Providence HEALTH CARE	Department: **Respiratory Services**	Date Originated: June 2010 Date Reviewed/Revised:
POLICY & PROCEDURE	Topic: Departmental Operations - Student – Preceptor Expectations Number: B-00-16-12025	Related Links:

APPLICABLE SITES:

St. Paul's Hospital
Mount Saint Joseph Hospital

POLICY STATEMENT:

Respiratory Therapists acting as student preceptors will remain responsible for the quality of care and safety of their patients, irrespective of the level of student intervention with those patients.

It is important that the Respiratory Therapist provide a level of supervision that is appropriate to the clinical experience and development of the student they are working with.

This document will define and clarify the level of responsibility for the Respiratory Therapist acting as a student preceptor. Where there is uncertainty, the Therapist will attempt to clarify responsibilities with the Clinical Site Coordinator (CSC). If the CSC is unavailable, the Therapist will ensure that student supervision is at the maximal level until otherwise clarified.

GENERAL INFORMATION:

The level of supervision the student requires decreases as their knowledge, skills and abilities improve (see levels of supervision required). However, throughout the clinical year it is ultimately the Respiratory Therapist's overall responsibility to ensure the consistent delivery of high quality patient care.

GENERAL GUIDELINES & EXPECTATIONS:

The Respiratory Therapist will review The Clinical Logbook with their student every shift, and ensure that the student demonstrates the required competency and understanding of the objectives for a specific skill prior to signing it off in the logbook.

The Respiratory Therapist will remain present with the student during shift report.

The Respiratory Therapist will complete a Preceptor Evaluation Form for students ***prior to*** the

end of every shift, and will review the evaluation comments with the student prior to submitting it to the Clinical Site Coordinator.

GUIDELINES & EXPECTATIONS FOR ICU/CSICU

The Respiratory Therapist will ensure that the student is assessing all ventilated or non-ventilated patients as per current Policies and Procedures.

The preceptor Respiratory Therapist will review all of the documentation recorded by a student including entries onto the:

- Critical Care Respiratory Flowsheet
- HFOV Flowsheet
- Inhaled Pulmonary Vasodilator Flowsheet
- Interdisciplinary Progress Notes
- Medication Administration Record

The Respiratory Therapist is responsible for co-signing the student's documentation of the initial assessment done at the beginning of every shift by writing their own initials next to the student's initials.

The Respiratory Therapist will also ensure that the student has signed the Interdisciplinary Signature Sheet at the front of the patient record.

At the end of the shift the Respiratory Therapist must sign the bottom of the Critical Care Respiratory Flowsheet to indicate that the student's documentation has been reviewed for thoroughness, accuracy, and clarity.

A Respiratory Therapist must be present when a student is presenting at patient rounds.

NOTE: Although Level 2 students are expected to present their own rounds, advocate for their patients, suggest therapy options, and answer questions pertaining to patient care with minimal assistance, a Therapist preceptor must be present during rounds to ensure that the information presented is accurate and to maintain an awareness of the plans that are discussed.

GUIDELINES & EXPECTATIONS FOR WARDS & EMERGENCY

The ER or Wards Respiratory Therapist, along with their assigned student will assess their patients as per current Policies & Procedures.

The ER and Wards therapists are responsible for co-signing (initialing) all documentation performed by students under their responsibility, including ABG requisitions presented to them by the students (this includes students who have obtained ABG certification).

The Respiratory Therapist will also ensure that the student has signed the Interdisciplinary Signature Sheet at the front of the patient record.

Level 2 students will need to obtain assessment/charting certification via the Clinical Site

Coordinator or designate before they will be permitted to perform independent assessment of patients and relevant documentation.

Students in Level 1 will not be permitted to carry the assigned area pager at any time. Level 2 students will be permitted to carry the area pager only with the permission of both the Clinical Site Coordinator and their preceptor. If a student is carrying the pager the student must have a means of contacting the preceptor Respiratory Therapist for assistance.

The student must ensure that the Respiratory Therapist is aware of any changes to patient status prior to proceeding with patient care.

GUIDELINES FOR APPROPRIATE LEVEL OF STUDENT SUPERVISION:

Supervision of students is broken down into the following three categories:

1. Direct Supervision
2. Visual Supervision
3. Minimum Supervision

NOTE: The following outline identifies the level of supervision in which a student should be able to perform specific skills by the end of their Level 1 and Level 2 rotations.

The level of supervision required for every skill performed at the *beginning* of the clinical year will be higher than the *minimum* level identified here; the time it takes a student to progress from Direct Supervision through Visual to Minimal Supervision may vary according to individual student experience, knowledge and skill level.

If there is any uncertainty about the level of supervision required, the preceptor Respiratory Therapist will seek clarification from the Clinical Site Coordinator.

1. DIRECT SUPERVISION:

- **Bedside Supervision that May Require Intervention by Therapist or Delegate**

Level One

Conscious sedation
Cardiopulmonary Resuscitation
Tracheostomy plugging/changes/decannulations
Transports of ventilated patients
Bronchoscopy
Extubation
Intubation assist
Repositioning airways
Endotracheal tube change
Specialty gas administration
Arterial line insertion (requires direction and bedside supervision by critical care physician or anesthetist)

Level Two

Arterial line insertion (requires direction and bedside supervision by critical care physician or anesthetist)

2. VISUAL SUPERVISION:

- **Therapist or Delegate is in Direct Visual Contact with Student**

Level One

NIPPV initiation and maintenance
Initiation of mechanical ventilation
Manual ventilation
Maintaining ventilation
Weaning procedure
Tracheostomy care
Treatment plan
Chest X-ray interpretation
Rounds/Shift report
Bedside spirometry
Peak Flows
Deep suctioning (Nasal/Tracheal or Oral/Tracheal suctioning without a definitive artificial airway)
Pharyngeal airway insertion
Transport patients on high flow

Level Two

NIPPV initiation
Bronchoscopy
Endotracheal tube change
Specialty gas administration
Tracheostomy change/plugging/decannulation
Transports of ventilated patients
Chest X-ray interpretation
Rounds/Shift report
Intubation assist
Repositioning airways
Cardiopulmonary Resuscitation
Conscious sedation

3. Minimum Supervision:

- **Therapist or Delegate is Available to Student**

Level One

Arterial blood gases (after 6 punctures)
Arterial line sampling
Bedside ventilator set up
Bronchodilator administration
Cuff Pressure check
Oxygen/Aerosol delivery
Patient History
Patient teaching
Physical Assessment
Pulse-Oximetry
Suctioning (Tracheal suctioning in the presence of a definitive artificial airway)
Thoracic drainage
Ventilator checkout
Waveform interpretation
Weaning parameters

Level Two

Arterial blood gases (after 6 punctures)
Arterial line sampling
Bedside Spirometry
Bedside ventilator set up
NIPPV maintenance
Bronchodilators administration
Cuff Pressure
Deep suctioning (Nasal/Tracheal or Oral/Tracheal suctioning without a definitive artificial airway)
Extubation
Initiation of mechanical ventilation
Maintain ventilation
Manual ventilation
Pharyngeal airway insertion
Oxygen/Aerosol delivery
Patient History
Patient teaching
Transport of patients on high flow
Peak Flows
Physical Assessment
Pulse-Oximetry
Suctioning (Tracheal suctioning in the presence of a definitive artificial airway)
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