

CENTRAL NEW MEXICO COMMUNITY COLLEGE

Respiratory Therapy Program

STUDENT HANDBOOK

In the event of a conflict between information contained in the student handbook and the CNM catalog, the catalog takes precedence. Students are responsible to know the information contained in the CNM Catalog and Student Handbook.

The faculty has the right to make additions or deletions to the student handbook. The students will be informed of these changes by oral announcements in class and written announcements posted on the designated bulletin boards.

Program Officials

Charles Fatta, MBA, RRT-Program Director

Amy Tixier, MAED, BSM, RRT-NPS, Clinical Coordinator

Program Full-Time Faculty

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Accreditation

[Commission on Accreditation for Respiratory Care](#) (CoARC)

1248 Harwood Road
Bedford, TX 76021-4244
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[Program Description](#) (link to catalog)

[Program Curriculum and course descriptions](#) (link to catalog)

Program Vision, Mission, Goal, Objectives & Competencies

Vision: The CNM Respiratory Therapy Program will be the premier training center for Respiratory Care Practitioners in New Mexico with recognition for excellence by national, state and local organizations.

Mission: A: Fulfill the need for respiratory therapists in local and regional communities

B: Provide an educational environment, which fosters self-awareness, self-confidence and promotes professional growth in each student.

Goal: To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Objectives:

1. Graduates will demonstrate *knowledge* at the Advanced Practice Level
2. Graduates will demonstrate *skills* at the Advanced Practice Level
3. Graduates will demonstrate *behaviors* at the Advanced Practice Level

Competencies: Upon completion of the CNM RT Program, graduates will be able to demonstrate the ability to:

1. Comprehend, apply and evaluate clinical information related to patient information systems, therapeutic rationale and equipment application relevant for data collection, equipment management and clinical practice of cardiopulmonary care.
2. Perform technical skills with proficiency in all health care settings to include initiating, conducting, evaluating and modifying therapy based on patient response and performing diagnostic testing, therapeutic treatments and maintaining life support systems for patients with cardiopulmonary diseases.
3. Exhibit behaviors consistent with professional and employer expectations to include characteristics of personal behavior, interests and attitudes, communication skills, and teamwork necessary to be successful in securing and maintaining a career in the health care industry.

4. Gather appropriate clinical information, analyze data and use critical thinking skills to solve problems and make decisions relevant to their role as respiratory care practitioners.
5. Continue learning through growth and development as a health care professional by participation in professional organizations and educational activities within the local, state, national and international communities that offer continuing education and professional services to respiratory care practitioners.

Program Objectives

The curriculum for the **Respiratory Therapist Program** is designed to assist students in accomplishing the following objectives:

- I. To demonstrate knowledge of patient information systems.
 1. Recognize clinical data concerning cardiopulmonary status of patients.
 2. Collect and evaluate laboratory data and diagnostic procedures.
 3. Identify information gathered via history and physical examination.
 4. Assess a therapeutic plan for respiratory care.
- II. To demonstrate knowledge of therapeutic rationale for respiratory therapy.
 1. Recognize indications, contraindications, hazards and complications of respiratory therapy procedures.
 2. Identify therapeutic objectives of respiratory therapy modalities.
 3. Evaluate therapeutic effectiveness of respiratory therapy modalities.
 4. Assure proper maintenance, cleaning and sterilization of equipment.
- III. To demonstrate knowledge and application of respiratory therapy equipment.
 1. Select correct equipment for respiratory therapy modalities
 2. Assemble equipment properly for patient application.
 3. Correct malfunctions in equipment used for respiratory therapy.
 4. Assure proper maintenance, cleaning, and sterilization of equipment.
- IV. To perform clinical skills within health care settings.
 1. Follow recommended procedures in performance of the following tasks:
 - a. set-up and application of oxygen and other medical gases.
 - b. application of humidity and aerosol therapy.
 - c. administration of pharmacologic agents used in pulmonary care.
 - d. application of intermittent positive pressure breathing devices.
 - e. administration incentive breathing exercises.
 - f. instruction on coughing and deep breathing exercises.
 - g. instruction on breathing retraining, pulmonary rehabilitation/home care.
 - h. administration of chest physiotherapy and bronchopulmonary hygiene.
 - i. initiate emergency cardiopulmonary resuscitation.
 - j. maintain natural and artificial airway care.
 - k. set-up and maintain continuous mechanical ventilation devices.
 - l. administer cardiopulmonary diagnostic testing.
 - m. draw and analyze arterial blood for acid/base and blood gas status.
 - n. set-up and maintain cardiopulmonary physiologic monitoring systems.

