



# INAYA

INAYA MEDICAL COLLEGES  
كليات العناية الطبية الأهلية

## RESPIRATORY THERAPY PROGRAM INTERN'S INTERNSHIP MANUAL



RESPIRATORY THERAPY  
INAYA MEDICAL COLLEGES  
كليات العناية الطبية الأهلية

Revised July 2019

## I. STUDENT INFORMATION:

Intern Name: (Print) \_\_\_\_\_ ID No: \_\_\_\_\_  
Clinical Site: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
Date of 1st Day in Clinic: \_\_\_\_\_ Date of last Day in Clinic: \_\_\_\_\_  
RT Clinical Educator Name: \_\_\_\_\_

## II. INTRODUCTION:

The clinical staff of the Respiratory Therapy Program, Inaya Medical Colleges, welcome you to your internship rotation in respiratory therapy. During your internship rotation, you have the chance to apply what you have learned in the classroom and practiced in the laboratory and clinical rotation. During internship rotation, you will be primarily practicing and building proficiency of Respiratory Therapy modalities in general care areas, ER, critical care areas and diagnostic labs. However, as you progress throughout year rotation, you will be to perform more and more tasks independently under minimal supervision of your preceptor or clinical instructor.

It is important to remember that you will be working with and treating people. If you are to be successful in your clinical work you will have to exhibit a professional, empathetic and dedicated attitude towards the care you provide to patients under your responsibility, as well as, the respiratory therapy, nursing and medical staff.

At all times you must remember that you are a guest of the clinical facility and should, therefore, conduct yourself accordingly. You are a representative of the Inaya Colleges Respiratory Therapy Program at all times. People will judge you and other interns by your actions. Internship rotations are the beginning of your professional life. The clinical faculty and staff are always prepared to help you resolve any problems you may experience. We are interested in you and your success!

## III. INTERNS' LEARNING OUTCOMES & OBJECTIVES

### 1. Objective & Aim:

The internship program is designed to provide the ground for our graduates to incorporate their gained theoretical knowledge and concepts of respiratory therapy into practice in a clinical environment and under direct supervision, observation and guidance of well qualified clinical practitioners. This will shape their self-confidence & professional conduct through a well-organized clinical experience.

### 2. Intended learning Outcomes: upon successful completion of the internship program the graduates will be able to,

- 2.1. Employ and integrate his/her fundamental knowledge of respiratory care therapeutic and diagnostic modalities into clinical practice.
- 2.2. Perform respiratory care task with acceptable level of clinical competence and professionalism to the level outlined in the internship program competency list.
- 2.3. Demonstrate competent & safe clinical practice and patient care for all different patients' populations & in all areas where respiratory care services are provided.
- 2.4. Demonstrate a comprehensive understanding of respiratory care department and hospital organization structure.
- 2.5. Demonstrate a comprehensive understanding of role & responsibilities of respiratory care practitioners and the national laws and regulations governing their clinical practice.

## IV. INTERNSHIP PROGRAM DURATION & CLINICAL ROTATION PLAN

1. The internship duration is 52 weeks for regular students and 32 for bridging students.
2. the following plan outlines the proposed clinical rotation which can be modified based on the clinical site training policy.

Area/Unit	No. of Weeks Regular Student	No. of Weeks Bridging Student
Orientation	1	1
Respiratory Care Equipment & CSSD	4	2
General Care (Adult & Pediatric)	8	5
Emergency Room	4	2
Adult Critical Care	14	8
Pediatrics & Neonatal Critical Care	14	8
Diagnostic Labs (PFT Lab, Sleep Lab, ABG Lab, & Bronchoscopy)	3	2
Operating Room	2	2
<b>Total</b>	<b>50</b>	<b>30</b>

3. Each of the clinical rotation period listed above has four proposed phases unless the clinical site policies & regulation has different plan. The three phases are:
  - ✓ Phase One: count for 10% of the time given, for observation only
  - ✓ Phase Two: count for 20% of the time given, intern will handle 2 patients with close supervision
  - ✓ Phase Three: count for 20% of the time given, intern will handle full load with supervision
  - ✓ Phase Four: count for 50% of the time given, intern will handle full load with minimal supervision

## V. ATTENDANCE, LEAVES, & VACATIONS POLICIES

1. The intern attendance is monitored by RT department in the clinical site.
2. The RT department in the clinical site is required to inform the RTS clinical education office if intern misses 3 clinical days in row. Makeup days to be arranged by RT department in the clinical site.
3. If intern misses 6 clinical days in a row, will result in dismissal from the internship program. Missing 12 days throughout internship is grounds for dismissal as well. A new internship arrangement will then be made for the intern. All resulted financial requirements will be covered by the intern.
4. The intern is entitled to two weeks' vacation during the internship period.
5. The intern is entitled of 5 working days' emergency leave, the clinical site, RTS program director and college Dean's approval are required.
6. Maternity & marriage vacation will be arranged in compliance with the college policy and clinical site policy.

## VI. INTERNSHIP MONITORING SYSTEM

1. Student Time Clock (attendance):
  - ✓ The intern is responsible for using the Time Sheets provided by the clinical affiliate to clock in and out of their clinic rotations upon arrival to and before leaving.
  - ✓ Clinical attendance/absences must be documented daily.

- ✓ The intern must inform clinical affiliate of his/her absence ahead of time. Failure to do so will result in being absent for the clinical day and requirement to make up missed days.
- ✓ Interns with repeated absence and lateness will be counseled by clinical affiliate and maybe reported to Respiratory Therapy program at Inaya Medical College for further action.

## VII. GENERAL CODE OF CONDUCT

1. Interns are expected to show initiative in seeking learning opportunities.
2. Comments or criticisms regarding hospital policy, procedure, or personnel are to be discussed in confidence with the program administration/clinical faculty.
3. The intern is expected to respect the rights of the patient. Any behavior against this respect leads to removal from the clinical setting that day. This will be treated as an unexcused absence.
4. Each intern in each clinical affiliate is expected to adhere to special hospital or departmental policies regarding the behavior and activity of interns.
5. Interns should not use hospital telephones in clinical areas for personal use.
6. Interns are expected to conduct themselves in a professional manner at all times.
  - 6.1 Unprofessional conduct lead to dismissal from the clinical site and may result in dismissal from the program (for example, including but not limited to: unauthorized use of legal or illegal pharmaceuticals, smoking, verbal abuse, and negligence)
7. Food and drink are permitted in designated areas only.
8. Use of tobacco, in any form, is not permitted in the clinical affiliate. Interns who use tobacco will not carry these materials into their clinical affiliates.
9. Use of personal communication devices, (such as pagers, cellular phones and personal digital assistants) in any clinical affiliate while in patient care areas, including hallways and elevators, is strictly prohibited. Personal wireless ear pieces and Bluetooth devices should not be worn or used in patient care areas.
10. Interns and program faculty engaged in clinical activities in the Respiratory Therapy Program are guests in the clinical affiliates of the Program.
11. **Interns found in violation of this code of conduct are subject to immediate disciplinary action. Interns are expected to display maturity and professional manner while in the clinical affiliate. Interns may be dismissed from the Clinical Affiliate for any of the following reasons:**
  - 11.1 Failure to comply with affiliate policy or program policy.
  - 11.2 Disrespect displayed toward program faculty, staff, clinical faculty/preceptors, fellow interns, patients, and/or visitors.
  - 11.3 Use of inappropriate language (verbal, non-verbal, or written).
  - 11.4 **If an intern is dismissed from clinical affiliate site for any of the above reasons:**
    - 11.4.1 He/she will not be permitted to reenter the internship program until a counseling session has been held with the clinical faculty and program administration.
    - 11.4.2 A formal clinical contract may be initiated.
    - 11.4.3 Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be treated according to the Attendance Policy, Makeup Policy, and grading effects as outlined in each clinical course syllabus.

