

Clinical Preceptor Handbook  
Respiratory Care Program  
Pierpont Community and Technical College



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## Objective

This clinical preceptor handbook is designed to provide guidelines to individuals responsible for the clinical education of Pierpont Community and Technical College respiratory care students. Preceptors, no matter the facility, are expected to deliver a constant, quality clinical experience to PCTC respiratory care students. In addition, a constant standard in rating competencies is expected. Clinical preceptors do not assign or affect student grades.

## Role of the Clinical Preceptor (CP)

- The CP functions as a role model for delivering effective respiratory care to patients.
- The CP facilitates the student's progress towards a gradual increase in responsibilities until the student
- Can practice independent respiratory care
- The CP will treat the student as an adult learner in a teacher-learner relationship.
- The CP must countersign all students charting.
- The CP makes a conscious effort to develop relationships with students that is:
  - Relaxed and trusting
  - Mutually respectful
  - Informal and warm
  - Collaborative and supportive

Provide feedback regarding student's professional behavior through use of forms provided by college (Clinical proficiencies and evaluation).

Consult with Pierpont Community and Technical College Respiratory Care faculty regarding observed student behaviors that are unacceptable for staff respiratory care practitioners such as:

- Content or skill weakness in a given area
- Inability to perform patient care procedures
- Lack of knowledge or inability to gain knowledge necessary for the implementation of patient care
- Lack of technical competence
- Any behavior, which is in the opinion of the assistance clinical instructor, is counter - productive to the Respiratory Care Program process.

### **Criteria for a clinical preceptor:**

- An active license within the state of practice.
- CRT or RRT (RRT Preferred) licensed
- Employed by the clinical site
- A minimum of an associate's degree is preferred
- Graduate of approved CoARC Respiratory Program

### **SKILL**

The RCP has demonstrated expertise in the delivery of respiratory care. (As determined by the department administrator, supervisor and/or Director of Clinical Education).

### **ATTITUDE**

The RCP demonstrates a positive attitude to work with a student in the preceptor role.

### **COMMUNICATION**

The RCP has demonstrated ability to communicate effectively with patients, faculty, students, staff, and physicians

### **Student's Role**

See attached students clinical handbook

### **Pierpont C&TC Mission Statement**

*The Mission of Pierpont Community & Technical College is to provide opportunities for learning, training, and further education that enrich the lives of individuals and promote the economic growth of our service region and state.*

*Pierpont strives to enhance the quality of life for people of north-central West Virginia through accessible, affordable, comprehensive, responsive, workforce-related training, and quality higher education opportunities.*

### **Student Learning Outcomes of Pierpont C&TC Respiratory Care Program**

- Develop therapeutic goals for respiratory therapy appropriate for patient care.
- Perform patient care in a clinical setting in accordance with AARC (American Association of Respiratory Care) guidelines for patient care (GPCs).
- Meet or exceed the minimum expectations of the NBRC certification examinations for a Registered Respiratory Therapist.
- Demonstrate professional behavior in the field of respiratory care.

## **Program Accreditation**

The Pierpont Respiratory Care Program holds probationary accreditation by the Committee on Accreditation for Respiratory Care (CoARC). The accreditation process has been developed to assure that CoARC accredited programs follow educational standards and ensure academic excellence. CoARC provides peer review of the programs educational content and processes.

## **Program Contacts**

Clinical sites will receive a list of students at beginning of each clinical cycle.

Michael Walls, Med, RRT, LRTR  
Program Director and Assistant Professor  
Email: [michael.walls@pierpont.edu](mailto:michael.walls@pierpont.edu)  
Office 304.367.4874

Jodee Nelson, Med, RRT  
Director of Clinical Education  
Email: [jodee.nelson@pierpont.edu](mailto:jodee.nelson@pierpont.edu)  
Office 304.367.4876

## **Evaluation – Overall**

Students, who consistently are unable to meet the clinical objectives, use unsafe methods of delivering patient care, who show inadequate preparation in caring for patients, or who demonstrate unprofessional conduct in the clinical area may receive an unsatisfactory clinical evaluation. An unsatisfactory clinical evaluation results in remediation of the student by an Inter-rater Reliable certified preceptor or removed from clinical rotations and remediated within our program's laboratory by one of the key program personnel. Continued unsatisfactory clinical evaluations after remediation may result in failure of the course and immediate withdrawal from the program.

## **Trajecsys**

Trajecsys is a database-tracking system that monitors and collects information of students' clinical performance. Clinical evaluation forms and check-offs can now be completed online and directly sent to the students' instructors for review. Each therapist has a login and password that allows him or her to enter the system. In addition, each facility has a generic login that allows a therapist to enter data even if he or she is not in the system. It is preferred that all evaluators have an individualized login/password. Below are instructions:

1. Go to [www.trajecsys.com](http://www.trajecsys.com)
2. Mouse over and click LOG IN (Upper Right Corner of webpage)
3. Enter and submit username and password
4. Click on the desired student and evaluation
5. Complete and submit evaluation

Contact Jodee Nelson 304-367-4876 if you do not have access or need help.

### **Student Competencies**

Every respiratory care student is issued a list of competencies at the beginning of his or her second year. These competencies are checked off by program staff as preformed by the student in the program's laboratory prior to entering clinical rotations outside the lab. The clinical competencies are on the Trajecsys system or may be in paper form. Clinical preceptors do not assign or affect grades. These competencies are used to follow competency practice and demonstration of professional behavior.

1. Compete the clinical competency
2. Score the procedure as denoted within Trajecsys or the paper form to reflect the student skill level.

### **Clinical Preceptor's Role in Clinical Competencies**

Each competency has the following evaluation options:

#### Satisfactory

- Ready for clinical application with minimal supervision. Performed procedure accurately, or was able to correct performance without injury to the patient or decreasing effect of therapy being given.

#### Minor-Unsatisfactory

- Needs to review fundamental concepts or requires re-evaluation of minor deficiency (s). (ex. Forgets to wash hands during the follow-up stage. Must be re-evaluated on this step not the whole procedure).

#### Major-Unsatisfactory

- Requires additional supervised clinical practice and complete reevaluation of the procedure. May require removal from clinical sites for program laboratory remediation.

#### No Observed

#### Not Applicable

### **Inter-rater reliability (IRR)**

IRR is the extent of which two raters agree on a score given in the check-off book or with clinical competence in general. Unbiased and consistent measurement is required to obtain the best educational experience possible.

IRR is to be completed once a calendar year by each preceptor

Contact your supervisor or Michael Walls if you need IRR information.

