snuff, chewing tobacco, etc.) may not be used while on duty.
- **Communication/ electronic devices**
The use of cell phones, Smartwatches, personal pagers or other electronic devices is **strictly prohibited** at the clinical sites. **Disciplinary action will be initiated if warranted.** Refer to HCC handbook **on-line**. The only exception is when a student reports to or leaves duty between 6:00 p.m. and 6:00 a.m., when they may carry a cell phone for security purposes on their walk into or out of the hospital. Once safely in the hospital, the phone must be **turned off and must be put away in book bag or designated area (they should not be in pockets of scrubs or lab coats)**. The student may be asked to surrender the phone to a secure location for storage during the clinical visit.
- **HCC Respiratory Care Technology Program Social Media Policy**

Social media includes, but is not limited to, blogs (Blogger, Blogspot, Wordpress, etc.), photo and/or video-sharing sites and apps (YouTube, Flickr, Instagram, SnapChat, Vine, etc.), e-zines (digital magazines), wikis (Wikipedia), social networks (Facebook, Twitter, LinkedIn, Pinterest, etc.), video and audio podcasts (posted to the web or hosted by applications (ex.: iTunes)), ratings sites and apps

(Urbanspoon, Yelp, Rate My Professor, etc.), and discussion sections of web pages or applications (comment section under articles on news or information websites).

Hinds Community College recognizes that social media is an important and timely means of communication. However, those who use social media must be aware that posting certain information is **illegal**. Offenders may be subject to criminal and civil liability, and adverse institutional actions.

Therefore, students must make every effort to present themselves in a mature, responsible, and professional manner when utilizing social media. Communications must always be civil and respectful. Please be aware that no privatization measure is perfect and undesigned persons may still gain access to your networking site. Further, litigation involving such issues is complex, as the content on social media sites is easily misconstrued, permanent, discoverable by courts, and utilized in these adversarial proceedings. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues.

Therefore, students should **think** carefully before they post any information on a website or application, and consider their goals in participating. Students must make sure they are choosing the most relevant platform and **adding value** to the discussion; **Listen** before they engage and always be modest, respectful, and professional in their actions. To help facilitate these goals, the following **best practices** are encouraged:

- A. Students must make sure posts are relevant and accurate.
- B. Students must make it clear that they are speaking for themselves and not on behalf of Hinds Community College.
- C. Students must seek permission from fellow students prior to posting any personal information or photographs related to HCC activities.

*Students may **NOT** post the personal information or photograph of any patient at clinical sites. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, types of treatment, or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual. Posting of patient information could violate state or federal laws such as the Health Insurance Portability and Accountability Act (HIPAA).*

Students may **NOT** post vulgar, false, obscene, harassing statements, or statements disparaging the race, religion, age, sex, sexual orientation or disability of any individual with whom they come into contact as a result of their student role in this program.

Students may **NOT** represent themselves as another person, real or fictitious, or otherwise attempt to obscure their identity as a means to circumvent the prohibitions included in this manual.

Failure to comply with these policies will result in disciplinary action.

- **Leaving the building during clinical hours** - A student is not to leave the hospital building at any time during their scheduled clinical shift except in an emergency and then only with the permission of the clinical instructor. Disciplinary action will be taken against any student leaving the building without permission. If warranted, a disciplinary referral will be initiated for possible issuance of sanctions. Refer to HCC handbook **on-line**.

- **Department cleanliness** - It is the responsibility of each student to do their part to maintain all departmental work areas, Conference/Classrooms, and lounges in a neat and orderly fashion.

CLINICAL ILLNESSES AND EMERGENCIES

- Because students cannot carry communication devices, they should ensure their loved ones have faculty contact information so the student could be reached (in class or at clinic) in the event of an emergency.
- Because patients are vulnerable to illness, and because students must perform optimally at all times, students should not report to clinic ill. See Guidelines and Procedures for proper call in requirements.
- If a student should become ill or be injured while at work, the instructor, or supervisor should be notified. When appropriate the student may need to seek medical treatment in the hospital emergency room. Refer to NAH Student Manual on-line.

ESTABLISHED/UNETHICAL BEHAVIOR PROCEDURES AND GUIDELINES

1. The following behaviors will result in the initiation of the Established Unethical/Threatening Behavior Procedure as outlined below.
 - Failure to show progression in the clinical application of theory.
 - Failure to demonstrate preparation for lab or clinic.
 - Failure to safely implement assigned procedures in the lab or clinic.
 - Failure to adhere to policies set forth in the Respiratory Care Program manual.
 - Any other behavior which is unethical or significantly jeopardizes patient safety.
2. When in the judgment of the Respiratory faculty a student is deemed to have **established** behavior, which is unethical, or significantly jeopardizes (threatens) patient's well-being, the faculty will document the behavior on an incident report form. Established behavior may be one occurrence or multiple occurrences, which prove to the faculty involved that the student must be counseled regarding the documented behavior and informed that this situation will come before a called Faculty Session for consideration in a timely manner.
3. The Faculty Session will consist of the Respiratory Care Technology faculty and selected adjunct faculty members (if needed). The meeting will be presided over by the Respiratory Care Program Chairperson, or his/her designee.
 - After evaluation the student may be required to write an action plan that will correct the identified behavior. Faculty Session follow up will determine effectiveness of the Action Plan and if further action is warranted.**
 - If warranted, a disciplinary referral will be initiated for possible issuance of sanctions. Refer to student handbook on-line.**
 - If warranted the Faculty will assign a grade of "F" in the course. Refer to student handbook on-line.**
 - If the behavior is so severe, that patient safety is compromised, the student will be removed from the clinical learning experience until the situation is resolved.**

These policies extend to all students while at the clinical sites whether they are there for clinical experience, class, orientation, official functions, seminars, research, committee meeting, make-up clinical experience, etc.

