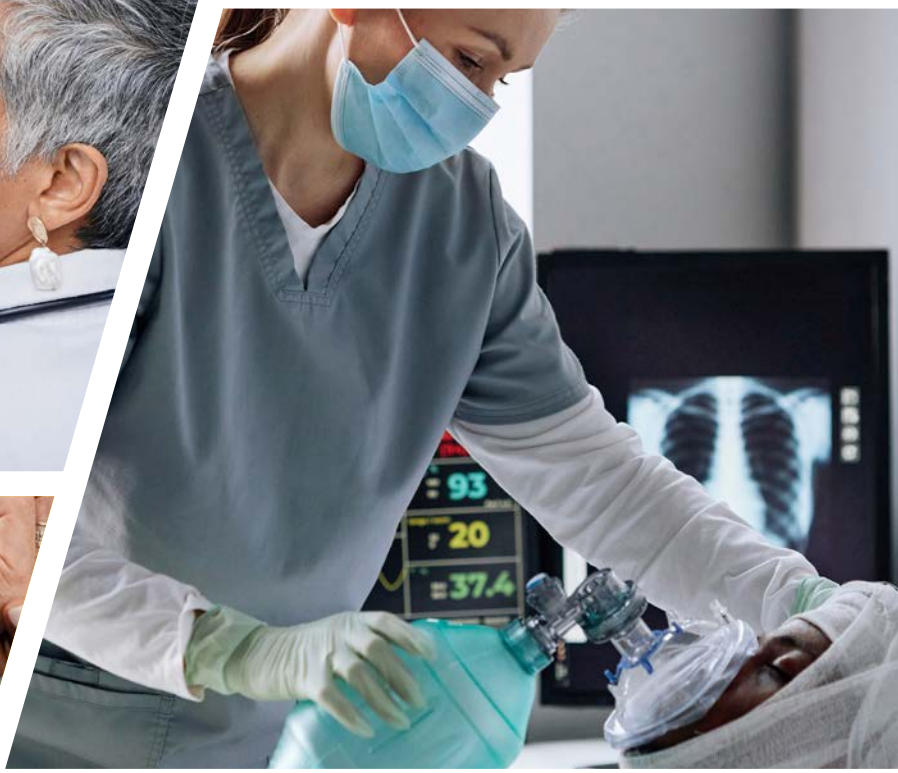
Lake Sumter State College

RESPIRATORY CARE PROGRAM (RCP)

CLINICAL PRECEPTOR HANDBOOK

Guide for a successful *flight*



Version 2025–2026

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RCP CLINICAL PRECEPTOR HANDBOOK

WELCOME

Dear Respiratory Clinical Preceptors,

Welcome and thank you for joining us as preceptors in the Lake-Sumter State College Respiratory Care Program. Your expertise and guidance are invaluable in helping our students develop their skills and knowledge in respiratory care. As a preceptor, you play a crucial role in shaping the future of our students as they embark on their clinical journey. Your mentorship, feedback, and support will help them gain the hands-on experience they need to excel in their field.

Upon appointment to the position of clinical preceptor, you are expected to be able to demonstrate adequate knowledge, skills and provide hands-on learning experiences for the students. During clinical rotations the clinical preceptors should provide appropriate student supervision and evaluation of student performance. You must maintain a valid, clear and active state license and appropriate credentials per clinical site. The clinical preceptor should be an employee of the affiliated clinical site and have at least one year of ICU experience. Throughout the semesters there will be mandatory meetings in-person and on teams that will be required for you to attend and be in contact with the program director and/or director of clinical education whenever applicable.

We are grateful for your commitment to our program and for sharing your knowledge and experience with our students. Your dedication to their learning and growth is greatly appreciated. We look forward to working with you and witnessing the positive impact you will have on our students. Thank you for your continued support and dedication to our respiratory care program.

Sincerely,

Adrianne Kowalski, MRC, RRT-NPS

WELCOME

LSSC Respiratory Care Mission Statement

The mission of the Respiratory Care Program is to transform students to become competent respiratory care practitioners that assist the community while demonstrating high ethical, moral, and technical standards.

