Student Clinical Guidelines

I. Orientation to the Facility

Before students can be assigned preceptors and participate in patient care, they must be oriented to the facility. Initial Orientation includes but is not limited to the following:

A. Required paperwork: Orientation check-off sheet, acknowledgements, confidentiality statement, etc…To be kept on file in the department.
B. Students will be granted access to the Meditech system (to end within 24 hours of the last rotation day)
C. Students pictures will be put on the web site for the use of preceptors.

II. Attendance guidelines

In order to give students the maximum experience at this facility, Medical City Dallas Hospital considers students an important part of the day-to-day activities of the Respiratory Care Department. Students are extended the trust to care for our patients, and in return, we expect certain policies be followed; these policies are listed below:

A. **Time sheets:** to get credit for a clinical day, please sign-in at the actual time arrived and leaving. The following rules apply: 1) sign in at the actual time arriving in the department. 2) do not sign-in for someone else 3) if you are the first person signing-in, please note the date, day of the week, and practicum 4) one sheet per student group please. Please see instructional presentation: on filling out the time sheet at: [http://www.rtconnection.org/media/Logging_your_clinical_participation.ppt](http://www.rtconnection.org/media/Logging_your_clinical_participation.ppt)

B. **Absent Call Policy**

Your standing is based upon your participation in Respiratory care department activities. In order to have a good standing, students not only need to be present, but also carry out duties as assigned. Students must maintain a good standing (as defined in section II) to remain in clinicals at Medical City Hospital Dallas.

Day shift clinical assignments are created between 5:30 and 6:00 AM and include participation by the students. If you will not be able to attend clinical training on the day assigned, please let the appropriate person know ahead of time as follows:

**Day Shift:** Call David Gibson’s answering machine at 972 566-4306. After four rings, you will hear a tone, and the message system will be activated.

**Night Shift:** Call Misty Potter at: 972 566-2689, or the night shift supervisor at: 972 566-7528

These numbers and more are listed at: [www.rtconnection.org](http://www.rtconnection.org) click on “students” Email notification may supplement a phone message, **but always call**. Please note that our system does not accept text messages.
Please leave a message for the appropriate person as soon as you know that you will not be attending clinical training. It is important that you notify David, Misty, or the supervisor as soon as you know that you will not be attending clinicals.

C. Absence Policy
Students are required to attend each scheduled clinical. Missing more than two days in a 16 week clinical (or one day in an eight week clinical) for any reason, is grounds for removal from clinical training at Medical City Dallas Hospital. In some cases, (on an individual basis), a “MCD Respiratory Care Student-Performance Improvement Plan” (PIP) may be implemented and the student may remain at the facility. Make-up days are scheduled by the ATI Clinical Coordinator. Further, if a student misses more than 8 hours of the 12 hour shift, they will be considered absent for the entire day.

With the exception of specific notice regarding school activities, there are no excused absences. Also, although the school may require such information, it is not only unnecessary, but discouraged to disclose personal information regarding the reason for an absence to the clinical preceptors. For example, you will not be required to give the reason for an absence such as an illness. One exception is if you become ill while at work, in that case, you should notify your preceptor immediately.

If you have infectious illness, or are too sick to be in clinical (for any reason), do not come to clinical training at the facility; since you will be sent home and still counted absent. A fever of 100F, or coughing uncontrollably are examples of conditions which necessitate staying home.

Attendance at clinical is discouraged if roads are hazardous due to freezing precipitation. The hospital will not hold a lack of attendance at clinical training due to icy road conditions against the student.

D. Late Policy
Students are required to meet in the Respiratory Care department at 06:45 and are considered tardy at 06:53. Three tardies (or leave earlies) are considered equivalent to an absence and the student will be given a verbal warning on the second tardy (or leave early). A third tardy or leave early will be regarded as an absence, subject to the absence policy outlined in this document. Missing between 30 minutes and 4 hours will be considered .5 of an absence. Finally, late or leaving early less than 30 minutes will be considered .33 of an absence.

