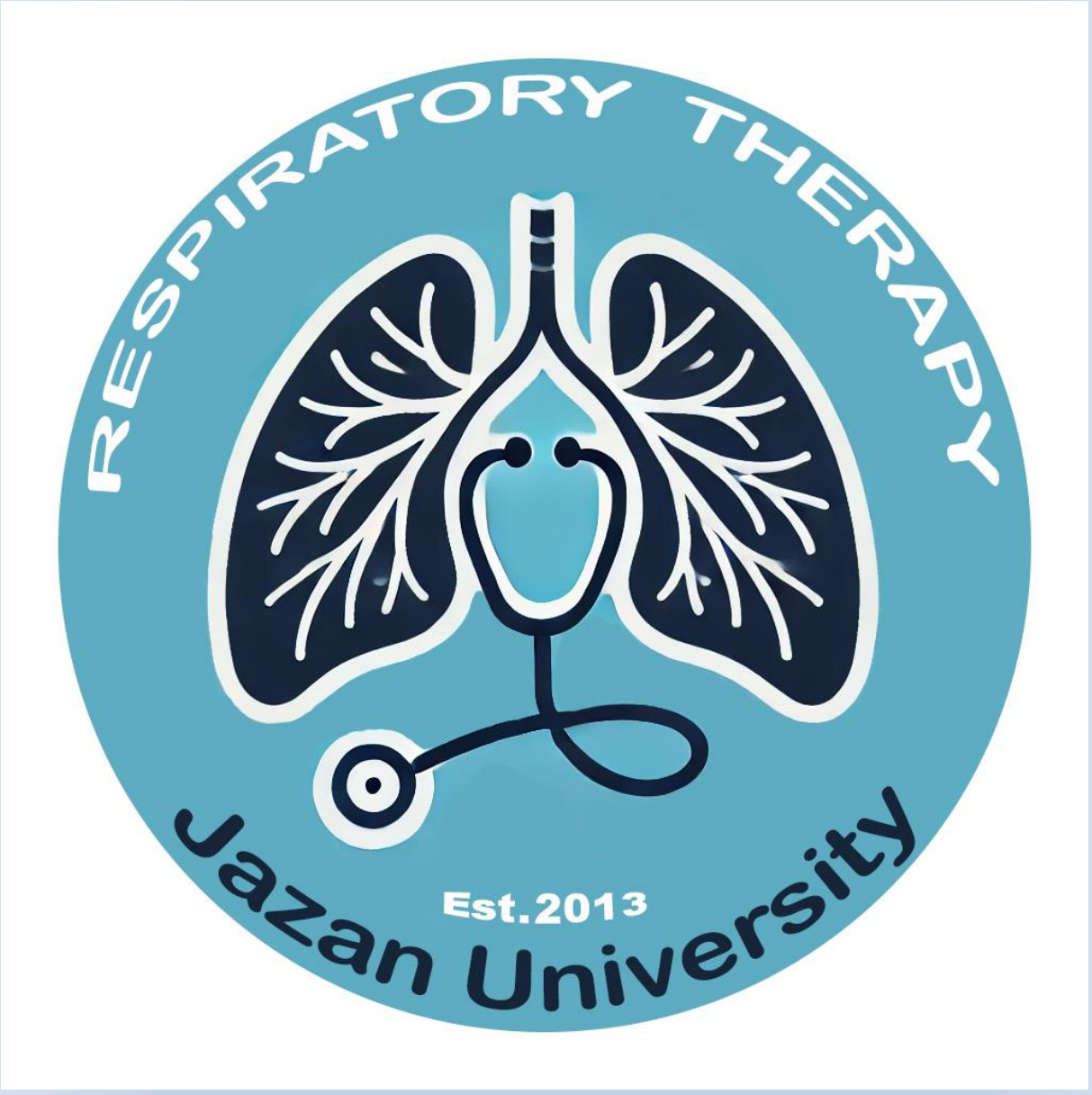
JAZAN UNIVERSITY

College of Nursing and Health Sciences

Training Unit



CLINICAL INTERNSHIP MANUAL

STUDENT NAME:.....

STUDENT ID: .....