Program Learning Outcomes

1. Demonstrate consistent and appropriate use of the scientific principles that form the foundation of respiratory care practice.
2. Assess and applies information related to the normal and abnormal states of physiology, specifically, cardiopulmonary physiology.
3. Apply the necessary critical-thinking skills, knowledge, ethical guidelines, and professional behaviors required of a respiratory therapist within a healthcare setting.
4. Appropriately apply the equipment, medical gases, and medications utilized by the respiratory therapist.
5. Communicate effectively using both oral and written formats.

For additional information, below is the link to the RCP Student Handbook:

https :/ /www.lssc.edu/wp-content/uploads/ AS-Respiratory-Care-Student-Handbook. pdf

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ROLES & RESPONSIBILITIES
of Clinical Preceptors

1. **Clinical Instruction:**
    a. Demonstrating and teaching respiratory therapy techniques and procedures to students, such as oxygen administration, managing ventilators, performing chest physiotherapy, and conducting diagnostic tests.
    b. Guiding students in applying theoretical knowledge to real-world patient care situations.
    c. Ensuring students understand and adhere to infection control protocols and safety measures.
2. **Supervision and Guidance:**
    a. Providing direct supervision and guidance to students during their clinical rotation.
    b. Overseeing and assisting students in developing clinical reasoning and critical thinking skills.
    c. Offering constructive feedback and suggestions for improvement on students' performance.
3. **Patient Assessment and Monitoring:**
    a. Teaching students how to effectively assess and monitor respiratory therapy patients.
    b. Guiding students in interpreting patient data, such as arterial blood gas analysis and pulmonary function tests
    c. Assisting students in managing respiratory therapy cases, including patient assessment, treatment planning, and evaluation of therapeutic outcomes.
4. **Collaboration with the Healthcare team:**
    a. Promoting effective communication among students and other healthcare professionals.
    b. Encouraging students to actively participate in interprofessional team discussions and contributions.
    c. Guiding students in understanding their role within the healthcare team and the importance of teamwork.
5. **Documentation and Charting:**
    a. Instructing students on proper documentation and charting of patient care.
    b. Ensuring students accurately record patient data, interventions, and responses to therapy.
    c. Advising students on maintaining patient privacy and confidentiality in documentation.
6. **Professional Development and Ethics:**
    a. Serving as a role model for professional behavior and ethical practice in respiratory therapy.
    b. Encouraging students to adhere to professional standards, codes of ethics, and regulatory requirements by the hospital, school, and program.
    c. Assisting students in understanding and navigating ethical dilemmas that may arise in clinical practice.
7. **Assessment and Evaluation of Students:**
    a. Observation and evaluation of students' clinical performance and progress.
    b. Providing timely and constructive feedback on students' strengths and areas for improvement.
    c. Assessing students' competencies and making recommendations for their clinical progression.
8. **Career Guidance and Mentoring:**
    a. Offering career guidance and mentoring to students.
    b. Assisting students in setting and achieving their educational and professional goals.
    c. Sharing insights and experiences to help students navigate their future career paths in respiratory therapy.

STUDENT LEARNING OUTCOMES

Lake-Sumter State College (LSSC) aims to provide students with a broad foundation of knowledge and skills across the various academic disciplines and programs. A "learning outcome" is defined as the knowledge, skills, attitudes, or habits of mind that students take with them beyond the learning experience.

RET 1874L-Respiratory Care Clinical I

1. Display an understanding of the importance of appropriate floor therapy to prevent further decline in the medical status of each patient.
2. Envision the best possible outcome for each patient and how the respiratory therapist can help the patient reach this goal.
3. Critique each patient encounter to see how changes to treatment plans or interactions with the patient could have improved the overall patient outcome.

