



INAYA

INAYA MEDICAL COLLEGES
كليات العناية الطبية الأهلية

INAYA MEDICAL COLLEGES RESPIRATORY THERAPY PROGRAM STUDENT CLINICAL HANDBOOK

RTS 365: RESPIRATORY THERAPY CLINICAL PRACTICE I



RESPIRATORY THERAPY

INAYA MEDICAL COLLEGES
كليات العناية الطبية الأهلية

REVISED JANUARY 2019

I. STUDENT INFORMATION:

Student Name: (Print) _____ ID No: _____
Clinical Instructor Name: _____ Clinical Site: _____
Clinical Course: _____ Course Code: _____
Semester: _____ Academic Year: _____
Date of 1st Day in Clinic: _____ Date of last Day in Clinic: _____
Program Clinical Instructor Name: _____

II. INTRODUCTION:

Faculty and clinical staff at Respiratory Therapy Program, Inaya Medical College welcomes you to your clinical rotation in respiratory therapy. The information contained within this clinical handbook is intended to aid you through your clinical practice sessions. Some of the material contained within is directly related while other information is added for reference purposes. In addition, you may expect frequent updating of your clinical syllabus throughout the year. You are responsible for the content of this syllabus.

During your clinical rotation, you have the chance to apply what you have learned in the classroom and practiced in the laboratory. During this first rotation, your time will be spent primarily practicing and building basic proficiency of Respiratory Therapy modalities in general care areas. However, as you progress throughout year rotation, you will be to perform more and more tasks independently under direct 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 Medical College Respiratory Therapy Program at all times. People will judge you and other students by your actions. Clinical 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. STATEMENT:

1. The prerequisite courses for the clinical practicum are RTS352: Fundamentals of Respiratory Therapy II RTS353: Respiratory Patient Assessment & RTS354: Cardiopulmonary Diagnostics and Monitoring. **Another IMPORTANT requirement of the course is RTS000 where you are REQUIRED to have a valid Basic Life Support (BLS) certification from Saudi Heart Association and the course MUST be completed at IMC.**
2. The included clinical time sheet and attendance, daily log, student evaluation, instructor evaluation, affective evaluation, and clinical competencies are to be completed as outlined in IMC RTS Clinical Preceptor Handbook provided to all clinical affiliates.

IV. STUDENTS' OBJECTIVES & LEARNING OUTCOMES

Objectives:

1. Apply the theoretical knowledge gained in classroom into the clinical practice through observation and safe application of respiratory therapy diagnostic and therapeutic modalities.
2. Develop and demonstrate professional attitude, conduct, and communication skills with health care professionals, respiratory therapy staff, other personal and patients in the clinical settings.
3. Recognize boundaries and limitations of role and seek assistance when necessary.
4. Understand how the hospital organizational system works and function effectively within it.
5. Receive and give duties handover report.
6. Organize time well to complete all tasks assigned by prioritizing activities, allocating time and preparing and following a treatment schedule by demonstrating good time-management.
7. Locate, understand, interpret and evaluate written information found in the patient's medical record, equipment manuals, policy/procedure manuals, and departmental schedules.
8. Organize and maintain information, communicating information in written form via entries into the patient's medical record (appropriate documentation).
9. Use computers to process patient information and maintain clinical records.
10. Demonstrate a consistent habit of reviewing the patient's chart for information gathering prior to participating in or performing procedures.
11. Identify required infection control measures and demonstrate appropriate steps required in compliance with the clinical site policy and procedure.
12. Perform with assistant and/or under supervision of the clinical preceptor patient assessments and physical examination recognizing normal and abnormal findings.
13. Identifying patient who is under stress and emergency situation.
14. Complete all required adult general care therapeutic and diagnostic respiratory therapy procedures required in RTS 365 Respiratory Therapy Clinical Practice I to the level of competencies outlined in in this handbook

Learning Outcomes:

Upon completion of this clinical rotation the student will be able to:

1. Apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within clinical environment and hospital organization associated with the Respiratory Therapy and organization policies and procedures.
2. Perform with assistant and/or under supervision all adult general care therapeutic and diagnostic respiratory therapy procedures required in RTS 365 Respiratory Therapy Clinical Practice I to the level of the related RC competencies outlined in this handbook
3. Demonstrate legal and ethical behavior, safety practices, interpersonal and team work skills, communicating in the applicable language of the profession and the clinical site (ENGLISH).

V. GRADING & TESTING POLICY

1. The total grade of 100% is divided into two parts:
 - a. Clinical Performance 60%
 - b. Final Clinical Exam 40%
2. Clinical Performance is assessed based on point system that accumulate during the progress of the enrolled clinical rotation.
3. Clinical Performance assessment for Clinical RT Practice I (RTS 365) include the following:

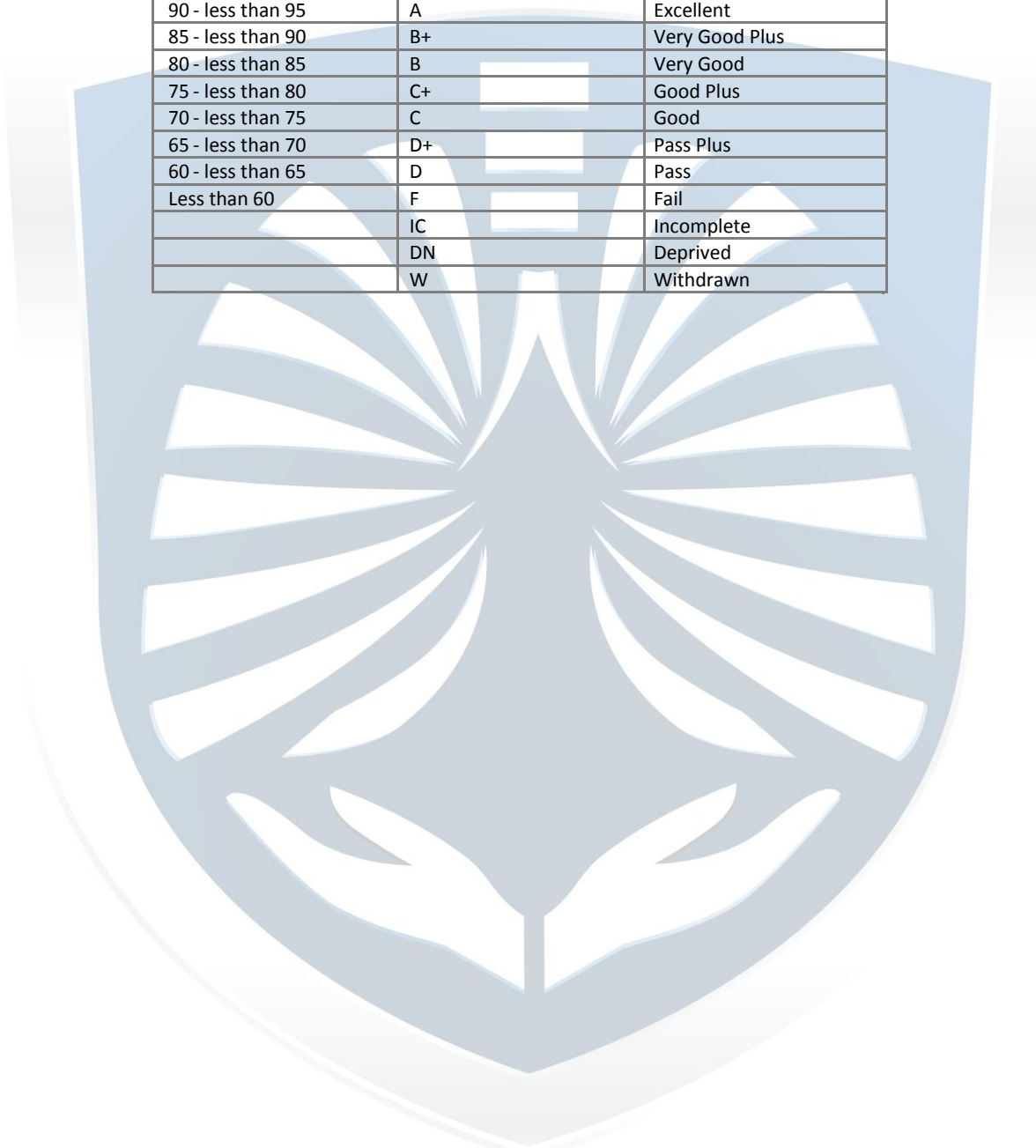
Area of Assessment	Description	Max. Points
Complete Clinical Records	Student fulfil all requirements of clinical day as outlined in the complete clinical day policy.	95
Clinical Competencies	Minimum of 8 required competencies, 20 pints each, evaluator to follow the clinical evaluation policy.	160
Patient Assessment Form (SOAP) Assignments	Six (6) SOAP assignment Submitted During Final Exam for the course. Late Assignments will NOT be accepted.	50
Patient Data Collection/Reporting Assignments	Two (2) SBAR Submitted During Final Exam for the course. Late Assignments will NOT be accepted.	45
Physician Interaction	As per clinical evaluation policy	50
Affective Evaluation	Tow affective evaluation is required, evaluator to follow clinical evaluation policy.	120
Daily Student Evaluation	Evaluator to fill the daily student evaluation and to follow clinical evaluation policy.	100
Instructor and Clinical Site Evaluation	Three clinical instructor evaluation and one clinical site evaluation by the student is required to be filled by the student as per clinical evaluation policy.	30
Total Maximum Points		650

4. Calculating Clinical Performance score out of 60% as following:
Total Student Points/Maximum Possible Points X 60 = Student Score, Example if student enrolled in Clinical Rotation for RTS 365 accumulate 550 points score will be as following: $550/650 \times 60 = 51$ so student score will be 51 out of 60 for clinical performance
5. Clinical Performance to be complete at or before last day of clinics.

6. Final Clinical Exam to cover only subjects and tasks included in the required competencies for the current enrolled clinical policy and related AARC Clinical Practice Guidelines.
7. Final Clinical Exam to be conducted during the Finals Week or Practical Exams Week as schedule allows.
8. Final Clinical Exam questions to include Multiple Choice Questions, Short Answer Questions and/or Case Study Questions.
9. Final Clinical Exam maybe substituted by professional clinical case report or project upon the discussion of the course instructor and approval of program director is required.
10. Total student's score out of 100 then will correspond to a letter grade as following in compliance with the college grading policy:

Grading Scale of Inaya Medical College

Score	Grade	Course Grade
95 - 100	A+	Excellent Plus
90 - less than 95	A	Excellent
85 - less than 90	B+	Very Good Plus
80 - less than 85	B	Very Good
75 - less than 80	C+	Good Plus
70 - less than 75	C	Good
65 - less than 70	D+	Pass Plus
60 - less than 65	D	Pass
Less than 60	F	Fail
	IC	Incomplete
	DN	Deprived
	W	Withdrawn



VI. ATTENDANCE POLICIES

The students have to have comprehensive understanding of the attendance policy outlined in IMC RTS PROGRAM CLINICAL POLICIES AND PROCEDURES. The following are basic definitions of terms describing different types of absence and relative terms:

- **Students must call or email the clinical site and the Clinical Faculty at IMC to report that he/she will be late or absent from the scheduled clinical education rotation at least 30 minutes before the beginning of the shift.**
- **The student must also notify the therapist preceptor or assigned clinical instructor at the facility prior to leaving at the end of each clinical day. If the preceptor is not notified, the student will not be allowed to make up their clinical time.**
- **All clinical time shall be recorded daily in the student's clinical log and signed by the supervising therapist.**
- **Tardiness in excess of three per semester may result in the dismissal from the clinical affiliate or an incomplete grade for the course.**
- **Students are not allowed to leave the clinical site for lunch or personal reasons. Disciplinary action and possible termination from the program may be warranted.**

Released Absence: an absence for documentable illness or injury, documentable dependent illness, leave for a death in the immediate family, declared bad weather days, school-related injuries, and school-related absences in which the appropriate procedure was followed for notification of the affiliate clinical instructor and program clinical instructor prior to the beginning of the clinical shift.