### **Affective Evaluations**

Affective evaluations are the third part of the clinical evaluation process. They represent the instructors' overall view of the student's ability to communicate, confidence and independence, initiative and cooperation, maturity, professional ethics, organization and theory application. Affective evaluations should be documented as comments within Trajecsyst or on the paper document.

### **Preceptor Evaluation of the Student**

One evaluation per clinical rotation must be completed within Trajecsyst or on paper document. The student will not be able to see the online evaluation. However, we suggest doing the evaluation with the student as an opportunity to educate or praise

### **Student Evaluation of the Preceptor**

Each student will have the opportunity to evaluate you as the preceptor. This information will be shared with your department director/manager or supervisor.

### **External Site Evaluation**

Each student is required to evaluate each clinical site

### **Physician Evaluation of the Student**

Physicians have the ability to evaluate students via paper form. This is intended for physicians that are providing students with clinical rounds or direct physician interactions.

### **Required CP Education**

- Complete review of the CP Handbook
- Complete review of the Student Handbook
- Successful completion of IRR Education course

# **RESPIRATORY CARE CLINICAL GUIDE**

**If this booklet is found please return it to:**

**Respiratory Care Program  
Pierpont Community and Technical College  
Fairmont, WV  
Office 304-367-4882**

**or**

Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Email address\_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Michael Walls M.Ed., RRT, LRTR  
Program Director  
304-367-4874

Jodee Nelson M.Ed., RRT, LRTR  
Director of Clinical Education  
304-367-4876



## INTRODUCTION

**You have chosen** to become a Professional Respiratory Therapist. As a respected member of the healthcare team, you will be working with professionals from many disciplines as well as patients and family members. You are evaluated daily on your professional behavior. Your attitude, attendance and appearance are part of that evaluation. It is your responsibility to represent most important, yourself as a potential, future employee.

ATTENDANCE IS VERY IMPORTANT. YOU MUST BE HERE TO GET IT:

Did I Miss Anything? *Tom Wayman*

Nothing. When we realized you weren't here  
we sat with our hands folded on our desks  
in silence, for the full two hours

Everything. I gave an exam worth  
40 percent of the grade for this term  
and assigned some reading due today  
on which I'm about to hand out a quiz  
worth 50 percent

Nothing. None of the content of this course  
has value or meaning  
Take as many days off as you like:  
any activities we undertake as a class  
I assure you will not matter either to you or me  
and are without purpose

Everything. A few minutes after we began last time  
a shaft of light suddenly descended and an angel  
or other heavenly being appeared  
and revealed to us what each woman or man must do  
to attain divine wisdom in this life and  
the hereafter  
This is the last time the class will meet  
before we disperse to bring the good news to all people  
on earth.

Nothing. When you are not present  
how could something significant occur?

Everything. Contained in this classroom  
is a microcosm of human experience  
assembled for you to query and examine and ponder  
This is not the only place such an opportunity has been  
gathered

but it was one place And you weren't here

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## SAFE AND ETHICAL

## CLINICAL PRACTICE

### Policy:

A Student whose pattern of behavior is found to be unsafe may be terminated from the program for reasons of unsafe practices at any time during the semester and receive a non-passing grade for the course. In order to continue in the Respiratory Care Program a student who is terminated from the clinical program must apply for readmission to the Respiratory Program. There are no implied guarantees that readmission will be granted. Readmission is determined based on the nature of the dismissal.

### Definition:

The student will demonstrate patterns of professional behaviors which follow the legal and ethical codes of Respiratory Care practices; promote the well being of patients, health care workers, and self in the biological, psychological, sociological, and cultural realm. Within the scope of our practice students will demonstrate accountability in preparation, documentation, and continuity of care; and show respect for the human rights of individuals.

### Guidelines for Evaluating Safe Practice:

**Regulatory:** The student practices within the boundaries of the AARC and WVSRC. An example of unsafe practices may include, but is not limited to attending a clinical rotation under the influence of drugs and/or alcohol.

**Ethical:** The student practices according to the American Association of Respiratory Care. Examples of unsafe may included, but are not limited to:

- 1) Refusing a patient assignment based on client's race, culture, or religious or sexual preference.
- 2) Inappropriate practice in any assigned activity related to clinical practice.
- 3) Refusal to provide comprehensive respiratory care on any assigned client.

**Scope of Practice:** A Student whose pattern of behavior is found to be unsafe may receive a non-passing grade for the course and be terminated from the program for reasons of unsafe practices at any time during the semester .

Examples of practices outside scope of practice:

- 1) Performing Procedures not allowed one hospital that are allowed at another
- 2) Performing procedures of another medical profession (i.e. EMT inserting IU line)

### Biological, Psychological, Social, and Cultural Realms:

Student practice attempts to meet the needs of the human system from a biological, psychological, sociological, and cultural standpoint as it pertains to Respiratory Care.

Examples of unsafe practice my include, but are not limited to:

- 1) Failure to display stable mental, physical or emotional behavior(s) which may affect others' well being.
- 2) Failure to follow through on suggested referrals or interventions to correct deficit areas which may result in harm to the others (deficit areas defined above).
- 3) Acts of omission/commission in the care of clients, such as (but not limited to): physical abuse, mental or emotional abuse, and multiple medication errors.
- 4) Interpersonal relationships with agent staff, coworkers, peers, faculty resulting in miscommunication, disruption of client care and/or unit functioning.
- 5) Lack of physical coordination necessary for carrying out safe respiratory procedures.

**Accountability:** The students practice demonstrates continuity in the responsible preparation, documentation, and promotion of continuity in the care of client's.

Examples of unsafe practice may include, but are not limited to:

- 1) Attempting activities without adequate orientation, theoretical preparation or appropriate assistance.
- 2) Dishonesty

**Human Rights:** The student's conduct shows respect for the individual, client, health team member, faculty, and self including but not limited to the innate, legal, ethical, and cultural realms. Examples of unsafe practice may include, but are not limited to:

- 1) Failure to maintain confidentiality of interactions.
- 2) Failure to maintain confidentiality of records.
- 3) Dishonesty in relationships.

### **Procedures**

A student whose pattern of behavior endangers a patient, peer, staff member or clinical instructor's safety will be given a verbal and written warning by the clinical instructor. At the discretion of the clinical instructor, that instructor may request a Department of Respiratory Care hearing or place the student with a consulting clinical instructor for further evaluation. If the student's pattern of behavior is repeated with the consulting clinical instructor, the student's clinical instructor will request a meeting with the program director. Upon a decision by the Clinical Director that the student's conduct is unsafe, the student may be terminated from the clinical program and will receive an "F:" for the clinical course. Failing any of the clinical courses will result in immediate discharge from the program. Documented evidence from the student, faculty, and/or staff will be considered in the decision to terminate a student from clinical program. All students have the right to appeal the decision and should refer to the student handbook.