RET 1875L-Respiratory Care Clinical II

1. Recognize the importance of appropriate critical care therapy to prevent further decline in the medical status of each patient.
2. Present the best possible outcome for each patient in ICU and how the respiratory therapist can help the patient reach this goal.
3. Evaluate each patient encounter in ICU and the impact of alternative treatment plans or interactions to improve the overall patient outcome.

RET 2876L-Respiratory Care Clinical III

1. Recognize the importance of appropriate critical care therapy to prevent further decline in the medical status of each patient.
2. Present the best possible outcome for each patient in ICU, pulmonary rehab, longterm care, PFT lab and cardiac cath lab and how the respiratory therapist can help the patient reach this goal.
3. Evaluate each patient encounter in ICU, pulmonary rehab, long-term care, PFT lab and cardiac cath lab and the impact of alternative treatment plans or interactions to improve the overall patient outcome.

RET 2877L-Respiratory Care Clinical IV

1. Recognize the importance of appropriate critical care therapy to prevent further decline in the medical status of each patient.
2. Present the best possible outcome for each patient pediatrics, NICU, and PICU and how the respiratory therapist can help the patient reach this goal.
3. Evaluate each patient encounter in pediatrics, NICU, and PICU and the impact of alternative treatment plans or interactions to improve the overall patient outcome.

CLINICAL CHECK-OFFS

Clinical Rotation	Check-Off Number	Competency	Class Assigned
1	2-1	Case Study Presentation	1485
1	3-1	Documenting Progress Notes	1025C
1	4-1	Hand Hygiene	1025C & 1450C
1	4-2	Sterile Gloving	1025C
1	4-4	Isolation Precautions	1025C
1	4-5	TB Precautions	1025C
1	5-2	Vital Signs-I	1025C & 1450C
1	5-3	Pulse Ox	1025C & 1450C
1	5-4	Vital Signs-II	1025C & 1450C
1	6-1	EKG	1450C
1	8-2	ABG	1025C
1	9-1	Simple Spirometry	1450C
1	10-1	X-Ray Interpreting	1025C
1	12-2	Manual Ventilation	1274C
1	12-3	Using Defibrillator	1274C
1	13-1	Bubble Humidifier	1274C
1	13-2	Large Volume Nebulizer	1274C
1	14-1	O_2 Cylinders	1274C
1	15-1	O_2 w/ Nasal Cannula or Mask	1274C
1	15-2	O_2 w/ Artificial Airway	1274C
1	15-3	High-Flow O_2	1274C
1	16-1	Incentive Spirometer	1274C
1	16-3	EZ PAP	1274C
1	16-4	Metaneb	1274C
1	17-1	CPT	1274C
1	17-2	Directed Cough	1274C
1	17-3	Forced Expiratory Technique	1274C
1	17-4	Cough Assist	1274C
1	17-5	OPEP	1274C
1	17-6	Using High-Frequency Chest Wall Oscillation	1274C
1	19-1	Small-Volume Nebulizer	1274C
1	19-2	MDI	1274C
1	19-3	DPI	1274C
1	19-4	Combivent	1274C
1	27-1	6-Minute Walk	1025C

CLINICAL CHECK-OFFS

Clinical Rotation	Check-Off Number	Competency	Class Assigned
1	27-2	Pursed-Lip Breathing	1025C
1	27-3	Diaphragmatic Breathing	1025C
1	8-4	Blood Sample from A-Line	1265C
2	11-2	ENT Suction	1265C
2	11-3	NT Suction	1265C
2	11-4	In-Line Sputum Samples	1265C
2	11-6	ETT Intubation	1254C
2	11-10	Monitoring Cuff Pressure	1265C
2	11-11	Trach/Stoma Care	1265C
2	11-13	Extubation	1265C
2	13-4	Mechanical Ventilation/Humidity	1265C
2	20-1	Preparing Mechanical Ventilator	1265C
2	20-2	Wave Form Analysis	1265C
2	21-1	CPAP/BIPAP	1265C
2	21-2	Assessing CPAP or BIPAP System	1265C
2	22-1	Initiation of Mechanical	1265C
2	22-2	Assessing Mechanical Ventilation	1265C
2	22-3	Compliance Calculations	1265C
2	23-1	Oxygenation	1265C
2	23-2	Ventilation	1265C
2	23-3	Recruitment Maneuver	1265C
2	25-1	Implementing SBT	1265C
2	25-2	Weaning Process	1265C
2	25-3	Terminal Weaning	1265C
2	28-3	Introducing and Fitting PAP Interface	1265C
3	26-2	Assessing the Neonatal/Pediatric Non-invasive Positive Pressure Ventilator System	1265C
3	26-4	Assessing the Neonatal/Pediatric Ventilator System	1265C