Unexcused Absence: absence for any other reason other than those described above as a "released" absence and/or any "released" absence for which the appropriate procedure was not followed for notification prior to the beginning of the clinical shift.

Unauthorized Absence: (no call/no show) Failure of the student to provide any notification before he/she fails to report to clinic on his/her scheduled clinical day.

Tardy: when a student is not present for any part of a regularly scheduled shift without the appropriate approval.

Occurrence: An occurrence results from an episode or incident of absenteeism which may include one day or consecutive days off which are related to the same event or illness.

For full outlined policy return to IMC RTS PROGRAM CLINICAL POLICIES AND PROCEDURES.

VII. EQUIPMENT/SUPPLIES

The following equipment/supplies will be required of all Respiratory Therapy students:

1. A watch with second hand or digital watch with stop watch capabilities or display mode for seconds
2. Respiratory Therapy Practice/Clinical Practicum Syllabus.
3. Black ink pen for charting purposes and a notepad for observational notes.
4. Pocket Calculator.
5. Stethoscope if required by the clinical site.
6. Clinical Practitioners Pocket Guide to Respiratory Care by Dana Oates (not required but recommended)
7. AARC Clinical Practice Guidelines (if needed or requested by clinical instructor)

VIII. GENERAL CODE OF CONDUCT

1. Students 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 clinical faculty.

3. The student 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 student in each clinical affiliate is expected to adhere to special hospital or departmental policies regarding the behavior and activity of students.
5. Students should not use hospital telephones in clinical areas for personal use.
6. Students are expected to conduct themselves in a professional manner at all times.
7. 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)
8. Food and drink are permitted in designated areas only.
9. Use of tobacco, in any form, is not permitted in the clinical affiliate. Students who use tobacco will not carry these materials into their clinical affiliates.
10. 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.
11. Students and faculty engaged in clinical activities in the Respiratory Therapy Program are guests in the clinical affiliates of the Program.
12. **Students found in violation of this conduct code are subject to immediate disciplinary action. Students are expected to display maturity and professional manner while in the clinical affiliate. Students may be dismissed from the Clinical Affiliate for any of the following reasons:**
 - 12.1 Failure to comply with affiliate policy or program policy.
 - 12.2 Disrespect displayed toward program faculty, staff, clinical faculty/preceptors, fellow students, patients, and/or visitors.
 - 12.3 Use of inappropriate language (verbal, non-verbal, or written).
 - 12.3.1 He/she will not be permitted to reenter the Clinical Practicum until a counseling session has been held with the clinical faculty.
 - 12.3.2 A formal clinical contract may be initiated.
 - 12.3.3 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.

IX. DRESS CODE

RT program students 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, too 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 are not allowed unless a documented medical exception is obtained. Sunglasses are not allowed at all times inside clinical sites.
8. Students must maintain good personal hygiene, including but not limited to good oral hygiene.
9. Students are asked to use an antiperspirant or deodorant. The use of heavily scented products is not permitted.
10. Students should not smell of 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. Students not in compliance with the Dress Code will be dismissed from clinical until discrepancies have been corrected.
2. Dismissal exceeds 30 mins, it constitutes an unexcused absence and will be treated as outlined in the clinical attendance policy.

X. 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. A student who is injured in the clinical setting should immediately notify program clinical faculty/instructor align with your clinical affiliate's injury policy.
2. Associate director for clinical education and Program Director should be informed.
3. A written summary of the incident and care rendered will be submitted through Data Arc and a hard copy placed in the student's permanent file.
4. The associate director for clinical education and Program Director may excuse any clinical time missed and made the discussion if make-up is needed.

XI. TOPICS CONCENTRATION IN GENERAL CARE AREAS

The student will have an understanding of what is expected during clinical rotation; have an appreciation for duties and responsibilities of a Respiratory Therapy Practitioner; understanding methods of data collection. Instructor will sign objectives only after meeting criteria stated. All procedures must adhere to departmental policy and procedures.

TOPICS CONCENTRATION:

1. General:

1.1. Infection Control:

- 1.1.1. Hand Washing Techniques
- 1.1.2. Different Types of Isolation and Precautions
- 1.1.3. Decontamination, Disinfecting and Sterilization

1.2. Basic Life Support: Note all student have BLS.

2. Physical Examination & Patient Data:

2.1. Vital Signs:

- 2.1.1. Heart Rate
- 2.1.2. Blood Pressure
- 2.1.3. Temperature
- 2.1.4. Respiratory Rate

- 2.2. Chest Assessment:
 - 2.2.1. Observation
 - 2.2.2. Palpation
 - 2.2.3. Diagnostic Chest Percussion
 - 2.2.4. Auscultation

- 2.3. Patient Assessment:
 - 2.3.1. Proper Perfusion
 - 2.3.2. Proper Weight to Height
 - 2.3.3. Mental Status
 - 2.3.4. Physical Abnormalities
 - 2.3.5. Breath Sounds:
 - 2.3.5.1. Appropriate Techniques
 - 2.3.5.2. Lobar Positions
 - 2.3.5.3. Normal Breath Sounds
 - 2.3.5.4. Abnormal Breath Sounds
 - 2.3.5.5. Indications of abnormalities

- 2.4. X-Ray Interpretation:
 - 2.4.1. Appropriate Techniques
 - 2.4.2. Land Marks
 - 2.4.3. Foreign Objects
 - 2.4.4. Abnormalities