### **Employment and student rotations**

Students may apply to student employment positions, as long as the student is in good standing with the program and approval from the Program Director.

A student is permitted to work as a student employee and do a clinical rotation in the same hospital. Combining clinical rotation hours with employment hours within a 24 hour period, is strictly forbidden and may lead to dismissal from the program.

## **CLINICAL/LAB POLICIES**

### **Clinical Rotation/Lab Attendance**

Attendance is mandatory at all clinical sites. Absenteeism will not be tolerated. Absenteeism is defined as 2 or more missed clinical rotations that are not made up by the end of the semester and could lead to dismissal from the program. A physician's release to return to the clinical area is required when three or more days are missed.

The student is responsible for any information, assignments and missed work. The instructor is not required to provide make up lectures, quizzes demonstrations, field trips, assignments or laboratory sessions.

In order to be excused from an examination, quiz or clinical rotation, the student must speak to the instructor prior to the absence.

Students missing 10% (2 class days) of course time will receive a written warning.

Students missing greater than 20% of a lecture, scheduled laboratory session or clinical rotation will be asked to withdraw from the course. Failure to withdraw from the course can result in an incomplete or a grade of 'F'.

Satisfactory performance of 75% or better is required on all clinical site competency exams. The student will have 3 chances to make the 75% if needed. It is highly unlikely that grades will be curved or modified. This is a healthcare course and high standards are placed on those individuals that may have impact on direct patient care. Missed assignments/quizzes or exams must be made up no later than 7 days following the original due date. All work submitted late will result in a 10% deduction in the overall score.

The following hospital has a mandatory rotation: WVUH (Ruby) NICU/PICU, failure to meet this requirement may lead to dismissal from the program. This clinical site provides a unique learning experience but is limited due to time constraints and commitments to patients and other students.

It is the responsibility of the student to get approval from the Director of Clinical Education and Clinical Site Coordinator to schedule makeup time before the end of each semester. Due to unique opportunities at certain clinical affiliates, make-up time must be arranged at original assigned site. The DCE must be notified of all arrangements with the clinical site, followed by documentation on the Daily Performance Record.

### **Call -Off Procedure**

Students are required to call for any clinical/lab absence or tardiness. The student must notify the clinical site **and** DCE at least one hour before the scheduled clinical time. Failure to notify the clinical site of an absence will result in administrative withdrawal from the course.

### **Weather Related Call -Off**

When classes at the college are canceled due to inclement weather before the scheduled clinical time, the student must follow the above call-off procedure. The decision to attend a clinical rotation during inclement weather remains with the student.

**Smoking**

Smoking is **not** permitted at any of the clinical sites. Smoke lingers on your clothes, hair and breath, therefore smoking prior to clinical experiences must be avoided. It is your responsibility as a Health Care Practitioner to promote good health habits through client education and personal example.

**Meals**

Hospital cafeterias are available to students at regular cost, or you may bring your own meal.

You are **not** permitted to leave the clinical site for meals. Unless specifically invited, do not have your meal in the staff break room.

**Social Media:**

The term 'social media' includes, but not limited to blogs; social networks such as MySpace®, Facebook®, and Twitter®; podcasts; video sharing; Really Simple Syndication(RSS)feeds and on-line collaborative information and publishing systems.

There will be no use of cell phones or entertainment devices during lecture or instruction periods within the academic period. Cells phones may be put on vibrate if they must be on. All electronic device usage will be done OUTSIDE the classroom or you will be asked to leave. Classroom participation is encouraged by raising of your hand. If a student persists on interrupting or exuding rude behavior and/or offensive language the student will be subject of dismissal from the class and/or the entire program.

**Respiratory Therapy Program Code of Ethics Regarding Social Media**

This code provides Pierpont Community and Technical College (PC&TC) respiratory students with rules for participation in social media, including media hosted by clinical affiliates' as well as non-clinical social media.

**Guidelines:**

The term "clinical affiliate" includes ANY clinical affiliate used by PC&TC for health career education. Students must, at all times, abide by the PC&TC health careers code of ethics when using or participating in social media. All policies that that apply to the Respiratory Therapy Program apply here.

Students must, at all times, remain respectful of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Materials may not be posted which are obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, hateful or embarrassing to another person or entity. Students may not engage in any activity that reflects negatively on a clinical affiliate.

Students may not disclose any confidential or proprietary information regarding any of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Including but not limited to business, medical and financial information; represent that they are communicating the views of any clinical affiliate unless authorized by that clinical affiliate and PC&TC ; or act in a manner which creates the false impression that they are communicating on behalf of or as a representative of a clinical affiliate.

Students may not use or disclose any patient identifying information of any kind in any social media. This rule applies even if the patient is not identified by name where the information to used or disclosed may enable someone to identify the patient.

This policy applies to students when using social media while at a clinical affiliate site and while using social media when away from a clinical site. This policy does not apply to content that is unrelated to a clinical affiliate site. This policy does not apply to content that is unrelated to clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees.



Students are not permitted to use a clinical affiliate logo or PC&TC logo in any internet posting.  
Students are personally responsible for what they post.  
Students may not establish a clinical affiliate hosted social media site.

Violation of this policy will result in corrective action up to and including removal from the program.

### **Parking**

Ruby Memorial Hospital                      Designated Student Parking Area Only

All Others                                      Employee Parking Lot

Do not park in the visitors' lots  
Parking in unauthorized areas will result in your vehicle being towed at your expense.

### **Emergency Treatment during Clinical Rotations**

Emergency care is provided at all hospitals in case of an accident. **However, the student is responsible for the costs incurred. ALL** accidents must be reported to your clinical instructor/preceptor.

### **Liability Insurance**

Students not employed as health practitioners are covered by West Virginia State Liability Insurance.

### **Learning Resources**

Students have access to services provided by the Learning Resources Center, Respiratory Care Departments, Hospital Medical Libraries and Public Libraries following appropriate procedures.  
**Note:** Some medical libraries may not permit students to "check out" materials.

### **Internet Resources**

Students have Internet access in the Learning Resources Center, Computer Labs and Respiratory Care Lab. Refer to the college policy in the student handbook on Internet Use.

