

Rockingham Community College

Clinical Preceptor Training Course Handbook

Respiratory Therapy

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ROCKINGHAM COMMUNITY COLLEGE
Clinical Preceptor Training Course Handbook

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CoARC Standards:

The Committee on Accreditation for Respiratory Care (CoARC) standards require programs to demonstrate consistency among individuals who perform student evaluations. Respiratory Therapists who act as preceptors at clinical sites undergo training to ensure evaluation of students is consistent, fair, timely, and assess the appropriate learning objectives. Demonstrating consistency involves having more than one evaluator assess a singular incidence of student performance, using a specific evaluation instrument to measure consistent assessment among those evaluators. This can be achieved by viewing the instructional videos in the Clinical Preceptor Training Course on the Rockingham Community College (RCC) Respiratory Therapy Program page. To locate the clinical preceptor training course, choose health science programs from the program's dropdown menu on the RCC home page. From there, select Respiratory Therapy and choose the clinical preceptor training course tab. Preceptors should follow instructions for completing the course. Each preceptor should be annually assessed for consistency in assessment. Preceptors should keep in mind that the intent of the course is to determine if all persons evaluating student performance will do so equally, given the same guidelines. In an evaluator's assessment is outside the established norm, RCC faculty can work with them to improve their understanding of the assessment process.

Description of Clinical Experience:

The Student Clinical experience is designed to facilitate completion of competencies necessary to perform duties of an entry-level Respiratory Therapist.

- 1. Clinical rotations:** During the clinical experience, the student will be assigned by the clinical site to a preceptor who is a Registry-eligible Respiratory Therapist (NBRC standard) with a minimum of an Associate Degree. This preceptor will serve as a clinical role model for the student. Under the guidance and supervision of the preceptor, the student will work with a variety of acute and general care patients, increasing responsibilities and accountability in their clinical practice as deemed competent in the laboratory setting. These responsibilities include but are not limited to patient assessments, critical thinking, decision-making, organization, prioritization, collaboration and communication within the discipline, and safe, ethical, culturally competent management of care. The Director of Clinical Education, in conjunction with the clinical affiliates, will coordinate this clinical learning experience.

- 2. Clinical Assignments:**
Students will be required to complete a series of patient assessments and case studies as part of their clinical experience. Additionally, students will be required to document the procedures they complete each clinical rotation on the daily logs in Data Arc clinical software. These assignments will be available to the Director of Clinical Education for evaluation and grading by the assigned due date.

- 3. Clinical simulation:**
Location: RCC Simulation Hospital
Students will be presented with instructor-facilitated case scenarios that will include critical thinking and decision making skills. These scenarios will involve patient assessment, communicating with physicians and other interdisciplinary team members, safe implementation of patient care, delegation of duties, evaluation of effectiveness of therapeutic interventions, accurate documentation, and self-reflection on quality of care.

Overall Goals of Clinical Experience:

A. The precepted clinical experience will assist the student:

1. Recognize and communicate to the preceptor/instructor patient symptoms that require respiratory therapy intervention.
2. Safely administer medications to assigned patients under the direction of the preceptor.
3. Upon assessment, identify learning needs of the patient and provide teaching using appropriate teaching/learning principles.
4. Safely perform appropriate therapeutic interventions under the direction of the preceptor.
5. Accurately document on assigned patients, as appropriate for clinical affiliate.
6. Gradually increase patient assignment load as appropriate for the clinical area.
7. Utilize time management to complete patient assignments under the direction of the preceptor.
8. Demonstrate priority setting by identifying which patients to assess first.
9. Communicate effectively within the interdisciplinary team.
10. Practice within the scope of the student Respiratory Therapist.

B. The Simulated clinical experience will assist the student:

1. Upon assessment, to recognize and prioritize patient symptoms that requires respiratory therapy intervention.
2. Evaluate patient data (e.g. labs, radiology reports) and communicate patient status accurately to instructor and appropriate members of interdisciplinary team.
3. Demonstrate the appropriate response in an emergency.
4. Accurately document client care electronically or on paper, if applicable.
5. Upon reflection and debriefing of simulation, identify opportunities for improvement.
6. Perform basic respiratory therapy skills safely.
7. Demonstrate understanding of an interdisciplinary approach to patient care and management.

Clinical Course Overview:

Clinical rotations have been developed to provide you with interrelated educational experiences in striving for five major goals: development of Respiratory Care skills, improvement of patient assessment skills, enhancement of critical thinking skills, evolution of a professional attitude, and preparation for the national certification and registry exams.

The concept of clinical education is unique in that it provides a variety of experiences not found in the typical academic classroom setting. During the oncoming years, you will be encountering many of the following experiences: physician/student contact, study sessions, physician lectures, individualized research, individualized instructions, equipment contact, as well as observation of many related forms of patient care. The main objective of these situations is to allow you to thoroughly understand the concepts and techniques as well as apply these concepts and techniques to the patient care you will encounter.

Program Goal and Outcomes:

Program Goal: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Program Outcomes: Upon successful completion of this program, the student should be able to:

1. Perform specialized therapeutic and diagnostic procedures in clinical practice required for a respiratory therapist entering the profession as demonstrated through laboratory and clinical competencies.
2. Create problem-solving strategies for therapeutic and life-supporting procedures based upon patient assessment as satisfactorily demonstrated in post-tests and the written registry self-assessment examination to achieve cognitive proficiency*;
3. Effectively employ interpersonal and communication skills to promote cardiopulmonary wellness and disease management given diverse population groups as made evident on clinical evaluations to include all required elements;
4. Exhibit ethical decision making and professional responsibility according to the AARC Statement of Ethics and Professional Conduct as demonstrated for program faculty and clinical instructors by scored observation.

