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**Mission Statement**

The mission of the program is to provide an outstanding educational program that offers students an opportunity to develop knowledge, skill, and attitudes essential for safe, effective practice within the scope of respiratory care practitioners.

**Philosophy Statement**

The Missouri Southern State University Consortium for Respiratory Care Education believes the Respiratory Care Practitioner is an essential component of the overall plan of health care within the community. Utilizing the respiratory care process as the conceptual framework, the program provides students with the opportunity to develop critical thinking skills, bedside respiratory care techniques, and attitudes essential for safe, effective practice within the scope of respiratory care practitioners. The student’s role is to participate actively and responsibly with the realization that learning is a continued, ongoing, lifelong process. Faculty members are responsible for guiding the student toward achieving essential outcome criteria while maintaining high standards of respiratory care education.

**Purpose of the Clinical Preceptor Program**

The purpose of the clinical preceptor program is to assist the student to make a smooth transition from the student role to the entry-level respiratory therapist role by improving patient care skills and reducing the probability of role conflict upon entry into practice. In order to accomplish this, it is necessary to provide the student with a realistic clinical staff experience to allow the student to care for various types of patients in the clinical setting receiving different types of Respiratory Care, practice treatments, planning and organization, decision making and priority setting skills, implementing respiratory care procedures, develop patient management, and time management skills.

**The Role of the Clinical Preceptor**

You, as a clinical preceptor have been given one of the most important roles in the education of future Respiratory Care practitioners. Each clinical preceptor brings to students a set of unique clinical experiences. These shared experiences can add a tremendous amount of practical information to the student’s growing knowledge base. In the clinical setting, the preceptor provides a vital bridge from the classroom to the patient.

The clinical preceptor plays more than one role when working with students. Students see a preceptor as a **TEACHER**, who imparts knowledge and/or skills; a **LEADER** who guides them; a **TEAM MEMBER** who is associated with them in a joint effort or action; a **ROLE MODEL** who sets a professional standard for imitation; a **CONSULTANT** who advises them; and last but not least the clinical preceptor is viewed as a **FACILITATOR** who makes good experiences happen.
Everyone at some time in their training has benefitted from experienced clinical preceptors and all have been influenced by their association with clinical preceptors during their training. You now have an opportunity as a clinical preceptor to pass on the knowledge and experience you have gained. Your part in the education of competent dedicated practitioners helps ensure a bright future for our profession.

**Criteria for Selection of a Clinical Preceptor**

A person who is considered for selection as a clinical preceptor in the Respiratory Care Program must:

1. Express interest in working with students in a preceptor role.
2. Display enthusiasm.
3. Demonstrate communication skills necessary to accomplish teaching.
4. Meet with the approval of the Program Director, the Director of Clinical Education, and the Director of the Respiratory Care Department in which they work.
5. Attend scheduled clinical preceptor meetings and workshops.
6. Maintain an active state license in Respiratory Care in the state in which they practice.
7. Complete required preceptor training to assure Inter-Rater Reliability.
8. Maintain a minimal rating of satisfactory on the employee evaluations.

An applicant for the position of Clinical Preceptor must fill out the application form with their Department Head’s recommendation and signature. Submit the form to the Director of Clinical Education at MSSU/FTC Consortium for Respiratory Care. All preceptor candidates will review the Clinical Preceptor Training Manual and take the preceptor quiz and view the preceptor video for competency completion.

**Responsibilities of the Clinical Affiliate and the Clinical Preceptor**

1. Provide clinical experience for the selected student in the Respiratory Care Program.
2. Collaborate with MSSU/FTC in appointing qualified preceptors.
3. Appoint an alternate preceptor in the event that the regularly assigned preceptor cannot fulfill their duties due to illness, vacation, etc.
4. Orient students to the unit they are assigned and shift responsibilities.
5. Direct students to clinical situations, which would provide students with opportunities to meet goals and objectives, increase skills and pass competencies evaluations.
6. Act as a clinical resource person for the student.
7. Be a role model demonstrating responsible Respiratory Therapist behavior.
8. Provide evaluation on the student’s behavior, attitude, and skills through the use of forms provided by the MSSU/FTC Respiratory Care Program.

