

Clinical Handbook

Respiratory Therapy Program

Student Name: (Print) _____ Clinical Site: _____

This handbook contains program specific information vital to your educational experience. It is expected that all Respiratory Care students adhere to the policies and procedures, and complete all proficiencies contained in this handbook.

Introduction

The faculty of Utah Valley University welcomes you to your clinical rotation in respiratory care. Knowing that knowledge is important, your involvement in this clinical experience will shape your future as a respiratory care practitioner. It is imperative that you actively participate and immerse yourself in this clinical practicum. Your requirements may include extensive reading, individual assignments, group projects, and demonstration of an array of clinical proficiencies throughout the clinical rotation. In addition to these requirements, you are expected to demonstrate promptness, professionalism and an attire befitting of the profession that you are about to embark. On behalf of the entire Respiratory Therapy faculty, I would like to thank you for accepting this challenge and the opportunity to be part of this experience as a respiratory therapy student.

Respectfully:

Kelly Rose, MSHS, RRT, AE-C
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Respiratory Therapy Program
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Respiratory Therapist General Duties

- Set up and operate devices such as mechanical ventilators, therapeutic gas administration apparatus, environmental control systems, and aerosol generators, following specified parameters of treatment.
- Provide emergency care, including artificial respiration, external cardiac massage, and assistance with cardiopulmonary resuscitation.
- Determine the requirements for treatment, such as type, method, and duration of therapy; precautions to take; and medication and dosages compatible with physicians' orders.
- Monitor patient's physiological responses to therapy, such as vital signs, arterial blood gases, and blood chemistry changes, and consult with physician if adverse reactions occur.
- Read prescription, measure arterial blood gases, and review patient information to assess patient condition.
- Work as part of a team of physicians, nurses and other health care professionals to manage patient care.
- Enforce safety rules and ensure careful adherence to physicians' orders.
- Maintain charts that contain patients' pertinent identification and therapy information.
- Inspect, clean, test, and maintain respiratory therapy equipment to ensure equipment is functioning safely and efficiently, ordering repairs when necessary.
- Educate patients and their families about their conditions and teach appropriate disease management techniques, such as breathing exercises and the use of medications and respiratory equipment.

In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making and patient education. The scope of practice for respiratory therapy includes, but is not limited to the:

- Acquiring and evaluation of clinical data
- Assessment of the cardiopulmonary status of patients
- Assisting and implementation of prescribed diagnostic studies such as arterial puncture and analysis, pulmonary function testing, and polysomnography
- Evaluation of data to assess the appropriateness of prescribed respiratory care
- Establishment of therapeutic goals for patients with cardiopulmonary disease
- Contribution, development, and modification of respiratory care plans
- Establishment of case management initiatives for patients with cardiopulmonary and related diseases
- Initiation of prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives
- Recommendation, initiation and administration of prescribed pulmonary rehabilitation
- Promotion and continued support of patient, family, and community education
- Promotion and continued support of cardiopulmonary wellness, disease prevention, and disease management
- Participation of life support activities as required; and promoting evidence-based medicine; research; and clinical practice guidelines
- Familiarization of the various "Clinical Standards and Guidelines" presented by organization such as the American Association of Respiratory Care (AARC), American Thoracic Society (ATS), University of Chest Physician (CCP) and other nationally known organizations

What do I Need to Bring to Clinical Rotations?

- Stethoscope
- Uniform per University Standard
- ID Badges
- Pen
- Pharmacology cards
- Bandage Scissors
- Calculator(battery powered)
- Clipboard/Pocket notebook
- Watch with second hand or digital
- Required reading material(clinical handbook, textbooks)

AARC Statement of Ethics and Professional Conduct¹

In accordance with the “position statement,” AARC Statement of Ethics, and Professional Conduct from the American Association for Respiratory Care, “the conduct of the professional activities of all Respiratory Therapist’s shall be bound by the following ethical and professional principles¹.” Therefore, Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Seek educational opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws that govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.

Effective 12/94

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Revised 07/09

Revised 10/11

¹AARC Statement of Ethics and Professional Conduct http://www.aarc.org/resources/position_statements/ethics.html

Policies and Processes by which Students May Perform Clinical Work while Enrolled in the Program: Essential Functions / Core Performance Standards

Specific health, physical and technical requirements are required from all candidates challenging the Respiratory Therapy program. The clinical practicum requires that each student be capable of demonstrating the following functions. The areas of concern are defined by gross and fine motor abilities, physical strength and endurance, mobility, hearing, visual, tactile, smell, reading, arithmetic, emotional stability, analytical and critical thinking, interpersonal and communicative skills. Each student must carefully review the following descriptions and acknowledge their full understanding of these requirements. **In accordance with the American with Disabilities Act (ADA), the Respiratory Therapy Program at Utah Valley University acts in accordance with all the standards. The attached *Essential Functions/Core Performance Standards Worksheet* provides the framework and categories that relate to an individual's functional ability, activities/attributes, and to any limitations/deficits of functional abilities that may exist.** The Respiratory Therapy Program shall implement these standards in combination with the professional scope of practice, job analysis, and expert consultation to make decisions related to the ability of the respiratory therapy student to perform the essential functions of respiratory care.