**Cognitive proficiency refers to the quality of being competent in the mental processes of knowing, reasoning, and judgment.*

Course Student Learning Objectives:

Upon completion of **RCP 146 (First Year, Spring Semester)**, the student will be able to:

1. Demonstrate expertise in the psychomotor learning domain as evidenced by demonstration of safe and knowledgeable respiratory therapy skills in healthcare organizations, and in a wide variety of patient care settings and populations. Demonstrate the cognitive, psychomotor, and affective skills necessary to assist the physician and other healthcare professionals in diagnosis, treatment, and management of patients with cardiopulmonary diseases and disorders.
2. All students will be required to demonstrate a prescribed amount of laboratory proficiencies through Procedural Competency Evaluation (PCE) documentation after receiving classroom instruction relative to each topic, and prior to performing the task in the clinical setting. A PCE is a uniform assessment tool used to document laboratory and clinical proficiency. PCE's will be evaluated by instructors in the laboratory setting in RCP 110. Students who fail to successfully complete the competency on the first attempt will be permitted to reschedule an evaluation within 48 hours. A second unsuccessful attempt will require a mandatory remedial education session prior, the second attempt may result in dismissal from the program for "failure to progress". Only program faculty may sign off laboratory PCE's. Authorized clinical instructors or preceptors may sign off completion of clinical PCE's.
3. Comply with all clinical affiliate policies and procedures including HIPPA regulations, infection control, ethical principles, and professional customer service with a satisfactory performance evaluation as demonstrated for clinical preceptors by scored observation.

Upon completion of **RCP 152 (First Year, Summer Semester)**, the student will be able to:

1. Demonstrate expertise in the psychomotor learning domain as evidenced by demonstration of safe and knowledgeable respiratory therapy skills in healthcare organizations, and in a wide variety of patient care settings and populations. Demonstrate the cognitive, psychomotor, and affective skills necessary to assist the physician and other healthcare professionals in the diagnosis, treatment, and management of patients with cardiopulmonary diseases and disorders.
2. All students will be required to demonstrate a prescribed amount of laboratory proficiencies through Procedural Competency Evaluation (PCE) documentation after receiving classroom instruction relative to each topic, and prior to performing the task in the clinical setting. A PCE is a uniform assessment tool used to document laboratory and clinical proficiency. PCE's will be evaluated by instructors in the laboratory setting in RCP 123. Students who fail to successfully complete the competency on the first attempt will be permitted to reschedule

an evaluation within 48 hours. A second unsuccessful attempt will require a mandatory remedial education session prior to next scheduled class. Failure to successfully complete all required competency assessments after the second attempt may result in dismissal from the program for “failure to progress”. Only program faculty may sign off laboratory PCE's. Authorized clinical instructors or preceptors may sign off completion of clinical PCE's.

3. Comply with all clinical affiliate policies and procedures including HIPPA regulations, infection control, ethical principles, and professional customer service with a satisfactory performance evaluation as demonstrated for clinical preceptors by scored observation.

Upon completion of **RCP 236 (Second Year, Fall Semester)**, the student will be able to:

1. Demonstrate expertise in the psychomotor learning domain as evidenced by demonstration of safe and knowledgeable respiratory therapy skills in healthcare organizations, and in a wide variety of patient care settings and populations. Students begin Pediatric and Neonatal rotations during this course. Demonstrate the cognitive, psychomotor, and affective skills necessary to assist the physician and other healthcare professionals in the diagnosis, treatment, and management of patients with cardiopulmonary diseases and disorders
2. All students will be required to demonstrate a prescribed amount of laboratory proficiencies through Procedural Competency Evaluation (PCE) documentation after receiving classroom instruction relative to each topic, and prior to performing the task in the clinical setting. A PCE is a uniform assessment tool used to document laboratory and clinical proficiency. PCE's will be evaluated by instructors in the laboratory setting in RCP 210. Students who fail to successfully complete the competency on the first attempt will be permitted to reschedule an evaluation within 48 hours. A second unsuccessful attempt will require a mandatory remedial education session prior to next scheduled class. Failure to successfully complete all required competency assessments after the second attempt may result in dismissal from the program for “failure to progress”. Only program faculty may sign off laboratory PCE's. Authorized clinical instructors or preceptors may sign off completion of clinical PCE's.
3. Comply with all clinical affiliate policies and procedures including HIPPA regulations, infection control, ethical principles, and professional customer service with a satisfactory performance evaluation as demonstrated for clinical preceptors by scored observation.

Upon completion of **RCP 246 (Second Year, Spring Semester)**, the student will be able to:

1. Demonstrate expertise in the psychomotor learning domain as evidenced by demonstration of safe and knowledgeable respiratory therapy skills in healthcare organizations, and in a wide variety of patient care settings and populations. Demonstrate the cognitive, psychomotor, and affective skills necessary to assist the physician and other healthcare professionals in the diagnosis, treatment, and management of patients with cardiopulmonary diseases and disorders.
2. All students will be required to demonstrate a prescribed amount of laboratory proficiencies through Procedural Competency Evaluation (PCE) documentation after receiving classroom instruction relative to each topic, and prior to performing the task in the clinical setting. A PCE is a uniform assessment tool used to document laboratory and clinical proficiency. PCE's will be evaluated by instructors in the laboratory setting in RCP 211. Students who fail to successfully complete the competency on the first attempt will be permitted to reschedule an evaluation within 48 hours. A second unsuccessful attempt will require a mandatory remedial education session prior to next schedule class. Failure to successfully complete all required competency assessments after the second attempt may result in dismissal from the program for “failure to progress”. Only program faculty

may sign off laboratory PCE's. Authorized clinical instructors or preceptors may sign off completion of clinical PCE's.