CLINICAL CLEARANCE EVALUATION (Student Progression)

- In addition to maintaining grades of “C” or higher, students must also exhibit proficiency in certain competencies. See **pages 15-17** for a list of competencies in which students must show proficiency in the laboratory setting in order to be cleared to attend clinical rotations. ***Clinical clearance*** is approved by the appropriate laboratory course instructor, after successful student demonstration of the required skills by the designated check-off date. Once the student has obtained clinical clearance in a given competency, the student must then show proficiency in these same competencies in the ***clinical setting***, in the appropriate ***clinical course***, in order to be successful in each clinical course. These competencies may be exhibited to a clinical instructor, or appropriate preceptor. Once the student has successfully demonstrated a skill and completed the associated procedural check-off, the student may perform the skill independently provided preceptors are readily available for support when needed. Readmitted students must demonstrate that all relevant competencies are current, as determined by the chairperson. Individual action plans will be determined based upon which semester the readmission occurs, and in which courses the student was not successful. If repeating a clinical course, the student will be required to show competency by repeating the last clinical course in which they were successful. Additional repetition of laboratory courses may also be required. Remediation by classroom and laboratory attendance is encouraged through specialty course offerings.
- Laboratory demonstration of the skill will be based on the current procedure guidelines. A student will be allowed **three** attempts to demonstrate proficiency in each skill component.
 - If the student does not successfully complete the first laboratory demonstration of competency in a procedural check-off, the student will schedule a remediation session with the appropriate lab instructor. An additional opportunity to be successful in return demonstration will be scheduled (not to exceed 10 school days from the first demonstration). It is the student's responsibility to schedule a time for return demonstration in collaboration with their lab instructor. Should the student fail to successfully demonstrate a skill on the second attempt, by the designated date, the student must once again schedule a remediation session with the Program Chairperson. The student must then schedule the third and final opportunity with the Program Chairperson, to return demonstration of the competency in question. If the student is unable to successfully show proficiency in any competency the following will occur:
 - The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
 - The terminal evaluation form will be presented and signed by the student, instructor, and Program Chairperson.
- 4. The student has the right to appeal the decision regarding unsuccessful clinical progress in a scheduled Faculty Session. The Faculty Session will consist of the Respiratory Care Technology faculty and selected adjunct faculty members. The meeting will be presided over by the Respiratory Care Program Chairperson or his/her designee.
- 5. If it is determined that a student has earned a failing grade in any clinical course, that student will not be allowed to attend any remaining clinical rotations.

CLINICAL EVALUATION (Student Progression)

Formative Clinical Evaluation

- A. **Purpose**
To provide feedback for student learning.
- B. **Process**

1. Daily Clinical Evaluations are completed by the clinical instructor (or preceptor) and reviewed with the student to provide feedback regarding his/her progress toward achievement of expected clinical outcomes. Patient Assessments, actual clinical performance, as well as, completion of procedural check-offs are considered evidence of the student's progress.
The blank Daily Clinical Evaluation forms are to be given to the instructor or preceptor, to whom the student is assigned, at the beginning of the shift.
2. Continued lack of progress in the clinical area is considered to be evidence of established behavior which may threaten patient safety. (See Established/Unethical Behavior Procedures and Guidelines).
3. Once a student has obtained clinical clearance, he/she must then show proficiency in clinical practice, in the required competencies listed on pages 14 - 16. The student will be allowed **three** attempts in the clinical setting*. After three attempts, if the student is unable to successfully show proficiency in any competency the following will occur:
 - The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
 - The terminal evaluation form will be presented and signed by the student, instructor, and Program Chairperson.
The student must schedule an exit interview with the Program Chairperson, and student options for readmission will be discussed.

***Clinical guidelines regarding procedural assessment scoring**

If at any time, either prior to a clinical check-off or following it, the instructor feels that the student needs additional work on a particular procedure, he/she will refer the student to the clinical coordinator for individualized lab and/or clinical remediation. If the student continues to be unable to perform the key elements of the procedure following individualized instruction, a Faculty Session will be convened to take action through the Established/ Unethical Behavior Guidelines.

4. At the end of each clinical semester the student will be evaluated through the use of the **Rotational Evaluation** assessment tool. These assessment tools evaluate student performance in the cognitive, psychomotor, and affective domains, using test scores, experiences, weekly evaluations, and other data that are pertinent to individual semesters.
5. The student must pass a clinical procedural evaluation at the end of the final clinical semester (Final Check Off). He/she will be given **two** attempts to pass with a different instructor observing on the second attempt. The grading scale is **PASS/FAIL**.

C. Clinical Anecdotes

1. Definition of Terms Relevant to Evaluation Process

Harm - detrimental effect (actual or potential)

Clinical Process - the decision-making, problem-solving process utilized by Respiratory Care Practitioners in the provision of respiratory care. It includes the steps of assessment, respiratory diagnosis identification, planning, implementation and evaluation (**SOAP**).