Essential Functions / Core Performance Standards

<p>1. Gross motor ability</p>	<p>1.1 Move within confined spaces 1.2 Sit and maintain balance 1.3 Stand and maintain balance 1.4 Reach above shoulders 1.5 Reach below waist</p>	<p>Skills: Grasp, hold, and read small instruments such as volume measuring devices. Lift medication vials to eyes to read. Record patient data in record or change the settings on equipment by turning knob and observe change(s). Squeeze suction catheter button. Squeeze medication vials to empty. Write in patient chart.</p>
<p>2. Fine motor ability</p>	<p>2.1 Pickup objects with hands 2.2 Grasp small objects with hands 2.3 Write clearly and neatly with pen or pencil 2.4 Type on a keyboard 2.5 Pinch/squeeze or pick up objects 2.6 Twist knobs with hands 2.7 Possess manual dexterity for sterility and infection control purposes.</p>	<p>Skills: Change equipment settings above head and below waist. Function in an ICU environment by moving about in an ICU room in order to perform procedures on the patient. Student must also read patient chart, equipment settings, and/or equipment displays. Sit or stand to record findings.</p>
<p>3. Physical Endurance</p>	<p>3.1 Stand at client's side during procedure 3.2 Sustain repetitive movements 3.3 Maintain physical tolerance (continue tasks throughout a shift) 3.4 Work and complete tasks at a reasonable pace</p>	<p>Skills: Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, or above head. Gather equipment and manually resuscitate patient. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs. Turn to change settings on monitor while standing at patient bedside</p>
<p>4. Physical Strength</p>	<p>4.1 Lift 25 pounds 4.2 Carry equipment/supplies 4.3 Squeeze with hands (e.g., use of a manual resuscitator) 4.4 Able to push/roll 60 pounds 4.5 Move heavy object weighing from 10-50 pounds by using upper body strength.</p>	<p>Skills: Procedures such as CPT and CPR require that you stand, move, and perform repetitive procedures on patients throughout the day. Repeat this procedure periodically throughout a shift.</p>

5. Mobility	<p>5.1 Twist 5.2 Bend 5.3 Stoop/squat 5.4 Move quickly 5.5 Walk and climb ladders/stools/stairs</p>	<p>Skills: Help patient up in bed and from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope, or other equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Lift equipment from bed height to shelf height above chest level.</p>
6. Hearing	<p>6.1 Hear normal and different speaking level sounds 6.2 Hear audible alarms 6.3 Hear telephones 6.4 Hear sounds with stethoscope(e.g., lungs and heart sounds)</p>	<p>Skills: Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Listen to patient breath sounds to determine if patient is breathing.</p>
7. Visual	<p>7.1 Distinguish color 7.2 Distinguish color intensity 7.3 See emergency lights/lamps 7.4 See object up to 20 inches away 7.5 Use peripheral vision 7.6 Visually assess clients</p>	<p>Skills: Confirm settings visually such as with ventilator display. Read patient chart to determine correct therapy. Read settings on monitors and other equipment. Visually assess patient color to assess for hypoxia or any changes in patient condition.</p>
8. Tactile	<p>8.1 Detect environmental temperature 8.2 Detect temperature 8.3 Feel the differences in sizes, shapes (e.g. palpate artery/vein) 8.4 Feel vibrations (e.g. pulses)</p>	<p>Skills: Assess patient by feeling for pulse, temperature, tactile fremitus, edema, subcutaneous emphysema.</p>
9. Smell	<p>9.1 Detect odors from client 9.2 Detect smoke 9.3 Detect gas or noxious smells (e.g. gas leak or smoke)</p>	<p>Skills: Assess for unusual odors originating from the patient or environment requiring attention.</p>
10. Reading	<p>10.1 Read and interpret physicians' orders 10.2 Read and understand written documents 10.3 Read very fine or small print</p>	<p>Skills: Read and interpret physician orders and or physician, therapist, and nurse's notes. Read from a computer monitor screen. Gather data accurately, and in a reasonable amount of time to ensure safe and effective patient care relative to other caregivers.</p>
11. Arithmetic	<p>11.1 Calibrate equipment 11.2 Compute fractions 11.3 Convert numbers to metric 11.4 Count rates (e.g. pulses, breathing rate) 11.5 Tell time and measure time (duration) 11.6 Perform basic arithmetic functions add, subtract, multiply, divide 11.7 Read and understand columns of writing (e.g. flow sheets) 11.8 Read digital displays and graphic printouts 11.9 Read graphs (e.g. vital sign sheets, ventilator flow</p>	<p>Skills: Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.</p>