9. Consult with the Director of Clinical Education regarding observed student behavior, attitude, and skills that are unacceptable such as:
   a. Content or skill weakness in a given area.
   b. Behavior or attitude problems which in the opinion of the preceptor is counter-productive to Respiratory Care.
   c. Lack of technical competence.

10. Notify the Director of Clinical Education of any tardies or absences.

11. Participate in scheduled meetings or updates in the MSSU/FTC program to ensure Inter-Rater Reliability.

**Responsibilities of the MSSU/FTC Student**

1. Perform patient care under the supervision of a clinical preceptor.

2. Monitor their competency list for completion.

3. Discuss their competency list with the clinical preceptor to identify competencies to be completed.

4. Notify the facility/clinical preceptor and the Director of Clinical Education if they are going to be tardy or absent in a timely and appropriate manner (Tardy is defined as 1-60 minutes late. Absences are defined as no appearance after a 60 minute time period.)

5. Adhere to the MSSU/FTC Clinical Care Guidelines for appearance, dress, picture badge identification, behavior, and no tobacco policy.

6. Conform to all the policies and procedures particular to the clinical facility.

7. Participate in the evaluation of the clinical facility and preceptor at the end of the semester.

**The Clinical Preceptor/Student Interaction**

The student, clinical preceptor, and Director of Clinical Education shall all work together to achieve ultimate success in the Respiratory Care Clinical Education Program. No doubt, some insecurities and discomfort may arise as we begin this collaborate effort. The progression of
experiences and workloads that the student can handle may be a mutual agreement and
assessment by the clinical preceptor, the facility director, and the Director of Clinical Education.
To help us develop realistic expectations the following is offered as to how the roles may work
on a practical level.

**The Clinical Preceptor**

The preceptor functions as a role model for delivering effective Respiratory Care to
patients. The preceptor also facilitates the student’s progress towards accepting more and
more of the patient care assignment and the development of good time management skills to
facilitate the education of capable respiratory therapists. As the opportunity arises, the
preceptor will also facilitate the interaction between physicians and the students, looking for
experiences that may enrich the student’s clinical experience. The preceptor will treat the
student as an adult learner in a teacher-learner relationship. The preceptor must review all
physician orders prior to a student delivering care to a patient and must countersign all
students’ charting. In addition, the preceptor shall make a conscious effort to develop
relationships with the students that is relaxed, trusting, mutually respectful, informal,
collaborative, and supportive.

The Clinical Preceptor is responsible for evaluating each student’s daily progress on
skills, competencies, behavior, and attitude. To maintain confidentiality in the evaluation, the
Evaluation Form may be faxed to the Director of Clinical Education for their review. All
comments will be reviewed and discussed with the student to ensure that proper learning
experiences, skills management, competencies, patient safety, and correct student
behavior/attitude are being followed according to the guidelines of the Respiratory Care
Program and the clinical facility. The Clinical Preceptor is also responsible for participation in
scheduled training or updates in the MSSU/FTC program to include Inter-Rater Reliability.

**The Student**

The student has the greatest changes to make in their method and means of
communication and interpersonal interaction to become socialized to the health care industry
and the Respiratory care profession culture. The student is responsible for being on time for
the start of shifts and the end of breaks. The student also must learn to communicate directly
with the Clinical Preceptor about patient care. This is to be done to encourage the student to
learn how to develop a peer support system within the clinical facility. The student shall follow
all HIPAA rules with respect to patient confidentiality and not use patient names, ID numbers or
any other patient identifiers if writing notes or preparing patient case studies. In addition,
students will be expected to be very vigilant about NOT discussing any specifics about their
patient care in public places where they can be overheard by third parties. In addition, the
students will make a conscious effort to develop a relationship with their Clinical Preceptor that
is relaxed, trusting, mutually respectful, informal, collaborative, and supportive.
The student is responsible for entering observations and clinical competency data onto the necessary forms supplied by the Respiratory Program. It is also the student’s responsibility to record any physician interaction they may have.