2. During each clinical learning experience the student is expected to exhibit the following behaviors:
 - a. Administer medications without potential/actual harm to the assigned client(s).
 - b. Implement procedures without potential/actual harm to the assigned client(s).
 - c. Make Respiratory Care decisions without potential/actual harm to the assigned client(s).

When in the judgment of the faculty a student fails to meet expectations, and therefore negatively impacts patient care, a **Clinical Anecdote** will be completed. A copy will be given to the student and the original will be maintained in the student's file. The Clinical Anecdote is a safeguard for the client, student, and school. Faculty will utilize the report to alert the student to behaviors, which could significantly jeopardize patient safety and therefore should not be repeated.

3. Continued failure to meet expectations in the clinical area is considered to be evidence of established behavior, which may threaten patient safety. (See Established/Unethical Behavior Guidelines and Procedures.)

GUIDELINES FOR FINAL CLINICAL TESTING

■ Purpose of Clinical Testing

To determine satisfactory final clinical performance prior to graduation. **Note: All check-offs (with the exception of Clinical Practice 4 Specialty Area check-offs*) must be complete prior to the Final Check-off. Students must present their Master List to their FCO instructor PRIOR to patient assignment for final check-off.**

**Bronchoscopy Assisting, Home Health, Methodist Rehab, Sleep Lab*

■ Time for Clinical Testing (Final Check-Offs)

At the end of **final** clinical rotation for the program.

■ Setting

1. Location: Clinical Testing (Final Check-Off) will take place in a hospital setting.
2. Time: The length of clinical testing will be approximately 2 hours.
3. Patient Selection:

The **critical care** patient assignment(s) will be made after 1500 on the day before the evaluation. The clinical instructor will notify the supervisor and the designated therapist preceptors that the students will be reporting to their assigned units to research and work with their assigned critical care patients. The **routine care** patient assignments will be given to the student on the day of their final check-off.

■ Instructor's Role

1. The instructor will function in the role of evaluator. **The instructor will not ask or answer questions or assist with patient care.**
2. The instructor will inform the student of those skills, which must be observed in entirety. Other skills will be observed throughout the examination period at the instructor's discretion.
3. In situations in the clinical lab that are beyond the student and instructor control, e.g. patient death, discharge, refusal of student care, patient unavailability (i.e. surgery, etc.); the instructor will arrange to continue the exam with alternate patient care assignment.
4. Reassuring behaviors are appropriate and encouraged for the evaluator throughout the testing period. However, no verbal or non-verbal cues may be given during student's performance of skills.
5. The instructor will terminate the evaluation for unsatisfactory behaviors, which jeopardize the patient's physical and/or psychological well-being.
6. On completion of the clinical exam, the instructor will schedule a conference with the student to review and sign the examination form.
7. The instructor may defer decisions about assessment to allow time for adequate review.
8. The instructor will confer with other faculty members when in doubt about any aspect of the exam. If a decision cannot be made during the lab period, the instructor may defer a decision until other faculty members can be consulted.

■ Student's Role:

1. The student is responsible for obtaining the assignment from the clinical instructor.
2. The student is responsible for making adequate preparation for the examination using appropriate resources. Preparation for evaluation must be done outside scheduled clinical time. *On the afternoon the students receive their critical care assignment, they must check in upon arrival to the assigned unit with their Critical Care preceptor. **Prior to participating in any patient care, the student MUST review the chart and perform a thorough patient assessment.** The student must notify their Critical Care preceptor and the RC Supervisor prior to their departure.*
3. Students are encouraged to arrive early on the day of their final check-off in order to review the patient's chart for any changes that may have occurred during the night. **The student must check in upon arrival with the Respiratory Care Supervisor and their Critical Care preceptor. Prior to participating in any patient care, the student MUST review the chart and perform a thorough patient assessment.**

■ Guidelines

1. On the scheduled evaluation day, the student will be evaluated using the Summative Procedural Evaluation form.
2. All behaviors selected by the instructor must be performed. During clinical testing the student will be responsible for all of the skills that he/she has been taught prior to the testing day. *All check-off skills **must be performed independently** by the student, i.e. changing HME's, Ballard suction catheters, etc.*
3. If the student fails on the first evaluation day, one other opportunity with a different instructor will be given. Failure on the second day will result in termination of the student from the currently enrolled Respiratory Care course.
4. The student who fails the repeat clinical performance evaluation will receive an "F" as a course grade.
5. The student who fails the clinical exam component will be so informed by the instructor, and will then schedule a conference with the clinical coordinator and program chairperson to:
 - Review performance record
 - Be counseled by the Program Chairperson and instructor.
 - Review and sign the terminal evaluation form.
 - Schedule an Exit Interview with the Chairperson at which time they will discuss student options in terms of the Readmission Policies and Guidelines.

STUDENT PROGRESSION

- The student must complete all prescribed course work with a minimum grade of C in each respiratory care and required academic course.
- Clinical Testing (**Final Check Off**) -The student must pass a clinical procedural evaluation (Final Check Off) at the end of the Clinical IV rotation. He/she will be given **two** attempts to pass with a different instructor observing on the second attempt. The grading scale is PASS/FAIL.
- **Master List for Procedural Competencies** -*Competency in the following psychomotor skills must be successfully demonstrated for completion of -training for this program.*

**Hinds Community College - Respiratory Care Technology Program
Master List for Procedural Competency Evaluations**

Student: _____ **(print name)**

Competency in the following psychomotor skills must be successfully demonstrated for completion of training for this program.

Notes: This list is to be signed by Instructor (**in addition** to signing procedural lab manual).