- 2.5. Proper Documentation:
 - 2.5.1. Medical Records
 - 2.5.2. S.O.A.P. Note

3. Oxygen Therapy & Oxygen Supplying Devices:

- 3.1. Different Types of Cylinders and Contents
- 3.2. Markings on the Cylinder According to department of Transportation (DOT)
- 3.3. Period of Cylinders Calculation According to Specific Flows
- 3.4. Differences Between Compensated and Non-Compensated Flowmeters
- 3.5. Components of Burdon Gauge Regulator
- 3.6. Locate and Identify Zone Valves
- 3.7. Difference Between High Flow and Low Flow Systems
- 3.8. Compressors
- 3.9. Identifies indication for oxygen therapy - oxygen tension and saturation level
- 3.10. Identifies additional clinical indications, monitoring, & assessment of outcomes for oxygen therapy, specific oxygen supplying devices, O₂% provided by, demonstrates appropriate clinical application, modification & troubleshooting, and flow required for the following:
 - 3.10.1. Nasal Cannula
 - 3.10.2. Simple Mask
 - 3.10.3. Partial Rebreather
 - 3.10.4. Non-Rebreather
 - 3.10.5. Air Entrainment Mask
 - 3.10.6. Resuscitations Bags

4. Aerosol and Humidity Therapy:

- 4.1. Identifies indications for, monitoring of, assessment of outcomes & potential complications associated with different modalities of bland aerosol therapy
- 4.2. Differentiate particle sizes targeted for the upper vs the lower airway
- 4.3. Calculate the total flow delivered by the device based on the air to oxygen ratio and the set liter flow
- 4.4. Demonstrates appropriate clinical application, modification & troubleshooting for the following devices:
 - 4.4.1. Face Mask
 - 4.4.2. Trach Collar
 - 4.4.3. T-Piece
 - 4.4.4. Ultrasonic Nebulizer

5. Aerosol Drug Administration:

- 5.1. Identifies indications for, monitoring of, assessment of outcomes & potential complications associated with different modalities of aerosol therapy and drug(s) being administered
- 5.2. Differentiate particle sizes targeted for the upper vs the lower airway & explain what MMAD means in relation to particle sizes being produced
- 5.3. Demonstrates appropriate clinical application, modification & troubleshooting for the following devices:
 - 5.3.1. Metered Dose Inhaler
 - 5.3.2. Dry Powder Inhaler
 - 5.3.3. Small Volume Nebulizer
 - 5.3.4. Ultrasonic Nebulizer

6. Hyperinflation Therapy:

- 6.1. Identifies indications for, monitoring of, assessment of outcomes & potential complications associated with different modalities of hyperinflation therapy
- 6.2. Demonstrates appropriate clinical application, modification & troubleshooting for the following modalities:
 - 6.2.1. Incentive Spirometry
 - 6.2.2. PEP Therapy
 - 6.2.3. CPAP as Hyperinflation Therapy

7. Bronchial Hygiene:

- 7.1. Identifies indications for, monitoring of, assessment of outcomes & potential complications associated with different modalities of bronchial hygiene
- 7.2. Demonstrates appropriate clinical application, modification & troubleshooting for the following modalities:
 - 7.2.1. Chest Physiotherapy
 - 7.2.2. Suctioning
 - 7.2.3. Coughing
 - 7.2.4. Breathing Exercises
 - 7.2.5. Mucous Clearance Adjuncts

8. Noninvasive Positive Pressure Ventilation:

- 8.1. Identifies indications for, monitoring of, assessment of outcomes & potential complications associated with different modalities of NPPV
- 8.2. Demonstrates appropriate clinical application, modification & troubleshooting for the following modalities:
 - 8.2.1. CPAP
 - 8.2.2. BiPAP

9. Arterial Blood Gasses:

- 9.1. ABG Sampling
 - 9.1.1. Identifies indications for & potential complications associated with arterial puncture
 - 9.1.2. Demonstrates appropriate arterial puncture and ABG sample handling in compliance with clinical practice guidelines.
- 9.2. ABG Analysis
 - 9.2.1. Explain the difference between calibration and quality control
 - 9.2.2. Identify the purpose for proficiency testing
 - 9.2.3. Identify three different patient sampling methods
 - 9.2.4. Can identify calculated versus measured values
 - 9.2.5. Identify patient circumstances in which calculated values are in error
- 9.3. ABG Analyzer Quality Assurance
 - 9.3.1. Describe the difference between a 1 point and a 2-point calibration
 - 9.3.2. Identify when a value is out of control and the differences between a random error, a trend, and a shift
 - 9.3.3. Can identify internal and external factors associated with quality assurance
 - 9.3.4. Identify organizations that set quality assurance standards for laboratory performance

10. Basic Airway Management:

10.1. Manual Resuscitation:

10.1.1. Setup and Ventilation via Artificial Airway

- ✓ Identifies indication for manual ventilation and oxygen therapy
- ✓ Identifies potential complications associated with manual ventilation
- ✓ Identifies potential complications based on gas flow rate
- ✓ Understands indications for PEEP valve assembly

10.1.2. Setup and Ventilation via Mask

- ✓ Identifies indication for manual resuscitation and oxygen therapy
- ✓ Identifies potential complications associated with manual resuscitation via mask
- ✓ Identifies appropriate action if patient vomits
- ✓ Can identify normal ranges for monitoring devices and appropriate actions when valves indicate life threatening situations

10.2. Tracheostomy Care:

10.2.1. Identify how frequently trach care should be performed

10.2.2. Describe how to adapt a manual resuscitator to fit a metal trach

10.2.3. Identify two different systems that allow tracheostomy patients to speak

10.2.4. Describe a minimum of 3 complications associated with tracheostomy

10.2.5. Describe the purpose of the obturator

10.3. Cuff Management:

10.3.1. Describe two purposes or uses of the cuff

10.3.2. Describe the differences between low volume and high volume cuffs

10.3.3. Identify the normal pressure limit for cuff inflation

10.3.4. Identify clinical conditions in which the cuff inflation pressure should be maintained below the normal limit

10.3.5. Identify how management of a foam cuff differs from that of a standard cuff

10.3.6. Describe clinical circumstances in which the standard cuff is filled with water

10.3.7. Describe the complications associated with prolonged, increased cuff pressure

11. Equipment:

11.1. Manual Resuscitation Bag

11.2. Oxygen Analyzers

11.3. CO2 Analyzers

11.4. Pulse Oximetry

11.5. Blood Gas Analyzers

11.6. Lung Hyperinflation Equipment

11.7. CPT Equipment

11.8. BiPAP

11.9. CPAP

X SOAPs and SBARs

SOAP and SBAR:

One of the most frequently used method of documenting patient assessment is the Subjective, Objective, Assessment, and Plan charting (SOAP) method.