بسم الله الرحمن الرحيم

CLINICAL MANUAL CONTENTS

Clinical Manual Review Committee

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INTRODUCTION

The Clinical Internship Manual is designed to provide guidelines to respiratory therapy clinical preceptors responsible for the clinical internship of Jazan University (JU) respiratory care (RC) students. It includes all the rights, duties, rules and forms for the student and as well as clinical affiliated facilities staff. Unlike the traditional clinical competency format manuals, this manual is competency free where we will just depend on the monthly student evaluation forms from each area the student is rotated in. The clinical objectives are listed and highlighted later in the text. The clinical internship should have, at least, a total of 48 weeks for all areas.

The clinical preceptors' time is valuable to us and taking into an account the clinical practice within the program's academic curriculum, we have waved the competencies /check offs forms for all health-related procedures during the internship period. Students have been checked off for all the required competencies during their studies. Aside from the main goal of the one-year intensive training, the focus here is also on leadership aspects, critical thinking skills and interpersonal skills because without these aspects, the knowledge any students might have would be purposeless.

The Respiratory Therapy programs in the affiliated national facilities may have their own training unit and academic plan where their own training manuals can be used to evaluate the students. However, in this manual, we will highlight the areas that the student may cover during their clinical internship period. The clinical areas include, but are not limited to, Adult Critical Care Unit, Pediatric Critical Care Unit, Neonatal Critical Care Unit, Emergency Department, General/ Floor Care Units, Long Term Unit, Home Care, Pulmonary Rehabilitation, Pulmonary Function Testing Laboratory, and Sleep

Disorder Testing Unit. The clinical objectives are based on the respiratory care domains the students have learned. Some of the objectives were quoted from an article published by Barnes *et al*., where they have discussed the clinical objectives and competencies required by the respiratory therapist graduates.

Hopefully, this clinical internship manual will help to draw a clear path to successful internship experience. The commitment in completing the evaluation forms by the deadlines will result in a prompt feedback from the clinical preceptor as well as the faculty. Finally, the dean of college and faculty wish you success and a future full of ambitions.

A Word to Our Affiliated RT Departments

As the faculty of RC department of JU, we would like to extend our gratitude to you and your respected department's staff members for your time generosity. Your acceptance of our trainees is highly appreciated and we look forward to have more collaboration with your respected RT departments to improve the academic and training aspects for better common outcomes.

The trainees are the future of the profession. Your great effort enhancing their clinical skills and critical thinking is appreciated and we believe with the help of your skilled Respiratory Therapists this goal can certainly be accomplished.

Once again, thank you!

A Word to Our Future RT Colleagues

Dear trainee,

Yes! soon you will be a profession colleague. This clinical internship year is for you not only to apply the theoretical and practical knowledge but to market yourself. Marketing your brain, interpersonal skills, time, role of play, and taking the initiatives etc.… will be the decisive factors when you are about to apply for a job next year. Therefore, going to hospital duties and having in mind that the patient is a priority and knowing that he/she is there waiting for your help, will -by Allah's willing- pay you back positively in achieving the goals beyond the internship year.

You will be integrating a four-year of academic knowledge into the clinical practice. The evaluations and feedback from the respected clinical preceptors will be taking seriously therefore please take charge of your responsibilities.

At the end, we as the program faculty members believe that you will be an outstanding respiratory therapist. And Remember that we are available to you at any time to offer help and please don't hesitate to get back to us.

CLINICAL OBJECTIVES

The objectives cover the following aspects for all patients' generations:

- Respiratory care protocols
- Patient Assessment.
- Therapeutic modalities
- Diagnostic procedures
- Emergency
- Critical Care
- Disease management (Chronic and Acute)
- Leadership

Respiratory Care Protocol Objectives

In Respiratory Care Units, the trainee should be able to:

1.	Explain the use of evidence-based medicine in the development and application of hospital-based respiratory care protocols.
2.	Evaluate and treat patients in a variety of settings, using the appropriate respiratory care protocols.