<p>12. Emotional Stability</p>	<p>11.10 Read measurement marks 11.11 Record numbers (chart observed parameters) 11.12 Use a calculator 11.13 Use measuring tools (e.g. thermometer, NIF, Peak Flow, VC)</p> <p>12.1 Establish therapeutic boundaries 12.2 Provide client with appropriate emotional support 12.3 Adapt to changing environment/stress 12.4 Deal with the unexpected (e.g. emergency situations, trauma) 12.5 Perform multiple responsibilities concurrently 12.6 Show appropriate compassion through communications</p>	<p>Skills: Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently such as delivering medication or oxygen in one room while performing an arterial blood gas in another (in an emergency room or general floor environment). Maintain enough composure to provide for safe effective patient care despite crisis circumstances.</p>
<p>13. Analytical Thinking</p>	<p>13.1 Evaluate outcomes 13.2 Prioritize tasks 13.3 Problem solve 13.4 Process information 13.5 Transfer/extrapolate knowledge from one situation to another 13.6 Use long and short term memory</p>	<p>Skills: Evaluate priorities and different sources of diagnostic information to help arrive at a patient diagnosis. Appropriately evaluate data in order to notify physician and nurses when necessary.</p>
<p>14. Critical Thinking</p>	<p>14.1 Identify cause-effect relationships 14.2 Plan/control activities for others 14.3 Synthesize knowledge and skills 14.4 Sequence information</p>	<p>Skills: Evaluate priorities and different sources of diagnostic information to help arrive at a patient diagnosis and treatment plan.</p>
<p>15. Interpersonal</p>	<p>15.1 Respect differences in clients 15.2 Establish rapport with clients and co-workers 15.3 Work effectively with physicians, staff, clients and their families</p>	<p>Skills: Communicate effectively under any circumstance (courteous or offensive) with patients, families, doctors, nurses and other staff in order to meet therapeutic goals for the patient.</p>
<p>16. Communication</p>	<p>16.1 Convey information through writing 16.2 Explain procedure(s) 16.3 Give oral reports 16.4 Speak clearly and distinctly 16.5 Speak on the telephone</p>	<p>Skills: Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.</p>

Clinical Requirements and Evaluation during Clinical Externship

There is a Dress Code Requirement for all clinical rotation / practicum's due to of the environment in which a health care provider practices. Each student must adhere to the following guidelines to ensure his/her safety and the safety of the patients within the facility. The dress code states that:

1. The student is expected to dress in appropriate attire for all clinical sessions as outlined below:
 - 1.1 The uniform consists of closed-toe and heel shoes, green and white scrubs with the school logo patch, plain white tee shirts worn under the scrub top (if a shirt is needed).
 - 1.2 The Utah Valley University and hospital issued picture IDs must appear in a visible part of the uniform at all times in the clinical setting.
 - 1.3 The uniform should always be clean and wrinkle free and the shoes and shoelaces free of a dirty appearance.
2. When in uniform, jewelry must be kept to a minimum
 - 2.1 Earrings may not exceed one pair and must be small earrings for safety and aesthetic reasons.
 - 2.2 Limiting finger rings to plain wedding bands is an accepted practice
 - 2.3 Bracelets, necklaces, nose, tongue rings, or decorative pins are acceptable in the clinical settings
3. When in uniform your fingernails are important.
 - 3.1 Nails are to be kept short at all times and without polish.
 - 3.2 The use of acrylic, decorative, or false nails increases the possibility harboring bacterial and fungal infections. Therefore, the use of these aesthetic does not comply with this dress code.
 - 3.3 The cuticles and area underneath the nail tips must be free of dirt or oil.
4. Hair must be clean and pulled back from the face in a manner that prevents it from falling over the shoulders or contaminate sterile fields while in uniform.
 - 4.1 Facial hairs need to be well groomed.
5. Cosmetics and fragrances while in uniform.
 - 5.1 Perfumes or highly scented personal products are not be used because the fumes can cause breathing difficulties to most patients.
 - 5.2 While in uniform, the student's personal hygiene must be clean and free from body odor.
6. No smoking or gum chewing during clinical/practicum time
 - 6.1 Most hospitals establish a smoke-free environment to within 250 feet of the hospital grounds.
7. Eating, and/or drinking is allowed only in designated areas while at clinical/practicum.
8. The hospital and/or the University reserve the right to require any student who is not correctly dressed to leave the hospital.

Clinical Policies

1. Make sure your clinical instructor knows where you are during clinical time, and if your assignment has changed from its original arrangement, you must notify them accordingly.
2. Before leaving your clinical site, notify your clinical instructor and make sure that he/she dismisses you from the clinical site and is aware of any incomplete assignments.
3. Each student must document physician interaction time during each clinical rotation. Examples of this may include physician rounds, teaching during invasive and non-invasive procedures, seminars, or formally structured meetings conducted during your clinical rotation. This mandatory requirement is an excellent opportunity to enhance your learning. Notify your clinical instructor so they may help facilitate these educational opportunities. This is your responsibility. Contact with any specific physician should be documented in Trajecsys.
4. The notice of privacy practices is a document that explains the confidentiality of patients and that all information is strictly confidential. Breach of confidentiality will result in disciplinary action.
5. **Students may not conduct personal telephone calls or texting during clinical hours.**
6. If you become ill or are unable to attend your scheduled clinical shift, you must contact the facility at least TWO HOURS prior to your shift start time. You must also contact Kelly by text (801-473-8336). All missed clinical time must be made up during that same semester. Arrangements are to be made with the department manager.
7. You should notify your clinical instructor if you become ill during your clinical time to consider the appropriate medical attention and a course of action. You are required to make up all clinical time missed by making the necessary arrangements with the department manager. You are responsible for costs incurred during treatment.
8. **Students will perform the psychomotor skills required of a respiratory therapist. Required proficiency check-off evaluations will be used as an evaluation and grading guide for the psychomotor and cognitive skills during these and all clinical rotations.** In addition, being punctual and actively participating each time is required. Dress code is essential as part of your affective behavior documentation. You must bring your school utensils such as stethoscope, textbooks, notebook, calculator, blunt/bandage scissors, black pen and school / hospital ID. Please refer to the list of "fundamental materials listed in this clinical handbook.
9. In order to 'pass' any proficiency, the student must consistently perform the objective according to the accepted procedure standard. Each student must then continue to provide evidence of a 'passing' performance on objectives previously passed. Students, who are not capable of re-demonstrating these safe performances, may be re-assessed, suspended, or possibility termination from the clinical course and/or program.
10. Students who consistently have trouble with their clinical skills must go to the campus lab for remediation. Students failing to master any specific skill and or arrange to complete the necessary hours of clinical time will require academic advisement and may be required to withdraw from the course.
11. **Each student must verbally communicate any tasks performed during their clinical rotation.** This includes but may not be limited to, patient diagnosis, history and physical, diagnostic testing, therapy outcomes and prognosis. In addition, you will have to complete a daily **Clinical Activity Log** that provides a detailed description of your clinical observations and activities for that particular day.