3. Comply with all clinical affiliate policies and procedures including HIPPA regulations, infection control, ethical principles, and professional customer service with a satisfactory performance evaluation as demonstrated for clinical preceptors by scored observation.

Program Clinical Competence Guidelines:

Clinical Performance Evaluation:

- Is an on-going process and is completed each time a student completes a clinic rotation with a member of the RCC Respiratory Therapy Clinical Faculty.
- Procedures and skills performed during clinical rotations will be documented in Data Arc.
- Evaluation is incorporated in the student's final grade for each clinical course.

Clinical Competencies:

- Skills and procedures the student will perform to program standards
- Able to complete the procedure with minimal supervision.

Timeline:

- Students begin completing competencies in the laboratory setting during their first semester and continue throughout the various RCP courses.
- Any designated skills or procedures must be performed satisfactorily in the laboratory setting prior to performing during clinical rotations.
- Establishing competency in the clinical setting will begin in RCP 146 (first Spring semester) for each student and will continue throughout the remainder of the student's clinical courses.
- Students must successfully complete all competencies prior to completion of the program.

Documentation:

- All clinical instructors will complete the Student Evaluation in Data Arc on each student during each clinic rotation
- Clinical faculty will complete the competencies for applicable skills and procedures in Data Arc. Clinical faculty will document on the competencies that the student is competent to perform with minimal supervision.
- After each clinical date and lab competency performance, Data Arc will be updated with students' current completed competencies.
- At the end of the program (prior to graduation) if all clinical competencies have been successfully completed, the student will be declared competent and proficient in Respiratory Therapy skills and procedures as designated by the program.

Respiratory Therapy Program Faculty:

Program Director/Instructor: The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include: fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

Other related duties include:

- Participating proactively in the marketing of the Respiratory Therapy program.

- Teaching classes as assigned each semester and maintain a full academic advisee load; preparing syllabi, teaching, evaluating students, and participating in course improvements for courses in Respiratory Therapy.
- Assisting the Dean of Health Sciences and Public Service Technologies in supervising and supporting part-time and full-time Respiratory Therapy program faculty.
- Preparing reports which review the progress of the Respiratory Therapy program and present plans for maintenance of accreditation to the (CoARC).
- Maintaining effective relationships with all hospitals and community agencies concerning activities of both faculty and student functioning in clinical areas.

Director of Clinical Education/Instructor: The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

Other related duties include:

- Advising students on a semester basis in relation to academic progress.
- Developing clinical schedule and supervising part-time faculty.
- Communicating with clinical affiliate preceptors to plan, implement, and evaluate student clinical experiences and ensure continuity between all clinical evaluation systems.
- Participating in professional organizations, attending conferences and workshops as appropriate and maintaining professional contacts with others in similar instructional areas.
- Maintaining effective relationships will all hospital and community agencies concerning activities of both faculty and students functioning in clinical areas.

Faculty Instructor: Adjunct Faculty is responsible for providing a quality learning experience for Rockingham Community College [RCC] students. Adjunct Faculty is expected to perform all instruction-related duties in a timely manner and in accordance with the mission, policies, and procedures of the College, the North Carolina Community College System, and in accordance with the **Commission on Accreditation for Respiratory Therapy Care [CoARC]**.

Other related duties include:

- Advising students on a semester basis in relation to academic progress.
- Participating in professional organizations, attending conferences and workshops as appropriate and maintaining professional contacts with others in similar instructional areas.
- Maintaining effective relationships will all hospital and community agencies concerning activities of both faculty and students functioning in clinical areas.

Medical Director: A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care. The Medical Director must be a member of the Advisory Committee.

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Respiratory Therapy Program

Preceptor Guidelines

Professional Requirements:

- Associate Degree.
- Registry-eligible according to National Board of Respiratory Care standards.
- Maintain current state Respiratory Care Practitioner license issued by the North Carolina Respiratory Care Board.
- Minimum one year direct patient care experience.
- Satisfactory preceptor evaluation from department manager.

General Guidelines:

- Each clinical affiliate's department manager will designate the clinical preceptor.
- The clinical preceptor is to teach and supervise students in clinical activities.
- It is the preceptor's responsible to undersign all documentation on all official patients' records made by the student.
- The clinical preceptor will inform faculty of student's progress and work habits.
- The clinical preceptors are encouraged to maintain ongoing communication with the DCE.
- All students enrolled in clinical activities are covered under RCC's liability insurance policy.
- All students are allowed to participate in clinical activities as designated by the program under the North Carolina Respiratory Care Practice Act.
- Students are not allowed to receive verbal orders from physicians.
- Students should not transport intubated patients without direct supervision of the preceptor.
- Students must complete the entire shift of the scheduled day to be considered satisfactory for clinic.
- All tardies, early departures, and absences need to be reported to the DCE.

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Respiratory Therapy Program

Clinical Policies

General Conduct

- Respect all patients' privacy and confidentiality.
- Do not discuss patients where others may hear your conversation.
- Report away from the patient's bedside.
- Obscene or profane language will not be tolerated in the clinical area.
- Do not use inappropriate or offensive commentary or body language toward others.
- Smoking will not be allowed at clinical sites.
- Breaks and lunch will be arranged by the clinical instructor or preceptor.
- Students must remain within the clinical facility during meals and breaks.