**Integration of the Clinical Components of the Respiratory Care Program**

**Clinical II RESP 239**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Courses</th>
<th>Competencies Addressed</th>
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<tbody>
<tr>
<td></td>
<td>Neo/Peds</td>
<td>Monitoring of Continuous Mech. Vent.</td>
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<td>Diagnostics</td>
<td>Changing a Vent. Circuit</td>
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<td>NPPV</td>
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<td>Spontaneous Vent. Parameters</td>
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<td>Monitoring Cuff Pressures</td>
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<td>PEEP</td>
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<td>CPAP</td>
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<td>IMV</td>
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<td>Pressure Support</td>
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<td>Intubation</td>
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<td>Extubation</td>
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<td></td>
<td></td>
<td>Tracheostomy Care</td>
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<td></td>
<td>Endotracheal Suctioning</td>
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<td>Nasotracheal Suctioning</td>
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<td></td>
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<td>Static and Dynamic Volume Curves</td>
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<td>Manual Resuscitation</td>
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<td>Attend an ACLS Course</td>
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<td>Semester</td>
<td>Courses</td>
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<td></td>
<td>Alternate Site</td>
<td>Bronchoscopy Assisting</td>
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<td>Chest X-ray</td>
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<td>Transcutaneous Monitoring</td>
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<td>End Tidal CO2 Monitoring</td>
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<td>Liquid O2</td>
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<td>O2 Concentrators</td>
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<td>Arterial Line Sampling</td>
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<td>Wave Form Analysis</td>
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<td>Spring</td>
<td>Courses</td>
<td>Competencies Addressed</td>
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<tr>
<td></td>
<td>Cardiopulmonary A &amp; P</td>
<td>Handwashing</td>
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<td></td>
<td>Pharmacology</td>
<td>Pulse Oximetry</td>
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<td>Pathology</td>
<td>Isolation Procedures</td>
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<td>Vital Signs / Blood Pressure</td>
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<td>Physical Assessment of the Chest</td>
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<td>Breath Sounds</td>
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<td>Bedside PFT</td>
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<td>Basic Spirometry</td>
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<td>O2 Supply Systems</td>
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<td>Humidity and Aerosol Therapy</td>
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<td>DPI</td>
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<td>Small Volume Nebulizer</td>
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<td>IPPB</td>
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<td></td>
<td></td>
<td>Incentive Spirometry</td>
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<td></td>
<td></td>
<td>Chest Percussion and Postural Drainage</td>
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<td></td>
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<td>The Vest Airway Clearance System</td>
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<td></td>
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<td>PEP Mask Therapy</td>
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<td></td>
<td></td>
<td>Electrocardiograph</td>
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<tr>
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<td></td>
<td>Arterial Puncture</td>
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### Clinical IV  RESP 340

<table>
<thead>
<tr>
<th>Summer Courses</th>
<th>Competencies Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Issues and Methods</td>
<td>150 clock hours of clinical to include:</td>
</tr>
<tr>
<td>Advanced Clinical Experience</td>
<td>1. General and Advanced Resp. Care</td>
</tr>
<tr>
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<td>(96 hours with at least two consecutive night shifts)</td>
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<td>2. Polysomnography</td>
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<td>(at least one 12 hour rotation)</td>
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<td>3. Electives</td>
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<tr>
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<td>(42 hours of electives from the Program’s Clinical Site List)</td>
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<tr>
<td></td>
<td>4. Attend the RRT written and SIMS Review Sessions</td>
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</table>

Students are to actively seek out those competencies not fulfilled in other semesters of Clinical Rotations.