Competency	Signatures			
	Lab Faculty/Date	Student	Clinical Faculty/Date	Student
Competencies for Respiratory Care Technology 1 (RCT 1415)				
<i>Medical Gas Therapy</i>				
Bulk Medical Gas Supply System (p. 139)				
Gas Pressure & Flow Regulation (p. 141)				
Oxygen Analysis (p. 151)				
Oxygen Blender (p. 143)				
Oxygen Hood (p. 745)				
Oxygen Tent (p. 747)				
Oxygen Therapy (p. 171)				
Patient Positioning and Safety (p. 13)				
<i>Humidity & Aerosol Therapy</i>				
Humidification Therapy (p. 183)				
Humidification w/Artificial Airway (p. 185)				
Aerosol Generators Large-volume Nebulizers (p. 199)				
Aerosol Medication Delivery Nebulized Solutions (p. 229)				
Aerosol Medication Delivery Continuous Bronchodilator Nebulization (p. 231)				
Aerosol Medication Delivery MDI, DPI (p. 233)				
Sputum Induction (p. 235)				
<i>Airway Clearance Therapy</i>				
Chest Physiotherapy (p. 271)				
Directed Cough (p. 287)				
Intrapulmonic Percussion Ventilation (IPV) (p. 293)				
Positive Expiratory Pressure (PEP) Therapy/Vibratory PEP (p. 289)				
Inspiratory Resistive Muscle Training (p. 291)				
<i>Lung Expansion Therapy</i>				
Incentive Spirometry (p. 253)				
Intermittent Positive-Pressure Breathing (IPPB) Therapy (p. 255)				
Nasal CPAP Initiation (p. 743)				
<i>Airway Management</i>				
Artificial Airway Care (p. 385)				
Cuff Care (p. 381)				
Endotracheal Suctioning (p. 331)				
Extubation (p. 383)				
Manual Ventilation (p. 307)				
Nasotracheal Suctioning (p. 333)				
Oral Endotracheal Intubation (p. 353)				

(Clinical: Observation)				
Pharyngeal Airway Insertion (p. 317)				
Tracheostomy Care (p. 365)				
Tracheostomy Tube Change (p. 367) (Observation)				
Competencies for Respiratory Care Technology 2 (RCT 1424)				
Adult Ventilator Initiation (p. 695)				
Adult Patient-Ventilator System Care (p. 719)				
Capnography/Capnometry (p. 405)				
CPAP/BiPAP Initiation {Noninvasive Ventilation} (p. 637)				
Neonatal/Pediatric Ventilator Initiation (p. 763)				
Neonatal/Pediatric Patient-Ventilator System Care (p. 765)				
Ventilator Circuit Change-out – Adult & Neonatal (p. 697)				
Ventilator Weaning Protocols (p. 731)				
Competencies for Respiratory Care Technology 3 (RCT 2434)				
<i>Monitoring the Critically Ill Patient</i>				
ECG Interpretation (p. 551)				
Hemodynamic Measurements (p. 573)				
Shunt Studies (p. 575)				
Transcutaneous Monitoring (p. 407)				
<i>Rehab & Home Care</i>				
Breathing Exercises (p. 285)				
Home Apnea Monitoring (p. 799)				
Home Care Evaluation (p. 789)				
Home Care Ventilation (p. 791)				
Home CPAP Application (p. 797)				
Home Nebulizer Administration (p. 795)				
Home Oxygen Administration (p. 793)				
<i>Special Procedures</i>				
Bronchoscopy Assisting (p. 623)				
Chest Drainage Assembly (p. 611)				
IV Insertion (p. 599)(observation)				
Competencies for Patient Assessment and Planning (RCT 1223)				
<i>Infection Control</i>				
Sterilization & Disinfection (p. 49)				
Hand Hygiene (p. 37)				
Patient Standard Precautions/Transmission-Based Isolation Procedures (p. 39)				
<i>Preparing for the Patient Encounter</i>				
Medical Record Documentation (p. 63)				
Medical Record Review (p. 61)				
Patient Interview & History (p. 65)				
<i>Bedside Assessment</i>				
Auscultation (p. 107)				
Blood Pressure Measurement (p. 91)				
Physical Assessment of the Chest (p. 105)				
Vital Signs: Pulse & Respiration (p. 89)				
<i>Assessment of Ventilation & Oxygenation</i>				
Arterial Line Sampling (p. 429)				

Arterial Puncture (p. 427)				
Capillary Sampling (p. 431) (Observation)				
Pulse Oximetry – Routine Care Patient (p. 93)				
Pulse Oximetry – Intensive Care Patient (p. 403)				
<i>Beyond Bedside Assessment</i>				
Chest X-ray Interpretation (p. 489)				
Electrocardiography (p. 549)				
Competencies for Pulmonary Function Testing (RCT 1322)				
Bench-Top ABG Analyzer Maintenance(p. 449)				
Bedside Pulmonary Mechanics (p. 121)				
Flow/Volume Loop (p. 523)				
Maximum Voluntary Ventilation (MVV) (p. 525)				
Screening Spirometry (p. 519)				
Spirometry Screening Interpretation (p.527)				

Hinds Community College Respiratory Care Technology Program - Preceptor Evaluation for Clinical Practice I.