Another format is Situation, Background, Assessment and Recommendation (SBAR) method.

Students are required to submit 6 SOAPs and 3 SBARs notes during their clinical rotation. **Students may not COPY from each other or from patient chart. These notes need to be done by the student. Failure to comply with this may lead to failure of the entire course.**

Please refer to Albert J. Heuer and Craig L. Scanlan. Wilkins' Clinical Assessment in Respiratory Care, 8th Edition (Page 448-455)

XII. CLINICAL COMPETENCIES LIST

The clinical competencies for this clinical rotation is limited to Adult Floor Therapies only. The clinical evaluation policy, outlined in IMC clinical policies & procedure manual, should be applied for the completion of the clinical competencies.

RTS 365 RESPIRATORY THERAPY CLINICAL PRACTICE I					
COMPETENCY LIST					
#	Competency	Status	Min. Number Task preformed	Completion Date	Comment
General					
1	Hand Washing	Essential	3 Performed Unassisted		
2	Isolation Procedures	Essential	3 Performed Unassisted		
Patient Data					
3	Vital Signs	Essential	3 Performed Unassisted		
4	Chest Assessment	Essential	3 Performed Unassisted		
5	Patient Assessment	Essential	3 Performed Unassisted		
6	X-Ray Interpretation	Essential	3 Performed Unassisted		
Oxygen Therapy					
7	Nasal Cannula	Essential	3 Performed Unassisted		
8	Simple Mask	Essential	3 Performed Unassisted		
9	Partial Rebreather	Elective	3 Performed Unassisted		
10	Non-Rebreather	Elective	3 Performed Unassisted		
11	Air Entrainment Mask	Essential	3 Performed Unassisted		
12	Pulse Oximetry	Essential	3 Performed Unassisted		
13	Transport with Oxygen	Elective	3 Performed Unassisted		
Aerosol and Humidity Therapy					
14	Face Mask	Essential	3 Performed Unassisted		
15	Trach Collar	Essential	3 Performed Unassisted		
16	T-Piece	Elective	3 Performed Unassisted		
Aerosol Drug Administration					
17	Small Volume Nebulizer	Essential	3 Performed Unassisted		
18	Metered Dose Inhaler	Elective	3 Performed Unassisted		
Hyperinflation Therapy & Bronchial Hygiene					
19	Incentive Spirometry	Essential	3 Performed Unassisted		
20	Chest Physiotherapy	Essential	3 Performed Unassisted		
21	Coughing	Elective	3 Performed Unassisted		
22	Breathing Exercises	Elective	3 Performed Unassisted		
23	Mucous Clearance Adjuncts	Elective	3 Performed Unassisted		
Suction Procedures & Tracheostomy Care					
24	Nasotracheal Suctioning	Essential	3 Performed Unassisted		
27	Tracheal Suctioning	Essential	3 Performed Unassisted		
28	Tracheostomy Care	Elective	3 Performed Unassisted		
29	Cuff Management	Elective	3 Performed Unassisted		
Arterial Blood Gasses					
30	ABG Sampling	Essential	3 Performed Unassisted		
31	ABG Analysis	Essential	3 Performed Unassisted		
Noninvasive Positive Pressure Ventilation					
32	NPPV Setup	Elective	3 Performed Unassisted		
33	NPPV Check	Elective	3 Performed Unassisted		

Note: All complete clinical competencies will be provided to clinical sites .

XIII. CLINICAL PERFORMANCE MONITORING, EVALUATION, & ATTENDANCE FORMS

The clinical performance monitoring, evaluation, and attendance forms are:

1. Clinical Time Sheet
2. Adult Daily Log
3. Daily Student Evaluation
4. Clinical Instructor/Preceptor Evaluation
5. Student Affective Evaluation
6. Clinical Site Evaluation

Note:

- a. The mentioned above forms are to be completed as outline in the attendance policy described in IMC RTS PROGRAM CLINICAL POLICIES AND PROCEDURES.

Clinical Time Sheet

Student Name: _____ Student Number: _____

Day	Date	Clinical Site	Time In	Time Out	Clinical Preceptor	Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