- V. To develop clinical skills, interests, attitudes and behaviors.
 1. Prioritize clinical assignments and use time wisely.
 2. Document and report clinical assignments neatly and accurately.
 3. React quickly and safely under emergency situations.
 4. Exhibit a desire to participate in new learning experiences.
 5. Function independently and investigates on own initiative.
 6. Complete clinical assignments efficiently and effectively.
 7. Demonstrate appropriate clinical judgment and decision making skills.
 8. Exhibit positive patient relations, effective communication skills and appropriate bedside manner.
 9. Work compatibly with other students and health care personnel.
 10. Demonstrate ability to adapt to new situations and experiences.
 11. Recognize medical ethical/legal principles applied to patient care.
 12. Observe and apply all rules and regulations defined within healthcare environments.

- VI. To develop interests, attitudes and behaviors related to respiratory care.
 1. Recognize the implications of health care financing regulations applied to the practice of respiratory care.
 2. Demonstrate the ability to perform as a member of the Health Care Team.
 3. Demonstrate knowledge of legislative processes involving respiratory therapy personnel in the health care systems.
 4. Identify and practice cost-containment strategies involved in respiratory care.
 5. Recognize the role of respiratory therapy personnel in the areas of education, supervision, and management of pulmonary services division.
 6. Demonstrate knowledge of advanced training mechanisms available for respiratory therapy personnel.

- VII. To demonstrate knowledge in advanced areas of patient care systems.
 1. Possess knowledge of Advanced Cardiac Life Support techniques.
 2. Applies knowledge of computer base systems in lab/clinical settings.
 3. Interprets quality management procedures pertaining to Respiratory Care.

- VIII. Demonstrates ability to perform advanced respiratory therapy skills.
 1. Demonstrates proficiency in bedside hemodynamic monitoring skills.
 2. Applies mechanical ventilation techniques unique to pediatric and neonatal patients.
 3. Interprets findings of chest x-rays, pulmonary function studies and results of blood gas analysis.

- IX. Exhibits professional characteristics in communication skills and behaviors.
 1. Participates as team member providing pertinent input during physician rounds.
 2. Provides Respiratory Care in the home care setting in a professional and ethical manner.
 3. Communicates pulmonary rehabilitation instructions in a manner that is compatible with assigned patients.
 4. Applies basic principles of teaching methods to instruct patients, respiratory care practitioners and other health disciplines.
 5. Recognizes leadership rules of supervision and management duties assigned to Respiratory Care management personnel.

6. Demonstrates awareness of current issues affecting Respiratory Care profession.

[AARC Code of Ethics \(link to AARC website\)](#)

Work Recommendation

Many students are employed while they are in the respiratory therapy program. It is advised that students not work more than 20 hours in a week and that they are careful to not let their work interfere with their progress in the program.

Information on transfer of credit

General education courses are automatically assessed upon receipt of transcriptions to the CNM records office from other educational institutions. For evaluation of career-technical courses (like respiratory therapy courses) students need to request those be evaluated after transcripts have been sent to the CNM records.

Supplemental Laboratories

Provides Respiratory Therapy students the opportunity for additional learning and practice of respiratory therapy skills in the campus laboratory. These courses are not required but are highly recommended. They may not be eligible for financial aid.