First Clinical Experience – Routine Care

***Preceptors: Please notify the clinical site instructor immediately if student performance should be rated as “Not Met”.**

STUDENT _____ SITE _____ DATE _____

CLINICAL PRECEPTOR

Knowledge	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>1. Check one box to indicate student's demonstration of knowledge base.</p>	<p>Shown significant lack of understanding of concepts related to basic therapeutics. Potential or real hazard to patient safety. Ex: could not describe S&S COPD exacerbation; could not cite ABG normal values.</p>	<p>Shows reasonable understanding of basic therapeutics with minimal prompting/guidance. Ex: could describe sympathomimetics but needed prompting on alpha response.</p>	<p>Independently worked proficiently to perform basic therapeutics with no additional prompting and limited instructions. Ex: answered questions well and competent performance validated understanding.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>2. Check one box to indicate how well student maintains patient safety.</p>	<p>Shown significant disregard or lack of understanding for patient safety posing a potential or real hazard to patient. Ex: failure to perform safeguards such as checking orders, raising bed rails, properly monitoring patient VS.; a single incident which put the patient at significant risk for real/potential harm such as a medication error.</p>	<p>Shown regard and understanding related to patient safety and posed no potential or real hazard to patient safety. Ex: consistently performed safeguards such as checking orders, raising bed rails, properly monitoring patient vital signs. No incident occurred to put the patient at risk for real or potential harm.</p>	<p>Proactively, diligently, and consistently mindful of all aspects of patient safety without prompting. Ex: throughout the day student noted to proactively and consistently take all possible safety precautions, such as the five rights of medications delivery, infection control, proper monitoring of patient and equipment.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>3. Check one box to indicate how well student demonstrated appropriate modality performance</p>	<p>After demo and supervised practice, unable to perform competency. Ex: after demo and practice, unable to assemble IPPB circuit; unable to properly instruct patient in IS.</p>	<p>After demo and practice, performs skills competently, with minimal prompting. Ex: Performed SVN well but s had to be prompted once to set the gas flow to the appropriate level on SVN.</p>	<p>Confidently performs all competencies accurately without prompting. Ex: competently, consistently, assembled & administered all therapy with thorough assessment / monitoring.</p>
Professionalism	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>4. Check one box to indicate student's level of Professional & Ethical Behaviors, Motivation</p>	<p>--Arrived late for rotation --Displayed unkempt appearance --Did not introduce self or display empathy or respect to patients --Did not interact with other members of the healthcare team --Abused breaks; Violated cell phone policies</p>	<p>--Arrived on time --Had neat appearance --Introduced self and displayed empathy and respect for the rights and dignity of all patients --Interacted with other members of healthcare team --Did not abuse break --No clinical policy violations</p>	<p>--Arrived on time --Displayed immaculate appearance --Confidently interacted with patients displaying both empathy and respect for the rights and dignity of all patients --Assumed role of active member of the healthcare team, easily communicating with RT preceptor, physicians, nurses, staff, and visitors.</p>

Hinds Community College Respiratory Care Technology Program - Preceptor Evaluation for Clinical Practice II.

First Critical Care Clinical Experience

***Preceptors: Please notify the clinical site instructor immediately if student performance should be rated as “Not Met”.**

STUDENT _____ SITE _____ DATE _____

CLINICAL PRECEPTOR

Knowledge	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>1. Check one box to indicate student's demonstration of knowledge base.</p>	<p>Showed significant lack of understanding of concepts related to, critical care or ventilation; could not recall basic therapeutics. Ex.: could not describe ventilator modes; unable to interpret ABG.</p>	<p>Shows recall of basic therapeutics, acceptable understanding of critical care, and ventilation, with minimal prompting /guidance. Ex.: understood ventilator modes and function, but had limited or no experience with a particular brand, needing instruction in its operation.</p>	<p>Recalled basic therapeutics; independently worked proficiently worked critical care using ventilators with limited instruction and no prompting. Ex. answered questions well related to areas listed above; demonstrated knowledge by competent performance.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>2. Check one box to indicate how well student maintains patient safety.</p>	<p>Showed significant lack of regard /understanding related to patient safety; posed a potential / real hazard to patient. Ex.: consistent failure to perform safeguards i.e. checking orders, patient assessment, properly operating equipment including ventilators.; occurrence of a single incident which put the patient at significant risk for real/potential harm such as incorrect vent settings. Failed to ask for help when needed.</p>	<p>Showed regard and understanding related to patient safety and posed no potential or real hazard to patient safety. Ex. consistently performed safeguards such as patient assessment; checking orders, properly operating/ monitoring equipment, including ventilators. No incident occurred to put the patient at risk for harm. Student was not hesitant to ask for help when needed.</p>	<p>Proactively, diligently, and consistently mindful of all aspects of patient safety without prompting. Ex. throughout the day student noted to competently, proactively and consistently take all possible safety precautions, such as the five rights of medications delivery, infection control, proper monitoring of patient and equipment.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>3. Check one box to indicate how well student demonstrated appropriate modality performance</p>	<p>After demo & supervised practice could not perform mechanical ventilation or critical care skills, or basic therapeutic skills. Ex.: unable to initiate ventilation after clinical demo & supervised practice; could not properly assess vital signs.</p>	<p>With demo and practice, performs basic and critical care skills and mechanical ventilation operation competently with minimal prompting. Ex.: student is able to competently initiate/monitor ventilator with prompts to adjust circuit and correct alarm.</p>	<p>Confidently performs all competencies related to basic/ critical care skills and mechanical ventilation accurately, without prompting. Ex.: after clinical observation and practice, student is able to initiate/monitor ventilator without prompting.</p>
Professionalism	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>4. Check one box to indicate student's level of Professional & Ethical Behaviors, Motivation</p>	<p>--Arrived late for rotation --Displayed unkempt appearance --Did not introduce self or display empathy or respect to patients --Did not interact with other members of the healthcare team --Abused breaks; Violated cell phone policies</p>	<p>--Arrived on time --Had neat appearance --Introduced self and displayed empathy and respect for the rights and dignity of all patients --Interacted with other members of healthcare team --Did not abuse break --No clinical policy violations</p>	<p>--Arrived on time --Displayed immaculate appearance --Confidently interacted with patients displaying both empathy and respect for the rights and dignity of all patients --Assumed role of active member of the healthcare team, easily communicating with RT preceptor, physicians, nurses, staff, and visitors.</p>