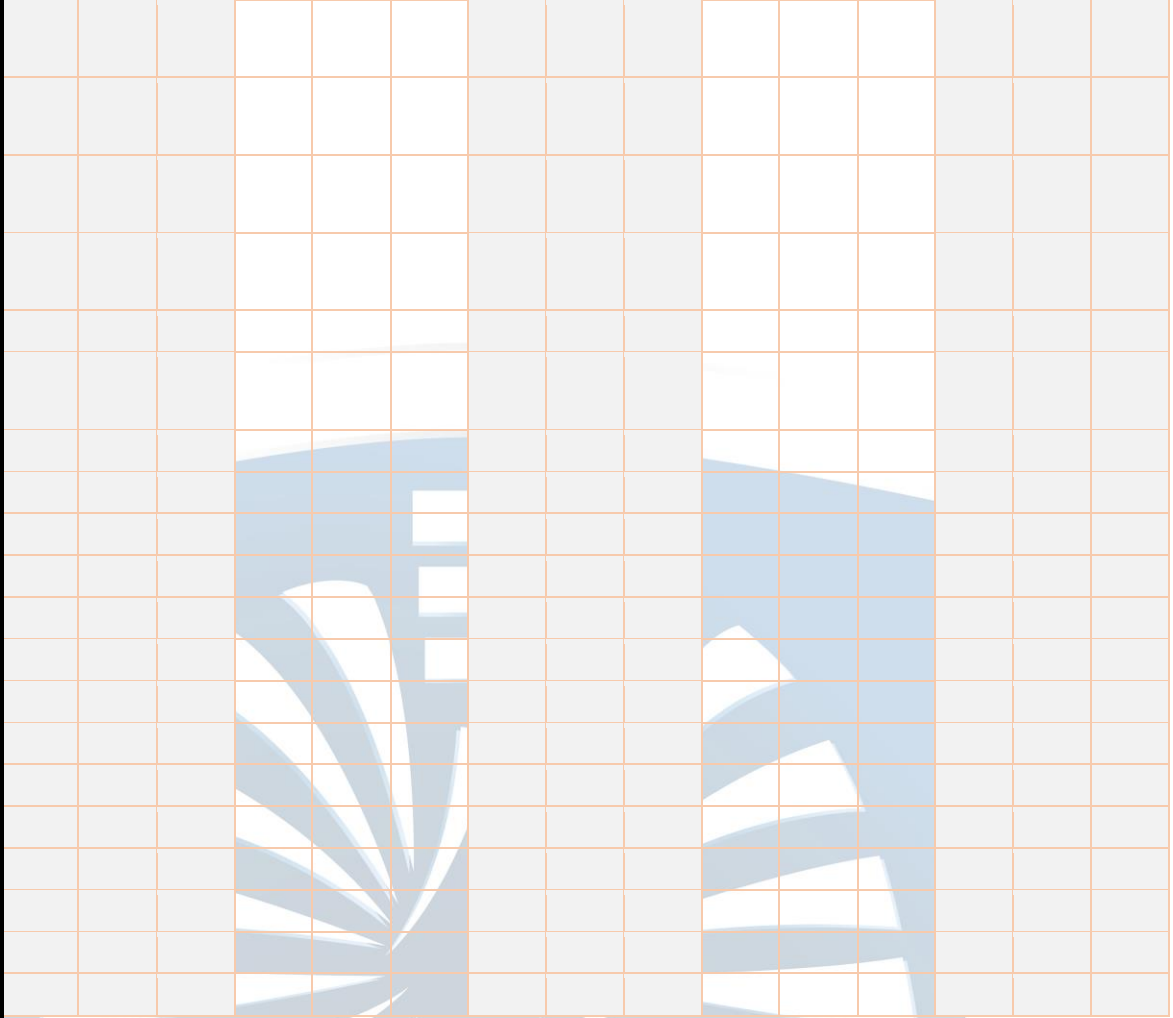
The table below is a summary for daily log to help you keep track of what you have done in the clinic.

Task	Day 1			Day 2			Day 3			Day 4			Day 5		
	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist
Isolation Procedure															
Vital Signs															
Chest Assessment															
Patient Assessment															
X-ray Interpretation															
Partial Rebreather Mask															
Non-Rebreather Mask															
Air-Entrainment Mask															
Pulse Oximetry															
Transport with O2															
Face Mask															
Trach Collar															
T-piece															
Ultrasonic Nebulizer															
Metered Dose Inhaler															
Dry Powder Inhaler															
Small Volume Nebulizer															
Incentive Spirometry															
Chest Physiotherapy															
Deep Coughing Technique															
Breathing Exercises															
Mucous Clearing Adjuncts															
Nasotracheal Suctioning															
Tracheal Suctioning															
Tracheostomy Care															
Cuff Management															
Adult CPR Ventilation															
ABG Sampling															
ABG Analysis															

NIPPV Setup																					
NIPPV Check																					

Task	Day 6			Day 7			Day 8			Day 9			Day 10		
	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist	Obs.	Perf. W/assist	Perf. Unassist
Isolation Procedure															
Vital Signs															
Chest Assessment															
Patient Assessment															
X-ray Interpretation															
Partial Rebreather Mask															
Non-Rebreather Mask															
Air-Entrainment Mask															
Pulse Oximetry															
Transport with O2															
Face Mask															
Trach Collar															
T-piece															
Ultrasonic Nebulizer															
Metered Dose Inhaler															
Dry Powder Inhaler															
Small Volume Nebulizer															
Incentive Spirometry															
Chest Physiotherapy															
Deep Coughing Technique															
Breathing Exercises															

Mucous Clearing Adjuncts
Nasotracheal Suctioning
Tracheal Suctioning
Tracheostomy Care
Cuff Management
Adult CPR Ventilation
ABG Sampling
ABG Analysis
NIPPV Setup
NIPPV Check



Student Daily Evaluation Summery

Based on the evaluation form above, give you student daily evaluation summery by completing the following:

INICAL DAILY EVALUATION format					
Student:		Clinical Preceptor:			
Date:		Clinical Site:		Area:	
Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.					
Dependability					
5	4	3	2	1	N/A
Never Absent; Always arrives on time and prepared.	Regularly arrives on time and prepared.	Rarely absent but informs appropriate personnel; Is seldom late or unprepared, but notifies appropriate personnel.	Is periodically late or unprepared.	Absent repeatedly and neglects to inform appropriate personnel; Is frequently late and unprepared.	Not Observed
Professionalism					
5	4	3	2	1	N/A
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
Knowledge					
5	4	3	2	1	N/A
Demonstrates a superior understanding of the concepts, facts, and theories specific to the situation.	Demonstrates a complete and thorough understanding of the concepts, facts, and theories specific to the situation.	Demonstrates a general knowledge of the concepts, facts, and theories specific to the situation.	Demonstrates an incomplete understanding of the concepts, facts, and theories specific to the situation.	Demonstrates no understanding of the concepts, facts, and theories specific to the situation.	Not Observed
Psychomotor / Hands On Ability					
5	4	3	2	1	N/A
Can perform the skill with confidence, without error and greatly exceeding standards. Seldom requires assistance.	Can perform the skill with confidence and above the expected standards. Requires minimal assistance.	Carries out the skill without significant error and meets the accepted standards most of the time. Requires occasional assistance	Makes non-critical errors when performing the skill and barely meets the expected standards. Requires frequent prompting or assistance.	Cannot perform the skill or is in danger of harming the patient. Needs constant assistance.	Not Observed
Organization					
5	4	3	2	1	N/A
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