Clinical Documentation

All required clinical documentation and assignments must be completed in a satisfactory manner each semester. Documentation of clinical assignments and competencies will be kept on file for accreditation requirements.

Clinical Dress Code, Tools, and Appearance

Students are to present themselves professionally at all times during clinical rotations (students must seek instructor's approval for professional appearance and dress prior to the beginning of clinical rotations). Anyone not complying with the program's dress code and guidelines will be dismissed for the day and considered a clinical absence.

General guidelines for professional appearance are as follows:

- Each student is to be neatly groomed.
- Hair must be neat, clean, and pulled back from face using a single rubber band with no attachments.
- Students must not wear perfume, cologne or scented lotions.
- Minimal use of cosmetics.
- Nails should be no longer than $\frac{1}{4}$ ", clean, and no colored nail polish allowed.
- For safety and promotion of good hygiene, only a wedding ring and watch may be worn.
- Tattoos, piercings, and body branding should not be visible.

Dress code requirements:

- Clean, fresh, and wrinkle-free standardized college issued scrubs are to be worn daily.
- Students may wear solid black or white t-shirt under uniform top if desired.
- Clean, non-permeable hospital-approved shoes are required. Open-toe or open-heel shoes are not appropriate.
- White, wrinkle-free lab coat.
- Student picture ID nametag will be visible at all times just below the left shoulder.
- Clinical tools (see below) are required and needed for clinical rotations.
- Special lectures/conferences located off campus will require students to dress professionally as determined by program faculty.

Identification badges:

- Students must be clearly identified as such in every the clinical setting to distinguish them from clinical site employees and other health profession students.
- Photo identification badges will be made and issued by RCC for students to wear in all clinical settings.

Required clinical tools:

- Stethoscope
- Water-resistant watch with second hand
- Ink pens – black
- Badge holder/clip (*Allowed*)

Clinical Schedules

Clinical rotation schedules are made by the Director of Clinical Education (DCE) and delivered to students and clinical sites prior to the beginning of the semester. Schedules are also posted in each clinical course Moodle shell. Students should be aware that evening hours for certain clinical rotations may be required. Students may not make any changes to schedule without approval of the DCE. Students should not volunteer for additional rotations or for special observations without the consent of the DCE. Students should not represent themselves as a Respiratory Therapy student from RCC while they are functioning in roles outside of school and clinical assignments (i.e., visitors, employees). Any student violating these rules is subject to dismissal from the Respiratory Therapy program.

Banning of a student from any site by a clinical affiliate may result in dismissal from the program.

Confidentiality Statement

The student must maintain confidentiality regarding patients, written and electronic medical records, and care provided during any clinical experience. The student is required to sign a confidentiality statement stating that he/she understands and will abide by the policy. Any break of this policy may result in dismissal from the program and possible prosecution (Refer to HIPPA regulations).

CPR Certification

All students must be CPR certified as endorsed by the American Heart Association and maintain this certification throughout the program. Failure to maintain certification may jeopardize the student's ability to participate in clinical activities. American Heart Association Healthcare Provider CPR certification is the student's responsibility and will be at their expense.

Drug / Alcohol Screening and Criminal Record Check

Clinical affiliates reserve the right to require all students that participate in clinical activities and patient care at their facility have a criminal record check and drug screening prior to clinical rotations. This mandate is a recommendation from the Joint Commission on Accreditation of Healthcare Organizations. To fulfill contractual agreements with clinical affiliates, RCC Respiratory Therapy students are required to submit an official criminal record check and drug screening prior to participating in clinical rotations as designated by the Director of Clinical Education.

Each clinical affiliate has the right to deny student's access for clinical rotations based upon the criminal record check and drug screening. This denial would result in the student's inability to complete the clinical course for his/her program and subsequently, the student would not be able to progress in the program.

Criminal record checks and drug screening shall be at the student's expense. Failure for the student to comply with this policy will result in the student not being allowed to progress in this program. Program faculty will not have access to background check.

Hospital Orientations and OSHA Regulations

Students will receive information via written educational material and/or video series concerning information on: infection control basics, blood-borne pathogens, confidentiality, customer service standards, electrical and fire safety, ergonomics, hazard communication, and patient and public safety. The student is responsible for reading the material and adhering to all standard policies.

Clinical affiliates may also require separate orientation sessions or modules. Each student will be responsible for completing orientations as applicable. The student will be held accountable for hospital policies and procedures discussed for each clinical affiliate. Each student is required to obtain medical physical prior to clinical rotations.

Immunizations & TB Testing

In addition, to immunizations required by RCC, all Respiratory Therapy students must have a 2-step tuberculin skin test (PPD) prior to entering the clinical areas, proof of vaccinations for influenza and Hepatitis B, immunity against rubella and rubeola, and a current tetanus diphtheria toxoid before they can be allowed in the clinical areas. PPD testing is required to maintain verification of freedom from tuberculin infection on a yearly basis while enrolled in the program. Tetanus diphtheria toxoid vaccination must also remain current while enrolled in the program. This is the student's responsibility and will be at their own expense. Failure to maintain certification may jeopardize the student's ability to participate in clinical activities.

Infectious Disease Policy

Students participating in required clinical education experiences may find themselves at risk for exposure to infectious diseases. The risk cannot be completely eliminated. It can be minimized by careful and consistent technique and the implementation of *universal (standard) precautions* (use of gloves, goggles, gowns, hand washing, and masks when appropriate) in the care of all patients. Students will be expected to use *universal (standard) precautions* with all patients.