Total Competencies = 54. Students must complete at least 90% of the Total Competencies required or 49 Competencies.
Teaching Strategies

Even the simplest of procedures can lead to teaching opportunities. Every aspect of a working respiratory therapist’s day can lead to a discussion linking classroom curriculum with clinical experience. Even though students have a dedicated number of competencies to be completed, learning may be enhanced by other experiences not specifically addressed by competencies. Preceptors may guide a student’s learning by including some of the following opportunities as they become available.

Physician Rounds/Intensivist Rounds
Product or Procedure Inservices
Specialized Procedures (CAT scan, MRI, Bronchoscopy, Thorencentesis, etc.)
Rapid Response Team/Code Blue
Disaster Drills
Patient Transport
Patient Education
Case Study Project / Respiratory care Plan / Soap Assessment

MSSU/FTC Clinical Guidelines for Students

General Appearance and Uniform:

A student scrub uniform is required attire in the clinical setting. The student’s uniform shall be clean, pressed, and complete. The scrub top must display the name of the school, program, and student designation. While in the clinical setting, students shall have a MSSU issued picture identification card, a stethoscope, bandage scissors, protective eyewear, pen, and a watch with a second hand. Fingernails must be trimmed to a length that will not puncture sterile gloves. Fingernail polish is not acceptable. Makeup must be worn in moderation. Jewelry should be kept to a minimum. One pair of post style earrings only and no rings on the hands. No visible tattoos. Hair is to be off the shoulder in a neat fashion. Beards and mustaches are acceptable if kept clean and neatly trimmed.

Tobacco Policy:

Students are not permitted to carry tobacco of any form on their person while in the clinical setting. Students are not permitted to smoke anywhere on the clinical site premises. Students who smoke before they arrive at the clinical site mustbrush their
teeth with a toothbrush and toothpaste as well as wash their hands with soap before entering the clinical site. Students who project an offensive odor from tobacco smoke, body odor, etc. will be asked to leave the clinical setting at the discretion of the clinical instructor.

**Parking:**

Students are to park at each clinical site in the designated employee parking, not visitor parking. Students are to always arrive at the clinical site with all the necessary supplies: stethoscope, clinical forms, etc. and they shall have their clinical forms filled out and signed prior to leaving each day.

**Absences/Tardies/Inclement Weather:**

In the clinical area where students will be assigned to direct patient care, students must report absences a minimum of 60 minutes before the start of the shift by making direct contact with the clinical site. Students must also notify the Director Clinical Education. A tardy is defined as non attendance up to 60 minutes of the defined start of shift. An absence is defined as non attendance 60 minutes or more of the defined start of shift. Three (3) tardies are recorded as a one day absence.

A student with a temperature of 100.3 degrees F or above, assigned to pediatric, newborn nursery, labor and delivery, or post partum clinical setting or any student with a temperature of 101 degrees F or above, assigned to any other clinical setting, cannot be permitted to remain in a clinical setting and must be counted absent. In addition, clinical rotations will be canceled if MSSU is closed due to inclement weather.

**Student Exposure Policy:**

During the program and prior to the beginning clinical activities, students have been instructed in the technical skills and knowledge necessary to protect them from exposure to communicable disease. Information on body substance isolation has been included in the course content. In the event a student is exposed to body fluids by needle stick, other puncture wound, or by other means such as splashes, it is the responsibility of the student respiratory therapist to:

1. Report the incident immediately to a clinical preceptor.
2. Report the incident to the appropriate person at the health care facility immediately after exposure occurs such as the patient care manager, infection control officer, etc.
3. Report the incident to the Director of Clinical Education and complete a Student Exposure Form. The Director of Clinical Education and the student will be notified by the clinical site if any follow up is needed.
MSSU Student Forms
Clinical Log Form

(Student MUST complete DAILY)

_______________________ _____________________       _____________________________
Clinical Affiliate   Supervisor (PRINT NAME)   Supervisor Signature

Procedures Performed/Comments

Observations/Comments

Physician Contact ( ) Formal Class ( ) Bedside Rounds
Describe nature and estimate time

Briefly describe today’s most significant learning experience; use additional documentation (graphs, drawings, etc) if necessary.