Preceptor Overall Comments:

Clinical Preceptor Signature:

Student Comment:

Student Signature:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
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Clinical Site:	Knowledge 5 4 3 2 1 N/A	
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Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
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Clinical Site:	Knowledge 5 4 3 2 1 N/A	
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Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
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Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Date:	Evaluation Summary	Preceptor Overall Comments:
Student Name:	Dependability 5 4 3 2 1 N/A	
Preceptor Name:	Professionalism 5 4 3 2 1 N/A	
Clinical Site:	Knowledge 5 4 3 2 1 N/A	
Area	Psychomotor / Hands On Ability	
Preceptor Signature:	5 4 3 2 1 N/A Organization 5 4 3 2 1 N/A	
		Student Comment:

Clinical Instructor Evaluation						
Student Name (optional)		Date:				
Clinical Instructor Name:		Clinical Site:				
Area:						
Likert scale: 5 - Strongly Agree; 4 - Agree; 3 - Neutral/Acceptable; 2 - Disagree; 1 - Strongly Disagree.						
	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
4	Preceptor guided the learning experience in a way that was helpful to me.					
Comments:						
	Preceptor Knowledge and Skills	5	4	3	2	1
5	Preceptor was sufficiently knowledgeable to provide student instruction.					
6	Preceptor demonstrated appropriate medical asepsis and safety methods in the health care setting					
7	Preceptor provided adequate demonstration of clinical procedures.					
8	Preceptor was able to explain difficult concepts and to help me apply lecture and laboratory information in clinical practice					
Comments:						
	Supervision and Performance Evaluation	5	4	3	2	1
9	Clinical Instructors are consistent and fair in their evaluation of student performance.					
10	Preceptor provided timely and appropriate supervision of my clinical activities.					
11	Preceptor provided constructive review and positive reinforcement of my clinical performance					
12	Preceptor helped me to develop my problem solving capabilities.					
13	Preceptor enforced clinical policies and procedures.					
Comments:						
	Preceptor Behavior	5	4	3	2	1
14	Preceptor was a competent clinician and a role model for professionalism.					
15	Preceptor was enthusiastic and encouraged my active participation.					
16	Preceptor interacted with me in an appropriate and non-threatening manner.					
17	Preceptor exhibited compassion in dealing with patients.					
18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					
Comments:						
19	What are this Preceptors strengths?					
20	In what areas does this Preceptor need to improve?					
	Overall Rating	5	4	3	2	1
	In general I would recommend this person as a clinical educator.					

Clinical Instructor Evaluation						
Student Name (optional)		Date:				
Clinical Instructor Name:		Clinical Site:				
Area:						
Likert scale: 5 - Strongly Agree; 4 - Agree; 3 - Neutral/Acceptable; 2 - Disagree; 1 - Strongly Disagree.						
	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
4	Preceptor guided the learning experience in a way that was helpful to me.					
Comments:						
	Preceptor Knowledge and Skills	5	4	3	2	1
5	Preceptor was sufficiently knowledgeable to provide student instruction.					
6	Preceptor demonstrated appropriate medical asepsis and safety methods in the health care setting					
7	Preceptor provided adequate demonstration of clinical procedures.					
8	Preceptor was able to explain difficult concepts and to help me apply lecture and laboratory information in clinical practice					
Comments:						
	Supervision and Performance Evaluation	5	4	3	2	1
9	Clinical Instructors are consistent and fair in their evaluation of student performance.					
10	Preceptor provided timely and appropriate supervision of my clinical activities.					
11	Preceptor provided constructive review and positive reinforcement of my clinical performance					
12	Preceptor helped me to develop my problem solving capabilities.					
13	Preceptor enforced clinical policies and procedures.					
Comments:						
	Preceptor Behavior	5	4	3	2	1
14	Preceptor was a competent clinician and a role model for professionalism.					
15	Preceptor was enthusiastic and encouraged my active participation.					
16	Preceptor interacted with me in an appropriate and non-threatening manner.					
17	Preceptor exhibited compassion in dealing with patients.					
18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					
Comments:						
19	What are this Preceptors strengths?					
20	In what areas does this Preceptor need to improve?					
	Overall Rating	5	4	3	2	1
	In general I would recommend this person as a clinical educator.					

Clinical Instructor Evaluation						
Student Name (optional)		Date:				
Clinical Instructor Name:		Clinical Site:				
Area:						
Likert scale: 5 - Strongly Agree; 4 - Agree; 3 - Neutral/Acceptable; 2 - Disagree; 1 - Strongly Disagree.						
	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
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	Preceptor Knowledge and Skills	5	4	3	2	1
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	Preceptor Behavior	5	4	3	2	1
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18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					
Comments:						
19	What are this Preceptors strengths?					
20	In what areas does this Preceptor need to improve?					
	Overall Rating	5	4	3	2	1
	In general I would recommend this person as a clinical educator.					