Respiratory Clinical/Practicums: All students must pass the clinical performance evaluations, practical exams, and clinical case study analysis with the percentage of 75 ("C") or above. Failure to achieve this threshold will require that the student repeat the practicum before advancing to any subsequent level.

Clinical Attendance and Scheduling

The clinical curriculum is competency based, thus, course completion requires demonstration of competence and proficiency in the performance of skills. Each clinical course has an established minimum number of clinical practice hours based on employer and graduate feedback, but additional hours may be required based on student performance.

Students must notify (in advance) the faculty AND clinical agency of clinical schedule changes.

Completion of designated clinical hours is mandatory for program completion. Clinical hours missed must be re-scheduled and completed.

Paid hours related to a student' employment may not be used for clinical hour completion.

All clinical hours completed for credit must be approved, prior to the experience, by the clinical faculty and must be associated with outcome oriented objectives. Clinical credit is not given for travel time to and from clinical sites or for associated classroom experience.

Students may be assigned to clinical rotations at any of our affiliated institutions and during any shift (days, afternoon, or nights). It is the responsibility of the student to arrange for transportation to and from clinical assignments. Under adverse driving conditions, if the student determines the road conditions to be too hazardous to travel, he/she is required to notify the appropriate faculty and make up the clinical day.

Students are to note the disclaimer in the semester schedules, regarding clinical times/days, stating: *"Please do not set up child care or work schedules based on the (semester schedule) printed clinical schedule. Updated information will be provided at the Respiratory Therapy orientation for each campus."* Last minute changes are sometime unavoidable.

Clinical Tardiness

Tardiness in clinical is unacceptable and will be subject to faculty review. This reflects irresponsible behavior, lack of respect for faculty and to other students, and serves as a distraction to others. Clinical tardiness may result in a failing clinical course grade.

Clinical Absences

Respiratory Therapy students must attend each clinical experience. In case of unavoidable absence on the assigned day, the faculty and the assigned clinical site must be notified, personally, prior to the student's scheduled time. Calling the clinical site alone is not sufficient notice. Absences from clinical will be cause for review by the faculty with possible failure for the semester and/or dismissal from the program. Absences will need to be rescheduled to make up the clinical day to allow for a passing clinical grade.

Clinical Absence With Proper Notification

Proper notification means notifying the clinical supervisor at the assigned clinical site at least TWO hours prior to the scheduled beginning of the clinical shift.

1st absence per clinical course = no grade penalty.

Any subsequent absences per clinical course = one letter grade reduction for the course per absence.

Clinical Absence Without Proper Notification

1st absence per clinical course = clinical course grade reduced one full letter grade

2nd absence per clinical course = clinical course grade of E.

Under valid and extenuating circumstances a student may petition the faculty for an exception. Valid circumstances for missed clinical days could include student hospitalization, death of immediate family member, etc.

If it is absolutely necessary to leave the clinical area early, the student must obtain permission from their assigned UVU clinical instructor prior to leaving the clinical setting. **Missed clinical hours must be rescheduled to make up the clinical practice day and to allow for a passing grade.**

In the event of student illness on a scheduled clinical day, the following options are available:

- a. All students should report personal illness or exposure to communicable diseases to his/her instructor immediately. On a case-by-case basis, the instructor will determine if a student who is ill or has been exposed to a communicable disease is able to continue to participate in the clinical area.
- b. If the student is disallowed from the clinical assignment, he/she must leave the clinical area and will be listed as absent. Missed clinical hours will be required to be rescheduled to make up the clinical day to allow for a passing grade.
- c. A physician's release pertaining to health status may be required depending on origin of illness.

Clinical practice days are the "glue" that pulls together and cements the theory and laboratory practice the student has already completed. They are also the opportunity for students to make a positive impression upon potential employers and colleagues. Whether a clinical day has been scheduled "traditionally," or has been scheduled directly between a student and his/her preceptor, once the day has been scheduled, it is the student's obligation to fulfill the scheduled day or notify the clinical instructor or preceptor. If you schedule a shift with a preceptor on Saturday, you may NOT just decide to go Sunday instead unless you have spoken directly with the preceptor to make this change. Although hospitals are open 24 hours per day, they do NOT expect students unless scheduled, and they DO expect students when they are scheduled.