## VIII. DRESS CODE

RT program interns should adhere to IMC RTS PROGRAM CLINICAL POLICIES AND PROCEDURES regarding the dress code as following:

### **The clinical uniform consists of the following:**

1. Dress code is to comply with Islamic requirements & clinical affiliate sites regulations.
2. Clean white (knee length) lab coat that is free of wrinkles. (Lab jackets are unacceptable.)
3. Scrub suit uniform of good fit (not too tight and not too baggy) and color blue (unless clinical affiliate site have a specific scrub color requirements) will be worn for all affiliated clinical sites.
4. All scrubs should fit properly and be clean, neat and without missing buttons, loose hems, rips or tears.
5. Clothing should not appear too tight, to baggy, faded, or in need of repair.
6. A solid white (male & female) or black (female) crew neck or V-neck undershirt is permitted under scrub tops. Colored t-shirts or polo neck are not appropriate.
7. Undershirts should be only minimally visible at the neckline and should not extend past the scrub top hem.
8. Female are to cover head and face (if they chose to). Both covers should neat and not loose with attention to safety or infection-control issue.
9. Shoes must be all white or black leather or imitation leather with enclosed heel and toe. All white or black athletic shoes are acceptable
10. Shoes should be clean, polished and in good condition. Socks are required at all times.
11. College student ID and clinical site ID (if provided) badge must always be worn on the outer-most layer of clothing and above the waist. Remove your badge when outside the campus or your assigned clinical affiliate.

### **The personal appearance and hygiene in clinical activities:**

1. The hair style chosen must be neat and well groomed.
2. Unless hair is cut short enough to remain close to the head and off the collar, it must be pulled away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face.
3. Mustaches, beards, goatees and other styles of facial hair are acceptable as long as they are neatly trimmed and do not present an unpolished appearance.
4. If makeup is worn, it should be applied in a smooth, blended manner. Over use of makeup is not acceptable.
5. Fingernails should not exceed one-fourth of an inch beyond the tip of the finger. Artificial nails and tips are not allowed. Nail polish if worn should be clear, as colored polish may obscure the area underneath the tip of nail, reducing the likelihood of careful cleaning.
6. Jewelry should not be worn if it interferes with equipment or job function or is an infection-control issue. Wedding rings may be worn.
7. Eyeglasses that prevent your eyes from being seen hamper interpersonal communication and are not allowed unless a documented medical exception is obtained. Sunglasses are not allowed at all times inside clinical sites.
8. Interns must maintain good personal hygiene, including but not limited to good oral hygiene.
9. Interns are asked to use an antiperspirant or deodorant. The use of heavily scented products is not permitted.
10. Interns should not smell with offensive odors, including cigarette smoke.
11. Colognes, after-shave, perfumes, etc. should not be worn in the clinical setting. It is strongly recommended that other personal care products such as antiperspirant and hairspray be unscented.

### **Failure to comply will result in:**

1. Interns not in compliance with the Dress Code will be dismissed from clinical until discrepancies have been corrected.
2. Dismissal exceeding 30 minutes constitutes an unexcused absence and will be treated as outlined in the clinical attendance policy.

## **IX. SAFETY TRAINING & INJURY DURING CLINICAL ROTATION**

### **Safety Training:**

Before starting your clinical rotations your clinical instructor will arrange safety training, which complies with each clinical affiliate's safety policy. You are required to attend this training, failure to attend will delay the start of your clinical rotation.

### **Injury during Clinical Rotations:**

Injuries such as a: needle stick, falling, exposure to bodily fluids, small cuts, exposure to contaminated fluids, etc. WILL BE HANDLED IN COMPLIANCE WITH IMC RTS PROGRAM CLINICAL POLICIES AND PROCEDURES as following:

1. An intern who is injured in the clinical setting should immediately notify program clinical faculty/instructor. Follow the clinical affiliate's injury policy.
2. Clinical faculty and Program Director should be informed.
3. A written summary of the incident and care rendered will be submitted and a hard copy placed in the intern's permanent file.
4. Clinical faculty and Program Director may excuse any clinical time missed after discussion with clinical affiliate if make-up is needed.

## **X. CLINICAL EVALUATION & COMPETENCIES LIST**

1. The required competencies and evaluation system are structured based on the following references and compliance with the college policy:
  - ✓ American Association for Respiratory Care (AARC) Orientation & Competency Assurance Manual, 2nd Edition, 2011.
2. The clinical evaluation will be conducted at the end of each clinical area listed in the clinical rotation plan as following:
  - ✓ Orientation Checklist Form
  - ✓ Competency Evaluation Summary Form
  - ✓ Student Affective Evaluations

3. The competencies list:

<b>Competency list</b>	
<p><b>Respiratory Care Department Safety and Infection Prevention</b></p> <p>1) Form B-1 Safety Orientation Checklist</p> <p>2) Form B-2 Infection Prevention Orientation Checklist</p> <p><b>Respiratory Care Department Orientation</b></p> <p>3) Form C-1 Documentation of Department Orientation</p> <p>4) Form C-2 Review of Hospital Mission</p> <p>5) Form C-3 Age Specific Competencies</p> <p>6) Form C-4 Respiratory Care Information Management</p> <p><b>General Medical Surgical Care</b></p> <p>7) Form D-1 General Medicine/Surgical Care Orientation Check List</p> <p>8) Form D-2 Patient Assessment</p> <p>9) Form D-3 Pulse Oximetry</p> <p>10) Form D-4 Supplemental Oxygen Therapy: System Set-Up</p> <p>11) Form D-5 Aerosol Administration: System Set-Up</p> <p>12) Form D-6 Hand-Held Nebulizer</p> <p>13) Form D-7 Chest Physiotherapy</p> <p>14) Form D-8 Incentive Spirometry</p> <p>15) Form D-10 Nasotracheal Suctioning</p> <p>16) Form D-11 High Flow Humidified Oxygen</p> <p>17) Form D-12 High Frequency Chest Wall Oscillation</p> <p>18) Form D-13 Hyperinflation Therapy</p> <p>19) Form D-14 Positive Expiratory Pressure (PEP) Therapy</p> <p>20) Form D-17 Adult CPAP</p> <p>21) Form D-18 Non-Invasive Positive Pressure Ventilation (BIPAP)</p> <p>22) Form D-19 General Medical/Surgical Care Competency Evaluation Summary</p> <p><b>Adult Critical Care</b></p> <p>23) Form E-1 Adult Critical Care Orientation Checklist</p> <p>24) Form E-2 Mechanical Ventilation System Set-Up</p> <p>25) Form E-3 Oral Endotracheal Intubation</p> <p>26) Form E-4 Extubation of Artificial Airway</p> <p>27) Form E-5 Ventilator Circuit Change</p> <p>28) Form E-6 Mechanical Ventilation Setting Adjustments</p> <p>29) Form E-7 Adult Ventilator Monitoring: Patient/System Check</p> <p>30) Form E-8 Artificial Airway Care</p> <p>31) Form E-9 Spontaneous Mechanics</p> <p>32) Form E-10 Arterial Line Set-up</p> <p>33) Form E-11 Suctioning of Artificial Airway</p> <p>34) Form E-12 Tracheostomy Tube Replacement</p> <p>35) Form E-15 Continuous Nebulization</p> <p>36) Form E-16 Assisting Percutaneous Tracheotomy</p> <p>37) Form E-17 Ventilator Management</p> <p>38) Form E-19 Artificial Airway Stabilization Device</p> <p>39) Form E-20 Heliox Administration</p> <p>40) Form E-21 Ventilator Mode Modification</p> <p>41) Form E-22 Transport Ventilator Set-Up</p> <p>42) Form E-24 Adult Critical Care Competency Evaluation Summary</p> <p>43) Form H-20 RC Role in Ventilator Bundle: Spontaneous Breathing Trial (SBT) and Weaning</p>	<p>49) Form F-5 Nasal/ET CPAP System Set-Up</p> <p>50) Form F-6 Capillary Blood Gas Sampling for Neonatal Patients</p> <p>51) Form F-7 Suctioning of Neonatal/Pediatric Artificial Airway</p> <p>52) Form F-8 Neonatal/Pediatric Patient Assessment</p> <p>53) Form F-9 Surfactant Administration</p> <p>54) Form F-10 Transcutaneous Monitoring System Set-Up</p> <p>55) Form F-11 Small Particle Aerosol Therapy (SPAG) System Set-Up</p> <p>56) Form F-12 Supplemental Oxygen Therapy – Oxygen Tent System Set-Up</p> <p>57) Form F-13 Aerosol Drug Administration</p> <p>58) Form F-14 Nitric Oxide Administration</p> <p>59) Form F-15 NeoPuff™ T-Piece Resuscitation Device</p> <p>60) Form F-16 High Frequency Oscillatory Ventilation – Neonatal/Pediatric</p> <p>61) Form F-17 Neonatal/Pediatric Competency Evaluation summary</p> <p><b>Diagnostic Testing</b></p> <p>62) Form G-1 Diagnostic Testing Orientation Checklist</p> <p>63) Form G-2 Electrocardiogram</p> <p>64) Form G-3 Bronchoscopy Assisting</p> <p>65) Form G-4 Blood Gas Analysis: Fully Automated</p> <p>66) Form G-5 Bedside Spirometry</p> <p>67) Form G-6 Pulmonary Functioning Testing</p> <p>68) Form G-7 Arterial Puncture for Blood Gas Analysis</p> <p>69) Form G-8 Blood Gas Sampling: Arterial line</p> <p>70) Form G-10 Radial Arterial Line Insertion</p> <p>71) Form H-1 Polysomnography</p> <p>72) Form G-13 Diagnostic Testing Competency Evaluation Summary</p> <p><b>Electives</b></p> <p>1) Form G-9 Metabolic Testing</p> <p>2) Form G-12 ABG Machine Maintenance</p> <p>3) Form H-2 Polysomnography with CPAP Titration</p> <p>4) Form H-3 Auto-Titrating CPAP</p> <p>5) Form H-4 Multiple Sleep Latency Test</p> <p>6) Form H-5 Overnight Pulse Oximetry Study</p> <p>7) Form H-8 Pulmonary Rehab Development of Individualized Treatment Plan</p> <p>8) Form H-9 Pulmonary Rehab Individual Exercise Session</p> <p>9) Form H-10 Pulmonary Rehab Breathing Retraining and Patient Education</p> <p>10) Form H-11 Pulmonary Rehab Group Exercise Session</p> <p>11) Form H-12 Pulmonary Rehab Program operation of Equipment and Supplies</p> <p>12) Form H-13 Pulmonary Rehab Program Patient Outcomes Assessment</p> <p>13) Form H-14 COPD Disease Navigator: Acute Care</p> <p>14) Form H-15 COPD Disease Navigator: Initial Assessment of COPD Patient</p> <p>15) Form H-16 Asthma Education</p>