Hinds Community College Respiratory Care Technology Program: Preceptor Evaluation for Clinical Practice III.

Second Critical Care Experience

***Preceptors: Please notify the clinical site instructor immediately if student performance should be rated as “Not Met”.**

STUDENT _____ SITE _____ DATE _____

CLINICAL PRECEPTOR: _____

Knowledge	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>1. Check one box to indicate student's demonstration of knowledge base.</p>	<p>Shown significant lack of understanding of concepts related to basic therapeutics, does not demonstrate basic knowledge of critical care or mechanical ventilation.</p>	<p>Shown acceptable understanding of critical care and ventilation, with minimal prompting / guidance. Maintained basic therapeutics knowledge.</p>	<p>Independently worked proficiently in the critical care environment with few or no additional instructions. Actively sought out more learning experiences.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>2. Check one box to indicate how well student maintains patient safety.</p>	<p>Shown significant lack of regard /understanding related to patient safety; posed a potential / real hazard to patient. Ex.: Consistent failure to perform safeguards i.e. checking orders, patient assessment, properly operating equipment. Failed to ask for help when needed.</p>	<p>Shown regard and understanding related to patient safety and posed no potential or real hazard to patient safety. Ex.: Consistently performed safeguards such as patient assessment; checking orders, properly operating/ monitoring equipment. Student was not hesitant to ask for help when needed.</p>	<p>Proactively, diligently, and consistently mindful of all aspects of patient safety without prompting. Ex. throughout the day student noted to proactively and consistently take all possible safety precautions, such as the five rights of medications delivery, infection control, proper monitoring of patient and equipment. Student was not hesitant to ask for help when needed.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>3. Check one box to indicate how well student demonstrated appropriate modality performance</p>	<p>Did not retain basic therapeutic skills. Failure to show skill progression to critical care and ventilation.</p>	<p>Recalls basic therapeutic skills with appropriate progression to critical care / ventilation.</p>	<p>Confidently performs basic and critical care / ventilator competencies accurately and with reasonable (increasing) speed.</p>
Professionalism	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>4. Check one box to indicate student's level of Professional & Ethical Behaviors, Motivation</p>	<p>--Arrived late for rotation --Displayed unkempt appearance --Did not introduce self or display empathy or respect to patients --Did not interact with other members of the healthcare team --Abused breaks; Violated cell phone policies</p>	<p>--Arrived on time --Had neat appearance --Introduced self and displayed empathy and respect for the rights and dignity of all patients --Interacted with other members of healthcare team --Did not abuse break --No clinical policy violations</p>	<p>--Arrived on time --Displayed immaculate appearance --Confidently interacted with patients displaying both empathy and respect for the rights and dignity of all patients --Assumed role of active member of the healthcare team, easily communicating with RT preceptor, physicians, nurses, staff, and visitors.</p>

Hinds Community College Respiratory Care Technology - Preceptor Evaluation for Clinical Practice IV.

Final Clinical Experience

***Preceptors: Please notify the clinical site instructor immediately if student performance should be rated as “Not Met”.**