Patient Assessment Objectives

In all areas, in general, the trainee should be able to:

1.	Complete the assessment through direct contact, chart review, and other means as appropriate, and share the information with healthcare team members.
2.	Obtain medical, surgical, and family history.
3.	Obtain social, behavioral, and occupational history, and other historical information incident to the purpose of the current complaint.
4.	Review and interpret pulmonary function studies (spirometry).
5.	Review and interpret lung volumes and diffusion studies.
6.	Review and interpret arterial blood gases, electrolytes, complete blood cell count, and related laboratory tests.
7.	Inspect the chest and extremities to detect deformation, cyanosis, edema, clubbing, and other anomalies.
8.	Measure vital signs (blood pressure, heart rate, respiratory rate).
9.	Evaluate patient breathing effort, ventilatory pattern, and use of accessory muscles.
10.	Measure and document oxygen saturation with oximetry under all appropriate conditions (with or without oxygen at rest and during sleep, ambulation, and exercise).

Therapeutic Modalities Objectives

In all areas, in general, the trainee should be able to:

- **Assessment of Need for Therapy**

1. Assess the need for therapies in all patient settings (acute & non-acute)

- **Assessment Prior to Therapy**

2. Review order or implement protocol.
3. Review patient history, laboratory results, imaging data.
4. Determine indications for therapy.
5. Interview and conduct physical examination of patient.
6. Determine appropriateness of order.
7. Determine need for physician communication.

- **Administration of Therapy**

8. Select and assemble equipment.
9. Apply and administer therapy.
10. Educate and instruct patient.
11. Recognize and rectify equipment malfunction (troubleshooting).
12. Maintain infection control.

- **Evaluation of Therapy**

13. Recognize complications and adverse effects.
14. Respond to complications.
15. Recommend therapy modifications.
16. Assess therapy effectiveness.
17. Document therapy.

- **Medical Gas Therapy**

18. Apply knowledge, understanding, and troubleshooting skills to gas delivery systems for adult, pediatric, and neonatal patients which may include:

Continue ▶

a. High-pressure cylinders
b. Regulators and flow meters
c. Liquid-oxygen systems (stationary and portable)
d. Oxygen concentrators (stationary and portable)
e. High-flow air-entrainment Oxygen and air-flow-meter mixing systems
f. Air/oxygen blenders
g. Hyperbaric oxygen systems
h. Sub-ambient oxygen delivery systems (neonatal only)
i. Nasal cannulas
j. High-flow nasal cannulas (eg, Vapotherm, Aequinox, Maxtec)
k. Reservoir cannulas
l. Nasal masks
m. Non-reservoir masks
n. Reservoir masks
o. Air-entrainment masks
p. Hood/head-enclosures (neonatal only)
q. Aerosol mist tents
r. Transtracheal oxygen therapy
s. Nitric oxide therapy
t. Helium/oxygen therapy

- **Humidity Therapy**

19. Apply knowledge, understanding, and troubleshooting skills to humidity therapy systems for adult, pediatric, and neonatal patients.
    a. Unheated bubble humidifiers
    b. Active and passive heat-and-moisture exchangers (HMEs)
    c. Heated humidifiers for medical gas delivery systems via mask or tracheal catheter

- **Aerosol Therapy**

20. Apply knowledge, understanding, and troubleshooting skills to aerosol systems for adult, pediatric, and neonatal patients.
    a. Non-medicated (water/saline): Large-volume pneumatic nebulizers, via mask, T-piece, or tracheostomy collar; heated and unheated
    b. For delivery of medication
        1. Small-volume pneumatic nebulizers for nebulization of liquids
        2. Intermittent
        3. Breath-actuated
        4. Nebulizers for bronchial challenge testing
    c. Nebulizers for continuous nebulization
    d. Ultrasonic nebulizers
    e. Pressurized metered-dose inhalers
    f. Inhalers and dry-powder inhalers
    g. Nebulizers using porous membranes
    h. Competency in pharmacology nomenclature, physiologic action, adverse effects, doses:
        1. Adrenergics
        2. Anticholinergics, cholinergics
        3. Decongestants, antimicrobials
        4. Mucolytic/proteolytics
        5. Pulmonary vasodilators

Continue ▶

i. Peak flow meters and inspiratory flow meters
j. Mathematics required: competency in algebraic calculation of and modification of drug dosing:
    1. based on weight of patient
    2. conversion of dosing based on mg, mL, and % strength or ratio

- **Hyperinflation Therapy**

21. Apply knowledge, understanding, and troubleshooting skills to hyperinflation equipment for adult, pediatric, and neonatal patients.