44) Form H-18 Early Mobilization of Ventilator Patient Neonatal/Pediatric Respiratory Care  
45) Form F-1 Neonatal/Pediatric Orientation Checklist  
46) Form F-2 Supplemental Oxygen Therapy – Oxygen Hood System Set-Up  
47) Form F-3 Neonatal/Pediatric Patient/Ventilator System Check  
48) Form F-4 Neonatal/Pediatric/Mechanical Ventilator System Set-Up

16) Form H-17 Allergy Skin Testing  
17) Form H-19 Rapid Response Team  
18) Form H-22 Exercise Treadmill Stress Testing  
19) Form H-23 Exercise Treadmill Stress Test  
20) Form H-24 Vascular Ultrasound for Arterial Puncture  
21) Form H-25 Medication Storage Machine  
22) Form H-26 RC Consult: Assess and Treat Protocol

## **XI. INTERNSHIP COMPLETION REQUIREMENTS**

1. The intern is required to complete minimum of 80% of the listed competencies for each clinical area.
2. The intern is required to have ACLS certificate during or by the end of internship period.
3. The intern is required to complete the program field experience survey.
4. The intern attend the license preparation course conducted by the RTS program.
5. The intern is required to submit a letter(s) of completion from clinical site(s).



# INTERNSHIP AREA TRACKING & EVALUATION FORMS



RESPIRATORY THERAPY

---

INAYA MEDICAL COLLEGES  
كليات العناية الطبية الأهلية

## Respiratory Therapy Department Orientation

### Safety Orientation Checklist

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

A = Acceptable    U = Unacceptable    N/A = Not Applicable	A	U	N/A
<b>Annual Safety Education</b>			
Explains frequency of safety inservices/required sessions.			
Discusses actions for incomplete required safety/annual education.			
<b>Biomedical/Equipment Repairs</b>			
Explains correct process for notification of broken equipment.			
Identifies process for notification if shocked by electrical equipment.			
States notification procedures/actions if patient harmed by equipment.			
<b>Chemical Hazards</b>			
Identifies chemicals /hazardous materials in department.			
Identifies procedure and contact for chemical spill.			
Locates Material Safety Data Sheets (MSDS) information.			
States contact for replacement/addition of MSDS sheets.			
<b>Disaster Plans/Evacuation</b>			
Identifies the location of evacuation, disaster, and emergency plans.			
Locates the safe zone for department staff if evacuation ordered.			
Cites duties and response for disaster notification while at work.			
Cites duties and response for disaster notification while at home.			
<b>Fire Safety</b>			
Identifies location of closest fire extinguisher.			
Identifies location of closest fire hose.			
Explains the operation of a fire extinguisher.			
Locates the closest fire alarm pull station.			
Identifies action of oxygen supporting combustion in a fire.			
States policy for RT closing oxygen zone valves during fire.			
<b>General Safety Items</b>			
Identifies electrical devices not appropriate in patient care.			
Explains functions of red electrical outlet as backup power during outage.			
States policy for RT to use red outlet for life support equipment.			
States frequency per policy for checking clinical alarms.			
Identifies types of safety signs and necessary actions.			
Explains how to report an accident to patients, visitors and staff.			
<b>Medical Gas</b>			
Demonstrates replacement of a tank regulator and gasket.			
Identifies location of gas cylinders and segregation of empty and full tanks.			
States policy for tank replacement during patient transport.			
Explains policy for the replacement of broken gas regulators.			
<b>MRI Unit Patient Safety</b>			

Ensures all RT equipment is MRI compatible.			
Identifies MRI tech as resource for questions about safety.			
Explains code response for MRI area.			
<b>Rapid Response Team and Emergency Codes</b>			
Describes the role of Respiratory Therapist in Rapid Response Teams.			
Cites the criteria for Rapid Response Team notification.			
Describes the role of Respiratory Therapist in code teams.			
Cites the criteria for Code Team notification.			
<b>Security</b>			
Identifies criteria for notifying security.			
Describes the reporting process for workplace violence.			
Explains policy for unit lock down during a security event.			
<b>Sharps Safety</b>			
Explains correct procedure for sharps disposal.			
Cites policy for not recapping needles and use of needle protection device.			
<b>By my signature below, I understand the orientation information above</b>			
			Date
Intern Name:			
Evaluator Name:			

## Infection Prevention Orientation Checklist

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b>	<b>U = Unacceptable</b>	<b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
<b>Handwashing/Disinfection</b>					
Explains proper handwashing technique.					
Explains significance of handwashing and hand sanitizers.					
Identifies personnel responsible for refilling hand sanitizers.					
Explains significance of foam-in when entering and foam out when exiting.					
<b>Isolation Procedures</b>					
Cites different types of isolation procedures.					
Identifies signage associated with different isolation procedures.					
Cites the indications for negative pressure rooms.					
Differentiates between a dirty and clean utility rooms for equipment storage.					
<b>Personal Protective Equipment (PPE)</b>					
Explains indications for N-95 respirator.					
Explains indications for Powered Air Purifying Apparatus (PAPR).					
Identifies storage location for PPE's.					
Utilizes PPE for suspected TB patients, and procedures producing cough.					
Demonstrates proper operation of both N-95 and PAPR.					
<b>Reusable Equipment</b>					
Explains policy for cleaning/disinfection of reusable patient equipment.					
Identifies proper storage location for reusable patient equipment.					
Cites the difference between reusable and single patient use items.					
Explains policy for cleaning/disinfecting life support equipment.					
Cites policy for cleaning and setting up ventilators after use.					
<b>Infection Control General Items</b>					
Explains why linen needs to be covered.					
Explains needs for closing windows in a facility.					
Identifies proper disposal of blood samples/body fluids.					
Explains procedure for accidental exposure to blood and body fluid.					
<b>Prevention of Ventilator Associated Pneumonia (VAP)</b>					
Explains need for not storing Manual Bags in bed with patient.					
Explains avoidance of routine replacement of ventilator circuits.					
Cites policy for minimizing circuit disconnections.					
Cites policy for maintaining head of bed between 30-45 degree angle.					
<b>Prevention of Respiratory Infections</b>					
Explains policy for air drying/storage of small volume nebulizers in bag.					
Cites policy for saline lavage during suctioning.					
Ensures suction catheters are rinsed with sterile fluid.					
Ensures only sterile water is used to humidify inspired gas.					
Cites policy for not using cool mist room humidifiers.					
Ensure single patient use nebulizers are used for aerosol therapy.					
<b>By my signature below, I understand the orientation information above.</b>					