### **Dress Code**

Appropriate colored scrubs with Pierpont C&TC patch on left shoulder  
Stethoscope with bell and diaphragm  
Watch with seconds reading capabilities (analog or digital)  
White or black leather shoes or sneakers  
College issued name tag  
Pen or pencil

### **Professional Appearance**

Students must maintain a *professional appearance* when participating in any clinically related experience. This includes arriving at a site before changing into scrubs, community service events, and clinical rotations that do not require uniforms. Adhering to the following general rules will keep you in compliance with policy guidelines at each clinical site.

1. Good personal hygiene is required.
2. Hair must be clean, neat and contained (i.e. kept clear of the face)
3. Mustaches and beards will be clean and neatly trimmed.
4. Two sets of small earrings may be worn. No dangling earrings permitted.
5. Except ear piercing, no other visible body piercings or tattoos are permitted.
6. Only two small rings may be worn, but must be removed during scrubbing.

7. Fingernails must be cut to a reasonable length. Only clear, unchipped polish is allowed (artificial nails are not permitted).
8. No chains, bracelets, or large jewelry is to be worn.
9. Wear appropriate protective attire (masks, gloves, jackets, etc.) when needed.
10. Designated uniforms with name tag and patch are to be worn during clinical experiences and are **not** to be worn in public.
11. White or black long sleeved or short sleeved T-shirts may be worn under the scrub tops. Must NOT have any writing on sleeves.
12. Shoes must be white or black leather. Shoestrings must be clean. No open-toed or canvas shoes.
13. Dresses, skirts, and skorts must have a hemline no shorter than one inch above the knee and fit properly.
14. Sleeveless shirts, blouses or dresses must cover the axilla and not gap open.
15. White or black socks or hose must be worn.
16. Denim clothing of any color, leather, T-shirts, sweatshirts, exercise suits, and tops that are strapless, have spaghetti straps, or are backless are not permitted at the clinical site. Excessive perfume, cologne, aftershave, (or any offensive odor, including smoke) is not permitted.
17. Clothing must fit well, not be distracting or unprofessional in appearance and in good repair.

**Clinical Instructors have the right to dismiss any student from clinical experience if appearance is deemed inappropriate by the clinical site.**

#### **Essential Functions List (Complete list in the student handbook)**

- Sufficient to effectively operate instruments and equipment
- The ability to visually differentiate colors
- Motor functions sufficient to permit effective operation of equipment and instruments
- Communication skills adequate for transmitting and receiving information from patients and hospital setting
- Good general health as evaluated by a physician during a physical examination including urinalysis, RPR, and PPD tests
- Appropriate vaccinations
- Students accepted into the program must pass a drug screening and criminal background check before admission into the program

#### **Progression in the program requirements:**

- To progress in the respiratory program, a student must receive a grade of "C" or above in each course in the model schedule.
- All Respiratory courses must be completed in the sequence displayed in the model schedule.
- Failure to meet either of these requirements will result in dismissal from the program.
- Dismissed students may re-apply and will be assessed and scored by the system in place at that time. Re-applying does not guarantee re-entry into the program.
- A student who has been dismissed from the program twice, may not re-apply to the program.

## Health Care Systems

### Information Management

Management Information Systems depend on much information to provide patient care including writing patients' charts, billing, record keeping, reports of meeting, etc. Students must be familiar with how the hospital manages this information.

The information will be:

1. Quick and easy for appropriate personnel to access
2. Correct
3. Kept private and safe, through the use of passwords and limited access
4. Used to improve the work efficiency
5. Shared between departments in order to improve patient care
6. Kept on every person treated
7. Protected against being lost or destroyed
8. Protected from people who do not have a reason to see it or use it

### Patient/Institutional Confidentiality

Everyone must protect the confidentiality of patient information. Patient information may be shared or discussed only with other healthcare workers who have a legitimate need to know. Students and staff who do not need to know patient information have a responsibility to consciously avoid it.

If you are ever unsure whether you should or should not report private patient information, don't report it and consult your instructor as to the appropriate course of action. Anyone who violates the confidentiality of patient information is subject to disciplinary action.

As students in Health Care, you have access to patient and institutional information. All information concerning patients is considered **strictly confidential**. Written, verbal or computer accesses information is to be protected and used only as needed for purpose of patient care. Disclosure of confidential patient information breaches the patient's right to privacy and can lead to suspension from the program and legal litigation.

Students must acknowledge his/her responsibility under federal law and the Affiliation Agreement to keep confidential, any information regarding patients, and all confidential information of the Facility and Corporation Organization. The student agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and further agrees not to reveal any information regarding the facility and corporation organization.

### Patient Rights and Organization Ethics

Patient Rights and Organization Ethics improve patient outcomes by respecting individual patient rights and conducting business relationships with patients and community in an ethical manner.

Students must understand and respect the rights and values of patients in meeting their needs and preferences. How students respond to patients has a significant impact on the patient's experience and care.

Under supervision students must:

- Promote consideration of patient values and preferences including the decision to discontinue treatment
- Recognize the hospital's legal responsibilities
- Inform patients of their responsibilities in care they receive
- Manage the hospital's relationships with patients and community in an ethical manner

## **Patient Rights and Responsibilities**

Individual rights and dignity are always important and must be protected. During illness and hospitalization the assertion of these rights become important in assuring patient recovery and well being.

Patients have the **Right** to:

- Be treated with dignity and respect
- Know the names and professional status of people serving them
- Privacy
- Confidentiality of their records
- Receive accurate information about health related concerns
- Know the effectiveness, possible side effects and problems of all forms of treatment
- Participate in choosing a form of treatment
- Have an advance directive such as a living will, healthcare proxy or durable power of attorney
- Receive education and counseling
- Consent to or refuse any care or treatment
- Select and/or change their healthcare provider
- Review their medical records with a clinician
- Information about services and related costs

Patients have the **Responsibilities** to:

- Seek medical attention promptly
- Be honest about their medical history
- Ask about anything they do not understand
- Follow health advice and medical history
- Report any significant changes in symptoms or failure to improve
- Respect hospital policies
- Respect the property of the hospital and the property of others in the hospital
- Assure that their financial obligation to the Hospital will be paid promptly and that the Hospital will be notified of any change of name, address, or telephone number.

## **Patient Assessment**

A patient assessment determines the kind of care required to meet a patient's needs. To provide patients with the right care and the right time, qualified individuals assess patients care needs throughout the patient's contact with the medical facility.

Hospital Accreditation Standards (Joint Commission) addresses the following processes and activities:

1. Data Collection – The hospital collects data about each patient's physical and psychosocial status and health history.
2. Data Analysis – The hospital analyzes data to produce information about each patient's care needs, and to identify any additional information required.
3. Decision Making - The hospital bases care decisions on information developed about each patient's needs.
4. Continuous Quality Improvement- the hospital; collects and analyzes data to improve the quality of patient care and employee work environment

## **Patient Education**

In an effort to provide quality health care, patients, families, and significant others have a right to education as it applies to understanding health issues, the recovery process, maximizing function and related information which may lead to the highest level of wellness.

