

MISSOURI SOUTHERN
— STATE UNIVERSITY —TM
CONSORTIUM FOR RESPIRATORY CARE EDUCATION

CLINICAL PRECEPTOR TRAINING MANUAL

Table of Contents

	pg
Mission Statement	3
Philosophy Statement	3
Purpose of the Clinical Preceptor Program	3
The Role of the Clinical Preceptor	3
Criteria for Selection of a Clinical Preceptor	4
Responsibilities of the Clinical Affiliate and the Clinical Preceptor	4
Responsibilities of the MSSU/FTC Student	5
The Clinical Preceptor / Student Interaction	5
The Clinical Preceptor	6
The Student	7
Integration of the Clinical Components of the Respiratory Care Program	8
Fall Semester – Clinical II (Second Year Students)	8
Spring Semester – Clinical I (First Year Students)	9
Spring Semester – Clinical III (Second Year Students)	10
Teaching Strategies	11
MSSU / FTC Clinical Guidelines for Students	11
General Appearance	11
Tobacco Policy	11
Parking	12
Absences / Tardies / Inclement Weather	12
Student Exposure Policy	12
Suspension from Clinical Activities	13
MSSU Student Forms	14
Clinical Log Form	15
Clinical Evaluation Form	16
Student Exposure and Incident Form	17
Preceptor Application Form / Quiz	18-19

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. Maintain an active state license in Respiratory Care in the state in which they practice.
6. Complete required preceptor training to assure Inter-Rater Reliability.
7. Maintain a minimal rating of satisfactory on the employee evaluations.

An applicant for the position of Clinical Preceptor must fill out the application form. 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, take the preceptor quiz with a $\geq 70\%$ success, and pass an evaluation by either the DCE or a clinical faculty member for Inter-Rater Reliability with a threshold of ≤ 2 missed steps and no critical omissions on a simultaneously rated student competency.

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. They are also responsible for completing the required date and signature on all evaluations. The expectation for all preceptors is to comment, review, and discuss with the student any ineffective behavior to ensure that proper learning experiences, skills management, competencies, patient safety, and correct student attitude are being followed according to the guidelines of the Respiratory Care Program and the clinical facility. To maintain confidentiality in the evaluation, the Evaluation Form may be faxed to the Director of Clinical Education for their review. In the event that a student is unable to demonstrate appropriate affective behavior, the Program Director and the Director of Clinical Education should be contacted for a student council session and remediation of the student. Contact with the Program Director, DCE, or other faculty may be made through the information provided on the Student Evaluation Sheet (See Student Forms) or by contacting:

Hannah Aldridge, RRT

Office: #417-659-4453

Email: Aldridge-h@mssu.edu

MSSU Preceptors are evaluated annually for Inter-rater Reliability. The Clinical Preceptor is responsible for participation in scheduled training or updates in the MSSU/FTC program to include Inter-Rater Reliability. Threshold rates are considered acceptable if there are ≤ 2 missed steps and no critical errors. Preceptors who fall outside the acceptable range will be contacted by the Director of Clinical Education (DCE) for remediation within 6 months. Remediation of raters may also be based on the DCE's analysis of the evaluations that were

completed by students. Documentation of remediation will be placed in the preceptor's file for follow up with the annual evaluations. Preceptors who fail remediation after two attempts will no longer be accepted as MSSU Preceptors, but may reapply after 60 days.

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. Students who do not demonstrate appropriate affective behaviors will be counseled.

Integration of the Clinical Components of the Respiratory Care Program

Clinical II RESP 239

Semester	Courses	Competencies Addressed
Fall	Intro to Mech. Vent.	Bronchoscopy Assist
	Alt. Site/Rehab/Management	O2 Concentrators
	Neo/Peds Resp Care	Arterial Line Sampling
		Initiation of Volume Control Ventilation
		Initiation of Pressure Control Ventilation
		Intubation (optional)
		Extubation
		Spontaneous Breathing Trial (optional)
		Monitoring Cuff Pressures
		Monitoring Mech Vent
		Initiation of Neonatal Mech Vent (optional)
		Monitoring Neonatal Mech Vent (optional)
		Initiation of Neonatal CPAP
		Monitoring Neonatal CPAP
		Attend an NRP Course
		Attend an ACLS Course