		Date
Intern Name:		
Evaluator Name:		

## Documentation of Department Orientation

Please place an "x" in the column that best describes the intern's level with each skill.

A = Acceptable    U = Unacceptable    N/A = Not Applicable	A	U	N/A
<b>General Hospital Orientation</b>			
Hospital tour completed.			
Introduction to staff and mentor as well as "plan" for orientation.			
Establishment of passwords completed.			
Meals and break times reviewed.			
Dress and appearance reviewed.			
Locker and mailbox assignments completed.			
Role description signed and performance evaluation method described.			
<b>General Office Tasks</b>			
Review of clocking in and out procedures as well as time system.			
Explanation of communication systems e-mail, phone, beeper and paging.			
Tube system operation reviewed.			
Material management methods.			
Performance Improvement models and methods understood.			
<b>Policy and Procedure</b>			
Review of departmental policies and procedures and location.			
Review of infection control policy.			
Disaster codes/ bomb threats.			
Fire and Safety Plan.			
Hazardous materials/Material Safety Data Plan.			
<b>Department Specific</b>			
Departmental organizational chart and structure reviewed.			
Shift responsibilities reviewed.			
Respiratory equipment review and sign off's.			
Ventilator tutorial.			
Intubation review.			
ABG lab orientation.			
Fit testing completed.			
BLS/ACLS/PALS documentation.			
Respiratory Care daily assignments and patient worklists.			
<b>Computer Access</b>			
Computer system reviewed.			
Computer documentation.			
Computer downtime methods.			
Patient Positive Identification Devices (Barcoding).			
<b>Floor Access</b>			
Automated medication passwords and training.			
<b>Date</b>			
Intern Name & Signature: _____			
Evaluator Name & Signature: _____			

## Age-Specific Competencies

Intern Name: \_\_\_\_\_

Educator: \_\_\_\_\_

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

### Part I: Interpersonal Communications

Stage	Ages	Competency	Criteria
Infant	Birth to 17 months Verification: Demonstrates and verbalize knowledge	* Therapist Assist parents to identify and meet needs.	* Explains procedure to parents/guardian. * Maintains good eye contact with parent/guardian and neonate. * Provides safe environment.
Child	18 months to 11 years Verification: Demonstrates and verbalize knowledge	* Safety and risk-taking strategies must be balanced to permit growth. * Provide opportunities for play and social activity. * Recognize and support child's achievement.	* Explains procedure. * Provides safe environment. * Set limits. * Age appropriate toys, books. * Provide positive reinforcement for good behavior, i. e. stickers. * Develop trust. * Positive reinforcement after task completion.
Adolescent	12 to 17 years Verification: Demonstrates and verbalize knowledge	* Assist adolescents to develop coping behaviors. * Help adolescents develop strategies for resolving conflict.	* Explains procedure. * Maintains privacy. * Encourages adolescents to verbalize concerns to appropriate resources.
Adult	18 to 60 years Verification: Demonstrates and verbalize knowledge	* Accepts adults' chosen lifestyle. * Assist clients.	* Explains procedure. * Allow person time verbalize concerns.
Geriatric	61 and older Verification: Demonstrates and verbalize knowledge	* Assist clients physically and psychosocially to navigate the hospital environment. * Assist clients to cope with loss, e.g., hearing, eyesight, death of loved one. * Provide necessary safety measures.	* Explains procedure. * Safe environment. * Acknowledges spiritual concerns. * Seeks appropriate resources.

### Part II: Documentation

<b>Infant</b>	<b>Birth to 17 months</b>	Demonstrates and verbalizes knowledge
<b>Child</b>	<b>18 months to 11 years</b>	Demonstrates and verbalizes knowledge
<b>Adolescent</b>	<b>12 to 17 years</b>	Demonstrates and verbalizes knowledge
<b>Adult</b>	<b>18 to 60 years</b>	Demonstrates and verbalizes knowledge
<b>Geriatric</b>	<b>61 years and over</b>	Demonstrates and verbalizes knowledge

Comments: \_\_\_\_\_

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

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

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

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

**RESPIRATORY THERAPY  
CLINICAL PERFORMANCE EVALUATION**

<b>Intern:</b>	<b>Procedure: Respiratory Care Information Management</b>			
<b>Date:</b>	<b>Setting:</b>			
___ Patient ___ Manikin ___ Simulated Patient/Test Lung	Age-Specific Patient Type: ___ Infant ___ Pediatric ___ Adolescent ___ Adult ___ Geriatric			
<b>Please place an "x" in the column that best describes the intern's level with each skill.</b>				
<b>A = Acceptable      U = Unacceptable      N/A = Not Applicable</b>		<b>A</b>	<b>U</b>	<b>N/A</b>
<b>Preliminary Steps</b>				
Obtains appropriate approvals, login, and passwords for computer system access.				
Correctly logs into computer and enters appropriate password.				
Accesses worklist.				
Reviews current orders for Respiratory Care.				
Correctly updates/modifies orders (d/c, adds new order, updates worklist).				
Correctly enters order for protocols (oxygen, RC consult, non-invasive ventilation, ventilator management.)				
Accesses EMAR to verify current orders for medications.				
Enters appropriate documentation for Respiratory Care procedures.				
Enters appropriate charge for Respiratory Care procedures.				
Accesses multi-disciplinary plan of care.				
Enters appropriate documentation for patient/family education.				
Accesses lab values, chest radiograph, history and physical information, diagnostic test results.				
Reviews appropriate forms for downtime procedures.				
Reviews procedure for new order notification.				
Completes documentation for HIPPA training and business use of information system.				
<b>Documentation and Records</b>				
Completes documentation in patient record.				
Effectively communicates results to other members of healthcare team.				



**General Medical Surgical Care**

**RESPIRATORY THERAPY**

**General Medical/Surgical Care Orientation Checklist**

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b>	<b>U = Unacceptable</b>	<b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
<b>Geographic Location</b>					
Floor Geography					
Staff Introductions (Team)					
Clean Utility					
Soiled Utility					
Charting Area and Computers					
Code Blue Cart					
Medication Storage Area					
Personal Protective Equipment					
Oxygen Storage					
Respiratory Care Supply and Storage					
<b>Documentation and Communication</b>					
Charts					
System for Doctor Signature and Order Process Notification					
Unit Specific documentation					
Phones					
Office Supplies					
Downtime Special Documentation Forms					
Patient Education Material					
<b>Medication</b>					
Medication Refrigerator					
Automated Medication Dispensing Devices					
<b>Safety</b>					
Fire Extinguishers					
Oxygen Shutoff Values					
Sharps Container					
Emergency Exits					
<b>By my signature below I understand the orientation information above</b>				Date	
Evaluator Name:					
Intern Name:					

**RESPIRATORY THERAPY  
COMPETENCY EVALUATION SUMMARY  
General Medical/Surgical Care**

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b>	<b>U = Unacceptable</b>	<b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
Patient Assessment					
Pulse Oximetry					
Supplemental Oxygen Therapy: System Set-Up					
Aerosol Administration: System Set-Up					
Hand-Held Nebulizer					
Chest Physiotherapy					
Incentive Spirometry					
High Flow Humidified Oxygen					
High Frequency Chest Wall Oscillation					
Positive Expiratory Pressure (PEP) Therapy					
Adult CPAP					
Non-Invasive Positive Pressure Ventilation (BiPAP®)					

Evaluator Name: \_\_\_\_\_

Intern Name: \_\_\_\_\_

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

### CLINICAL AFFECTIVE EVALUATION

Affective Evaluations are intended to be completed twice 1st at week 4 or 5 and 2nd at the last week of the clinical rotation

Student Name: \_\_\_\_\_ St ID Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Clinical Instructor: \_\_\_\_\_ Clinical Site: \_\_\_\_\_ Area: \_\_\_\_\_

Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.