Facility and Instructor Rating (5=excellent, 1=poor)

Facility: 5 4 3 2 1

Instructor: 5 4 3 2 1

Comments:

_____________________________________________________________________________

____________________________ ________________________________________  _____________________
Student name (Print)  Student Signature    Date
**Clinical Evaluation of Student Performance**

This section to be completed by the **STUDENT** (PLEASE PRINT)

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
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</thead>
</table>

**STUDENT NAME** ____________________________ **DATE:** __________________

**Site Information** (facility, rotation, specialty) ______________________________________

<table>
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<tr>
<th>Time In</th>
<th>Time Out</th>
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<tbody>
<tr>
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This section to be completed by the **CLINICAL INSTRUCTOR**

**NAME** (Print) ____________________________ **SIGNATURE** ____________________________

Please check all that apply to today's clinical rotation!

**BEHAVIOR**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>N/A</th>
<th>PASS</th>
<th>NI*</th>
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<tbody>
<tr>
<td>Appearance</td>
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<tr>
<td>Work Ethic</td>
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<td>Professionalism</td>
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<td>Communication</td>
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<tr>
<td>Cooperation</td>
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**PROFICIENCY**

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<tbody>
<tr>
<td>Infection Control</td>
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<tr>
<td>Basic Skills</td>
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<td></td>
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<tr>
<td>ER Procedures</td>
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<td></td>
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<tr>
<td>Ventilator Care</td>
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<tr>
<td>Assessment Skills</td>
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*needs improvement

All information reported herein is strictly confidential. The data is processed by the MSSU Respiratory Care Dept. and is used as a basis for qualitatively improving clinical learning experiences.
MSSU Respiratory Care Department

EXPOSURE AND INCIDENT REPORT

Name: ______________________   Date of Incident: _________

Location of Incident: _______________________________________________

Injury (if any): ____________________________________________________

Incident:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Follow Up:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Witnesses:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Program Director

Clinical Director

Student Signature
PERFORMANCE EVALUATION:
ARTERIAL PUNCTURE

Date: Lab _______ Clinical _______ 2/6/11 _______ Agency _______ 
Lab: Pass _______ Fail _______ Clinical: Pass _______ Fail X _______ Instructor name _______
Student name _______ Jane Doe _______ No. times observed in clinical _______
No. of times practiced in clinical _______

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive at least 1 point, or the evaluation is terminated. Procedure must be performed within designated time, or the performance receive a failing grade.

SCORING: 2 points - Task performed satisfactorily without prompting.
3 points - Task performed satisfactorily with minimal deviation.
6 points - Task performed incorrectly or with prompting required.
NA - Task not applicable to the patient care situation

TASKS:
* 1. Verifies the physician's order
* 2. Seeks the chart
* 3. Verifies the oxygen concentration
* 4. Gathers the required equipment
  a. Latex gloves
  b. Eye protection
  c. 5-ml syringes and needles
  d. Rubber stopper or cap
  e. Adhesive strip
  f. Iodine and alcohol prep pads
  g. Sterile instruments
  h. Ice
  i. Wash hands
  j. Dons protective equipment before patient contact
  k. Explains the procedure and positions the patient
  l. Assembles and prepares the equipment
  m. Palpates the puncture site
  n. Performs the modified Allen's test
  o. Prepares the site before puncture
  p. Administers an anesthetic, if ordered
  q. Palpates the puncture site
  r. Correctly performs the puncture
  s. Applies firm pressure to the site
  t. Expels any air from the sample