Note: In order for a check-off to be considered complete, the student must have five peer check- offs. These check-offs must be completed by different peers. No duplicated signatures will be accepted. A minimum of one peer signature must be from a student in the senior class. These signatures must accompany the check-off when uploaded into CANVAS.

PRACTICUM EVALUATION

Practicum Evaluation Completed by Key Personnel

Instructions:

• We ask that you, at minimum, enter one positive and one area for improvement. • Any ratings below "minimal acceptable" that have an * must be substantiated by describing specific examples of student behavior in the comments. • If the student's progress is overall unsatisfactory then give specific recommendations indicating what the student must do to improve to an acceptable level of behavior. • Select NO RATING if the category is not applicable or you do not have enough information to execute a valid evaluation. • Upon completion of the form, return the evaluation to the student for review and have the student add any comments they wish to add and sign the evaluation.

Site: _____ **Student Name:** _____

Knowledge & Comprehension

- ☐ *Displays inadequate comprehension of even basic knowledge.
- ☐ *Has limited understanding of basic concepts; is unsure of essentials.
- ☐ Displays adequate knowledge of essential concepts (is safe).
- ☐ Demonstrates above average knowledge and comprehensions.
- ☐ Demonstrates comprehension well beyond that required at this point in the program.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

Learning Rate and Adaptability*

- ☐ *Seems unable to learn from or apply new experiences; cannot adjust to change.
- ☐ *Is rather slow in learning new tasks and has some difficulty accommodating to changing conditions.
- ☐ Grasps new experiences and adjusts to changes in a satisfactory time period.
- ☐ Is quicker than average to learn from new experiences; readily adjusts to new or altered conditions.
- ☐ Learns and applies new experiences exceptionally quickly; rapidly adjusts to new or altered conditions.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

Integrity and Transfer of Theory*

- ☐ *Is unaware of and cannot integrate theoretical concepts with their practical application.
- ☐ *Exhibits a superficial understanding of the application of theory in most clinical activities.
- ☐ Can usually demonstrate how essential aspects of theory relate to specific clinical activities.
- ☐ Applies and relates theory to most clinical activities.
- ☐ Readily transfers theoretical knowledge to all clinical situations.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

PRACTICUM EVALUATION

Mathematical Calculations*

- ☐ *Actively avoids use of math. Seldom recalls basic clinical formulas correctly. Rarely completes a math operation without an error.
- ☐ *Tends to avoid use of math. Has difficulty recalling basic clinical formulas. Shows frequent inaccuracies in required calculations.
- ☐ Can perform math operations essential for basic clinical competency.
- ☐ Welcomes situations which call for math applications. Usually recalls clinical formulas correctly. Seldom makes calculation errors.
- ☐ Pursues use of applied math in clinical situations. Recalls relevant clinical formulas without fail. Rarely, if ever, makes a mistake in calculations.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Care/Use of Equipment or Supplies*

- ☐ *Is abusive, negligent and careless in the use and care of equipment or supplies.
- ☐ *Is often inefficient in the use or maintenance of equipment and occasionally provides less than adequate care.
- ☐ Exhibits satisfactory care and use of equipment in most situations; is never negligent, wasteful, or abusive.
- ☐ Efficiently employs available equipment and supplies, giving due care to their use and maintenance.
- ☐ Demonstrates exemplary competence and resourcefulness in the utilization and care of equipment and supplies.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Use of Instructions and Directions*