[Functional Abilities for Program Students \(Technical Requirements\) Link to O*net info \(link\)](#)

Advisory Board

The CNM respiratory therapy program has an advisory board made up of members of the community and the program including clinical affiliates' department directors, clinical preceptors, student representatives from each cohort within the program, program director, program clinical coordinator, HWPS dean and associate deans, and other support CNM employees as required. The board meets annually at minimum to get input and feedback from the community.

Retention and Remediation Advisement

In order to improve Student Retention the Respiratory Therapy Program conducts frequent evaluations of each student's progress towards competency in the program's curriculum. The student can view results of their progress at any time through multiple methods. These methods include:

- A. Student access to web-based grade book. (Blackboard)
- B. Clinical Competencies documented on clinical web page. (Fisdap)
- C. Faculty driven notifications of deficiencies in student progress.
- D. All students are expected to monitor their progress and utilize the resources available to them.

Students identified as retention risks will be informed of the different available procedures and resources that focus on improvement strategies. These include:

- A. Open lab hours with paid faculty available to review student work.
- B. Access to posted office hours with senior faculty
- C. Scheduling student meetings with faculty
- D. Referrals to Achievement Coaches and Counselors available at Health Wellness and Public Safety.

Program Completion

The program has a completion ceremony for each graduating class in addition to the CNM commencement ceremony. All graduating respiratory therapy students are strongly encouraged to participate in both.

Upon being awarded the Associate of Applied Science Degree in Respiratory Therapy students, are then eligible to sit for the national board credentialing exams. Upon passing the entry level (“certified level”) exam students are eligible for full licensure as respiratory therapy practitioners in the state of New Mexico. For more information on the credentialing exams, visit the [National Board for Respiratory Care \(NBRC\)](#). For more information on licensure, visit the [New Mexico Regulation and Licensing Division](#).

Background Checks/Vaccine Information

Each student must have a current CPR certification (American Heart Association Health Care Provider or American Red Cross CPR for the Professional Rescuer) prior to entering their first clinical experience. During orientation, we will review the following clinical compliance requirements. You are not required to complete these prior to your orientation. We will provide paperwork and due dates during your orientation session.

Fingerprinting for Caregivers Background Check: Fingerprinting is required to complete the NMDOH Criminal Caregivers background check. Fees for this service are paid through your student program fees.

Immunizations: Verification of several vaccinations will be required.

Drug Screening: Students are required to undergo a routine drug screening prior to starting the program or prior to beginning their clinical experience.

Healthcare Provider CPR Card: Copies of all the cards you received in the Health 1001 course will need to be turned into the Office of Verification & Compliance.

Hospital Specific Requirements: Many students will attend clinicals at multiple locations. As a result there will be computer based training and in-class computer trainings that you will be required to complete.

Although students are not required to have health insurance, it is highly encouraged. Students should be aware that some clinical education sites require students to have health insurance.

Medical Conditions

In the event that a student has surgery or experiences a significant change in medical status, the student must notify the RT Program Director immediately. The director may request that the student have permission from a physician to participate in class, laboratory, or clinical experiences.

Pregnancy Policy

Disclosure is strictly voluntary. If no disclosure is made, the student will continue to be subject to the same risks and radiation dose limits that apply to non-pregnant students. If disclosure is made, the student will receive an additional radiation badge to monitor exposure to the fetus.