If you are running late, call immediately to notify the facility and come to clinicals as soon as possible by calling one of the following numbers: Before 6:40 AM call Adult Nightshift Team Leader 214 336-6270; after 6:40, call Adult Dayshift Team Leader – 214 289-7425, or David Gibson – 972 566-5392. If possible, the hospital will make every effort to incorporate late-comers into the daily activities. In some cases, however, the hospital may ask the student leave. When you arrive late or for some reason are it is your responsibility to contact a supervisor or other respiratory leadership person for instructions.

E. Leave Early
If you must leave early for any reason, please follow these steps:
1. Give report to your preceptor for each patient, please include the time you last performed any therapy, breath sounds, and any other pertinent data.
2. In addition to your preceptor, let one of the following people know that you are leaving the facility: David Gibson (dial 5392 from any phone), David Barton, or the respiratory care Supervisor / Team Leader.

3. Sign-out on the “Clinical Rotation Time and Attendance Record”.

4. Failure to follow this policy may result in a “PIP” or removal from clinicals.

F. Failure to Notify

If a student fails to follow the notification guidelines as outlined such as with a “No call, no show”; MCD may remove that student from training at this facility. In some cases (on an individual basis), a “Performance Improvement Plan” may be implemented and the student given an opportunity to improve their standing and remain at the facility.

III. Student Evaluation: “Path to Success”

Among others goals, Respiratory Care Students strive to not only acquire, but to practice the skills and knowledge needed as a graduate respiratory care practitioner.

Another goal is successful employment—and Medical City Dallas Hospital is a potential employer of the students that perform at a high level.

Below, is a list of expectations that, if followed, may result in employment at MCDH. To determine employability, you will be evaluated based upon data gathered regarding your performance at this facility. Below is a summary of that data:

Objective Data:

- Attendance / punctuality
- Emar scan rates
- Number of therapies given per clinical hour or is in the expected range (not too few or too many)
- Numbers, and types of competencies will be tracked (eg., how many IPPBs, BiPaP competency)
- Maximum workload handled efficiently (using adequate planning and time management) during internship. (eg., half load, full load)

Subjective Data:

- Affective Evaluation by staff and preceptors:
  - Professional appearance
  - Communication:
    - Keeping preceptors aware of the status of you and your patients.
    - Courteous
    - Handling conflict/stress appropriately
  - Willing and able to learn, and follow directions
  - Dependability, is self-directed and shows initiative
  - Honesty, trustworthy, and responsible for actions
  - Confidence
- Demonstrates advanced understanding.
Please note that the list above is intended to serve as a summary, and is not meant to include everything expected of the student. Once expectations are given, however, either verbally or otherwise, students will be expected to abide by those guidelines. Failure to abide by expectations may result in initiation of MCD Respiratory Care Student Performance Improvement Plan (PIP) or, in extreme circumstances, removal from the facility.

IV. MCD Respiratory Care Student-Performance Improvement Plan (PIP)

A MCD Respiratory Care student performance improvement plan (PIP) may be verbal, or written. A written performance improvement plan may include, or be limited to the use the form on the last page of this handbook. Although coaching is preferred, Medical City Dallas Hospital, in order to maintain a safe and effective working environment for the patients and staff of the facility reserves the right to terminate an individual student’s clinical rotation immediately or at any time without prior notice. After an investigation, the student may be reinstated with approval of the respiratory care leadership committee consisting of respiratory care supervisors or other relevant parties (such as nursing unit supervisors). Immediate suspension may result from, but not limited the following infractions:

- Substance abuse or suspected substance abuse including alcohol and drugs.
- Aggressive behavior
- Stealing
- Insubordination: not submitting to authority, disobedient. Including failure to follow directions of the supervisor/team leader.

V. Other

A. Communications: If you have a personal cell phone—and are willing to carry it—please give your preceptor that number. The use of cellular phones in patient care areas is discouraged unless for official business (such as communications between staff). Also, please refer to the cell phone use policy outlined by the school.