    a. Incentive spirometers (flow-based and volume-based)
    b. Continuous positive airway pressure (CPAP) devices.
    c. Intermittent positive-pressure breathing devices
    d. Manual hyperinflation with bag-valve-mask devices

- **Bronchial Hygiene Therapy**

22. Apply knowledge, understanding, and troubleshooting skills to bronchial hygiene therapy for adult, pediatric, and neonatal patients.
    a. Positioning for bronchial drainage
    b. Chest percussion: manual and mechanical percussor
    c. Vibratory continuous positive airway pressure (CPAP)
    d. Expiratory positive airway pressure (EPAP) devices
    e. External chest-wall-vibration devices
    f. Assist physician in therapeutic bronchoscopy
    g. Intrapulmonary percussive ventilation (IPV)
    h. Cough-assist device (insufflator-exsufflator)

- **Airway Management**

23. Apply knowledge, understanding, and troubleshooting skills to airway management for adult, pediatric, and neonatal patients.
    a. Head-tilt chin-lift airway-opening maneuver
    b. Oropharyngeal airway
    c. Nasopharyngeal airway
    d. Face mask and bag-valve-mask
    e. Care of oral and nasal endotracheal tubes
    f. Competency in advising discontinuance or change to alternative airway based on assessment/protocols
    g. Care of tracheostomy tube (competency in advising decannulation or change to alternative airway based on assessment/protocols)
    h. Care of tracheostomy "button" or valve
    i. Assist physician in placing surgical or percutaneous tracheostomy tube.
    j. Suction via artificial airway, operate suction system, select suction catheter.

- **Mechanical Ventilation (*see Critical Care Objectives*)**

24. Apply knowledge, understanding, and troubleshooting skills to mechanical ventilation for adult, pediatric, and neonatal patients.
    a. Incorporate the mechanical ventilation principles listed in critical care
    b. CPAP devices
    c. Bi-level positive airway pressure (BiPAP) devices
    d. Noninvasive-ventilation interfaces: nasal mask, nasal pillows, oro-nasal mask, full-face mask, helmet

Diagnostic Procedures Objectives

In all areas, in general, the trainee should be able to:

• **Pulmonary Function Technology**	
1.	Perform basic spirometry, including adequate coaching, recognition of improperly performed maneuvers, corrective actions, and interpretation of test results.
2.	Compare and evaluate indications and contraindications for advanced pulmonary function tests (plethysmography, diffusion capacity, esophageal pressure, metabolic testing, and diaphragm stimulation) and can recognize normal/abnormal results.
• **Sleep Disorders Laboratory**	
3.	Compare and evaluate the indications and contraindications for sleep studies.
4.	Understand results in relation to types of respiratory sleep disorders.
• **Invasive Diagnostic Procedures**	
5.	Explain the indications and contraindications, and general hazards and complications of bronchoscopy.
6.	Describe the bronchoscopy procedure and describe the respiratory therapist's role in assisting the physician.
7.	Monitor and evaluate the patient's clinical condition with pulse oximetry, electrocardiogram, exhaled gas analysis, and other related diagnostic devices.
8.	Perform arterial puncture and sampling and blood analysis.

Emergency Care Objectives

In emergencies, in general, the trainee should be able to:

1.	Perform basic life support (BLS), advanced cardiovascular life support (ACLS), pediatric advanced life support (PALS), and neonatal resuscitation program (NRP) according to Saudi Heart Association (SHA) guidelines.
2.	Maintain current SHA certification in BLS and ACLS.
3.	Perform endotracheal intubation.
4.	Perform as a member of the rapid response team (medical emergency team).
5.	Participate in mass-casualty staffing to provide airway management, manual and mechanical ventilatory life support, medical gas administration, aerosol delivery of bronchodilators and other agents in the resuscitation of respiratory and cardiovascular failure.
6.	Provide intra-hospital transport of critically and chronically ill patients, provide cardiopulmonary life support and airway control during transport.
7.	Apply knowledge of emergency pharmacology and demonstrate ability to recommend use of pharmacotherapy.