Responsibilities of the Preceptor, Student, and Clinical Faculty

(Developed using The Ohio State FNP Preceptor Orientation & School of Public Health)

Responsibilities of the Preceptor

The preceptor should:

- Give the student an orientation to the site early in the experience. This will facilitate a smooth transition into the site and optimize the use of available resources.
- Explain to the student your expectations of his or her conduct. The areas of dress, conduct, and general characteristics of the experience should be discussed.
- Allow sufficient time for supervision and instruction in the form of routine interactions. Guide the student in his or her next steps and ask to review work periodically.
- Provide the student with constructive feedback.
- Afford the student the time and patience needed for an optimal learning experience.
- Facilitate physician interaction.
- Complete a daily evaluation and pass-off any completed competencies for that day in Trajecsys

Responsibilities of the Student

- The student should function professionally and this should be reflected in the interaction, activities, and relationships with the preceptor, patients and all facility staff.
- The student is expected to maintain confidentiality for all experiences. Students may describe experiences in clinical debriefing sessions, but statements of individuals are non-attributable and information will never be communicated outside of the classroom.
- The student must:
 - Be professional in appearance, both in dress and conduct
 - Adhere to the schedule agreed upon by the Clinical Facility Manager and UVU Director of Clinical Education
 - Be punctual and is required to notify the preceptor as soon as there is a possibility of being late or absent.
 - Practice professional courtesy when communicating with patients, families, and other health professionals.
 - Maintain appropriate confidentiality
- The relationship between the student and the preceptor should be one of student-teacher rather than employer-employee, or co-workers. The student-teacher relationship should be built on mutual trust, respect, communication, and understanding.

Responsibilities of the UVU Faculty as related to Precepted Clinical Experiences

Each student enrolled in the course is assigned a clinical faculty who:

- Assists the student in clarifying educational goals for the field experience
- Is responsive to the needs of the student and preceptor during the placement
- Completes at least one site visit per week that includes the student and preceptor.
- Is available by email and/or phone to discuss issues, concerns, and progress of the student throughout the semester.
- Reviews all student evaluations and competencies as submitted by the preceptor and keeps these evaluations/competencies on file (Trajecsys) to document student progress.

Competency List RESP 2705 & 2715

- Handwashing
- Vital Signs
- Patient Assessment
- Isolation Procedures
- Pulse Oximetry
- Low flow O2 devices
- High flow/Venturi O2 devices
- Heated High Flow Nasal Cannula
- Transport with Oxygen
- Bubble Humidifier
- Jet Nebulizer (LVN)
- Peak Flow Meter
- Small Volume Nebulizer
- Metered Dose Inhaler
- Dry Powder Inhaler
- Chest Physiotherapy
- Coughing
- Mucus Clearing Adjuncts (i.e. flutter)
- Incentive Spirometry
- Hyperinflation therapy (i.e. EZPAP)
- Arterial Blood Gas Sampling
- Arterial Blood Gas Interpretation
- Tracheostomy Care
- Suction Tracheostomy
- Set up NIV
- Adult Manual ventilation
- Adult CPR Compression
- Oro/Nasopharyngeal airway placement
- Nasopharyngeal Suction
- ECG Placement

Competency List RESP 2725

- Arterial Line Sampling
- Chest X-RAY
- Endotracheal/ In-line Suction
- Extubation
- In-line SVN/MDI
- Manual Ventilation During Transport
- Mechanical Ventilation Initiation
- Nasopharyngeal airway
- Non-invasive Ventilator Check
- Non-invasive Ventilator Set Up
- Oral airway
- Routine Parameter Change
- Routine Ventilator Check
- Securing ETT & Cuff Management
- Spontaneous Breathing Trial
- Transport Ventilator Set Up
- VAP Prevention
- Ventilator Waveform Analysis
- Ventilator-Patient Assessment
- Weaning Parameters

Clinical Facility Shift Times

Facility	Shift Times	Facility Full Name
CVMC	0600-1830	Central Valley Medical Center
MVH	0600-1830	Mountain View Hospital
UVH am	0600-1830	Utah Valley Hospital
UVH pm	1800-0630	Utah Valley Hospital
UVSH	0600-1830	Utah Valley Specialty Hospital
TRH	0600-1830	Timpanogos Regional Hospital
AFH	0600-1830	American Fork Hospital
MPH	0700-1930	Mountain Point Hospital
LPH	0630-1900	Lone Peak Hospital
Riverton	0700-1930	Riverton Hospital
Park City/Heber	0700-1930	Park City/Heber Vally Hospital
IMC	0500-1300	Intermountain Medical Center--ABG
Promise	0600-1830	Promise Hospital of Salt Lake
EKG	0600-1430	Utah Valley Hospital--EKG
PFT	0930-1630	Utah Vally Hospital--PFT

Clinical Site Information

Central Valley Medical Center (CVMC)

Address: 48 W 1500 N, Nephi, UT 84648

Hospital main phone number: [\(435\) 623-3000](tel:4356233000)

Manager: Mike Cannell; mcannell@cvmed.net; 435-623-3079

Call in-information: Call respiratory therapist on duty: 435-623-3079

Parking: Park in front

Department Information: come through the main door, once through the main door go left through the main lobby and then through the double doors to the hospitals nurses station. RT office is next to the nurses station desk but if you cannot find it, ask the ward clerk.

Heber Valley Medical Center (HVMC)

Address: 1485 US-40, Heber City, UT 84032

Hospital main phone number: [\(435\) 654-2500](tel:4356542500)

Manager Contact information: Jenny Withers; 435-658-6718; jenny.withers@imail.org

Call-in information: Call 435-657-4300 (ask for 'Respiratory') at least TWO hours prior to the start of your scheduled shift

Parking:

Department information: To find out where the RT is located, call 435-657-4300 and ask for 'Respiratory' (Vocera)

Intermountain Medical Center

Address: 5121 S Cottonwood Street, Murray, UT 84107

Hospital main phone number: [\(801\) 507-7000](tel:8015077000)

Manager Contact information: Emily Allison; 801-507-4077; Emily.allison@imail.org

Call-in information: At least TWO HOURS prior to shift start time call the Respiratory Supervisor: 801-419-2172

Parking: Park in the employee parking that is marked with blue lines on the [map](#)

Department Information: The department is located on the Lower Level 1 of the large tower that is marked with a large 5 on the front. If you enter through the entrance for building 5, take the elevators to Lower Level 1 and head south and should encounter our department by the ER.