Courses	
Semester	Courses
Spring	<p>Cardiopulmonary A & P</p> <p>Pathology</p> <p>Diagnostics</p>
Competencies Addressed:	
Physical Assessment of the chest (optional)	Handwashing
Breath Sounds	Isolation Procedures
Bedside PFT	Vital Signs
Sputum Induction	Basic Spirometry
Passy Muir Valve Insertion (optional)	O2 Supply Systems
Laryngeal Tube Insertion (optional)	O2 Administration
High Flow Nasal Cannula	Humidity and Aerosol Therapy
Manual Resuscitation	MDI / DPI
Tracheostomy Care	Small Volume Nebulizer
Incentive Spirometry	Endotracheal/Nasotracheal Suctioning
Chest Percussion and Postural Drainage	The Vest Airway Clearance System (optional)
PEP Mask Therapy	Electrocardiograph
Arterial Puncture	Pulse Oximetry
Manual Resuscitation	Intrapulmonary Percussive Ventilation (optional)
Vibratory PEP	Six Minute Walk Test
Initiation of NPPV	Initiation of PSV (CPAP)

Clinical III RESP 340

Semester	Courses	Competencies Addressed
Spring	Adv. Cardiopulmonary Assessment	Chest Tubes (optional)
	Advanced Mech. Vent.	Waveform Analysis
	Research in Resp. Care	Thoracentesis Assisting (optional)
		CXR Interpretation
		Advanced Ventilation Modes
		End Tidal CO2 Monitoring
		PALS Course
<p>At the end of the semester students should have completed a minimum of 475 clock hours of clinical and SIM lab to include:</p> <ol style="list-style-type: none">1. General and Advanced Resp. Care2. Alternate Site including:<ul style="list-style-type: none">Sleep MedicinePulmonary RehabPFTHome CareManagementNeonatal/Pediatrics3. Medical Director / Physician interaction4. Attend a Kettering TMC and CSE Review Session		

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, Thoracentesis, etc.)

Rapid Response Team/Code Blue

Disaster Drills

Patient Transport

Patient Education

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 including gel, acrylic, or dipped polish is not acceptable. Makeup must be worn in moderation. Jewelry should be kept to a minimum. Two 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 or vape anywhere on the clinical site premises. Students who smoke before they arrive at the clinical site must brush 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 cannot be permitted to remain in the 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.

Suspension from Clinical Activities:

Every student enrolled in the Missouri Southern State University Consortium for Respiratory Care Education is expected to participate in clinical activities and perform in a fit and safe manner, consistent with the professional standards of the program. The program reserves the right to temporarily remove a student from any and all clinical activities if a student's behavior, attitude, or skill set fails to meet those standards or when behavior raises significant concerns about the safety of others (patients, staff, faculty, or public). Students found noncompliant or deficient with any facility's student orientation or onboarding requirements will not be allowed to participate in any clinical activity until the requirements are complete and cleared by the Director of Clinical Education. During a clinical suspension, a 4% deduction will be given for each absence from a scheduled clinical rotation. If a specialty rotation occurs during a clinical suspension, the rotation will need to be rescheduled after the suspension has been lifted.

Reports of behavior, attitude, or incidents that raise concern about impairment or an inability to function in the clinical setting should be communicated to the Director of Clinical Education (DCE) or the Program Director (PD) either by phone or office email. In addition, the incident needs to be recorded on a Student Evaluation Form and forwarded to the DCE.

These reports will be reviewed and assessed by the DCE. If the incident needs correction, the DCE will provide a verbal and written counseling to the student. In addition, the student may be asked to provide a written plan of action to correct the problem before being admitted back into the clinical setting. The continuation of incidents may be brought to the attention of the Program Director / Dean of Health Sciences, MSSU / and the Assistant Director Post-Secondary Education- FTC for review, additional action, or possible termination from the Respiratory Care Program.