#### Appearance

	5	4	3	2	1	NA
<b>1 Professional appearance (cleanliness, grooming and proper attire).</b>						
Always exceptionally neat and well groomed. Always wears appropriate attire.	Appearance is consistently appropriate and wears appropriate attire.	Is usually neat and well groomed. Usually wears appropriate attire.	Appearance is occasionally less than appropriate	Appearance is rarely appropriate.		Not Observed

#### Dependability / Reliability

<b>2 Attendance</b>						
Never Absent		Rarely absent but informs appropriate personnel			Absent repeatedly and neglects to inform appropriate personnel	Not Observed
<b>3 Arrives to work prepared and on time.</b>						
Always arrives on time and prepared	Regularly arrives on time and prepared	Is seldom late or unprepared, but notifies appropriate	Is periodically late or unprepared	Is frequently late and unprepared		Not Observed
<b>4 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)</b>						
Is always dependable and skillfully completes tasks	Is very dependable and completes tasks	Is dependable and accomplishes tasks with minor assistance	Somewhat dependable and is inconsistent in completing tasks	Is rarely dependable and has difficulty completing tasks		Not Observed

#### Interpersonal Relations / Communications

<b>5 Functions effectively as a member of the healthcare team</b>						
Excellent team worker, effectively consults, integrates and shares information with team members	Very good team worker, relates well to team members and usually consults and shares information	Good team worker, consults and shares information with team members when encouraged	Poor team worker, rarely consults or shares information with team members	Not a team player, doesn't know when to consult or share information with team members		Not Observed
<b>6 Contributes to a positive environment within the department (likable, friendly, helpful, loyal)</b>						
Exceptionally friendly, helpful, loyal and always speaks with good purpose	Consistently friendly, helpful, loyal and usually relates well with personnel	Usually friendly, relates well with other personnel the majority of the time	Sometimes moody or unfriendly, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction		Not Observed
<b>7 Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)</b>						
Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	Usually accepts guidance or direction, frequently improves behavior	Sometimes willing to accept direction, rarely modifies behavior	Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior		Not Observed
<b>8 Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).</b>						
Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and	Consistently shows concern and support of others, usually anticipates and attends to the patient's and family's needs for comfort and help	Usually concerned for and supportive of others, reasonably aware of and attentive to patient's and family's needs for comfort and help	Seldom shows concern or interest in others, inconsistent in attending to patient's and family's needs for comfort and help	Selfish, sometimes inconsiderate or rude, unaware of patient's needs or insensitive to patient's or family's feelings		Not Observed
<b>9 Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).</b>						
Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises	Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict	Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict		Not Observed
<b>10 Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).</b>						
Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality	Consistently communicates important information; regularly ensures confidentiality	Usually communicates in a thorough manner; ensures confidentiality	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality	Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality		Not Observed

#### Quality of Work

<b>11 Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).</b>						
Plans ahead, always works efficiently and manages time wisely	Completes assigned tasks in a timely fashion, and seldom needs direction	Completes assigned tasks, needs occasional direction	Inconsistent in completing tasks and needs help in prioritizing work	Rarely completes assigned tasks, wastes time and needs constant assist. and direction		Not Observed
<b>12 Is self-directed and responsible for his/her actions.</b>						
Is self-directed and manages work responsibly	Needs minimal amount of supervision and accepts responsibility	Needs normal amount of supervision and usually accepts responsibility	Requires frequent direction and has difficulty assuming responsibility	Requires constant supervision and dodges responsibility		Not Observed
<b>13 Confident in abilities, exercises good judgement and maintains composure in stressful situations.</b>						
	5	4	3	2	1	NA
Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations	Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations	Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful	Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care	Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care		Not Observed
<b>14 Participates in educational activities that enhance clinical performance.</b>						
Readily initiates learning activities and participates willingly in learning activities	Sometimes initiates learning activities and participates willingly in learning activities	Participates willingly in learning activities	Participates willingly in learning activities when prompted	Participates only with encouragement from Instructor or Supervisor		Not Observed

Please write any additional summative comments for this student here:

Overall Comment Box

Instructor Signature

## Adult Critical Care

### RESPIRATORY CARE Adult Critical Care Orientation Checklist

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

A = Acceptable    U = Unacceptable    N/A = Not Applicable	A	U	N/A
<b>Geographic Location</b>			
Floor Geography			
Staff Introductions (Team)			
Clean Utility			
Soiled Utility			
Charting Area and Computers			
Code Blue Cart			
Medication Storage Area			
Personal Protective Equipment			
Oxygen Storage			
Respiratory Care Supply and Storage			
<b>Documentation and Communication</b>			
Charts			
System for Doctor Signature and Order Process Notification			
Unit Specific documentation			
Phones			
Office Supplies			
Downtime Special Documentation Forms			
Patient Education Material			
<b>Medication</b>			
Medication Refrigerator			
Automated Medication Dispensing Devices			
<b>Safety</b>			
Fire Extinguishers			
Oxygen Shutoff Values			
Sharps Container			
Emergency Exits			
<b>Emergency Department</b>			
ED specific order entry and documentation			
ED disease specific protocols			
1. Trauma			
2. Respiratory Distress Protocol			
COPD			
Asthma			

Pneumonia			
3. Cardiac			
Cardiac Arrest			
MI			
CHF			
4. Pediatric Emergencies			
Ventilator Management Protocol			
ED specific disaster planning/protocol			
Patient Transport (Oxygen/Bag Mask Resuscitator/Ventilator/NPPV)			
Difficult Airway management and equipment			
<b>Medical Surgical ICU</b>			
Medical Surgical ICU specific order entry and documentation			
Medical Surgical specific protocols			
1. Bronchial Hygiene Protocol			
2. Lung Expansion Protocol			
3. Ventilator Management Protocol			
4. Oxygen Protocol			
5. NPPV/CPAP protocol			
6. Special procedure			
Lung protective strategies			
High Frequency Oscillatory Ventilation			
Inverse ratio ventilation strategies			
Early mobility of ventilator patients			
Ventilator Bundle and VAP prevention			
Pressure ulcer prevention strategies			
Nitric Oxide delivery			
Patient Transport (Oxygen/Bag Mask Resuscitator/Ventilator/NPPV)			
Difficult Airway management and equipment			
Noninvasive monitoring (ECG, ETCO2, SO2)			
Disease Specific (CVA, Chest Trauma, Respiratory Failure/ARDS)			
(Traumatic Head Injury, Atelectasis, Spinal Cord Injury)			
<b>Neuro/Trauma Intensive Care Unit</b>			
Neurotrauma ICU specific order entry and documentation			
Neurotrauma specific protocols			
1. Bronchial Hygiene Protocol			
2. Lung Expansion Protocol			
3. Ventilator Management Protocol			
4. Oxygen Protocol			
5. NPPV/CPAP protocol			
6. Special procedure			
Lung protective strategies			
High Frequency Oscillatory Ventilation			
Inverse ratio ventilation strategies			
Early mobility of ventilator patients			