Clinical Policies

[Student Removal from an Off-Campus Instructional Site, or On-Campus Laboratory, Serving Clients/Patients Policy \(link\)](#)

[Suspected Impairment Policy \(link\)](#)

[CNM/HWPS Policies and Information \(link\)](#)

Uniforms: Policy and Uses

a. Students are expected to be neat and clean in appearance and appear professional at all times in the clinical setting. Uniforms should adhere to CNM Respiratory Therapy, which are royal blue scrub top and bottoms with a CNM Respiratory Therapy patch on the left shoulder. Uniform scrubs are worn in clinical and in all RT courses and labs. "Uniform" includes: CNM student ID worn at the collar level, RT shoulder patch, radiation monitoring badge worn at the collar level, and stethoscope when needed.

b. Closed-toe/closed-back shoes and socks in good repair are to be worn by all RT students in the clinical setting. Clogs and open-toed sandals are not permitted, unless specifically ordered for an orthopedic problem.

c. Jewelry to be worn with the uniform is limited to a conservative band on the watch, wedding ring or a single ring on one finger. Earrings should be no longer than the ear lobe and should be limited to no more than 2 adornments per ear.

d. NO Facial Piercings. Nose rings, eyebrow rings, tongue rings, cheek rings, dermal implants/piercing, etc., will not be worn– LEAVE AT HOME. Other body

piercing with ornamentation cannot be visible. If student is unable to remove piercing(s), they must be covered.

e. Gages must be filled with a solid plug. No patterned design; must be a solid, conservative color.

f. All visible tattoos from the neck to the wrist must be covered with black, white, or flesh colored material. If visible tattoos on the head or the hands are deemed offensive by program faculty or clients/members of the clinical institutions, those tattoos may be requested to be covered or the student may be removed from said clinical setting.

g. Students will not wear artificial nails of any type including tips, acrylic and gel overlay; nails will be cut short (not longer than 1/4" in length). No nail polish allowed.

h. Extremes in make-up, hair styles, hair ornaments are not permitted. Non-naturally occurring hair color is not permitted. Hair must be pulled back at/or above the line of the collar. Perfume/cologne, aftershave lotion or scented lotions may be offensive to patients and should not be used. Hair, to include facial hair and long sideburns, must be neatly trimmed at all times.

i. For colder weather, only a blue lab coat with the RT patch on the left shoulder may be worn over the scrub shirt. A long sleeve shirt worn under the uniform scrub top is also permitted. Undershirt hem may not be visible by hanging lower than the scrub top.

j. NO smoking while in uniform. Students are allowed to change clothes (including scrub top and scrub bottom) and smoke in designated smoking areas while on CNM campus.

Professional Behavior

[CNM Student Code of Conduct \(link\)](#)

Clinical Code of Conduct

We are pleased that you have chosen the field of Respiratory Therapy as your profession. We look forward to accepting you as a member of this chosen profession upon completion of your training. As professional members of the health care team, you are expected to uphold the professional responsibilities inherent in this field. As trainees of this profession, you have accepted the same professional responsibilities as a respiratory therapist. Your ability to fulfill these responsibilities will be observed and evaluated throughout your training to aid in your professional development. The Code of Ethics of the American Association of Respiratory Care (AARC) reflects the rules and standards that govern the conduct of the professional therapists. Student therapists should strive to appreciate and value these standards. To this end, program faculty have outlined the standards of conduct required for all RT students. Violations of published standards may result in disciplinary action and/or dismissal from the program. As is the case with all health-related areas, patient care, comfort and safety are the primary concerns. The primary responsibilities of health care workers, whether registered therapists or students, lie in assuring at all time that these patient concerns are fulfilled. In order to enhance your entrance into the patient oriented clinical settings, the following considerations inherent in basic professional conduct and good patient care are hereby offered:

1. Be on time; report to the clinical setting 10 minutes prior to the scheduled time so that you are ready to begin your clinical experience at the assigned time.
2. Report to the clinical preceptor or designated supervisor upon arrival, and then proceed to your assigned work area.