In the event of a student exposure incident, the clinical affiliate or instructor will notify the Director of Clinical Education concerning the incident. Proper documentation will be completed and the student will be advised according to hospital policy on follow-up procedure and/or seeking medical attention.

Liability Insurance

All students are required to purchase liability (malpractice) insurance for protection in the event of a liability claim of a personal or professional nature resulting from the performance of clinical duties. This fee will be collected with the semester tuition payment annually. Students will not be allowed to participate in clinical activities until this fee is paid in full.

Professionalism

Students should always demonstrate high standards of professionalism in all settings and display a well-developed sense of moral obligation, ethical judgment, and respect for patients, staff, and faculty. Students that exhibit immature, objectionable, or inappropriate behavior, or violate any code of conduct will be subject to an unsatisfactory evaluation without remediation or dismissal from the program.

Respiratory Therapy Clinical Attendance Policy

All students will be given a clinical schedule, contact telephone numbers, instructions concerning the rotations, and specific objectives for the areas at the beginning of each semester. These rotations are mandatory and no schedule changes can be made without prior approval of the Director of Clinical Education.

Clinical Attendance: Schedules will be announced by the Director of Clinical Education (DCE) or clinical site of internship (if applicable Spring Second year only) and will be posted in RCP Moodle Shell. More than 20 hours of absences during the semester may result in dismissal from the program. Attendance is expected at all clinical sessions. Students are scheduled to attend 288 hours of clinical instruction during each fall and spring semester, and 100 hours of clinical instruction during summer semester. Students with an internship or FastTrack must adhere to the same rules as RCC scheduled students. It is the student's responsibility to notify DCE of an absence and to update any schedule changes.

- Students must notify the Respiratory Department in the specific clinical site at least one hour prior to the scheduled arrival time if an absence is imminent. Failure to notify the clinical site may result in dismissal from the program. DO NOT leave a voice mail message, please speak to a therapist and get their name. If you leave a voice mail message this will be considered failure to notify the clinical site. Students must notify the DCE at least one hour prior to expected arrival time if an absence is imminent. You must contact the DCE via email. IF you do not contact DCE you will be dropped a letter grade. You must contact the DCE with any clinical issues. You should expect a reply from the DCE within 24 hours during normal times and up to 48 hours on weekends, and holidays. Students are responsible for making arrangements to make up any missed clinical hours. Banning of a student from any site by a clinical affiliate may result in dismissal from the program.
- The Respiratory therapy program students are required to follow the Rockingham Community College (RCC) campus wide policies and procedures. Please review and become familiar with the Rockingham Community College Student Handbook. While student policies are reviewed in this handbook, the RCC Student Handbook supersedes all policies contained within this document. Any violation, sanction, punishment, grievance or appeal process may be referenced in the RCC Student Handbook for questions pertaining to Academic Integrity, Student Conduct or any other issues which are not contained in the RCC Student Handbook.
- Students who incur excessive absences may be required to withdraw from the course and the Respiratory Therapy Program.
- Students are prohibited from working night shift (any hours 11pm -7 am) prior to their clinical day. Any student found to have worked the night shift prior to clinical will be dismissed from the program.
- Respiratory Care students are expected to behave morally, professionally, and ethically during their clinical rotations. A breach of ethics, confidentiality, or safety standards may result in immediate dismissal from the program. All information relevant to patients, students, or staff members is considered confidential. There will be no discussion of clinical activities or confidential information in public places such as elevators, stairs, hallways, or the cafeteria. Discussion should occur only in clinical conferences or in private conversations with faculty, preceptors, or students. Any student violating this policy will be dismissed from the clinical for the day and will receive an absence for the clinical day. A second violation may result in dismissal from the program. Students will be required to sign a pledge of confidentiality at the beginning of the program. Outside visitors are not permitted during clinical rotations.
- Social Networking: Any reproduction in word or picture of topics discussed in class or pertaining to practical skills, lecture, and/or clinical, including but not limited to pictures, drawings, and/or verbal representations are strictly forbidden from posting on any social networking sites whether the reproductions are considered private or public. Anything that relates to a patient contact is prohibited from posting on any social networking sites per patient confidentiality and HIPPA laws. Violation of any patient confidentiality or HIPPA laws may result in dismissal from the program.
- Phone calls should be made only during scheduled breaks or meal periods, and must be made from a private phone. Departmental or hospital phones should not be used for personal communication. There is to be no cell phone use in the hospital in patient care areas. Any student talking or texting in patient care areas will be sent home with and given an absence for the clinical day. Disciplinary action as well as possible dismissal from the program may result.
- Smoking is not permitted at clinical sites. No perfumes or scented lotions, shampoos, etc. · Personal affairs or problems should not be discussed with patients. Solicitation or acceptance of personal gifts or tips from patients is forbidden.

All final decisions upon any unforeseen or unusual circumstances that may occur concerning a student's attendance will be based upon the Director of Clinical Education's discretion.

Clinical Competencies

A list of clinical competencies to be checked off is located in Data Arc. All students will be required to demonstrate a prescribed amount of laboratory proficiencies through Procedural Competency Evaluation (PCE) documentation after receiving classroom instruction relative to each topic, and prior to performing the task in the clinical setting. A PCE is a uniform assessment tool used to document laboratory and clinical proficiency. PCE's will be evaluated by instructors in the laboratory setting. Students who fail to successfully complete the competency on the first attempt will be permitted to reschedule an evaluation within 48 hours. A second unsuccessful attempt will require a mandatory remedial education session prior to next scheduled class. Failure to successfully complete all required competency assessments after the second attempt may result in dismissal from the program for "failure to progress". Only program faculty may sign off laboratory PCE's. Authorized clinical instructors or preceptors may sign off completion of clinical PCE's. Extenuating circumstances will be evaluated by the program faculty.