Please let your preceptor know if you are leaving the assigned area and how long you will be gone. Do not leave the facility. If you are working semi-independently, keep contact with your preceptor frequently. So your preceptor can find you, please return to an agreed upon area (in the assigned area, or the RT department) when you return from breaks. If the preceptor is unable to contact a student for a longer than usual interval, the preceptor may have the student paged overhead. Students that can not be reached for an extended period will be assumed to be A.W.O.L (absent without leave) and subject to removal from clinical assignment.

B. Assignments: We will make every attempt to place the student in an area that meets the current rotation objectives, however, the top priority is to meet the needs of our patients, and students may be assigned in any area within the hospital (that they have been oriented/trained) at the discretion of the supervisor/team leader.

C. Students are responsible for equipment that they are assigned. Failure to return equipment in good working condition at the end of the shift (such as a pulse oximeter) is grounds for removal from rotations at Medical City Hospital Dallas Hospital.
D. Smoking is not permitted during clinical training nor on the Medical City Dallas Hospital Campus.

E. Do not leave the Medical City Hospital buildings during clinical training without prior arrangement and/or permission from a supervisor.

VI. Preceptor / Student Model
Method & Responsibilities

Introduction

The Respiratory Care Department at Medical City Dallas Hospital serves the community by actively participating in the training of competent and safe Respiratory Care Practitioners, and to do so consider all licensed Respiratory Therapists employed at Medical City Hospital Dallas, whether full-time, part-time, or PRN to be potential preceptors. In order to standardize training, definitions and general guidelines are outlined below:

A. Definitions

Preceptor: A qualified and licensed Respiratory Pare Practitioner (RCP) who facilitates the achievement of respiratory care student goals, generally through clinical practice. Preceptors should strive to attain broad knowledge of the field, thoroughly explain the basis for actions and decisions, and answer learner questions clearly and precisely. Further, the preceptor should be open and explore conflicting ideas and opinions, connect information to broader concepts, and communicate clear goals and expectations. Among the goals of the preceptor is to foster independence in the student by modeling the actions and behaviors expected.

B. Preceptor/student relationship

Although Respiratory care students are unlicensed, the state of Texas does give an exemption to students to practice respiratory care. Students are therefore able to perform procedures in which they have been trained, with the exception of invasive procedures, which can only be performed under supervision.

The relationship between student and preceptor is one of a mentor closely monitoring the work of the student. As the student progresses, the student may be given work to perform semi-independently, although the preceptor should consider the care of the patient to be a shared responsibility. Students will keep the preceptor apprised of the status of the patient. Guidelines concerning the responsibilities of preceptors and students are listed section IV-C: [Preceptor] Responsibilities.

Finally, the preceptor/student relationship can only exist if both parties are able to communicate effectively, the preceptor should be able to make expectations clear, and give appropriate feedback. Also, the student should be able to accept appropriate criticism and demonstrate the ability to learn from feedback. Both parties should communicate in a spirit of cooperation and willingness to participate in effective training.
C Responsibilities

1. Assignments: Only give students tasks in which they have been trained to perform. It is the responsibility of the student to communicate to the preceptor the level at which they are able to perform each task: 1) observation only, 2) observed or 3) close monitoring. Students should never perform a task or use a piece of equipment unless they have been formally trained to do so.

2. Students should keep the preceptor apprised of the condition of the patient (particularly any data that falls outside of normal range such as a SpO2<90%), any change in orders, or other pertinent data. It is important that the preceptor keep a level of involvement in the care of the patient by visiting the patient to insure quality.

3. Student should verify not only correct medication and dosage, but also the expected schedule of treatments times with the preceptor before administration.

4. Students are not to sign-off on new patient orders and instead should notify the preceptor. New starts should be assessed by a licensed respiratory therapist.