3. Any departure from the assigned work area should be cleared with the clinical instructor.
4. Of utmost importance are patient comfort and safety. Basic steps for good patient care are strictly enforced to include checking patient identifiers, following hospital protocols, and respecting privacy and HIPAA regulations at all times. Do not discuss or diagnose any patient's illness or condition with the patient or with others.
5. Any accident or incident involving a patient in the clinical setting must be reported immediately to the clinical instructor. Written accident and/or incident reports must be filed at once by persons witnessing the event.
6. No unnecessary conversation should be held within the hearing of a patient. This includes conversations about patient conditions, coffee breaks, lunch plans, dates, etc.
7. Always exhibit friendliness – “Be friendly but not familiar.”
8. Obtain a complete medical history on each patient BEFORE proceeding with any examination.
9. Follow all recommended infection control policies to ensure the safety of the patient and to protect yourself. Report any variations of the policy to your clinical instructor.
10. Students must adhere to their assigned clinical site's policies regarding smoking, dress code, and parking. NO smoking is allowed by students while at the clinical facilities and/or while in CNM uniform.
11. Perform only skills and procedures in accordance with your scope of practice and experience.

Clinical Course Compensation

Students must not complete clinical coursework while in an employee status at a clinical affiliate. Students shall not receive any form of remuneration in exchange for work they perform incident to their clinical education coursework and experience.

Clinical Grade Scale

The final clinical grade for each term will be described in each clinical course syllabus. The grading scale for all clinical courses is as follows:

90-100	=	A
82-90	=	B
75-81	=	C
Below 75	=	F

Clinical Attendance (1-2-3 Policy)

All Clinical Courses have graded attendance policies. Students missing 2 clinical days or late 3 dates that semester must attend the Scheduled Clinical makeup day or assignment. Failure to attend the clinical makeup day may result in removal from the program. Students missing a third clinical day may be disciplined. Further clinical absenteeism will result in program removal. The following procedures will apply to clinical attendance:

Students must page/call the assigned clinical instructor (if available) at the beginning of the scheduled shift if they will be late or absent. Students must also notify the Clinical Coordinator

one hour prior to the start of the shift. No call/no show may result in clinical disciplinary actions and double points may be deducted.

1. A student who is more than 30 minutes late for clinical experience may be sent home and counted absent for that day at the discretion of the assigned clinical instructor.
2. Clinical attendance will be reflected in the clinical grade at approximately 30% (see each grading syllabus).

Clinical Scheduling

Clinical site schedules drastically vary. Students are expected to be available, in any given semester for a day, evening, night, or weekend shift Sunday through Saturday. The majority of clinical shifts will occur Monday through Friday during the day. Examples of shifts include, but are not limited to: 7:00 AM to 3:00 PM, 2:30 PM to 10:30 PM, 11:30 PM to 6:30 AM. Schedules are determined well in advance to give the students ample time to make necessary arrangements to attend their assigned clinical times. Students are responsible for their own travel arrangements to and from their assigned clinic sites. **The farthest clinical site from CNM Main Campus is 28 miles away.**

Students will be scheduled a specific number of clinical hours based on the term they are in.

Semester 2 (spring): 180 hours/term

Semester 3 (summer): 180 hours/term

Semester 4 (fall): 240 hours/term

Semester 5 (spring): 240 hours/term

Electronic Device Policy

Students are expected to turn their cell phones to silent or on vibrate when entering a clinical site. Cell phones may be used for personal use ONLY during assigned break periods or at lunch, otherwise phones must remain with student's belongings in the designated storage area. In case of an emergency only, the Clinical Instructor may allow cell phone use. At no time may an electronic device be used to take a picture or video recording of a patient, a patient's chart, a patient's radiograph, or anything related to a patient.

Procedures for Assessing Clinical Task Verifications

Assessing clinical task verifications will be done by objective structured clinical examinations (OSCE). These will measure the students' clinical proficiency and "skills" ability. This can only be accomplished by a demonstrative examination or competency, which looks at how efficiently and correctly the student can *do* something. The evaluation sections are designed to measure behavioral activity and applied knowledge.

Fisdap

Fisdap is an online database for students to enter information about their field and clinical experience. Skills Tracker keeps students' journal entries and tasks that have been signed off by instructors. Clinical Schedules outlines where each student is currently attending clinical and what instructor has been assigned to clinical shifts. Students and instructors will complete professional evaluations located in the Shift Evaluations tab in Skills & Pt. Care section.