Clinical Competencies:

- Handwashing
- Isolation Procedures
- Vital Signs
- Breath Sounds
- Chest X-ray Interpretation
- Bedside PFT Measurements
- Arterial Puncture
- ABG Sample – Invasive Line
- Capillary Sampling
- Oxygen Supply Systems
- Oxygen Administration
- MDI Administration
- DPI Administration
- Small-Volume Nebulizer Treatment
- Incentive Spirometry
- IPPB Treatment
- PEP Therapy
- Flutter Valve Therapy
- Chest Physiotherapy / HFCWO
- Suctioning/Secretion Removal
- Tracheostomy/Stoma Care
- Assessment/Security of Artificial Airways
- Monitoring Cuff Pressures
- Manual Resuscitation
- Assist with Intubation
- Extubation
- NIPPV Monitoring
- Ventilator Monitoring – Adult Patient
- Ventilator Monitoring – Pediatric Patient
- Ventilator Monitoring – Neonatal Patient

Clinical Assignments

Daily Clinical Logs: All students will be required to complete a summary of performed or observed procedures and physician contact in their Clinical Daily Log at the end of each clinical day. Seek out physician contact whenever possible. The form should be filled out completely, listing all required information. The submission of a completed clinical log is due by the end of the day of the clinical experience documented on the log in Data Arc. Failure to submit Clinical Summation Logs on time will result in a 2 point deduction per day for each day it is overdue. Will result in a zero after one week.

Patient Assessment Documentation: Each student will be expected to complete five (5) patient assessment reports. All five reports must be submitted via Moodle course. All patient assessments will be turned in electronically via Moodle course according to date assigned in syllabus. Failure to submit patient assessment reports on time will result in a 2 point deduction per day for each day it is overdue. Will result in a zero after one week.

Written Patient Case Study: Each student will be expected to complete a case study on one hospitalized patient. This will be a comprehensive report containing all pertinent data. The case study outline will be posted in Moodle course. Students are to utilize correct grammar, sentence structure, and punctuation while writing case study. Units of measurement should be included with all lab values. If the student quotes something from the patient's chart it should state "per patient's chart." Abbreviations should be defined then utilized throughout paper. Sentences are not to begin with

abbreviations. All case studies should be typed in 12pt Times New Roman Font and single spaced using APA format. All submissions must include cited references. All case studies will be turned in electronically via Moodle course according to date assigned in syllabus. No late submissions will be accepted, grade will result in a zero.

Patient Case Study Presentations: Presentation of the case study in a group setting, including the class, and instructors. Presentation rubric will be posted in Moodle course. Presentations will be held on date assigned per syllabus during lab time.

Discussion Forums: Students are required to post a weekly summary in Moodle course concerning their clinical experience, the summary should be at least one paragraph in length. The posts can include interesting conditions, diagnosis, medication or any subject related to their clinical experience for that week. Students are required to be cognizant of HIPAA, and do not include name of patient or hospital. Each forum post will be due at each Sunday following the clinical week. After midnight Sunday a zero will be given if no post is present.

**Rockingham Community College
Respiratory Therapy Program
Clinical Instruction and Evaluation Policy**

I. Goals:

The clinical courses of the Respiratory Therapy curriculum have been developed to provide the student with interrelated educational experiences striving for five major goals: development of Respiratory Care skills, improvement of patient assessment skills, enhancement of critical thinking skills, involvement of a professional attitude, and preparation for the national credentialing exams.

II. Job Descriptions:

Director of Clinical Education:

The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

Other related duties include:

- Advising students on a semester basis in relation to academic progress.
- Developing clinical schedule and supervising part-time faculty.
- Communicating with clinical affiliate preceptors to plan, implement, and evaluate student clinical experiences and ensure continuity between all clinical evaluation systems.
- Participating in professional organizations, attending conferences and workshops as appropriate and maintaining professional contacts with others in similar instructional areas.
- Maintaining effective relationships with all hospital and community agencies concerning activities of both faculty and students functioning in clinical areas

III. Clinical Performance Evaluations:

Clinical preceptors are responsible for evaluating each student's overall clinical performance and ability to meet all predetermined criteria for each clinical course on a satisfactory/unsatisfactory basis. Clinical performance including perceived strengths and weaknesses of the student will be discussed with the student individually. Daily clinical evaluations will include cognitive, psychomotor, and affective learning domains.

Cognitive evaluation will assess technical knowledge and application, along with their learning ability and judgment. Psychomotor evaluation judges skill performance. Affective evaluation encompasses the student's appearance, work and communication characteristics, and impression of integrity, initiative, and concern for others.

IV. Inter-rater Reliability:

Inter-rater reliability is the extent to which two or more individuals (clinical faculty) agree and addresses the consistency of the implementation of the clinical evaluation system. Training, education and monitoring skills can

enhance inter-rater reliability as a measurement of how well the clinical faculty agree and are following the Respiratory Therapy program's standards. By ensuring consistency, clinical preceptors will:

- (1) Minimize variations in the application of clinical procedures and competencies.
- (2) Evaluate the student's competencies and progression in cognitive and affective behaviors according to the established clinical evaluation tool.
- (3) Target specific areas most in need of improvement.
- (4) Seek additional training and instruction for students as applicable.
- (5) Avoid litigation due to inconsistently applied guidelines.