STUDENT _____ SITE _____ DATE _____

CLINICAL PRECEPTOR

Knowledge	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>1. Check one box to indicate student's demonstration of knowledge base.</p>	<p>Shown significant lack of understanding of concepts related to basic therapeutics, critical care or ventilation. Ex.: could not explain vent modes or did not know proper liter flow for oxygen delivery device; misinterpreted ABG.</p>	<p>Shown acceptable understanding of critical care, and ventilation, with minimal prompting/guidance and maintained basic therapeutics knowledge. Ex.: Understood ventilator modes, but had limited or no experience with unconventional mode and needed guidance.</p>	<p>Independently worked proficiently in the critical care environment with limited instruction and no prompting. Ex.: Answered questions related to ventilation / therapeutics well; demonstrated thorough knowledge by competent performance.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>2. Check one box to indicate how well student maintains patient safety.</p>	<p>Shown significant lack of regard /understanding related to patient safety; posed a potential / real hazard to patient. Ex.: Consistent failure to perform safeguards i.e. checking orders, patient assessment, properly operating equipment including ventilators.; a single incident which put the patient at significant risk for real/potential harm such as an incorrect vent settings. Failed to ask for help when needed.</p>	<p>Shown regard and understanding related to patient safety and posed no potential or real hazard to patient safety. Ex.: Consistently performed safeguards such as patient assessment; checking orders, properly operating/ monitoring equipment, including ventilators. No incident occurred to put the patient at risk for harm. Student was not hesitant to ask for help when needed.</p>	<p>Proactively, diligently, and consistently mindful of all aspects of patient safety without prompting. Ex.: Throughout the day student noted to proactively and consistently take all possible safety precautions, such as the five rights of medications delivery, infection control, proper monitoring of patient and equipment. Student was not hesitant to ask for help when needed.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>3. Check one box to indicate how well student demonstrated appropriate modality performance</p>	<p>Failed to recall basic skills with appropriate progression in critical care / ventilation. Ex.: unable to properly initiate or monitor ventilation after clinical demonstration and remediation; could not properly set up oxygen delivery device; unaware cuff leaked on pressure check.</p>	<p>Recalls basic skills with appropriate progression in critical care / ventilation. Performs skills competently with little prompting & increased productivity. Ex.: student is able to initiate/monitor ventilation with minimal prompting.</p>	<p>Confidently performs basic and critical care / ventilator competencies accurately and with increasing productivity. Ex.: With increasing experience student is able to gradually increase patient/ventilator load while maintaining quality care.</p>
Professionalism	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>	Exceeded <input type="checkbox"/>
<p style="text-align: center;"><i>The student:</i></p> <p>4. Check one box to indicate student's level of Professional & Ethical Behaviors, Motivation</p>	<p>--Arrived late for rotation --Displayed unkempt appearance --Did not introduce self or display empathy or respect to patients --Did not interact with other members of the healthcare team --Abused breaks; Violated cell phone policies</p>	<p>--Arrived on time --Had neat appearance --Introduced self and displayed empathy and respect for the rights and dignity of all patients --Interacted with other members of healthcare team --Did not abuse break --No clinical policy violations</p>	<p>--Arrived on time --Displayed immaculate appearance --Confidently interacted with patients displaying both empathy and respect for the rights and dignity of all patients --Assumed role of active member of the healthcare team, easily communicating with RT preceptor, physicians, nurses, staff, and visitors.</p>

**Hinds Community College Respiratory Care Technology Program
Preceptor Evaluation for Clinical Practice Specialty Area Rotations**

***If student merits a “Not Met”, please notify the Clinical Site Instructor or RCT Clinical Coordinator immediately.**

STUDENT _____ SITE _____ DATE _____

Knowledge	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>
<p><i>The student:</i></p> <p>1. Check one box to indicate student's Demonstration of Knowledge Base.</p>	<p>Specialty area objectives were not completed prior to this rotation. Showed significant lack of understanding of concepts related to this specialty area.</p>	<p>Presented specialty objectives completed in preparation for this rotation. Confidently participated in clinical discussions with preceptor and staff.</p>
Skills	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>
<p><i>The student:</i></p> <p>2. Check one box to indicate how well student Maintains Patient Safety.</p>	<p>Showed significant lack of regard /understanding related to patient safety; posed a potential / real hazard to patient. Failed to ask for help when needed.</p>	<p>Proactively, diligently, and consistently mindful of all aspects of patient safety without prompting. Student was not hesitant to ask for help when needed.</p>
Professionalism	Not Met* <input type="checkbox"/>	Met <input type="checkbox"/>
<p><i>The student:</i></p> <p>3. Check one box to indicate student's Level of Professional & Ethical Behaviors, Motivation</p>	<p>--Arrived late for rotation --Displayed unkempt appearance --Did not introduce self or display empathy or respect to patients --Did not interact with other members of the healthcare team --Abused breaks; Violated cell phone policies</p>	<p>--Arrived on time --Displayed immaculate appearance --Confidently interacted with patients displaying both empathy and respect for the rights and dignity of all patients --Assumed role of active member of the healthcare team, easily communicating with RT preceptor, physicians, nurses, staff, and visitors.</p>

CLINICAL PRECEPTOR _____

{Please document further comments on back}



Clinical Practice ___ Physician Interaction

Students should seek out physician interaction whenever it is possible in order to learn the appropriate physician-therapist rapport. A point system has been created to encourage this behavior.

Students can earn a total of ___ points for Clinical Practice ___. The Scoring system key is listed below:

Type A	Type B	Type C	Type D
<p align="center">Patient Focused</p> <p><i>Individual, personal interaction with a physician relating to the management of a particular patient as it pertains to respiratory care. Included are actual procedures with a patient (ex: code blue, bronchoscopy, etc.) Also included are such activities as evaluations, diagnosis, treatment plan, and prognosis of a singular patient. Interaction may include discussion of indications, contraindications, and hazards associated with prescribed therapeutic procedures and medications for a single patient.</i></p>	<p align="center">Tutorial</p> <p><i>Individual one-on-one instruction related to clinical medicine or other areas pertinent to respiratory care. Included are activities such as formal or informal discussions, review of research or recent advanced in respiratory care, and practical demonstration of procedures or equipment without patient interaction.</i></p>	<p align="center">Small Group</p> <p><i>Formal or informal presentations such as in-service, seminars, continuing education meetings, case presentations, physician's rounds, etc. It is necessary for the presentation to be small enough for the physician conducting the session to be aware of who is in attendance.</i></p>	<p align="center">Large Group</p> <p><i>Formal educational experiences such as lectures or papers presented at professional meetings, conferences, seminars, etc. The size of the meeting would preclude significant audience participation.</i></p>
Type A 15 minutes = 1 point	Type B 15 minutes = 1 point	Type C 30 minutes = 1 point	Type D 60 minutes = 1 point

Hinds Community College Respiratory Care Technology Program

Clinical Practice ___ Physician Interaction Form

Must be placed in clinical evaluation box at end of each clinical shift.