Critical Care Objectives

This covers all age specific critical care areas. The trainee should be able to:

1.	Apply to practice knowledge, understanding, and analysis of invasive and noninvasive mechanical ventilators.
2.	Apply to practice all ventilation modes currently available on all invasive and noninvasive mechanical ventilators, as well as all adjuncts to the operation of modes.
3.	Interpret ventilator data and hemodynamic monitoring data, and calibrate monitoring devices.
4.	Manage airway devices and sophisticated monitoring systems.
5.	Make treatment recommendations based on waveform graphics, pulmonary mechanics, and related imaging studies.
6.	Apply knowledge, understanding, and analysis of use of therapeutic medical gases in the treatment of critically ill patients.
7.	Apply knowledge and understanding of circulatory gas exchange devices to respiratory therapy practice.
8.	Participate in collaborative care management based on evidence-based protocols.
9.	Deliver therapeutic interventions based on protocol.
10.	Integrate the delivery of basic and/or advanced therapies in conjunction with or without the mechanical ventilator in the care of critically ill patients.
11.	Make recommendations and provide treatment to critically ill patients based on pathophysiology.
12.	Recommend cardiovascular drugs based on knowledge and understanding of pharmacologic action.
13.	Use electronic data systems in practice if available.

Disease Management Objectives

In Chronic and Acute cases/settings, in general, the trainee should be able to:

• **Chronic Disease Management**
1. Communicate and educate to empower and engage patients
2. Develop, administer, and re-evaluate the care plan: a. Establish specific desired goals and objectives. b. Evaluate the patient. c. Apply a working knowledge of the pharmacology of all organ systems. d. Provide psychosocial, emotional, physical care. e. Environmental assessment and modification. f. Monitoring and follow-up evaluation. g. Development of action plans. h. Apply evidence-based medicine, protocols, and clinical practice guidelines. i. Monitor adherence through patient collaboration and empowerment, including proper and effective device and medication utilization. j. Implement and integrate appropriate patient-education materials and tools. k. Utilize appropriate diagnostic and monitoring tools. l. Document and monitor outcomes (economic, quality, safety, patient satisfaction). m. Communicate, collaborate, and coordinate with physicians, nurses, and other clinicians. n. Assess, implement, and enable patient resources support system (family, services, equipment, personnel). o. Ensure financial/economic support of plan/program and related documentation.
• **Acute Disease Management**
3. Develop, administer, evaluate, and modify respiratory care plans in the acute-care setting, using evidence- based medicine, protocols, and clinical practice guidelines.
4. Incorporate the patient/therapist participation principles listed in chronic disease management above.

Leadership Objectives

In all areas, in general, the trainee should be able to:

• Team Member
1. Understand the role of being a contributing member of organizational teams as it relates to planning, collaborative decision making, and other team functions.
• Written and Verbal Communication
2. Demonstrate effective written and verbal communication with various members of the healthcare team, patients, families, and others (cultural competence and literacy).
• Team Leader
3. Understand the role of team leader: specifically, how to lead groups in care planning, bedside decision making, and collaboration with other healthcare professionals.

RULES AND REGULATIONS

Attendance and Grading System

1. The RT trainee has the same privilege to observe the legal holidays of the Kingdom namely the Eid Alfithr and Eid Al Adha and other official holidays. But contrary to this, the said holidays are exclusive of the required number of weeks for each trainee. Therefore, a trainee is obliged to comply the requirement of 48 weeks of service or 240 working days to complete the internship program.

2. Absences with valid reasons (e.g. illness, death of a relative), supported by legitimate documents, of less than 20% of the required number of days per area/unit, shall require the intern to repeat the exposure of the specified area of absence.

3. Whereas incurred absences of an intern, with valid reasons, of more than 20% of the entire internship period will tantamount to repeat the whole training period.

4. Unexcused absences shall be given a zero mark which may then affect the intern's general average, as make-up duty is nonetheless not applicable.

5. Whereas, unexcused absences of more than 20% of the required number of days per area of assignment will then require the intern to repeat the whole internship program.

6. The RT intern must obtain a general average of not less than 70%, below this average is deemed necessary for his/her to repeat the course program once. Obtaining a failing grade twice will terminate the internship program and therefore expulsion from the College as the case maybe.