MSSU Student Forms

Missouri Southern State University Consortium for Respiratory Care Education

Clinical Log Form

Facility	Preceptor (Printed Name)	Preceptor (Signature)
Procedures Performed:		
Observations:		
Physician Contact: Name of Physician _____ Estimated Time _____		
Describe the type of contact:		

Student Name (Print)	Student Signature	Date
----------------------	-------------------	------

All information reported herein is strictly confidential. The data is processed by the Program Clinical Coordinator and reported as a basis for qualitatively improving clinical learning experiences. **Revised 8/27/25 HA**

Missouri Southern State University Consortium for Respiratory Care Education

Hannah Aldridge, DCE
3950 Newman Rd
Joplin, MO. 64801

Program Director: 417-659-4423
DCE Office: 417-659-4453
RT Office: 417-625-9848

Clinical Evaluation of Student Performance

This section to be completed by the **STUDENT** (please print) _____

Student Name _____ Date: _____

Clinical Facility/Specialty: _____ Fall: _____ Spring: _____ Summer: _____

Time In: _____	Time Out: _____
----------------	-----------------

This section to be completed by the **CLINICAL PRECEPTOR**

Preceptor Name (Print): _____ Signature: _____

Please check all that apply to today's clinical rotation

Behavior	Not Applicable	Pass	Needs Improvement
Appearance: full uniform; pressed and clean; stethoscope, watch, pen, ID badge and all forms available for preceptor. Hair and nails neat and clean.			
Work Ethic/Professionalism: reports for shift on time, positive attitude, respectful, reliable, takes initiative pursuing new skills.			
Communication/Education: able to exchange thoughts and information to patients and staff.			

Proficiency	Not Applicable	Pass	Needs Improvement
Infection Control: Washes hands, uses aseptic or sterile technique, properly disposes of infectious waste.			
Basic Skills: sets up, monitors, and manages medical gas therapy, bronchial hygiene therapy, and hyperinflation therapy			
ED Procedures: Responds urgently to respiratory emergencies, maintaining or supporting airway and breathing.			
Ventilator Care: Under the direction of a physician, is able to set up, monitor, and manipulate ventilator settings.			
Assessment Skills: Accurately assesses vital signs, desaturation, ABG's, PFT's, and basic heart arrhythmias			

NOTES/COMMENTS:



MSSU Respiratory Care Department

EXPOSURE AND INCIDENT REPORT

Name: _____

Date of Incident: _____

Location of Incident: _____

Injury (if any): _____

Incident:

Follow Up:

Witnesses:

Program Director

Student Signature

Clinical Director

Missouri Southern State University
Consortium for Respiratory Care Education
Preceptor Application

Name: _____ Date: _____

Address: _____

Email: _____

Hospital /Facility: _____

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

**Applicants: Please save this form as a file attachment and email to Aldridge-h@mssu.edu or mail to:
Hannah Aldridge, Respiratory Care Program – MSSU, 3950 Newman Rd., Joplin, MO. 64801.**

Preceptor Quiz

MSSU/FTC Consortium for Respiratory Care

Name: _____

Address: _____

Email: _____

Hospital/Facility: _____

Date: _____

Read each question carefully, then place a "T" (true) or an "F" (false) on the line next to the question.

When you have completed the quiz, email your responses as an attachment for grading.

____ 1. When teaching adults new ideas it is best to verbally instruct, demonstrate, and then allow the student to demonstrate.

____ 2. The adult learner prefers to learn using a "Hands on" approach.

____ 3. Part of a preceptor's responsibility includes providing educational insight and supervision to Respiratory Care students in the clinical setting.

____ 4. A Creative Thinker tends to have difficulty troubleshooting.

____ 5. A clinical preceptor's input can impact a student's clinic grade.

____ 6. If problems or concerns arise from a student's clinical performance or behavior, the preceptors are able and encouraged to meet with the program's faculty to discuss the situation.

____ 7. It is not necessary for a preceptor to sign off or check the computer for proper charting.

____ 8. The preceptor must verify a new physician's order prior to a student starting a therapy,

____ 9. A student may perform ABG's, intubations, extubations, and securing an ETT without preceptor supervision.

____ 10. The student will receive and give a formal patient report at the beginning and at the end of the shift, respectively.

Post quiz: Save as a file and email answers to: aldridge-h@mssu.edu as an attachment or mail to:

Hannah Aldridge, Respiratory Care Program-MSSU, 3950 Newman Rd. Joplin, MO. 64801.