1. Students will complete a professional evaluation on each instructor after the clinical rotation. Please see Appendix III.
2. Student will complete a professional evaluation on each clinical site after the clinical rotation. Please see Appendix IV.
3. At the end of each selected graded rotation, the student and instructor will fill out an evaluation report form for each student. The student and the instructor will go over the evaluation. The evaluation focuses on students' affective, psychomotor, and cognitive domains. Please see Appendix I.

Advisement, counseling, assessment, and critique serve the purpose of promoting, facilitating, and maintaining optimal student performance. The main purpose is to provide feedback to the student relative to his/her performance and progress as a radiologic technology student. Each term, the clinical and college faculty evaluate areas of achievement and specific needs that each student demonstrates. An as-needed advisement session is scheduled with each student to discuss the pertinent elements of these evaluations so that student academic needs may be addressed at a suitable time.

CLINICAL RESEARCH PROJECT **(See Appendix IV)**

For each term, the student will be assigned the following research project to be completed during the term. Each Student should choose a separate patient. The components of this project will include.

1. A case study of a patient with whom the student has worked with.
2. An article report from a current (within the past five years) professional journal related to the case study.
3. Possible oral presentation to professionals, faculty and classmates. (Terms 2-5)

Information on each case study requirements can be found in the clinical syllabus.

Your written reports and your CS evaluation will be returned to you upon completion of the term. A copy of the evaluation form for the clinical research project is in Appendix II.

APPENDIX I
CNM Health Wellness & Public Safety
Clinical Professional Behavior Assessment Rubric

Student Name: _____ Evaluator Name: _____ Score: ____/ 36 = ____%

Directions to the Evaluator:

Professional behavior assessment is a means of ensuring that members contribute time and effort to group work. Contributions to the team include individual preparation for teamwork, reliable class attendance, responsiveness to team needs outside of class, positive contributions to team discussions, valuing and encouraging input from fellow team members, etc. Please use the rating scales below to describe your evaluation of the CNM student today. There is space provided on the back for additional comments.

Part A: Affective Domain

1. **Preparedness:** the student consistently arrived on time with required materials and was ready to learn.

0	1	2	3	4
Frequently more than 15 min. late &/or not prepared	Occasionally 10 – 15 min. late &/or not prepared	Infrequently 5 – 10 min. late &/or not prepared	Tends to arrive at the last minute; almost always prepared	On time, not rushed, and prepared to learn

2. **Professional appearance:** the student is dressed appropriately and is neat in appearance. No hygiene issues.

0	1	2	3	4
Not dressed appropriately, poor hygiene,	Clothes are dirty, wrinkled or have holes in them. Poor judgement in jewelry &/or make up	Dress acceptable, could improve by improving grooming, etc.	Dress and overall hygiene acceptable	Clean & neat. Student well groomed

3. **Initiative:** student demonstrates interest in profession/program through actions and interactions with evaluator.

0	1	2	3	4
No questions asked, minimal participation when requested	Asks few questions, minimal participation & initiative	Asks questions or studies, good participation if asked, but little initiative	Asks questions, studies in down time, active participation	Asks questions, curious, takes initiative and follows through

4. **Conduct:** Student interacts with others in a respectful and empathetic manner. Demonstrates respectability and professional ethics.

0	1	2	3	4
Violates the rights of others; cannot be trusted with the property of others. Violates privacy and confidentiality. Is rude or disrespectful	Shows little interest or ability in interacting with others.	Interacts with others, but lacks in empathy &/or professionalism.	Overall conduct adequate. Needs self-confidence and assertiveness.	Initiates communications with others. Puts the needs of others above own self-interest. Demonstrates an attitude of professional collegiality.

5. **Careful Delivery of Service:** Student follows policies, procedures & protocols. Uses appropriate safeguards in the performance of duties.