<table>
<thead>
<tr>
<th>TASK</th>
<th>PEER</th>
<th>LAB</th>
<th>CLINICAL</th>
</tr>
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17. Caps and ices the sample
18. Checks the circulation distal to the site
19. Ensures patient safety and comfort
20. Cleans up
21. Labels and transports the sample
22. Checks the site after 20 minutes
23. Records the procedure in the chart

SCORE: Peer ______ points of possible 60: ______%  
Lab ______ points of possible 60: ______%  
Clinical ______ points of possible 60: ______%  
TIME: ______ out of possible 20 minutes

STUDENT SIGNATURES
PEER:  
STUDENT:  

INSTRUCTOR SIGNATURES
LAB:  
CLINICAL:  

140
SAMPLE PERFORMANCE EVALUATION: OXYGEN SUPPLY SYSTEMS

Date: Lab __________ Clinical __________ Agency _________

1st: Pass ______ Fail _______ 2nd: Pass ______ Fail ______

Student name: John Doe _______ Instructor name: Emma Serna RRT

No. of times observed in clinical: ______
No. of times practiced in clinical: ______

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive at least 1 point or the evaluation is terminated. Procedure must be performed within designated time or the performance receives a failing grade.

SCORING:
2 points - Task performed satisfactorily without prompting.
1 point - Task performed satisfactorily with self-initiative correction.
0 point - Task performed incorrectly or with prompting required.
NA - Task not applicable to the patient care situation.

TASKS:
1. Obtains an H and E cylinder and appropriate regulators from storage areas
2. Releases the safety chain
3. Insures the cylinder cots set
4. Ensures the cylinder the cots with the safety chain
5. Lifts the cot upright
6. Releases the third wheel
7. Removes the cylinder valve cap and gives an audible warning of the impending noise
8. Connects the cylinders with a sample hand and valve position
9. Solves the correct reducing valve for intended use
10. Secures the reducing valve to the cylinder
11. Checks for and corrects any leaks
12. Calculates the amount of time before the cylinder must be changed at a liter flow designated by the instructor
13. Places the unit correctly to the patient area and back to storage
14. Heats all the equipment to storage and properly secures it

SCORE:
Peer __________________ points of possible 20: __________%
Lab __________________ points of possible 20: __________%
Clinical __________ points of possible 20: __________%

TIME: ______ out of possible ______ minutes.

STUDENT SIGNATURES:

PEER

LAB

CLINICAL

INSTRUCTOR SIGNATURES

STUDENT: John Doe

PEER: ________

LAB: ________

CLINICAL: ________
PERFORMANCE EVALUATION:
ARTERIAL PUNCTURE

Date: Las ____________ Clinical ____________ Agency ____________
Lab: Pass ______ Fail ____________ Clinical: Pass ______ Fail ______
Student name: ____________ Instructor name: ____________
No. of times observed in clinical ____________
No. of times practiced in clinical ____________

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive at least 1 point, or the evaluation is terminated. Procedure must be performed within designated time, or the performance receives a failing grade.

SCORING:
2 points — Task performed satisfactorily without prompting.
1 point — Task performed satisfactorily with self-initiated correction.
0 points — Task performed incorrectly or with prompting required.
NA — Task not applicable to the patient care situation.

TASKS:

* 1. Verifies the physician’s order
* 2. Seans the chart
* 3. Verifies the oxygen concentration
* 4. Gathers the required equipment
  a. Latex gloves
  b. Eye protection
  c. 5 ml syringes and needles
  d. Rubber stopper or cap
  a. Adhesive strip
  f. Iodine and alcohol prep pads
  g. Lidocaine anesthetic
  h. Ice
* 5. Washes hands
  6. Dones appropriate equipment before patient contact
  7. Explains the procedure and positions the patient
  8. Assembles and prepares the equipment
  9. Pulses the puncture site
  10. Performs the modified Allen’s test
  11. Prepares the site before puncture
  12. Administers an anesthetic, if ordered
  13. Palpates the puncture site
  14. Correctly performs the puncture
  15. Applies firm pressure to the site
  16. Expels any air from the sample
PERFORMANCE EVALUATION:
OXYGEN SUPPLY SYSTEMS