The Director of Clinical Education (DCE) will supervise and work with clinical preceptors to provide the best clinical experience possible. Clinical preceptors will be evaluated by the DCE and students. Annual meetings will be conducted to discuss standards, guidelines, and clinical objectives for clinical courses.

V. Clinical Preceptors:

Clinical preceptors are hospital employees that are not paid by Rockingham Community College and will be designated by each clinical affiliate's department manager or supervisor. The clinical preceptor is to teach and supervise students in clinical activities. Clinical preceptors will complete a **Daily Evaluation and Affective Evaluation** in **Data Arc** for each student. Assessment of students' progress will include fundamental criteria for cognitive, psychomotor and affective skills. Procedures performed during the clinical rotation should be listed in the **Daily Log** in **Data Arc**. Guidelines for assessing students' progress are provided in the **Daily Evaluation** in the **Data Arc** system.

The clinical preceptors are encouraged to maintain ongoing communication with the Director of Clinical Education and inform faculty of the students' progress and work habits. Clinical preceptors will not assign final grades for the students. All final decisions upon any unforeseen or unusual circumstances that may occur concerning a student's performance will be based upon the Program Director and Director of Clinical Education's discretion.

VI. Clinical Instructor / Preceptor Evaluations:

Clinical preceptors will be evaluated annually by the Director of Clinical Education. All clinical preceptors will be evaluated using the "Clinical Instructor Performance Evaluation."

Students will also have the opportunity to complete evaluation surveys in DataArc clinical software each semester for all clinical rotations. Their evaluation survey includes questions pertaining to the clinical course, clinical rotation, and instructors/preceptor. Results of the surveys will be distributed to the appropriate clinical affiliate.

CLINICAL DAILY EVALUATION

Daily Evaluations can be completed at the end of each clinical day or specific rotation as designated by the program

Student	
Faculty Instructor	Signature:
Date	
Clinical Site	
Area	

Completed by
RCC Instructor

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

Dependability		5	4	3	2	1	NA
1	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	Not Observed

Professionalism		5	4	3	2	1	NA
2	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	Not Observed

Knowledge		5	4	3	2	1	NA
3	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	Not Observed

Psychomotor / Hands On Ability		5	4	3	2	1	NA
4	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 standard. Requires frequent prompting or assistance.	Can not perform the skill or is in danger of harming the patient. Needs constant assistance.	Not Observed	Not Observed

Organization		5	4	3	2	1	NA
5	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	Not Observed

Overall Comment Box:

CLINICAL AFFECTIVE EVALUATION

Affective Evaluations are intended to be completed at the end of each clinical area or unit rotation and again at the end of the clinical course

Student	
Faculty Instructor	Signature:
Date	
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 and wears appropriate attire.	Appearance is consistently appropriate	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	4	3	2	1	NA	
3 Arrives to work prepared and on time.						
Always arrives on time and prepared	4	3	2	1	NA	
Regularly arrives on time and prepared	4	3	2	1	NA	
4 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)						
Is always dependable and skillfully completes tasks	4	3	2	1	NA	
Is very dependable and completes tasks	4	3	2	1	NA	
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	4	3	2	1	NA	
Very good team worker, relates well to team members and usually consults and shares information	4	3	2	1	NA	
Good team worker, consults and shares information with team members when encouraged	4	3	2	1	NA	
Poor team worker, rarely consults or shares 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	4	3	2	1	NA	
Usually friendly, relates well with other personnel the majority of the time	4	3	2	1	NA	
Sometimes moody or unfriendly, does not always speak with good purpose						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	4	3	2	1	NA	
Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	4	3	2	1	NA	
Usually accepts guidance or direction, frequently improves behavior	4	3	2	1	NA	
Sometimes willing to accept direction, rarely modifies behavior						Not Observed
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).

5	4	3	2	1	NA
Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and help	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).

5	4	3	2	1	NA
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).

5	4	3	2	1	NA
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).

5	4	3	2	1	NA
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.

5	4	3	2	1	NA
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	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 situations	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.

5	4	3	2	1	NA
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:

CLINICAL DAILY EVALUATION

Daily Evaluations can be completed at the end of each clinical day or specific rotation as designated by the program

Completed by
Hospital
Preceptor

Student
Hospital Preceptor
Date
Clinical Site
Area

Name: _____ Signature: _____

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

Dependability				
5	4	3	2	1
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.
1				Not Observed

Professionalism				
5	4	3	2	1
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.
2				Not Observed

Knowledge				
5	4	3	2	1
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.
3				Not Observed

Psychomotor / Hands On Ability				
5	4	3	2	1
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 standard. Requires frequent prompting or assistance.	Can not perform the skill or is in danger of harming the patient. Needs constant assistance.
4				Not Observed

Organization				
5	4	3	2	1
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.
5				Not Observed

Overall Comment Box:

CLINICAL AFFECTIVE EVALUATION

Affective Evaluations are intended to be completed at the end of each clinical area or unit rotation and again at the end of the clinical course