0	1	2	3	4
No regard for the safety of self, patients/clients or staff. Disregard for policies, procedures, protocols.	Minimal regard for safety, policies, and procedures	Inconsistent in use of safeguards and following policies / procedures.	Needs minimal supervision to perform safely and adhere to policies and procedures	Exercises due caution in the performance of duties & follows policies, procedures & protocols

Part B: Psychomotor Domain

6. Student demonstrates proficiency in skills performed.

0	1	2	3	4
Does not know what skill/assessment is indicated for & if prompted cannot perform it	May know what skill/assessment is indicated but cannot perform it	Knows what skill/assessment is indicated but performs poorly without instruction	Knows skill/assessment is indicated, performs correctly but needs to increase speed	Knows skill/assessment is indicated. Organizes the task efficiently, performs accurately and without hesitation

Part C: Cognitive Domain

7. **Knowledge:** The student can recall common terms, facts, principles and basic concepts of the profession/program.

0	1	2	3	4
Significant deficits in knowledge; e.g. cannot use basic professional terminology	Somewhat limited recall of facts and principles	Average recall of facts and concepts, given the current point in the in the program	Good recall of most facts & concepts, given the current point in the in the program	Outstanding recall of principles and theories

8. **Problem Solving:** The student uses knowledge to solve a previously unencountered situation.

0	1	2	3	4
Unable to recognize problems	Recognizes the problem, cannot solve it	Inconsistent recognition of problem or ability to solve it.	Identifies the problem and takes some steps toward solving it, but needs guidance	Identifies problems and can independently devise a plan to solve the problem

9. **Evaluation:** The student can judge the appropriateness of actions and can defend his/her decisions.

0	1	2	3	4
Student cannot give a rationale or explanation for actions or decisions	Between 0 and 2.	Attempts to defend his or her decisions or actions, but does not provide a defensible argument	Between 2 and 4	Student provides a sound rationale for decisions and actions

Please use the space below to write any additional comments and suggestions for further development of the student's potential. Comments are highly encouraged and recommended.

MUST include comments for any score of 0, 1, or 2.

APPENDIX II

Preceptor Evaluation (Completed by student)

INSTRUCTIONS: Please rate each item independently of all others. Choose the rating that indicates the extent to which you agree with the statement.

5 = Strongly Agree

4 = Generally Agree

3 = Neutral

2 = Generally Disagree

1 = Strongly Disagree

N/A = Not Applicable

Introduction and Learning Environment

THIS PRECEPTOR

... made me feel welcome, demonstrated interest in me as a person, and introduced me to other staff.

... arrived on time and was available when I arrived.

... clearly explained what was expected of me.

... oriented me to the site and equipment.

... actively involved me and allowed me to perform skills.

... allowed me to direct patient care without compromising it.

... gave me productive feedback.

... gives honest and fair evaluations.

... encouraged me to think and learn independently.

Skills and Knowledge

THIS PRECEPTOR

... demonstrates excellent clinical skills.

... is knowledgeable and well informed.

... communicates well.

... helped me relate real life cases to classroom theory.

... has high expectations of student achievement.

... provides positive reinforcement and praise.

... dealt with mistakes calmly and insisted I try to perform tasks.

... enjoys his/her job and showed enthusiasm toward teaching.

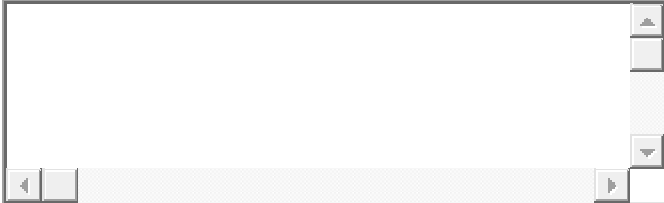
General

... I would trust this preceptor to care for a member of my family.

... I would feel comfortable working with this preceptor again.

... I would recommend this preceptor to future students.