Date: Lab ___________ Clinical ___________ Agency ___________
Lab: Pass ___________ Fail ___________ Clinical: Pass ___________ Fail ___________
Student name: ___________ Instructor name: ___________

No. of times observed in clinical: ___________
No. of times practiced in clinical: ___________

PASSING CRITERIA: Obtain 90% or better on the procedure. Tasks indicated by * must receive a total of 1 point or the evaluation is terminated. Procedure must be performed within designated time or the performance receives a failing grade.

SCORING:
2 points: Task performed satisfactorily without a penalty.
1 point: Task performed satisfactorily with a minor omission.
0 points: Task performed incompletely or with procedure required.
NA: Task not applicable to the patient care situation.

TASKS:

* 1. Obtains an M and F cylinder and appropriate regulators from storage area.
* 2. Removes the safety chain.
* 3. Maneuvers the cylinder on cart.
* 4. Secures the cylinder to the cart with the safety chain.
* 5. Places the cart upright.
* 6. Releases the third wheel.
* 7. Removes the cylinder valve cap and gives an audible warning of the impending noise.
* 8. Folds the cylinder with a free hand and valve positioned.
* 9. Selects the correct reducing valve for intended use.
* 10. Secures the reducing valve on the cylinder.
* 11. Checks for and corrects any leaks.
* 12. Calculates the amount of time before the cylinder must be changed at a first flow designated by the instructor.
* 13. Places the cart securely to the patient area and back in storage.
* 14. Returns all equipment to storage and properly secures it.

SCORE:
 Peer: _______ points of possible 25: _______%
 Lab: _______ points of possible 25: _______
 Clinical: _______ points of possible 30: _______

TIME: _______ out of possible 15 minutes.

STUDENT SIGNATURE: ___________  LAB: ___________
PEER: ___________  CLINICAL: ___________
STUDENT: ___________
Missouri Southern State University
Consortium for Respiratory Care Education

Preceptor Application

Name: ___________________________________________      Date: ___________

Credentials: ___________________________________________________________________

Address: _______________________________________________________________________

Email: ________________________________________________________________________

Hospital /Facility: ___________________________________________________________________

State License #: ___________________________________________________________________

Department Head: (Printed Name) ________________________________________________

Signature: ________________________________________________________________

Why do you want to become a Preceptor for the Respiratory Care Program?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Applicants: Please save this form as well as the Post Quiz from the “The Adult Learner and Preceptor Education” PowerPoint and the as a file attachment and email to dunaway-j@mssu.edu or mail to: Janice Dunaway, Respiratory Care Program – MSSU, 3950 Newman Rd., Joplin, MO. 64801.

Checklist for Application to the Preceptor Program:

   ___  Application with the Hospital Department Head’s signature.
   ___  Preceptor Acknowledgment Form
   ___  Viewed the Interrater Reliability Vide
   ___  Completed Competency Forms for Interrater Reliability Video  (ABG Puncture & O2 Supply)
Missouri Southern State University
Consortium for Respiratory Care Education

Preceptor Guide Acknowledgment Form

The Preceptor Guide describes important information about the Respiratory Care Program’s Preceptor Program. I understand I should consult with the Program Director and the Director of Clinical Education regarding any questions not answered in the Preceptor Guide. I have entered into my Preceptor relationship voluntarily and acknowledge that there is no specific promise of rewards. Accordingly, either I or the Respiratory Care Program can terminate the relationship at will, with cause, at any time, so long as there is no violation of applicable law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Preceptor Guide may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies in this guide.

I, ________________________________, (Printed Preceptor Name)

have read the Preceptor Guide and understand that it is my responsibility to comply with the policies contained in this Guide and any revisions made to it.