7. Whereas, a failing grade in an area of assignment will make the intern repeat the concerned clinical area.

8. However, the above guidelines may be applicable in case the health institution where the internship period is being conducted recognized its relevance, otherwise, the institutional policy of the health agency concerned will still prevail if the rights of the RT trainees are not jeopardized.

9. Tardiness/absenteeism will not be tolerated and it may affect your clinical internship completion. The training sites are allowed to apply the rules they have in case of such behaviors.

Specific Rules

- Prompt attendance is required in all clinical courses. Your level of attendance is included in your evaluation and should affect your daily performance and subsequently your final clinical internship grading.
- If a student is going to be late, he/ she should call the clinical preceptor of the respective hospital that he/she is assigned to.
- Students who will come after the 30-minute grace period will not be allowed to attend the clinic and will get a grade of "0" in the evaluation form.
- For some unavoidable circumstance, student who comes late more than 30 minutes to the clinic, the Clinical Preceptor has the discretion to accept student but with the penalty of getting "0" on the attendance.
- Three times (3x) incurred tardiness, the student will get "0" mark on punctuality in his/her evaluation.
- Personal appointments (such as doctor's appointment) must not be made during the time of your clinical duty.
- Special circumstances will be reviewed by the Clinical Training Unit.

Personal Appearance

Students are expected to comply with University/ Clinical sites policies regarding personal appearance and dressing.

- Male and Female students are required to wear a scrub suit (dark green)/ or as required by the clinical site, black rubber shoes with socks and University ID Tag.
- Lab coats prescribed by the hospital should also be worn on top of the scrub suits especially during breaks. Females are required always to wear the lab coats on top of the scrub suits.
- Sandals should not be worn anytime during the clinical rotation.
- Nails: For all Interns, it must be trimmed appropriately, and No Nail polish is acceptable (especially applying to females)
- Tattoos: It is NOT acceptable to have any such Tattoos (especially visible).
- Jewelery: Intern(s) are NOT allowed to wear ornaments or Jewelery to be compliant with Infection control, policy & guidelines of the clinical site.
- Intern is responsible to have a personal Stethoscope, which MUST be used between the patient's as per the Infection Control guidelines of the clinical site.
- It is important for students to contribute to our public image through proper dress and personal grooming.

CLINICAL EVALUATION

Clinical evaluation serves the following purposes:

1. To determine the background knowledge.
2. To determine the degree of progress reached by each student.
3. To determine student's ability to apply theory to clinical situations.
4. To determine strengths and weaknesses in student's performance in order to provide feedback for improvement.
5. To evaluate general appearance, punctuality, attendance, team work effectiveness, critical thinking...etc.

Evaluation Form Guidelines:

- It is the trainee's responsibility to make sure that the evaluation must be completed
- One Evaluation form to be completed *once a month* for the same area e.g. Adult ICU…etc.
- One Evaluation form to be completed *once a week* for areas that is assigned to be covered in less than a month e.g. PFT and Home Care…etc.
- The deadline for the evaluation to be send is on the 5th of each Georgian calendar month.
- The student must politely ask the clinical training unit supervisor permission to send a signed scanned copy to the provided mailing details below.
- The failure to do so will count as a "zero" grade and it may affect the training period and graduation.

NOTES

TRAINEE EVALUATION FORM

RESPIRATORY THERAPY PROGRAM

Student Name:..... **Date:** ..... **Hospital/ Area:** .....

Please evaluate the intern's performance by putting a tick ✓ in the appropriate number. After completing the evaluation process, sign and **share this form to the respiratory care office**. Comments are valuable and appreciated.

(5) Excellent (exceeded job requirements in all areas)
(4) Very Good (exceeded job requirements in one or more key areas)
(3) Good (met all job requirements)
(2) Satisfactory (needed for improvement identified in one or more key areas)
(1) Unsatisfactory (did not meet job requirements)