5. Students should only make ventilator changes when directly supervised by a licensed respiratory therapist.

6. If a student is to leave the assigned area, they will let the preceptor know that they are leaving and when they will return.

7. It is the responsibility of the preceptor to insure that the student’s charting is complete and accurate. A preceptor should cosign ventilator sheets.

8. Students will notify staff of ABG requests. Students are not to perform ABG punctures.

D. Procedure Check-Off Record

The following is a method to help respiratory care department preceptors identify the competency level of respiratory care students attending clinical rotations at Medical City Dallas Hospital.

For common procedures or diagnostic tests that students may perform, students will have first been checked-off in the school laboratory before arriving in the hospital. Once in the facility, students will follow a three step process of observing, being observed, and close monitoring.

A form entitled “Respiratory Therapy Student Core Competencies” will be kept on each student. On this form, there is a spot for the preceptor as well as the student to initial “level 2” and “level 3” check-offs for all competencies in the area of concern (i.e. adult ICU). The preceptor will initial level 2 after the student has observed the procedure and has had a chance to answer questions, and is ready to be observed performing the procedure. Level 3 is accomplished when, on another clinical day, a preceptor observes the student performing the procedure within the specified standard and gives feedback. Students may not accomplish more than one level on any one item in the same day. However, students may accomplish, for example, level 2 on all procedures in a given day. If the student is able to perform the procedure without error, the preceptor will initial the “Level 3” column on the student check-off sheet. The student is now ready for “close monitoring” (as defined below). Students will initial to indicate agree with the level. Students should be aware of the check-offs that they have completed.
Summary of initial marks:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No initial/s</td>
<td>Level 1, Observation only.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Students have had a chance to observe procedure, and may now be <strong>checked-off</strong> on the treatment. Students must perform procedure per policy to complete.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Students may be closely monitored as defined below.</td>
</tr>
</tbody>
</table>

Close Monitoring:

1. The preceptor should review with students the following prior to treatment/s:
   a. Patient’s expected schedule of treatment times
   b. Type of treatment/s to be delivered
   c. Check medication before delivery – “Show me what you are going to use”
2. Make sure you have two-way communication (students may use their personal cell phones as pagers).
3. Check EMAR, and charting within a couple of hours of the student completing treatment.
4. Student should report the outcome of treatment to preceptor including any signs and symptoms that are abnormal or unexpected (such as SpO2 < 90% on ordered oxygen).
5. Preceptors should visit patients that are being treated by students no less than once per shift.
6. Students will not be assigned floors, although a student may take all the treatments on a particular floor.
7. Students may not perform invasive procedures unless under direct observation by licensed staff.
8. Students may not perform ABGs.

The expectation of students:

1. Students should chart treatments immediately after completing the treatment.
2. Student should perform treatments 1 on 1 and not leave the room while the patient is taking a treatment.
3. Students must notify preceptor in a timely manner for:
   a. New treatments, or a change in treatments
   b. Any abnormal, unusual, or unexpected events (such as an SpO2 < 90% or current oxygen)
   c. If you will not be able to do a treatment within an hour window of 30 minutes before or 30 minutes after scheduled time.
   d. A patient is not in the room, if a patient refuses, or for some reason, the treatment is not delivered.
4. If a medication will not scan, student will notify the preceptor so the staff member can **full document** the medication.
5. Under no circumstances may a student perform a procedure or diagnostic test in which they been not been formally trained.
6. Student are not to perform invasive procedures without the presence of licensed staff.
Medical City Dallas Hospital Respiratory Care Student

Performance Improvement Plan

Name: ________________________________ Date: ____________________

Explain what is in need of improvement:

_______________________________________________________________________
_______________________________________________________________________

What will the student do to improve the thing mentioned above?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

When will the improvement be re-evaluated and how will the improvement/lack of improvement be dealt with:

_______________________________________________________________________
_______________________________________________________________________

Follow-up: (please date)

_______________________________________________________________________
_______________________________________________________________________