Additional Comments:

A rectangular form with a thin black border. On the right side, there is a vertical scroll bar with a small upward-pointing arrow at the top and a downward-pointing arrow at the bottom. On the bottom side, there is a horizontal scroll bar with a left-pointing arrow on the left and a right-pointing arrow on the right. In the top right corner, there is a small square icon containing a downward-pointing arrow.

APPENDIX III
Clinical Site Evaluation

INSTRUCTIONS: Please rate each item independently of all others. Choose the rating that indicates the extent to which you agree with the statement.

5 = Strongly Agree

4 = Generally Agree

3 = Neutral

2 = Generally Disagree

1 = Strongly Disagree

N/A = Not Applicable

Experiences

I was allowed an adequate length of time to complete my clinical objectives.

I was exposed to a sufficient number of patient contacts.

This site adequately prepared me to perform my expected duties.

Instruction

I received an orientation when encountering new clinical areas and procedures.

Instructors were knowledgeable.

Instructors helped me complete my objectives.

Instructors evaluated my performance consistently.

Instructors were available to assist me when needed.

Instructors were respectful and professional.

Facilities

The facilities offered an adequate number of procedures to meet my objectives.

The facilities offered an adequate variety of procedures to meet my objectives.

The facility provided adequate lighting.

The facility provided adequate seating.

The facility has adequate ventilation.

The facility provided an adequate amount of equipment.

The facility provided an adequate variety of equipment.

The facility provided an adequate amount of supplies.

The facility provided an adequate variety of supplies.

Which aspects of this site were most helpful?



Which site resources should be improved?

Additional Comments:

APPENDEIX IV
Central New Mexico Community College
RESPIRATORY THERAPY PROGRAM
STUDENT CLINICAL CASE STUDY
EVALUATION FORM

Name: _____ **Points (out of 80)** _____
Hospital: _____ **Grade** _____

II. Written Report:

- | | | |
|----|---|-------------|
| A. | Case Study | |
| 1. | Provided information to establish patient profile and admission status. | 0 1 2 3 4 |
| 2. | Established history of chief complaints concerning present illness. | 0 1 2 3 4 |
| 3. | Established past history of illness, genetic and occupational factors. | 0 1 2 3 4 |
| 4. | Provided complete and accurate patient assessment information throughout the case study. | 0 1 2 3 4 5 |
| 5. | Established course of medical management implemented. | 0 1 2 3 4 |
| 6. | Covered diagnostic testing results correctly to establish diagnosis of illness (ABG analysis, X-ray interpretation, blood work, etc). | 0 1 2 3 4 5 |
| 7. | Identified therapeutic objectives that were established for care plan (therapies, medications, mode of ventilation). | 0 1 2 3 4 5 |
| 8. | Presented respiratory care given and relevance to care plan. | 0 1 2 3 4 5 |
| 9. | Provided a summary which included recommendations for changes. | 0 1 2 3 4 |
| B. | Article Report | |
| 1. | Article was current (<5yrs old) and relevant to case study. | 0 1 2 3 4 |
| 2. | Identified important points of article relevant to case study. | 0 1 2 3 4 |
| 3. | Comprehended data and facts of article. | 0 1 2 3 4 |
| 4. | Interpreted information and showed application to case study. | 0 1 2 3 4 |
| 5. | Summarized article findings in a clear manner. | 0 1 2 3 4 |
| C. | Quality of Written work | |
| 1. | Neat and organized presentation of information. | 0 1 2 3 4 |
| 2. | Proper grammar used i.e., punctuation, spelling, and sentence structure. APA FORMAT WITH 2 CITED REFERENCES | 0 1 2 3 4 |
| 3. | Accurate uses of medical and respiratory care terminology. | 0 1 2 3 4 |
| 4. | Logical sequencing of information presented. | 0 1 2 3 4 |
| 5. | Complete information given. | 0 1 2 3 4 |

Comments: _____