Lone Peak Hospital

Address: 11800 State St, Draper, UT 84020

Hospital main phone number: [\(801\) 545-8000](tel:8015458000)

Manager Contact information: Dre Bender; 801-545-8147; Adrienne.bender@mountainstarhealth.com

Call-in information: At least TWO HOURS prior to your shift start time call 801-545-8146 to notify the therapist on duty, as well as send Dre (manager) a text at 385-223-0100.

Parking: Park on east side employee lot behind entrance 1. The lot closest to the fields. The lot right behind the building is physician only and we towing is enforcement.

Department Information: Once you have your badge, you can enter into the double doors across from the dining hall (near the employee door entrance). Pass the elevators, make a left and it is the 2nd door on the left. The room is labeled RT and is across the hall from the PACU double doors.

Mountain Point Medical Center

Address: 3000 Triumph Blvd, Lehi, UT 84043

Hospital main phone number: [\(385\) 345-3000](tel:3853453000)

Manager Contact information: Laura Jensen; 385-345-3298; laura.jensen@steward.org

Call-in information:

Parking and department information: Use badge to access door near staff parking. Walk down hallway to elevators (turn right into small hallway before Main Entrance Sign). Take elevators to 2nd floor. RT Dept will be directly in front of you as you exit the elevator. You can keep your stuff in RT room (locked) or use lockers in the Med/ Surg breakroom (bring your own lock). You need your UVU badge AND MPMC student badge.

Mountain View Hospital

Address: 1000 E 100 N, Payson, UT 84651

Hospital main phone number: [\(801\) 465-7000](tel:8014657000)

Manager Contact information: Kirk Topham; 801-465-7399; kirk.topham@mountainstarhealth.com

Call-in information:

Parking:

Department information: 2nd floor

Park City Hospital

Address: 900 Round Valley Drive, Park City, UT 84060

Hospital main phone number: [\(435\) 658-7000](tel:4356587000)

Manager Contact information: Jenny Withers; 435-658-6718; jenny.withers@imail.org

Call-in information: call at least TWO hours prior to the start of your scheduled shift: 435-658-6688 and ask for 'Respiratory'

Parking:

Department information: To locate the RT, call 435-658-6688 and ask for 'Respiratory' (Vocera)

Promise Hospital of Salt Lake

Address: 8th Avenue, C Street, Salt Lake City, UT 84143

Hospital main phone number: [\(801\) 408-7100](tel:8014087100)

Manager Contact information: Ian Nelson; ian.nelson@promisehealthcare.com

Call-in information:

Parking: West side of LDS Hospital (2 parking structures), park in North structure.

Department Information: Enter main entrance LDS Hospital, go to North Elevators, up to 4th floor. Turn right off elevator, and then left. RT office is right there.

Riverton Hospital

Address: 3741 W 12600 S, Riverton, UT 84065

Hospital main phone number: [\(801\) 285-4000](tel:8012854000)

Manager Contact information: Ted Bond 801-285-2659 and Leanne Richardson 801-285-2654

Call-in information: Call supervisor via Vocera at 801-285-1000 and ask for "RT Supervisor" or supervisor office phone at 801-285-2660 at least TWO hours prior to your scheduled shift.

Parking: Please park in the blue parking stalls only. Park in front of building #2-patient tower. It's on the south east side of the hospital. ([map](#))

Department Information: Respiratory is on the 4th floor. When walking into the hospital you will see a volunteer desk, turn right and proceed to the elevators, they will be on your left. Take them to the 4th floor once you have arrived to the floor, turn left and proceed down the hall and you will see the RT department- second door on your left. Either knock or ring the doorbell and someone will come and let you in. ([map](#))

Timpanogos Regional Hospital

Address: 750 West 800 North, Orem, UT 84057

Hospital main phone number: [\(801\) 714-6000](tel:8017146000)

Manager Contact information: Kevin Wilkinson; 801-714-6075; kevin.wilkinson@mountainstarhealth.com

Call-in information: Call 801-714-6095 (RT on shift) at least TWO hours prior to your scheduled shift.

Parking: Park as far away as possible in the parking lot

Department information: Walk in the main doors, follow the path around to the right. Go past the waiting area to the door (Cardiopulmonary sign above) on your left. Walk through the door. RT department will be the first door on your right. If it is locked, knock. If no one is in the room, call 801-714-6099 and let them know you are there. Wait until further directions.

Utah Valley Hospital

Address: 1134 N 500 W, Provo, UT 84604

Hospital main phone number: [\(801\) 357-7850](tel:8013577850)

Manager Contact information: Nathan Patching; Nathan.patching@imail.org ;

Call-in information: Call the RT supervisor at least TWO hours prior to your scheduled shift:

Parking: Park in the employee parking lot

Department information: the RT department is located by the Chapel. Your badge should allow access into the report room.