No.	OVERALL PERFORMANCE	1	2	3	4	5
1.	Appearance, manner, dress, grooming					
2.	Attendance and punctuality					
3.	Attitude towards work					
4.	Personality: ability to get along with others, tact, sincerity					
5.	Ability to communicate orally					
6.	Applying classroom knowledge to the work					
7.	Flexible and willing to learn					
8.	Quality of work					
9.	Acceptance of extra loads; willingness to accept all assigned responsibilities					
10.	Cooperation: willingness to cooperate with the administration and co-workers					
11.	Dependability: reliable in any situation					
12.	English usage: uses correct English, speaks clearly and with ease					
13.	Complying with hospital rules and regulations					
14.	Ability to complete work on time					
15.	Adhering to ethical practices and procedures					
16.	Learning new operations easily					
17.	Ability to think independently					
18.	Taking responsibility for personal action					
19.	Handling correct number of patients as assigned					
20.	Organization of work assigned					
21.	Preparation and report endorsement					
22.	Communication with staff					
	TOTAL SCORE IN EACH SECTION		+	+	+	+

FINAL CUMMULATIVE SCORE (ADDING ALL SECTIONS) = ____ / **110** **X 100 =** ____ %

Comments: .....

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Preceptor's Name..... Credentials.....

Date: ..... Signature.....

NOTES

PRECEPTOR EVALUATION FORM

RESPIRATORY CARE PROGRAM

NAME OF INSTRUCTOR: .....DATE.....Hospital/area.....

The evaluation is intended to obtain feedback, monitor student's difficulties and improve the quality of teaching methods. Please do not hesitate to write any comments.

EVALUATION CODE:

A: Excellent	B: Very Good	C: Neutral	D: Poor	E: Need Improvement	N/A: Not Applicable

A) Coordination of Clinical Experience

1. Clinical Instructor / Preceptor was readily available when needed ..... A B C D E N/A
2. Clinical Instructor / Preceptor provided adequate orientation to assigned clinical areas and procedures ..... A B C D E N/A
3. Clinical Instructor / Preceptor provided adequate instructions and arranged clinical experiences sufficient for me to complete my assigned objectives ..... A B C D E N/A
4. Clinical Instructor / Preceptor guided the learning experience in a way that was helpful to me ..... A B C D E N/A

B) Clinical Instructor / Preceptor Knowledge and Skills

5. Clinical Instructor / Preceptor was sufficiently knowledgeable to provide student instruction ..... A B C D E N/A
6. Clinical Instructor / Preceptor demonstrated appropriate medical asepsis and safety methods in the health care setting ..... A B C D E N/A
7. Clinical Instructor / Preceptor provided adequate demonstration of clinical procedures ..... A B C D E N/A
8. Clinical Instructor / Preceptor could explain difficult concepts and to help me apply lecture and laboratory information in clinical practice ..... A B C D E N/A
9. Clinical Instructor / Preceptor provided timely and appropriate supervision of my clinical activities ..... A B C D E N/A
10. Clinical Instructor / Preceptor helped me to develop my problem-solving capabilities ..... A B C D E N/A
11. Clinical Instructor / Preceptor provided constructive review and positive reinforcement of my clinical performance ..... A B C D E N/A

C) Clinical Instructor / Preceptor Behavior

12. Clinical Instructor / Preceptor was a competent clinician and a role model for professionalism ..... A B C D E N/A
13. Clinical Instructor / Preceptor was enthusiastic and encouraged my active participation ..... A B C D E N/A
14. Clinical Instructor / Preceptor interacted with me in an appropriate and non-threatening manner ..... A B C D E N/A
15. Clinical Instructor / Preceptor helped student develop effective communication skills with physicians and other members of the health care team ..... A B C D E N/A

D) Overall Rating

16. In general, I would recommend this person as a clinical educator ..... YES. NO.

What are this Clinical Instructor / Preceptors strengths? .....

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In what areas do this Clinical Instructor / Preceptor need to improve? .....

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COMMENTS.....

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NOTES

Pre-Hospital Checklist

This is to remind you of what you have to prepare before starting the clinical training. Failure to do so may cause delay in the start of the training.

Item	Available	Not Available	Pending	Date	Notes
Valid BLS					
Valid vaccinations					
University ID					
National ID					
Training Acceptance letter (copy)					
Stethoscope					
1st Hospital Rotation (Necessary)					
Name of the Hospital					
Location of the Hospital					
Start date of Training					
End date of Training					
2nd Hospital Rotation (If any)					
Name of the Hospital					
Location of the Hospital					
Start date of Training					
End date of Training					
3rd Hospital Rotation (If any)					
Name of the Hospital					
Location of the Hospital					
Start date of Training					
End date of Training					

NOTES

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