It is important to educate patients and their families in order to:

- Understanding the patient's health status
- Increase compliance with the health care plan
- Actively participate in the decision making process concerning health care options
- Increase the family care skills and coping mechanisms
- Promote an overall health patient lifestyle
- Understand the financial implications for treatment and other health care choices

Students must document education provided and related information as per hospital and department policies and procedures. The only way to prove that the patient has been educated is to document.

### **Advance Directives**

Advanced Directives is a document in which a person states choices for medical treatment or designates other(s) who should make treatment choices if the patient should lose the capacity to make or communicate healthcare decisions.

At the time of the patient's admission, each patient is asked if he/she has a healthcare proxy. If a proxy exists, a copy of the form is placed in the medical record. If a patient does not have a healthcare proxy, education material are given to the patient.

### **Positive Communication Tips**

#### Change This

"I don't know"

"We can't do that"

"That's not my job"

"You'll have to..."

Just a second/minute"

"No"

#### To This

"I'll find out" or "Let's find out"

"Here's what we can do for you"

Offering to find someone to help or make it your job

"Here's what you need to do" or "That's a good question."

Give an accurate wait time, explain if you can

Think for a minute what you can do or what you have that may help

## **Environmental Management**

Management of the Environment refers to three components: buildings, equipment, and people.

The primary goals are to:

- Reduce and control environmental hazards and risks
- Prevent accidents and injuries
- Maintain safe conditions for patients, visitors and staff

Seven areas are referred to as part of environmental management plan:

1. Safety
2. Security
3. Medical Equipment
4. Emergency Preparedness
5. Hazardous Materials and Waste
6. Life Safety
7. Utility Systems

Policies and procedures are located in each Department on each of these plans. Everyone has the responsibility to participate in making the environment safe and effective.

### **Risk Management**

The goal of Risk Management is to:

- A. Reduce the risk of injury and loss to patients, visitors, personnel and the hospital.
- B. Promote awareness of risk through identification or potential hazards, evaluation of situations that represent risk.

Responsibility:

- A. Students are responsible for risk prevention by active intervention and by immediate notification of responsible authorities.
- B. Once a source of potential risk to a patient, visitor or employee is identified, steps are taken to ensure safety.
  - a. The immediate risk is eliminated and appropriate action(s) to protect the individual and others is implemented
  - b. Notification of the Supervisor regarding the injury or potential for loss must occur immediately by telephone and followed by documentation. (i.e. Incident Report)

### **Orientation, Training and Continuing Education**

Every student receives a general orientation to each clinical site and one specific to the Department/Unit. Competency is the employee and the student's ability to do his or her job. In other words, competency is a way to check and see if you can demonstrate the skills needed to do your job.

Students are required to demonstrate competency in the following areas:

1. Safety (general safety, fire safety, infection control, hazardous materials and body mechanics)
2. Age specific training (understanding the needs of people at all ages and stages)
3. Standard precautions
4. OSHA Blood borne Pathogens
5. Airborne Pathogens (like TB)
6. Cardiopulmonary Resuscitation (CPR)

## Variance Report

An incident report is the formal documentation of any event such as an unexpected outcome or occurrence that is not consistent with the normal or usual operation of the department or medical center.

An incident report is filed on all incidents that occur on/offsite at any hospital function that involves patients, visitors, or employees. The report must be factual and is not filed in the patient record. The person who witnesses the incident must complete the incident report.

Reports are forwarded to Employee Health for employee incidents or to Risk Management for others. Examples of patient, visitor, or employee incidents are falls, medication errors, needle sticks and damaged or lost property.

Variance report forms are available in each department.

Variance report forms are not a disciplinary report.

## Fire Safety

Pull stations are strategically located throughout the Hospital at about every 50 feet apart and at each exit. Pulling where indicated activates all alarms. You should locate where they are on your unit/department.

Fire extinguishers are located at various locations. Water pressure fire extinguishers should not be used on electrical or flammable liquid (B) fires.

### Fire Safety Procedure

- |          |  |
|----------|--|
| <b>R</b> | - <u>Rescue</u> individuals in immediate danger                  |
| <b>A</b> | -Pull the <u>Alarm</u>   |
| <b>C</b> | - <u>Close</u> the doors   |
| <b>E</b> | - <u>Extinguish</u> the fire, if possible                        |
|          |  |
| <b>P</b> | - <u>Pull</u> the pin  |
| <b>A</b> | - <u>Aim</u> the extinguisher                                    |
| <b>S</b> | - <u>Squeeze</u> the levers                                      |
| <b>S</b> | - <u>Sweep</u> the extinguisher contents at the base of the fire |

**REMEMBER:**    *\*Do not Panic*  
                      *\*Do not shout fire*  
                      *\*Do not use the elevators*

## Medical Equipment

The Biomedical Engineering Department inspects all equipment to ensure that equipment is safe for use. Electrical safety testing must be conducted on each piece of equipment before it is delivered to the specific area for use.

If equipment fails during testing or actual use, you should remove it from service as soon as possible and attach a tag that says "DO NOT USE". Any medical personnel who discovers, witnesses or is notified of a medical device which has or may have caused or contributed to a death, serious illness or injury should immediately notify the charge nurse and the attending physician.

With the approval of the patient's caregiver, personally-owned grooming equipment (e.g. hair dryers, curling irons, shavers) is allowed in general patient care areas.

Medical device related deaths, serious illnesses and serious injuries must be reported via special report forms to the FDA. These forms will be completed by Safety and Risk Management upon receiving an Incident Report or phone call reporting a serious event.

### **Medical Gas System Failure**

In an emergency, any employee who has knowledge, can turn off the zone valve in an area where a condition exists, such as an oxygen fed fire. Alarm activations must be reported to the Supervisor.

### **Electrical Safety**

To protect patients, employees, visitors, and students from electrical hazards, the following safety precautions shall be followed for all electrical devices and equipment: Do not use “cheater” adapters, multiple outlet adapters or extension cords. Do not unplug a device by pulling on the cord but rather grasp the plug at outlet.

Report immediately any device and remove it from service if:

1. It has been dropped, abused or liquid is spilled on it
2. Anyone has received a shock from its use
3. There is evidence of overheating by smell or touch
4. A wire, especially a power cord, has been frayed, worn, burned, or cut
5. Broken or loose plug
6. Loose cable connectors
7. Loose switches or control knobs
8. Switches/knobs or other controls that do not consistently produce the expected result

Know how to prevent electrical accidents. Inspect cords and keep away from rough, sharp, hot or greasy surfaces. Make sure the device has a 3-prong plug. Do not touch electrical equipment if you are in or near wet spots.