Utah Valley Hospital EKG

Manager Contact information: Cindy Norris; 801-357-7321; cindy.norris@imail.org

Call-in information:

Utah Valley Hospital PFT

Manager Contact information: Joyce Llewallen; 801-357-7162; Joyce.Lewallen@imail.org

Call-in information: Call Joyce at least TWO HOURS prior to scheduled shift time.

Utah Valley Specialty Hospital

Address: 306 W River Bend Ln, Provo, UT 84604

Hospital main phone number: [\(801\) 226-8880](tel:8012268880)

Manager Contact information: No manager

Call-in information: Call main number and ask for RT.

Parking:

Department Information: Students wait by back door (west side), someone will let them in, (must have UVU badge). Tell them that they are an RT student, someone will take them upstairs.

Daily Clinical Checklist

Clock in/out

You must clock in and out FROM the clinical site. If using your cell phone to clock in, you must allow Trajecsys to capture your location.

Always arrive 10-15 minutes early.

Daily Log

Log ALL daily activities in Trajecsys.

Log physician interaction time. Make sure to include the name of the physician, time spent, and what was discussed/learned. PA's and NP's are acceptable.

Competency Pass Offs

Skills logged as 'performed WITHOUT assistance' will be considered the competency pass-off. Your preceptor needs to log into Trajecsys and 'approve' your daily skills log. It is best to ask your preceptor to approve your logs before you leave the clinical site, if possible.

Ask your preceptor to initial the competency pass-off sheet. This log will help you keep track of the skills that are still needed to be passed off. The competency pass-off sheet is due by the end of the semester (see Canvas for due dates).

Daily Evaluation

A daily evaluation is required for EACH clinical shift (filled out by your preceptor).

Ask your preceptor to sign into Trajecsys and fill out the daily evaluation. Go over the evaluation with your preceptor. Don't wait until the very end of the shift. Typically an hour prior to shift change is a better time for preceptors (if possible).

Preceptor Evaluation

Submit a preceptor evaluation after EACH clinical shift.

End of Rotation Checklist

Clinical Site Evaluation

Submit an evaluation for EACH clinical site.

Competency Pass-offs

Make sure you have passed off ALL of the required clinical skills in Trajecsys. Submit your initialed competency log sheet via Canvas by the assigned due date (see Canvas for dates)

Physician Interaction Time

Make sure you have completed the required number of hours of physician interaction time (see Canvas for details) and documented in Trajecsys (physician name, time spent, topic discussed). PA's and NP's are acceptable.

Downtime Activities

1. Ask preceptor if they are willing to print off ABG results; practice interpreting (and making recommendations)
2. Clean/set up equipment
3. Set up ventilator and practice what you are learning in mechanical ventilation/lab
4. Ask preceptor if they are willing to go through scenarios with you
5. Go through the equipment/supply rooms and make sure you know what EVERYTHING is and why it is used
6. Pharmacology cards
7. Review patient charts and look up ANYTHING that you do not understand
8. Look over the clinical site's educational materials. Practice educating patients on asthma, COPD, proper medication technique, smoking cessation
9. Find patients with abnormal pulmonary disease processes and do a focused respiratory assessment (breath sounds, percussion/palpation, etc)
10. See if any other RT on shift has something going on that you should see/practice

10 Tips for Success in Clinical

1. Look for opportunities to practice skills and always ask questions.
2. Learn from everyone you encounter. The techs [and] CNAs know a lot [about] caring for patients. They are often with the patients more than the nurse. Remember that you are there to learn and help.
3. Meet each patient with an open mind, for all patients come from different backgrounds and experiences that we can learn from.
4. Treat every clinical as a job interview and open your mind to learning! Don't be afraid to ask questions, and don't get caught up in other people's negativity!
5. Be committed, plan time wisely and take time for self-care.
6. Be on time; have your necessities of paper/spiral book, two pens, stethoscope and anything else didactic has told you; learn and don't judge, [but] ask questions; [and] work with the clinical instructor, not against [them]. They are there to teach.
7. Face your fears and do the skills. Be the first to volunteer to do something [and] keep trying until you get it right!
8. Show up early, know your patients really well, carry a note pad and take notes on everything, listen to your instructor, learn to give a good SBAR report, TEAMWORK, ask questions whenever you can, learn from your mistakes (because you will make many) and be prepared.
9. Prepare yourself for whatever rotation you are doing: DO not be afraid to ask questions pertinent to your patient or whatever situation you are dealing with, that is the process of learning.
10. Show up with enthusiasm. Attitude is everything!

Reference

Adapted from: Young, C. 10 tips for success in clinical, *The Chamberlain Blog*, 3 October, 2017, Chamberlain University, <http://www.chamberlain.edu/blog/10-tips-for-success-in-clinical>.

This is How You Can Shine During Clinicals

If you're an RT student who will be doing clinical rotations next semester, you probably have a lot of things on your mind.

What will it be like going into the rooms of real patients with respiratory conditions? How will you react the first time you witness true suffering? Do you have what it takes to deliver hands-on care?

According to Allan Gonzales, MEd, RRT-NPS, director of clinical education at Platt College in Alhambra, CA, one question you should also be asking is: How can I make the most of this opportunity?

Put your best foot forward

"RT students need to put their best feet forward during their clinical rotations because this is the time that they will showcase their talents and knowledge to their potential employers," Gonzales said. "Their clinical rotations are 'job interviews.'