Ventilator Bundle and VAP prevention			
Pressure ulcer prevention strategies			
Nitric Oxide delivery			
Noninvasive monitoring (ECG, ETCO2, SO2)			
Patient Transport (Oxygen/Bag Mask Resuscitator/Ventilator/NPPV)			
Invasive Monitoring (Intracranial Pressure Monitoring, Arterial Line)			
Difficult Airway management and equipment			
Disease Specific (CVA, Chest Trauma, Respiratory Failure/ARDS)			
(Traumatic Head Injury, Atelectasis, Spinal Cord Injury)			
<b>Cardio/Thoracic Intensive Care Unit</b>			
Cardiovascular Intensive Care Unit specific order entry and documentation			
Cardiovascular Intensive Care Unit specific protocols			
1. Bronchial Hygiene Protocol			
2. Lung Expansion Protocol			
3. Ventilator Management Protocol			
4. Oxygen Protocol			
5. NPPV/CPAP protocol			
6. Special procedure			
Lung protective strategies vs. High Vt low PEEP strategies			
High Frequency Oscillatory Ventilation			
Inverse ratio ventilation strategies			
Rapid weaning strategies			
Ventilator Bundle and VAP prevention			
Pressure ulcer prevention strategies			
Nitric Oxide delivery			
Noninvasive monitoring (ECG, ETCO2, SO2, Swan Ganz catheter)			
Patient Transport (Oxygen/Bag Mask Resuscitator/Ventilator/NPPV)			
Invasive Monitoring (Intracranial Pressure Monitoring, Arterial Line)			
Difficult Airway management and equipment			
Chest tube monitoring			
Disease Specific (MI, CAD, CHF, Respiratory Failure/ARDS, Thoracic surgery)			
<b>Cardiac Critical Care ICU</b>			
Cardiac Critical Care ICU Unit specific order entry and documentation			
Cardiac Critical Care Unit specific protocols			
1. Bronchial Hygiene Protocol			
2. Lung Expansion Protocol			
3. Ventilator Management Protocol			
4. Oxygen Protocol			
5. NPPV/CPAP protocol			
6. Special procedure			
Lung protective strategies vs. High Vt low PEEP strategies			
High Frequency Oscillatory Ventilation			
Inverse ratio ventilation strategies			
Rapid weaning strategies			

Ventilator Bundle and VAP prevention			
Pressure ulcer prevention strategies			
Nitric Oxide delivery			
Noninvasive monitoring (ECG, ETCO2, SO2, Swan Ganz catheter)			
Patient Transport (Oxygen/Bag Mask Resuscitator/Ventilator/NPPV)			
Invasive Monitoring (Intracranial Pressure Monitoring, Arterial Line)			
Difficult Airway management and equipment			
Disease Specific (MI, CAD, CHF, Respiratory Failure/ARDS)			
<b>By my signature below I understand the orientation information above.</b>			
			Date
Evaluator Name:			
Intern Name:			

**RESPIRATORY THERAPY  
COMPETENCY EVALUATION SUMMARY  
Adult Critical Care**

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b>	<b>U = Unacceptable</b>	<b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
(1) Mechanical Ventilator System Set-Up					
(2) Oral Endotracheal Intubation					
(3) Extubation of Artificial Airway					
(4) Ventilator Circuit Change					
(5) Mechanical Ventilator Setting Adjustments					
(6) Adult Ventilator Monitoring: Patient/System Check					
(7) Artificial Airway Care					
(8) Spontaneous Mechanics					
(9) Arterial Line Set-Up					
(10) Suctioning of Artificial Airway					
(11) Tracheostomy Tube Replacement					
(12) GlideScope®					
(13) RiFL Scope®					
(14) Continuous Nebulization					
(15) Assisting Percutaneous Tracheostomy					
(16) Ventilator Management					
(17) Laryngeal Mask Airway Insertion					
(18) Artificial Airway Stabilization Device					



(19) Heliox Administration			
(20) Ventilator Mode Modification			
(21) Transport Ventilator Set-Up			
(22) High Frequency Oscillatory Ventilation - Adult			
<p>Evaluator Name: _____</p> <p>Intern Name: _____</p> <p>Date: _____</p>			

CLINICAL AFFECTIVE EVALUATION						
Affective Evaluations are intended to be completed twice 1st at week 4 or 5 and 2nd at the last week of the clinical rotation						
Student Name:		St ID Number:		Date:		
Clinical Instructor:		Clinical Site:		Area:		
Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.						
<b>Appearance</b>						
	5	4	3	2	1	NA
1	<b>Professional appearance (cleanliness, grooming and proper attire).</b>					
	Always exceptionally neat and well groomed. Always wears appropriate attire.	Appearance is consistently appropriate and wears appropriate attire.	Is usually neat and well groomed. Usually wears appropriate attire.	Appearance is occasionally less than appropriate	Appearance is rarely appropriate.	Not Observed
<b>Dependability / Reliability</b>						
2	<b>Attendance</b>					
	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed
3	<b>Arrives to work prepared and on time.</b>					
	Always arrives on time and prepared	Regularly arrives on time and prepared	Is seldom late or unprepared, but notifies appropriate	Is periodically late or unprepared	Is frequently late and unprepared	Not Observed
4	<b>Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)</b>					
	Is always dependable and skillfully completes tasks	Is very dependable and completes tasks	Is dependable and accomplishes tasks with minor assistance	Somewhat dependable and is inconsistent in completing tasks	Is rarely dependable and has difficulty completing tasks	Not Observed
<b>Interpersonal Relations / Communications</b>						
5	<b>Functions effectively as a member of the healthcare team</b>					
	Excellent team worker, effectively consults, integrates and shares information with team members	Very good team worker, relates well to team members and usually consults and shares information	Good team worker, consults and shares information with team members when encouraged	Poor team worker, rarely consults or shares information with team members	Not a team player, doesn't know when to consult or share information with team members	Not Observed
6	<b>Contributes to a positive environment within the department (likable, friendly, helpful, loyal)</b>					
	Exceptionally friendly, helpful, loyal and always speaks with good purpose	Consistently friendly, helpful, loyal and usually relates well with personnel	Usually friendly, relates well with other personnel the majority of the time	Sometimes moody or unfriendly, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction	Not Observed
7	<b>Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)</b>					
	Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	Usually accepts guidance or direction, frequently improves behavior	Sometimes willing to accept direction, rarely modifies behavior	Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior	Not Observed
8	<b>Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).</b>					
	Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and	Consistently shows concern and support of others, usually anticipates and attends to the patient's and family's needs for comfort and help	Usually concerned for and supportive of others, reasonably aware of and attentive to patient's and family's needs for comfort and help	Seldom shows concern or interest in others, inconsistent in attending to patient's and family's needs for comfort and help	Selfish, sometimes inconsiderate or rude, unaware of patient's needs or insensitive to patient's or family's feelings	Not Observed
9	<b>Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).</b>					
	Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises	Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict	Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict	Not Observed
10	<b>Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).</b>					
	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality	Consistently communicates important information; regularly ensures confidentiality	Usually communicates in a thorough manner; ensures confidentiality	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality	Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality	Not Observed
<b>Quality of Work</b>						
11	<b>Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).</b>					
	Plans ahead, always works efficiently and manages time wisely	Completes assigned tasks in a timely fashion, and seldom needs direction	Completes assigned tasks, needs occasional direction	Inconsistent in completing tasks and needs help in prioritizing work	Rarely completes assigned tasks, wastes time and needs constant assist. and direction	Not Observed
12	<b>Is self-directed and responsible for his/her actions.</b>					
	Is self-directed and manages work responsibly	Needs minimal amount of supervision and accepts responsibility	Needs normal amount of supervision and usually accepts responsibility	Requires frequent direction and has difficulty assuming responsibility	Requires constant supervision and dodges responsibility	Not Observed
13	<b>Confident in abilities, exercises good judgement and maintains composure in stressful situations.</b>					
	5	4	3	2	1	NA
	Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations	Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations	Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful	Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care	Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care	Not Observed
14	<b>Participates in educational activities that enhance clinical performance.</b>					
	Readily initiates learning activities and participates willingly in learning activities	Sometimes initiates learning activities and participates willingly in learning activities	Participates willingly in learning activities	Participates willingly in learning activities when prompted	Participates only with encouragement from Instructor or Supervisor	Not Observed
Please write any additional summative comments for this student here:						
Overall Comment Box				Instructor Signature		