### **Electrical Interruption**

In the event of a power failure, the emergency generator will automatically engage within 10 seconds. All patient care areas and service access areas are equipped with emergency power including all exit lights, emergency hall lights and all RED electrical receptacles. Become familiar with the location of emergency power within your area before a problem is encountered.

A designated supervisor is responsible for turning off the medical gas zone valves in the event of an emergency. These valves are located on the nursing units and other departments in the Hospital. You should know if your department has them and where they are. Labels tell users what the valve controls. If the information is not there or is confusing, contact Maintenance.

Reporting of any abnormality utility operating condition should be made to your supervisor, who will in turn notify Maintenance.

### **Management of the Individual with Latex Allergy**

Latex is found in many products commonly used in healthcare and the home. Exposure to latex may cause hypersensitivity either locally at the site of contact (i.e. contact dermatitis) or systemic reaction (i.e. anaphylaxis)

Individuals at high risk for latex allergies include those with spina bifida, congenital genitourinary abnormalities, atopic dermatitis patients, patients who have undergone multiple surgical procedures, a history of occupational contact with latex products, patients with eczema and patients with fruit allergies (avocados, bananas, chestnuts, etc.)



Latex precautions are utilized for individuals with known allergic response to latex exposure and for those individuals at high risk for developing latex sensitivity but have not manifested symptoms.

### **Security**

The security officers perform many services at the clinical site. They are available 24 hours a day, seven days a week and help provide a safe and secure environment for employees, visitors, and patients. They control parking and traffic flow, make periodic patrols in/outside the medical center checking for fire, vandalism, theft, illegal entry, unauthorized persons, unsecured areas, and other safety hazards. Some general precautions you should take for your safety are as follows:

1. Keep all personal belongings such as purses, wallets, etc. locked up and do not carry large amounts of money.
2. Watch out for our neighbor. If someone forgets to secure an area or personal property, keep an eye on it.
3. Report all suspicious persons or improperly secured area to security immediately.
4. When working after hours, let security know where you are by dialing the operator.
5. When leaving an area, remember to turn off all equipment, such as computers, copy machines, coffee pots, etc.
6. Identification – Students are required to wear a name badge at all times.
7. Parking – Students must park in student designated areas.

Please contact a security officer if you have any questions or concerns. Security should be notified immediately whenever a security issue or disturbance occurs. This includes situations where someone's personal property is missing or when someone is in danger.

### **Infection Control**

Know where the location of your department Infection Control Manual. Important standards to remember regarding infection control are: Blood borne Pathogens, Airborne Pathogens, Standard Precautions and the exposure control plan.

#### **Exposure to Blood borne Pathogens**

Everyone who has potential contact with blood or body fluids or anyone who is doing a task, there is potential for exposure. Examples include Maintenance staff who fixed equipment which is contaminated with blood or housekeeping cleaning a floor where a blood/body fluid spill occurred. We dispose of infectious waste in red trash barrels (located in soiled utility rooms). They are removed by the housekeeping staff for pickup by a licensed waste hauler. In the case of a blood spill, you should use a spill kit to clean it up.

You must remember to wear personal protective equipment such as gloves, masks, gowns/aprons and eye protection to prevent exposure. Failure to comply with this standard could subject the hospital to a fine.

#### **Exposure to Airborne Pathogens**

The hospitals have designated rooms for patients suspected of having Tuberculosis or other airborne diseases. Upon admission to the hospital there are signs and symptoms such as bloody sputum, persistent cough, etc. that automatically put a patient into isolation until a Chest X-Ray and 2 step Mantoux test are performed. Masks specifically designed for protection from TB are provided to staff who needs to enter a patient's room with TB. Staff must be medically evaluated and fit tested before using the mask.

Standard Precautions - means treating all patients as if their blood and body fluids are infectious. Students are expected to practice standard precautions at all times and are required to wash hands after each patient contact exposure situation and frequently throughout the day.

## Patient Lifting and Moving

Use of poor body mechanics is a major cause of back injuries. Below are some tips that can reduce the risk of back injury.

1. When lifting, keep your center of gravity (belly button) over your base of support and your feet shoulder width apart. If lifting a patient, also get the patients center of gravity over his/her base of support.
2. Prior to the actual lift, firm your stomach muscles. Keep your back as straight as possible, squat at the knees, and lift with your legs. Avoid bending forward at the waist, even if handling only minimal weight.
3. Avoid bending and twisting at the waist at the same time. This combination of motions is potentially injurious to your back.
4. Keep the load as close to your body as possible. Hug that patient.
5. Always take the time to arrange the environment to your best advantage before starting the lift. Raise the bed, move the bed, rearrange furniture, make sure that all equipment attached to the patient is free and clear.
6. Get help, and/or use mechanical assistive devices if you have any doubt about your ability to safely manage the load.
7. Synchronize everyone's efforts with a clear understanding of what everyone is going to do so that everyone lifts, pushes, pulls together. Always use a slow 3 count, from one designated person.
8. Give clear, simple instructions to the patient. Allow the patient adequate time to process the instructions and to then respond.

If you are injured at the clinical site, report the injury immediately to your supervisor.

## Emergency Preparedness

A disaster can occur at any time and may involve any of a number of sets of circumstances. One of the hospital's responsibilities is to be prepared to take care of the victims of disaster. A disaster plan is provided and designed for staff to follow an orderly method for the expansion of medical services. Each department is assigned specific duties and responsibilities.

## Emergency Codes

Emergency codes are given over the hospital public address system. Some examples of codes are listed here as guidelines only. *Not every hospital uses these same codes.*

Name of Code	Definition
Code 99/Blue	Cardiac Arrest
Code Red	Fire Emergency
Code Brown	Child Abduction
Code Pink	Disruptive Behavior
Code Orange	Hazardous Device
Code Yellow	Bomb Threat
Code Green	Oxygen Loss
Code White	Hazardous Weather
Code Gray	Evacuation

## Hazard Communication

The Occupational Safety and Health Administration (OSHA) has coined the Hazard Communication Standard as the "Employee Right to Know" Law. You should have a right to know what occupational hazards you work with and how they can impact your health. The hospitals are committed to providing

you with a safe working environment by informing you of what hazards are associated with or which are present within your work area to help you make knowledgeable decisions about any personal risks of employment.