Clinical Instructor Evaluation						
Student Name (optional)			Date:			
Clinical Instructor Name:			Clinical Site:			
Area:						
Likert scale: 5 - Strongly Agree; 4 - Agree; 3 - Neutral/Acceptable; 2 - Disagree; 1 - Strongly Disagree.						
	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
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	Preceptor Knowledge and Skills	5	4	3	2	1
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8	Preceptor was able to explain difficult concepts and to help me apply lecture and laboratory information in clinical practice					
Comments:						
	Supervision and Performance Evaluation	5	4	3	2	1
9	Clinical Instructors are consistent and fair in their evaluation of student performance.					
10	Preceptor provided timely and appropriate supervision of my clinical activities.					
11	Preceptor provided constructive review and positive reinforcement of my clinical performance					
12	Preceptor helped me to develop my problem solving capabilities.					
13	Preceptor enforced clinical policies and procedures.					
Comments:						
	Preceptor Behavior	5	4	3	2	1
14	Preceptor was a competent clinician and a role model for professionalism.					
15	Preceptor was enthusiastic and encouraged my active participation.					
16	Preceptor interacted with me in an appropriate and non-threatening manner.					
17	Preceptor exhibited compassion in dealing with patients.					
18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					
Comments:						
19	What are this Preceptors strengths?					
20	In what areas does this Preceptor need to improve?					
	Overall Rating	5	4	3	2	1
21	In general I would recommend this person as a clinical educator.					

Clinical Instructor Evaluation

Student Name (optional)

Date:

Clinical Instructor Name:

Clinical Site:

Area:

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

	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
4	Preceptor guided the learning experience in a way that was helpful to me.					

Comments:

	Preceptor Knowledge and Skills	5	4	3	2	1
5	Preceptor was sufficiently knowledgeable to provide student instruction.					
6	Preceptor demonstrated appropriate medical asepsis and safety methods in the health care setting					
7	Preceptor provided adequate demonstration of clinical procedures.					
8	Preceptor was able to explain difficult concepts and to help me apply lecture and laboratory information in clinical practice					

Comments:

	Supervision and Performance Evaluation	5	4	3	2	1
9	Clinical Instructors are consistent and fair in their evaluation of student performance.					
10	Preceptor provided timely and appropriate supervision of my clinical activities.					
11	Preceptor provided constructive review and positive reinforcement of my clinical performance					
12	Preceptor helped me to develop my problem solving capabilities.					
13	Preceptor enforced clinical policies and procedures.					

Comments:

	Preceptor Behavior	5	4	3	2	1
14	Preceptor was a competent clinician and a role model for professionalism.					
15	Preceptor was enthusiastic and encouraged my active participation.					
16	Preceptor interacted with me in an appropriate and non-threatening manner.					
17	Preceptor exhibited compassion in dealing with patients.					
18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					

Comments:

19 What are this Preceptors strengths?

20 In what areas does this Preceptor need to improve?

	Overall Rating	5	4	3	2	1
21	In general I would recommend this person as a clinical educator.					

Clinical Instructor Evaluation

Student Name (optional)

Date:

Clinical Instructor Name:

Clinical Site:

Area:

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

	Coordination of Clinical Experience	5	4	3	2	1
1	Preceptor was readily available when needed.					
2	Preceptor provided adequate orientation to assigned clinical areas and procedures.					
3	Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives.					
4	Preceptor guided the learning experience in a way that was helpful to me.					

Comments:

	Preceptor Knowledge and Skills	5	4	3	2	1
5	Preceptor was sufficiently knowledgeable to provide student instruction.					
6	Preceptor demonstrated appropriate medical asepsis and safety methods in the health care setting					
7	Preceptor provided adequate demonstration of clinical procedures.					
8	Preceptor was able to explain difficult concepts and to help me apply lecture and laboratory information in clinical practice					

Comments:

	Supervision and Performance Evaluation	5	4	3	2	1
9	Clinical Instructors are consistent and fair in their evaluation of student performance.					
10	Preceptor provided timely and appropriate supervision of my clinical activities.					
11	Preceptor provided constructive review and positive reinforcement of my clinical performance					
12	Preceptor helped me to develop my problem solving capabilities.					
13	Preceptor enforced clinical policies and procedures.					

Comments:

	Preceptor Behavior	5	4	3	2	1
14	Preceptor was a competent clinician and a role model for professionalism.					
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16	Preceptor interacted with me in an appropriate and non-threatening manner.					
17	Preceptor exhibited compassion in dealing with patients.					
18	Preceptor helped student develop effective communication skills with physicians and other members of the health care team.					

Comments:

19 What are this Preceptors strengths?

20 In what areas does this Preceptor need to improve?

	Overall Rating	5	4	3	2	1
21	In general I would recommend this person as a clinical educator.					

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
1 Professional appearance (cleanliness, grooming and proper attire).						
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

2 Attendance	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed
3 Arrives to work prepared and on time.	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 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)	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

5 Functions effectively as a member of the healthcare team	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 Contributes to a positive environment within the department (likable, friendly, helpful, loyal)	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 Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)	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 Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).	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 Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).	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 Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).	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

11 Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).	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 Is self-directed and responsible for his/her actions.	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 Confident in abilities, exercises good judgement and maintains composure in stressful situations.	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
14 Participates in educational activities that enhance clinical performance.	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 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
--	---	---	---	---	---	----

1	Professional appearance (cleanliness, grooming and proper attire).					
	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 wears appropriate.	Not Observed

Dependability / Reliability

2	Attendance					
	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed

3	Arrives to work prepared and on time.					
	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

Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)

4	Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)					
	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

5	Functions effectively as a member of the healthcare team					
	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	Contributes to a positive environment within the department (likable, friendly, helpful, loyal)					
	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 willing to accept direction, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction	Not Observed

7	Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)					
	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	Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).					
	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	Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).					
	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

Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).

10	Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).					
	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

11	Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).					
	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	Is self-directed and responsible for his/her actions.					
	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

Confident in abilities, exercises good judgement and maintains composure in stressful situations.

	5	4	3	2	1	NA
13	Confident in abilities, exercises good judgement and maintains composure in stressful situations.					
	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	Participates in educational activities that enhance clinical performance.					
	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

Student	
Clinical Instructor Name:	Signature:
Date	
Clinical Site	
Area	

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

Preparation	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"/>
Comments:					
Facilities	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"/>
Comments:					
Experiences	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"/>
Comments:					