- ☐ *Is unable to follow even simple instructions; requires direct guidance to complete tasks.
- ☐ *Requires needless re-explanation; does not accurately recall instructions.
- ☐ Seldom requires repetition of explanations or referral to previous instructions.
- ☐ Readily uses instruction.
- ☐ Grasps directions quickly and applies instructions accurately.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Organization and Goal Achievement*

- ☐ *Exhibits no planning or goal setting; is unaware of priorities and is constantly disorganized.
- ☐ *Makes some attempt to set goals and organize activities but many priorities are not achieved.
- ☐ Usually establishes priorities and plans activities efficiently; most goals achieved as intended.
- ☐ Organizes and plans assignments well; fails to achieve established goals only when unexpected circumstances intervene.
- ☐ Always plans and sets goals; organizes activities to achieve optimum and efficient patient care.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

_____

Judgement*

- ☐ *Cannot be depended upon to make sound judgments.
- ☐ *Has difficulty in making rational, logical judgments.
- ☐ Demonstrates good judgment in most clinical situations.
- ☐ Makes decisions based on sound clinical judgments and rationale.
- ☐ Clinically insightful; displays outstanding use of clinical judgment.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

_____

Assessment & Report of Patient Status *

- ☐ *Habitually displays negligence in patient observation and assessment; does not inform appropriate personnel of patient status or needs.
- ☐ *Is often careless in observing and assessing patient's condition or needs; often fails to communicate changes to appropriate personnel.
- ☐ Provides satisfactory observation and assessment of patient's status and needs; generally assures that appropriate personnel are notified.
- ☐ Usually alert to most changes, never overlooks or fails to report patient's condition or needs to appropriate personnel.
- ☐ Consistently astute and conscientious in the observation, assessment and reporting of patient's status or needs to appropriate personnel.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

_____

_____

PRACTICUM EVALUATION

Record Keeping*

- ☐ *Habitually fails to provide documentation of activities.
- ☐ *Is frequently careless in completing proper records; commits many errors or is often inaccurate and incomplete.
- ☐ Usually maintains records which are satisfactory; occasionally makes minor errors or fails to provide complete description of actions/assessments.
- ☐ Ensures that records kept are complete and concise; recognizes and corrects any errors or deletions.
- ☐ Always maintains exceptionally complete, accurate and concise records in full accord with hospital and departmental policy and procedure.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Quality of Performance*

- ☐ *Exhibits overt carelessness and consistently poor quality of performance; makes critical errors of potential danger to patient's well-being; is unsafe and hazardous.
- ☐ *Is frequently careless or negligent, lacking in attention to detail; errors occur frequently and safety considerations are often overlooked; requires close supervision.
- ☐ Demonstrates an acceptable level of performance with occasional (though not critical) errors; safety considerations are rarely overlooked.
- ☐ Usually exhibits thoroughness; work seldom needs to be rechecked; shows due consideration for safety and errors are few.
- ☐ Consistently demonstrates thoroughness, accuracy, attention to detail; performance is essentially error free.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Efficiency of Work Performed*

- ☐ *Demonstrates unrealistically low output in relation to expectations; is slow and habitually inefficient.
- ☐ *Frequently is unable to complete assigned functions within a satisfactory time limit.
- ☐ Maintains satisfactory output; is usually able to complete delegated tasks in appropriate time interval.
- ☐ Works consistently with above average output; always completes assigned functions in appropriate time interval.
- ☐ Works consistently and with excellent output; utilizes time efficiently.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Response Towards Supervision and Guidance*

- ☐ *Resents supervision and rejects guidance; is defensive or abusive when approached with recommendations; fails to alter behavior when appropriateness criticized.
- ☐ *Sometimes reacts negatively towards supervision; often rejects guidance or fails to apply recommendations; has difficulty accepting constructive criticism.
- ☐ Willingly accepts supervision and guidance; generally applies recommendations and is receptive to constructive criticism.
- ☐ Reacts positively towards guidance and applies supervisors' recommendations to improve knowledge, skills or attitudes.
- ☐ Consistently collaborates with supervisors and instructors to maximize learning and implement optimum patient care.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Patient Rapport and Consideration*