There are three important elements of the Hazard Communication Standard:

1. Training on the safe use of chemicals.
2. Material Safety Data Sheets (MSDS)
3. Warning Labels on Containers

You will be trained on the safe use of chemicals in your work environment upon orientation to your Department, annually and as necessary thereafter. The material safety data sheet (MSDS) is a document which describes the properties of a product, its physical and health hazards and precautions of safe handling, storage and spill control.

### **Material Safety Data Sheets (MSDS)**

Material Safety Data Sheets provide detailed safety information about hazardous material. Each chemical on the department inventory has a MSDS, and is located in a MSDS binder which is bright yellow with black stripes and the letters MSDS.

### **Hazardous Material Inventory**

The list is located in the front of the MSDS Binder (MSDS Binders are available from the Safety Office) Hazardous Materials –Read container labels for information.

-Refer to the Material Safety Data Sheet (MSDS)

### **Hazardous Waste Spill**

-Refer to the Material Safety Data Sheet (MSDS)

Unless trained to clean up spills, you should prevent anyone from walking through or disturbing the spill and notify the Respiratory Care Department.

The MSDS sheets are kept in each department or unit. If you spot a hazardous spill, you should take the following action:

1. Determine the necessity for treating anyone exposed to the material and assess the type of spill and the degree of the hazard involved by using your MSDS
2. Follow the procedures listed on the MSDS to lean and contain the spill. Use appropriate spill kits
3. Complete and incident report
4. Know the location, content and usage of any spill kit(s) on your unit/department

The student is responsible for knowing the location of all department manuals including but not limited to:

- Policies and Procedures
- Equipment Manuals
- MSDS Manual
- Emergency Procedures/Codes
- Safety Manuals
- Learning Resources

## **Age Specific Care**

The following are a list of age specific competencies in which students must demonstrate proficiency.

### **Neonate (Birth-28 days)**

#### Communication Considerations

- Introduce yourself to the caregiver
- Explain procedures to the caregiver

#### Comfort Considerations

- Keep patient warm and dry
- Allow for usual feeding schedule
- Do not keep patient continuously under bright lights
- Maintain reduced noise levels

#### Safety Considerations

- Keep side rails up
- Provide neonate with nonflammable toys
- Avoid leaving small objects within reach including toys that could cause choking
- Patient feels safe when cuddled and supported
- Transport in size-appropriate means (bassinet, stroller, crib)

### **Infant (29 days to 1 year)**

#### Communication Considerations

- Introduce yourself to the caregiver
- Talk slowly and calmly to the infant
- Try to initiate eye contact with infant, but do not force

#### Comfort Considerations

- Keep patient warm and dry
- Allow for usual feeding schedule
- Allow familiar caregiver close by
- Allow infant to keep pacifier, blanket or comfort toy

#### Safety Considerations

- Infant has stranger anxiety
- Do not separate from caregiver unless absolutely necessary
- Transport in as small as possible means: crib, stroller or wagon with side rails
- Keep side rails up
- Provide infant/baby with nonflammable toys only
- Avoid leaving small objects within reach including toys that could cause choking

### **Toddler (1-3 years)**

#### Communication Considerations

- Introduce yourself
- Self-centered thinking. Patient can understand simple commands and may choose to cooperate
- Do not rush patient. Needs time to think about what has to be asked of him/her
- Allow to touch equipment if safe to do so
- Ask caregiver to explain directions to child in familiar words

#### Comfort Considerations

- Keep patient warm if not active
- Do not separate child from favorite pacifier, blanket or comfort toy or adult

#### Safety Considerations

- Can tolerate short separation from parent
- Do not leave unsupervised; child does not recognize danger
- Clumsy, trips easily
- Transport in crib, stroller or wagon with side rails
- Keep side rails up
- Provide toddler with nonflammable toys only
- Avoid leaving small objects within reach including toys that could cause choking

### **Preschooler (3-5 years)**

#### Communication Considerations

- Introduce yourself
- Talk to child in simple language
- Let child explore and touch equipment is safe to do so
- Since child has imagination, use familiar characters in conversation and explanation(e.g. Sesame Street, Disney, Barney)
- Include caregiver in explanations
- If shy or frightened, may accept explanations and exams given on Teddy or other toy

#### Comfort Considerations

- Allow familiar things or faces nearby
- Allow child to talk and verbalize fears
- Can tolerate some separation from parent

#### Safety Considerations

- Able to recognize danger and obey simple commands
- Cannot understand reasons as to why something is acceptable or unacceptable
- Needs close supervision
- Transport in crib, wagon or cart with side rails
- Keep side rails up

### **School Age (6-12 years)**

#### Communication Considerations

- Introduce yourself
- Able to understand more complex explanations
- Talk to child directly
- Allow time for questions
- Still likes to explore equipment before use
- Likes to get involved and make decisions

#### Comfort Considerations

- Be subtle in encouraging child to keep comfort object with him/her
- May need parent
- Use calm, unrushed approach
- Permit child some input on decisions

#### Safety Considerations

- Curious
- Able to accept limits
- Transport in wheelchair or on cart with side rails

### **Adolescent (13-18 years)**

#### Communication Considerations

- Introduce yourself
- Able to understand more complex explanations
- Talk to child directly. Allow time for questions

- Still like to explore equipment before use
- Likes to get involved and make decisions
- Comfort Considerations
  - Be subtle in encouraging child to keep comfort object with him/her
  - May need parent
  - Use calm, unrushed approach. Allow time for repeated questions
  - Permit child some input on decisions
- Safety Considerations
  - Curious
  - Able to accept limits
  - Transport in wheelchair or on cart with side rails

### **Young Adult (19-44 years)**

- Communication Considerations
  - Introduce yourself
  - Use adult vocabulary. Do not talk down to youth
  - Very curious
  - Allow time for questions
  - Needs privacy
- Comfort Considerations
  - Maintain privacy, is very modest
  - Take time for explanations
  - Sometimes is comfortable knowing that parent is close by
  - Permit adult to accompany youth if desired
- Safety Considerations
  - Starting to be independent
  - Can recognize danger
  - Transport as adult

### **Adult/Middle Age (45-65 years)**

- Communication Considerations
  - Introduce yourself
  - Call patient by title and last name unless patient asks to be called by another name
  - Do not address patients with honey, sweetie, dear, etc.
  - Explain procedures to patient. Give details
  - Allow time for questions
  - Be respectful
- Comfort Considerations
  - Maintain patient's adult privileges: decision making, privacy, routine of personal habits as much as hospital policy permits
  - Offer assistance with personal care
  - Inform of available services such as newspapers, coffee, mail, etc.
  - Inform of hospital/departmental policies such as no smoking, visiting hours, phones, etc.
- Safety Considerations
  - Patient's present condition may place patient at risk for falling
  - Keep equipment, cords, supplies and linen out of patient's path
  - Maintain well-lit area. Use night light if patient desires
  - Supply with walking aids if used at home (cane, walker, crutches) Keep these within patient's reach

**Late Adult (65 + years)**

Transport using a wheelchair or stretcher with side rails

Weak or confused patients or patients in danger of falling may need safety belt or other safety device

Check with patient's nurse to plan for safe transport

**Communication Considerations**

Introduce yourself

Do not rush patient

Talk to patient respectfully

Call patient by title and last name unless patient asks to be called by another name

Do not address patients with honey, sweetie, dear, etc.