Name: _____	Signature: _____
Date _____	
Clinical Site _____	
Area _____	

Completed by
Hospital

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 and 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	4		3	2	1	NA
3 Arrives to work prepared and on time.						
Always arrives on time and prepared	4	Regularly arrives on time and prepared	3	2	1	NA
4 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)						
Is always dependable and skillfully completes tasks	4	Is very dependable and completes tasks	3	2	1	NA
		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	4	Very good team worker, relates well to team members and usually consults and shares information	3	2	1	NA
6 Contributes to a positive environment within the department (likable, friendly, helpful, loyal)						
Exceptionally friendly, helpful, loyal and always speaks with good purpose	4	Consistently friendly, helpful, loyal and usually relates well with personnel	3	2	1	NA
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	4	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	3	2	1	NA
		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).	5	4	3	2	1	NA
Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and help	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	Seidom 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).	5	4	3	2	1	NA
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).	5	4	3	2	1	NA
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).	5	4	3	2	1	NA
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.	5	4	3	2	1	NA
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	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 situations	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.	5	4	3	2	1	NA
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:

Rockingham Community College

Respiratory Therapy

Clinical Performance Evaluation

Inter-rater Reliability

Student:

Semester/Year:

Daily Clinical Evaluation		
Unsatisfactory	Content	Satisfactory
Cognitive Evaluation		
<ul style="list-style-type: none"> Lacking in fundamental principles Lack of knowledge compromises patient care & safety 	Technical Knowledge	<ul style="list-style-type: none"> Demonstrates sound knowledge base for appropriate level
<ul style="list-style-type: none"> Cannot relate knowledge to clinical problems 	Knowledge Application	<ul style="list-style-type: none"> Relates knowledge to clinical problems easily
<ul style="list-style-type: none"> Slow to adjust to changes and new material Requires excessive review of routine material and procedures 	Learning Ability	<ul style="list-style-type: none"> Adjusts to changes easily Learns new material & procedures at an acceptable rate
<ul style="list-style-type: none"> Lack of judgement poses risk to self/patient/instructor/staff 	Judgement	<ul style="list-style-type: none"> Makes suggestions that are sound Demonstrated good judgement Asks questions when in doubt
Psychomotor Evaluation		
<ul style="list-style-type: none"> Lack of dexterity hinders patient care Lack of dexterity poses a threat to self/patient/instructor/staff 	Skill Performance	<ul style="list-style-type: none"> Dexterity seems to facilitate performance of required procedures
Affective Evaluation		
<ul style="list-style-type: none"> Does not comply to dress code Appears unclean/unkept 	Appearance	<ul style="list-style-type: none"> Complies with dress code Appears clean/neat
<ul style="list-style-type: none"> Exhibits inappropriate behavior Does not meet ethical standards required of healthcare professionals Is not trustworthy or dependable 	Integrity	<ul style="list-style-type: none"> Handles self in professional manner Displays well developed sense of moral obligation and ethical judgement
<ul style="list-style-type: none"> Shows little concern for others Leaves patient(s) unattended Does not attempt to resolve conflict Displays vengeful conduct Displays rudeness 	Concern for Others	<ul style="list-style-type: none"> Shows empathy/compassion Willingly assists others Seems aware of patient needs Strives to meet patient needs Displays tact, diplomacy, & courtesy
<ul style="list-style-type: none"> Fails to follow instruction/seek help Work has to be corrected/repeated Speed & accuracy decline under pressure Slow pace impedes patient care Inaccurate documentation Critical errors pose potential danger to others Shows lack of regard for equipment/facilities 	Work Characteristics	<ul style="list-style-type: none"> Accepts assignments willingly Asks for help when needed Remains functional under pressure Work pace facilitates patient care Documentation is timely & accurate Works well as team member

<ul style="list-style-type: none"> ● Fails to transmit relevant information to patient/staff/instructor ● Unwilling to listen/observe ● Complains 	<p>Communication</p>	<ul style="list-style-type: none"> ● Maintains good rapport with patient/staff/instructor ● Shows willingness to listen/observe ● Is effective at influencing others
<ul style="list-style-type: none"> ● Lacks motivation ● Avoids seeking new learning experiences 	<p>Initiative</p>	<ul style="list-style-type: none"> ● Exhibits enthusiasm ● Seeks out new learning experiences

Developed 6/7/18

Date:	Clinical Site:
-------	----------------

Patient Assignment(s)/Procedures: _____

Strengths	Weaknesses

Area of Evaluation	Satisfactory	Needs Improvement	Unsatisfactory
Cognitive			
Psychomotor			
Affective			

Hospital Preceptor _____



Date:	Clinical Site:
-------	----------------

Patient Assignment(s)/Procedures: _____

Strengths	Weaknesses

Area of Evaluation	Satisfactory	Needs Improvement	Unsatisfactory
Cognitive			
Psychomotor			
Affective			

Director of Clinical Education _____



Comments:

Inter-rater reliability: ___ Consistent and reliable implementation of the clinical evaluation system

___ Compliant with the Respiratory Therapy program's standards

Action (if needed): ___ Seek additional training and instruction for the students as applicable

Target specific area(s) most in need of improvement: _____



Performance Improvement Plan

Student Name: _____

Date: _____

Course: _____

Description of Incident(s):

Conditions:

My signature implies that I have reviewed the information in the Respiratory Therapy Student Handbook regarding clinical issues and understand the rationale for this Performance Improvement Plan, all the conditions, and the consequences of failure to meet any of the conditions.

Student signature _____

Date _____

DCE _____

Date _____

Program Director _____

Date _____

ROCKINGHAM COMMUNITY COLLEGE

RESPIRATORY THERAPY PROGRAM

CLINICAL EXPERIENCE

I have read the Respiratory Therapy Program Clinical Experience Procedure Manual. I understand that I am accountable for all of the information contained in the handbook. I have been given the opportunity to clarify any questions.

Preceptor/Clinical Instructor Signature

Facility