**Neonatal/Pediatric Respiratory Care**

**RESPIRATORY THERAPY  
Neonatal/Pediatric Orientation Checklist**

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable      U = Unacceptable      N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
<b>Pediatric Policies and Procedures</b>			
Age-Specific Care Standards			
Charting Procedures / Progress Notes			
Standing Orders			
Assessment Criteria / Interventions			
Airway/Intubation Documentation			
Treatment Charting / Ventilator Flow Sheets			
RSV Culturing / Pertussis Cultures			
<b>Equipment</b>			
ECG/Apnea Monitors			
Pulse Oximeters / Capnographs			
Pediatric Oxygen Delivery Systems			
Small Particle Aerosol Generator			
Croup Tents			
Tracheostomy Care Kits			
Chest Physiotherapy Percussors			
<b>Clinical Practice</b>			
Pediatric Pathology/Diseases			
Croup			
Epiglottitis			
Bronchiolitis			
Pneumonia			
Near-drowning in pediatrics			
Electric shock in pediatrics			

Allergic reactions			
Asthma			
Cystic fibrosis			
Mumps/measles/chicken pox precautions			
Whooping cough			
Neonatal Procedures			
O2 delivery devices			
Neonatal ventilators			
Oxyhood setup			
Transcutaneous monitor setup			
Apnea monitor end-tidal CO2			
Pulse oximeters			
High-risk delivery attendance			
Surfactant replacement therapy			
Capillary heel puncture technique			
Umbilical artery catheter sampling			
Neonatal Pathology/Diseases			
Meconium aspiration			
Prematurity			
Complications at delivery			
a. Multiple births			
b. Previa / abruption of placenta			
c. Narcosis			
d. Transposition of the great vessels			
e. IRDS			
f. Hyperbilirubinemia			
Intracranial hemorrhage			
<b>By my signature below I understand the orientation information above.</b>	<b>Date</b>		
Evaluator Name:			
Intern Name:			

**RESPIRATORY THERAPY  
COMPETENCY EVALUATION SUMMARY  
Neonatal/Pediatric Care**

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b> <b>U = Unacceptable</b> <b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
(1) Supplemental Oxygen Therapy - Oxygen Hood System Set-Up			
(2) Neonatal/Pediatric Patient / Ventilator System Check			
(3) Neonatal/Pediatric Mechanical Ventilator System Set-Up			
(4) Nasal/ET CPAP System Set-Up			
(5) Capillary Blood Gas Sampling for Neonatal Patients			
(6) Suctioning of Neonatal/Pediatric Artificial Airway			
(7) Neonatal/Pediatric Patient Assessment			
(8) Surfactant Administration			
(9) Transcutaneous Monitoring System Set-Up			
(10) Small Particle Aerosol Generator (SPAG) System Set-Up			
(11) Supplemental Oxygen Therapy - Oxygen Tent System Set-Up			
(12) Aerosol Drug Administration			
(13) Nitric Oxide Administration			
(14) Neopuff™ T-Piece Resuscitation Device			
(15) High Frequency Oscillatory Ventilation - Neonatal/Pediatric			

Evaluator Name: \_\_\_\_\_

Intern Name: \_\_\_\_\_

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

### CLINICAL AFFECTIVE EVALUATION

Affective Evaluations are intended to be completed twice 1st at week 4 or 5 and 2nd at the last week of the clinical rotation

Student Name: \_\_\_\_\_ St ID Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Clinical Instructor: \_\_\_\_\_ Clinical Site: \_\_\_\_\_ Area: \_\_\_\_\_

Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.

#### Appearance

	5	4	3	2	1	NA
<b>1 Professional appearance (cleanliness, grooming and proper attire).</b>	Always exceptionally neat and well groomed. Always wears appropriate attire.	Appearance is consistently appropriate and wears appropriate attire.	Is usually neat and well groomed. Usually wears appropriate attire.	Appearance is occasionally less than appropriate	Appearance is rarely appropriate.	Not Observed

#### Dependability / Reliability

<b>2 Attendance</b>	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed
<b>3 Arrives to work prepared and on time.</b>	Always arrives on time and prepared	Regularly arrives on time and prepared	Is seldom late or unprepared, but notifies appropriate	Is periodically late or unprepared	Is frequently late and unprepared	Not Observed
<b>4 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)</b>	Is always dependable and skillfully completes tasks	Is very dependable and completes tasks	Is dependable and accomplishes tasks with minor assistance	Somewhat dependable and is inconsistent in completing tasks	Is rarely dependable and has difficulty completing tasks	Not Observed

#### Interpersonal Relations / Communications

<b>5 Functions effectively as a member of the healthcare team</b>	Excellent team worker, effectively consults, integrates and shares information with team members	Very good team worker, relates well to team members and usually consults and shares information	Good team worker, consults and shares information with team members when encouraged	Poor team worker, rarely consults or shares information with team members	Not a team player, doesn't know when to consult or share information with team members	Not Observed
<b>6 Contributes to a positive environment within the department (likable, friendly, helpful, loyal)</b>	Exceptionally friendly, helpful, loyal and always speaks with good purpose	Consistently friendly, helpful, loyal and usually relates well with personnel	Usually friendly, relates well with other personnel the majority of the time	Sometimes moody or unfriendly, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction	Not Observed
<b>7 Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)</b>	Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	Usually accepts guidance or direction, frequently improves behavior	Sometimes willing to accept direction, rarely modifies behavior	Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior	Not Observed
<b>8 Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).</b>	Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and	Consistently shows concern and support of others, usually anticipates and attends to the patient's and family's needs for comfort and help	Usually concerned for and supportive of others, reasonably aware of and attentive to patient's and family's needs for comfort and help	Seldom shows concern or interest in others, inconsistent in attending to patient's and family's needs for comfort and help	Selfish, sometimes inconsiderate or rude, unaware of patient's needs or insensitive to patient's or family's feelings	Not Observed
<b>9 Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).</b>	Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises	Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict	Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict	Not Observed
<b>10 Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).</b>	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality	Consistently communicates important information; regularly ensures confidentiality	Usually communicates in a thorough manner; ensures confidentiality	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality	Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality	Not Observed

#### Quality of Work

<b>11 Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).</b>	Plans ahead, always works efficiently and manages time wisely	Completes assigned tasks in a timely fashion, and seldom needs direction	Completes assigned tasks, needs occasional direction	Inconsistent in completing tasks and needs help in prioritizing work	Rarely completes assigned tasks, wastes time and needs constant assist. and direction	Not Observed
<b>12 Is self-directed and responsible for his/her actions.</b>	Is self-directed and manages work responsibly	Needs minimal amount of supervision and accepts responsibility	Needs normal amount of supervision and usually accepts responsibility	Requires frequent direction and has difficulty assuming responsibility	Requires constant supervision and dodges responsibility	Not Observed
<b>13 Confident in abilities, exercises good judgement and maintains composure in stressful situations.</b>	5 Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations	4 Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations	3 Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful	2 Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care	1 Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care	NA Not Observed
<b>14 Participates in educational activities that enhance clinical performance.</b>	Readily initiates learning activities and participates willingly in learning activities	Sometimes initiates learning activities and participates willingly in learning activities	Participates willingly in learning activities	Participates willingly in learning activities when prompted	Participates only with encouragement from Instructor or Supervisor	Not Observed

Please write any additional summative comments for this student here:

<b>Overall Comment Box:</b>		
		Instructor Signature

## Diagnostic Testing

### RESPIRATORY THERAPY Diagnostic Testing Orientation Checklist

Intern Name: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

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

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable Applicable</b>	<b>U = Unacceptable</b>	<b>N/A = Not</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
<b>Geographic Location</b>					
Diagnostic Testing Procedure Location					
Staff Introductions (Team)					
Clean Utility					
Soiled Utility					
Charting Area and Computers					
Code Blue Cart					
Medication Storage Area					
Personal Protective Equipment					
Oxygen Storage					
Respiratory Care Supply and Storage					
<b>Documentation and Communication</b>					
Charts					
System for Doctor Signature and Order Process Notification					
Unit Specific documentation					
Phones					
Office Supplies					
Downtime Special Documentation Forms					
Patient Education Material					
<b>Medication</b>					
Medication Refrigerator					
Automated Medication Dispensing Devices					
<b>Safety</b>					
Fire Extinguishers					
Oxygen Shutoff Values					
Sharps Container					
Emergency Exits					
<b>Diagnostic Procedure Orientation</b>					
Electrocardiogram (ECG) Procedure					
Arterial Puncture for Blood Gas Analysis					
Blood Gas Sampling: Arterial Line					