While students are wondering what it will be like taking care of patients, hospitals are wondering just how those students might fit into to their organizational culture if they were to offer them a job upon graduation.

Students who want to stand out from the crowd need to go into the experience with some definite goals in mind. Gonzales tells his students to follow what he calls the "three C's."

Curiosity, courtesy, commitment

"First is curiosity," Gonzales said. "Being curious means being inquisitive. This leads to asking questions, investigating, and researching answers to add or acquire knowledge about a certain disease, treatment, or procedures."

He advises his students to speak up about anything they don't understand or want to know more about when they are at the bedside with their preceptors and absorb as much of the information as they can.

"Pick their brains," he said.

Second on his list is courtesy.

“A positive attitude is contagious,” Gonzales said. “Good bedside manners are one of the hallmarks of a good clinician.”

It’s important to show courtesy to the families of your patients as well, and to any co-workers you meet or deal with in the hospital setting.

“Kindness goes a long way, and potential employers will notice this,” Gonzales said.

Lastly, he cites the need to show commitment.

“Having commitment to excelling in the respiratory care profession means continuous improvement in oneself,” Gonzales said. Students need to find ways to seek out professional development opportunities, show they want to further their own educations and step up to help other students understand the material being taught at the bedside.

“Commitment is professionalism,” Gonzales said.

Set yourself up for success

Follow the three C’s throughout your clinical rotations and you just might find the job seeking process is a snap when your program ends and it’s time to go out and practice respiratory care for real.

Reference

This is how you can shine during clinicals (2018). American Association for Respiratory Care. Retrieved from <http://www.aarc.org/careers/career-advice/students-recent-grads/shine-during-clinicals/>.

Top 10 Mistakes Made in Clinical Rotations

By Kendra Campbell, MD and other Medscape Contributors

Last week, I watched a med student argue for 20 minutes with a patient about whether or not they were ambulating enough. His actions inspired me to make a top 10 list of mistakes that I've seen students make during their clinical rotations:

1. **Arguing with a patient:**

This is an exercise in futility, and is very unprofessional.

2. **Reporting a physical finding without actually observing it:**

I've even seen a student get in trouble for documenting a physical finding on a patient who had been discharged already [or dead].

3. **Berating others**

Respect the chain of command... Thou shalt not berate up the chain. Or anyone else for that matter! Don't automatically discount someone's opinion because they are 'lower' on the hospital chain.

4. **Disrespecting the RT's, nurses, CNA's, housekeeping, etc:**

Seriously, this is a huge no-no. If you want to make your life miserable, make the nurses hate you. If you want to enjoy your time at the hospital, befriend every nurse you meet.

5. **Dressing inappropriately:**

Dressing appropriately is important *"Include personal hygiene. Use your dental floss and brush your teeth. Patients do not deserve a healthcare provider with bad breath. Poor personal hygiene raises doubts in the minds of all about whether you are scrupulous about everything else."*

6. **Documenting an important positive finding without alerting your preceptor:**. You must always alert your higher-ups to significant findings, or else you will find yourself getting chewed out for a good while.

7. **Showing up late:**

This is a particular pet peeve of mine, and one that some students seem to think is insignificant. People notice when you're late. It's unprofessional and disrespectful to the rest of the group. **Traffic is not an excuse. Leave your residence early enough to get to the hospital with plenty of time to spare.**

8. **Performing a procedure without having been authorized to do so:**

If you do this you will find yourself in deep trouble with the RT manager, hospital, and potentially a courtroom.

9. **Forgetting you are in a hospital:**

This is something that is easier said than done. We spend so many hours in the hospital that it's easy to forget that we are surrounded by very ill, helpless, and frightened people. It's not a high school football game; it's a hospital. Patient's lives are in the hands of the healthcare workers surrounding them. We are each one of the healthcare workers.

10. **Being a slacker:**

We all have seen students who try to get by with the bare minimum in everything they do. If you want to throw away a ridiculous amount of money, not learn anything, and end up being a crappy respiratory therapist, then by all means slack off during your clinical rotations. If you want to learn a lot and become an incredible RRT, then put in the time and effort.

Reference

Adapted from: Campbell, K. (2018). Top 10 mistakes made in clinical rotations. Albert Einstein College of Medicine. Retrieved from <https://www.einstein.yu.edu/education/student-affairs/academic-support-counseling/clerkship-strategies/top-10-clinical-rotation-mistakes.aspx>.

UTAH VALLEY UNIVERSITY RESPIRATORY THERAPY PROGRAM Signature Page

I have read the Utah Valley University Respiratory Therapy Student Handbook and understand my responsibilities concerning clinical rotations. I am aware that my failure to abide by the policies and procedures will result in disciplinary action being taken. I understand that it is my responsibility to adhere to the guidelines for my own personal protection and that of others. I agree to report any incident and follow the procedure for treatment. I understand that individual health insurance is my own responsibility. I agree to hold in confidence the name of patients cared for, as well as the diagnosis, condition, treatments or any other patient information learned in my educational experience. I agree to all conditions requiring a criminal background check and alcohol and drug testing. I understand and will agree to perform respiratory clinical procedures under the supervision that I require – direct or indirect. I agree to uphold all current policies listed in the clinical course syllabus. I give my permission for the Respiratory Therapy Program to release information regarding my student progress for Financial Aid matters, accreditation review, clinical rotations and references during my course of education.

Student Signature: _____

Printed Name: _____

Date: _____