Determine if patient uses hearing aid

Make sure hearing aid is worn

Speak slowly and clearly, looking at the patient while you speak

Do not stand in front of the light source when talking to patient

Use a deeper voice. Do not shout at the patient

Patient may need pencil and paper to communicate messages

Give step-by-step explanations and instructions as needed

**Comfort Considerations**

Maintain patient's adult privileges: decision making, privacy, routine of personal habits as hospital policy permits

Offer assistance with personal care

Inform of available services such as newspaper, coffee, mail, etc.

Inform of hospital/departamental policies such as no smoking, visiting hours, phones, etc.

Do not rush patient

Follow home or nursing home habits as much as hospital policy permits

Tell confused patients who you are, where they are and what time of day it is every time you meet them. If patient is confused, do not try to correct or argue with them

Ask family to bring familiar objects to keep at bedside (robe, blanket, pictures)

Keep patient warm. May need extra sheet or blanket

Keep water cup, tissues, phone, call light, etc. within reach

Ask if tap or ice water is preferred

**Safety Considerations**

Do not rush patient

Find out if patient is at risk for falls

Keep equipments, cords, supplies and linen out of patient's path

Determine if patient uses an aid at home (cane, walker, crutches) When walking, keep these patients within reach

Weak and/or confused patients may need frequent reminders to remain seated

May need repeated offers of assistance with any needs (personal needs included)

Maintain well-lit area. Use night lights

Put objects where patient can see them

Determine if patient wears glasses

Offer to clean patient's glasses

Have patient wear glasses while awake

Use caution with temperature of fluids, bath water, heating pads or other equipment

Transport using wheelchair or stretcher with side rails

Weak or confused patients or patients in danger of falling may need safety belt or other safety device

Check with patient's nurse to plan for safe transport

### Clinical Affiliate Numbers

Clinical Sites	Clinical Site Coordinators	Phone Number	Start Times
West Virginia University Hospitals, Inc. (Ruby)	Brian Ringler, RRT	(304)-598-4106	6:45-7:15 am
United Hospital Center	Gary Johnson, RRT	(681)342-2405	6:30 am
Stonewall Jackson Memorial Hospital (Weston) Cardiopulmonary rehab	Diane Ocheltree, LRTC Kristi Gannon RN	(304)-269-8094 (304) 269-8099	7:00 am
Monongalia General Hospital	Spike Leombruno RRT	(304)-598-1494	6:30 am
Fairmont General Hospital	Dawna Freeland, RRT	(304)-367-7530	6:30 am
HealthSouth Rehabilitation Hospital	Zona Harris RRT	(304)-285-1061	6:45 am
Preston Memorial Hospital	Dennis Lusin RRT	(304)-329-1400 Ext. 383	6:45 am
Davis Health Systems	Carolyn Parrack CRT	(304) 637-3288	7:00 am
Veterans Administration Hospital	Becky Critchfield RRT	1-304- 623-3461 Ext. 3344 or leave message x-3491	6:45 am

**Note:** Clinical starting times may change. Please arrive at least 20-30 minutes prior to the actual start times in order to change clothes, prepare for assignments and get to your assigned area.



## Clinical Records Management

### Description

Use the following forms to document and evaluate your clinical/lab attendance and progress in the Respiratory Care Program. These records, along with your clinical journal, are your responsibility to maintain and keep up-to-date.

These records document your clinical/lab experiences in the Clinical Practice Courses. Without proper documentation you will receive an INCOMPLETE for the course! This is considered a part of your records; give yourself all the credit you deserve by documenting your learning experiences thoroughly.

### Instructions

#### 1) Attendance Summary Record

Each assigned clinical/lab experiences in the Clinical Practice Courses. Each clinical experience will be documented with the daily progress report and needs to be completed and signed by the clinical instructor/preceptor.

Clinical/lab hours are required and are an essential part of your education. It is your responsibility for contacting the appropriate instructor and making arrangements to make up a missed clinical.

#### 2) Program Learning Outcomes

The Program Learning Outcomes Record is documentation of completed skills that are based on the NBRC Examination Test Matrix.

Use the columns designated Lab, Lecture and Clinical to document completion of Competency

The DCE or the Program Director will sign the designated areas as verification of the completed proficiency.

**Remember:** It is always your responsibility, to notify the Clinical Preceptors/Instructors of your need to obtain a clinical practice and demonstration of a competency to be checked-off.

#### 3) Daily Progress Report

Daily performance /competency assessment is a process used to ensure both performance and competencies are met for the student to working with the Healthcare System. The process provides an opportunity for the students and faculty to set learning goals for improvement of performance and career development. Information gathered from performance/competency assessments are used to improve the performance and patient satisfaction. Students are always encouraged to identify education and training needs, or other related needs, necessary to improve job performance and satisfaction.

The Clinical practice progress report is a record of your daily activities and an evaluation of your progress concerning knowledge, psychomotor skills and professional behavior. Part A is to be completed by the student and then submitted to clinical instructor for completion of Part B. The instructor will return the completed form to you or to the Department as per policy.

#### 4) Clinical Journal

The clinical journal provides you the opportunity to give a more detailed account of your Clinical/lab experiences and personal insights into your experiences. It is not meant to be a diary but should include the following:

- a. a description of special procedures observed or performed
- b. an account of in-services or lectures attended
- c. documentation of physician lectures, patient round, discussions, etc.
- d. exceptionally positive or negative personal interactions with staff
- e. personal insight into your experiences of the day

## **Program Learning Outcomes**

**INSTRUCTIONS:** The learning outcomes are based on the National Board for Respiratory Care (NBRC) Examination Matrix. It will serve as a guide for assessing knowledge and skills required to successfully complete this program and preparing you for the NBRC Examinations. Please document all activities and have the Director of Clinical Education (DCE) or Program Director sign in the appropriate areas.