Blood Gas Analysis (fully automated)			
Blood Gas Machine Maintenance			
Bedside Spirometry			
Pulmonary Function Testing			
Metabolic Testing			
Arterial Line Insertion			
Bronchoscopy Tray Set-Up			
Bronchoscopy Assist			
Bar Code Scanning for Blood Gas Analysis			
<b>By my signature below, I understand the orientation information above.</b>			Date
Evaluator Name: _____			
Intern Name: _____			



**RESPIRATORY THERAPY  
COMPETENCY EVALUATION SUMMARY**

**Diagnostic Testing**

Please place an "x" in the column that best describes the intern's level with each skill.

<b>A = Acceptable</b>	<b>U = Unacceptable</b>	<b>N/A = Not Applicable</b>	<b>A</b>	<b>U</b>	<b>N/A</b>
(1) Electrocardiogram (ECG)					
(2) Bronchoscopy Assisting					
(3) Blood Gas Analysis: Fully Automated					
(4) Bedside Spirometry					
(5) Pulmonary Function Testing					
(6) Arterial Puncture for Blood Gas Analysis					
(7) Blood Gas Sampling: Arterial Line					
(8) Metabolic Testing					
(9) Radial Arterial Line Insertion					
(10) Bar Code Labeling of Blood Gas Samples					
(11) ABG Machine Maintenance					

Evaluator Name: \_\_\_\_\_

Intern Name: \_\_\_\_\_

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

CLINICAL AFFECTIVE EVALUATION						
Affective Evaluations are intended to be completed twice 1st at week 4 or 5 and 2nd at the last week of the clinical rotation						
Student Name:		St ID Number:		Date:		
Clinical Instructor:		Clinical Site:		Area:		
Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.						
<b>Appearance</b>						
	5	4	3	2	1	NA
1	<b>Professional appearance (cleanliness, grooming and proper attire).</b>					
	Always exceptionally neat and well groomed. Always wears appropriate attire.	Appearance is consistently appropriate and wears appropriate attire.	Is usually neat and well groomed. Usually wears appropriate attire.	Appearance is occasionally less than appropriate	Appearance is rarely appropriate.	Not Observed
<b>Dependability / Reliability</b>						
2	<b>Attendance</b>					
	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed
3	<b>Arrives to work prepared and on time.</b>					
	Always arrives on time and prepared	Regularly arrives on time and prepared	Is seldom late or unprepared, but notifies appropriate	Is periodically late or unprepared	Is frequently late and unprepared	Not Observed
4	<b>Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)</b>					
	Is always dependable and skillfully completes tasks	Is very dependable and completes tasks	Is dependable and accomplishes tasks with minor assistance	Somewhat dependable and is inconsistent in completing tasks	Is rarely dependable and has difficulty completing tasks	Not Observed
<b>Interpersonal Relations / Communications</b>						
5	<b>Functions effectively as a member of the healthcare team</b>					
	Excellent team worker, effectively consults, integrates and shares information with team members	Very good team worker, relates well to team members and usually consults and shares information	Good team worker, consults and shares information with team members when encouraged	Poor team worker, rarely consults or shares information with team members	Not a team player, doesn't know when to consult or share information with team members	Not Observed
6	<b>Contributes to a positive environment within the department (likable, friendly, helpful, loyal)</b>					
	Exceptionally friendly, helpful, loyal and always speaks with good purpose	Consistently friendly, helpful, loyal and usually relates well with personnel	Usually friendly, relates well with other personnel the majority of the time	Sometimes moody or unfriendly, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction	Not Observed
7	<b>Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)</b>					
	Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	Usually accepts guidance or direction, frequently improves behavior	Sometimes willing to accept direction, rarely modifies behavior	Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior	Not Observed
8	<b>Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).</b>					
	Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and	Consistently shows concern and support of others, usually anticipates and attends to the patient's and family's needs for comfort and help	Usually concerned for and supportive of others, reasonably aware of and attentive to patient's and family's needs for comfort and help	Seldom shows concern or interest in others, inconsistent in attending to patient's and family's needs for comfort and help	Selfish, sometimes inconsiderate or rude, unaware of patient's needs or insensitive to patient's or family's feelings	Not Observed
9	<b>Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).</b>					
	Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises	Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict	Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict	Not Observed
10	<b>Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).</b>					
	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality	Consistently communicates important information; regularly ensures confidentiality	Usually communicates in a thorough manner; ensures confidentiality	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality	Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality	Not Observed
<b>Quality of Work</b>						
11	<b>Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).</b>					
	Plans ahead, always works efficiently and manages time wisely	Completes assigned tasks in a timely fashion, and seldom needs direction	Completes assigned tasks, needs occasional direction	Inconsistent in completing tasks and needs help in prioritizing work	Rarely completes assigned tasks, wastes time and needs constant assist. and direction	Not Observed
12	<b>Is self-directed and responsible for his/her actions.</b>					
	Is self-directed and manages work responsibly	Needs minimal amount of supervision and accepts responsibility	Needs normal amount of supervision and usually accepts responsibility	Requires frequent direction and has difficulty assuming responsibility	Requires constant supervision and dodges responsibility	Not Observed
13	<b>Confident in abilities, exercises good judgement and maintains composure in stressful situations.</b>					
	5	4	3	2	1	NA
	Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations	Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations	Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful	Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care	Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care	Not Observed
14	<b>Participates in educational activities that enhance clinical performance.</b>					
	Readily initiates learning activities and participates willingly in learning activities	Sometimes initiates learning activities and participates willingly in learning activities	Participates willingly in learning activities	Participates willingly in learning activities when prompted	Participates only with encouragement from Instructor or Supervisor	Not Observed
Please write any additional summative comments for this student here:						
Overall Comment Box				Instructor Signature		

### Clinical Site Evaluation

**Intern:** \_\_\_\_\_ **College ID:** \_\_\_\_\_

**Clinical Instructor Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Clinical Site**

**Area**

**Likert scale: 5 - Strongly Agree; 4 - Agree; 3 - Neutral/Acceptable; 2 - Disagree; 1 - Strongly Disagree.**

<b>Preparation</b>	5	4	3	2	1
1 Sufficient classroom and laboratory instruction were provided to adequately prepare me for this rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 The facility provided adequate orientation to all assigned clinical areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Facility employees were helpful in explaining policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Facilities</b>	5	4	3	2	1
4 The facility afforded students the same privileges as staff with regards to: parking, place for personal belongings, place for meetings, reading or study space, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The facility personnel (RC Department, Nursing, Physicians, etc.) were cooperative, open and willing to help students pursue their clinical education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 The facility provided a satisfactory amount and variety of modern equipment and supplies necessary to administer quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 The ancillary departments (e.g. OR, Cath Lab, Radiology, Medical Records, Laboratory) were adequate in scope and accessibility to support student learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Library facilities were available; and reference materials were of sufficient number and scope to facilitate learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Experiences</b>	5	4	3	2	1
9 The clinical experience was sufficient in length and provided an adequate number and variety of procedures to enable students to complete their clinical objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Patient care followed published guidelines and National Standards of Care (e.g. does not provide concurrent therapy, follows Asthma and COPD treatment guidelines.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 The facility provided adequate opportunities for physician/student interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 There was adequate staff to support student instruction and students were not left unattended nor expected to replace full time staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Clinical Instructors and Preceptors were knowledgeable and provided sound guidance and medical input to facilitate quality patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 I would recommend this clinical affiliate for future rotations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Comments:</b>					

Private Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