Student: _____ Date: _____ Site: _____

Total Amount of Time of Physician Interaction			
<input type="checkbox"/> 15 minutes Type: _____	<input type="checkbox"/> 30 minutes Type: _____	<input type="checkbox"/> 45 minutes Type: _____	<input type="checkbox"/> 60 or > minutes Type: _____
Purpose of Interaction* *Refer to Key above			
Type A	Type B	Type C	Type D
<input type="checkbox"/> Patient Focused	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Small Group	<input type="checkbox"/> Large Group
Description of Interaction <i>Be specific with content and time spent during contact.</i>			

Student Signature: _____			
Therapist Preceptor Signature: _____			
Clinical Site Instructor: _____			



Hinds Community College Respiratory Care Technology Program
Ventilator Flow Sheet

Student: _____

Date: _____

Patient Diagnosis: _____

Ventilator: _____ RC Treatment Orders: _____

Time		0700		0900		1100		1300	
Patient Assessment									
E.T. Size (mm)/ Placement (cm)		E.T. Position (R, L, M)							
O ₂ Sat (%)		ETCO ₂ (mm Hg)							
Heart Rate (bpm)		Blood Pressure (mm Hg)							
Cuff Pressure (cm H ₂ O) {measured once at beginning of shift}									
Breath Sounds* (C, D, R, Rh, W)									
ABG's (obtain 1 set per shift)				pH	PaO ₂ (mm Hg)	SaO ₂ (%)	PaCO ₂ (mm Hg)	HCO ₃ (mEq/L)	
Interpretation									
Ventilator Parameters									
Ventilator Mode									
Set V _T (mL)		Patient V _T (mL)							
V _E (L/min)									
Set RR (bpm)		Patient RR (bpm)							
FiO ₂									
Flow (V) (L/min)									
I Time (sec)		I:E Ratio							
PIP (cm H ₂ O)		Plateau (cm H ₂ O)							
CPAP/PEEP (cm H ₂ O)		MAWP (cm H ₂ O)							
Pressure Support (cm H ₂ O)									
Heater Temperature (°C) Or HME									
Alarm Settings									
High Minute Volume (L)		Low Minute Volume (L)							
High Pressure (cm H ₂ O)		Low Pressure (cm H ₂ O)							
High FiO ₂		Low FiO ₂							
Patient Care Procedures									
SVN Or MDI									
Suction Pressure Used		Secretions* (L, M, S/ T, Th/ Cl, W, Bl, Br, Y)							
Eq. C/O: Vent Circuit									
Eq. C/O: HME/ Heated Humidifier									
Eq. C/O: Ballard Suction Catheter									
BVM Unit @ Bedside									

Critical Care SOAP Form – Use this form to prepare a comprehensive critical care report.

Chief Complaint: _____

History: _____

PATIENT DATA	OBJECTIVE (Cont.)	OBJECTIVE (Cont.)	OBJECTIVE (Cont.)
Gender:	Vital Signs: Temp	ABG's & Hemodynamics:	Airway:
Age:	P/HR Reg___ Irr___ Strength_ B/P ___	pH	Oral_____ Nasal_____
Date: Time:	<i>Attach ECG if Applicable</i>	PaCO ₂	ET tube_____ Taped_____
Admitting Dx:	RR: Reg___ Irr___ Pattern SpO ₂	HCO ₃	Trach_____ Size_____
Student Therapist:	Head & Neck	BE	Airway adjuncts:
Hospital:	Pupils:	PaO ₂	Ventilator: Mode_____
Occupation:	Central Cyanosis: Y N	SaO ₂	V _T _____
SUBJECTIVE:	Tracheal position:	Hb	Spont. V _T _____
Pain: Describe:	Level of Consciousness:	COHb	RR: Vent_____ Spont_____
Location:		MetHb	FiO ₂
Rate-(1-10 with 10 being worst)_____		CaO ₂	PEEP/CPAP
Dyspnea: describe		PAO ₂	Pressure Support
OBJECTIVE		(A-a)O ₂	Pressure Support V _T
Chest Assessment:		a/A O ₂	Flow Rate
Inspection: Use of Accessory Muscles		Interpretation:	PIP
Inspection: Chest Excursion	CXR:	% Shunt	P _{PLAT}
Auscultation:	Heart Sounds:	Cardiac Output	C _{DYN}
Palpation & Percussion:	Bedside Spirometry:	CVP	C _{STAT}
	PEFR: pre/post	PCWP	Alarms Set:
	SVC FVC NIF	PAP	
Blood Work: (include ALL relevant lab values)		Fully Interpret Hemodynamic Status	
Cough : Strong Weak	Oxygen:	Extremities:	
Sputum Production: Y N	Device/ Flow Rate/FiO ₂	Skin Temp: Color:	
Sputum Characteristics:	Humidity: Yes___ No___	Turgor:	

SpO ₂ :		Capillary Refill:	
Breathing Rx:		Clubbing:	
Type:		Edema:	Wounds:
Critical Care SOAP Form Continued			
Meds: (all current meds listed on MAR)		IV/IO/Arterial/CVP/PA Lines:	
ASSESSMENT		PLAN	
(Identify ALL abnormal assessment data and explain cause of abnormality)		Justify your plans based on identified cause of abnormal clinical data and the corrective measures needed to improve the patient's outcomes.	
PATIENT EDUCATION:			
Student Signature:			
Instructor Signature:			