- ☐ *Is incognizant of patients' needs, rights or necessary comforts; fails to adequately communicate with patient; is insincere or detached.
- ☐ *Often ignores or is inattentive to patients' rights and comfort; has difficulty communicating sincerity or consideration; generally, fails to achieve rapport with patients.
- ☐ Generally sensitive to patients' needs and rights in planning care; communicates adequately to gain patients' confidence and is usually considerate and respectful.
- ☐ Maintains good rapport with patients; recognizes their rights and attempts to accommodate their needs; is respectful and courteous.
- ☐ Communicates readily with patient; always attentive to their emotions, needs, rights and comfort; is consistently considerate, patient, and accommodating.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Verbal Therapeutic Communications with Patients*

- ☐ *Is exceptionally quiet with patients. Does not request subjective information from patients. Routinely allows ineffective therapy performance due to lack of instruction or verbal intervention.
- ☐ *Seldom requests therapeutically relevant data from patient. Patients frequently perform sub-optimal therapy due to inadequate verbal instructions.
- ☐ Communicates well enough to deliver minimally acceptable safe and effective therapy.
- ☐ Usually requests therapeutically relevant data from patient. Coaches or instructs with correct and generally unambiguous information.
- ☐ Routinely and assertively elicits relevant data from patients. Actively pursues patient coaching; is very effective in teaching therapy purpose and technique due to clearness of instruction.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Verbal Communications with Allied Health Peers*

- ☐ *Unless specifically directed, does not communicate from or to health peers information necessary for good patient care; allows ineffective patient care to occur due to lack of peer communications.
- ☐ *Displays difficulty in communicating with other allied health professionals. Improperly uses medical terminology.
- ☐ Communications are seldom concise or unambiguous.
- ☐ Conveys to or elicits from respiratory therapists, nurses, and others minimal information necessary for the delivery of adequate patient care.
- ☐ Usually will initiate/conduct tactful, relevant communications with very few errors in use of medical terminology.
- ☐ Communications are usually direct, concise and unambiguous.
- ☐ Actively but tactfully pursues relevant communications; always uses proper medical terminology; communications are always direct, concise, and unambiguous.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Communications with Physicians*

- ☐ *Unless specifically directed, does not communicate from or to physicians; allows ineffective patient care to occur due to lack of medical communications.
- ☐ *Displays difficulty in communicating with physicians. Improperly uses medical terminology. Communications are seldom concise or unambiguous.
- ☐ Conveys to or elicits from medical staff minimal information necessary for the delivery of adequate patient care.
- ☐ Usually will initiate/conduct relevant communications in a polite manner, seldom errs in use of medical language.
- ☐ Communications are usually direct, concise and unambiguous.
- ☐ Unhesitatingly communicates professionally using correct medical language in a direct, concise, and unambiguous manner.
- ☐ Asks appropriate questions during lectures, rounds, and medical procedures.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

General Attitude/Interaction*

- ☐ *Regularly abrupt, rude, domineering, unaccepting or condescending; requires constant reminder to display tact, courtesy or understanding.
- ☐ *Abrupt and anxious at times, often detached or unresponsive; must be reminded occasionally to be tactful and courteous.
- ☐ Usually courteous and pleasant; exhibits tactlessness or abruptness only in extenuating circumstances.
- ☐ Generally pleasant and courteous; is poised, accepting and tactful most of the time.
- ☐ Always pleasant, courteous, friendly and tactful; fosters positive response in others.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Punctuality. *NOTE: A student is tardy if they are not totally prepared to begin clinic by the official start time for the shift. Even 1 minute past is tardy!**

- ☐ *Is chronically late or frequently late without proper notification when possible.
- ☐ *Has been tardy more than 2 times/15 clinical days or has had an incidence where proper notification was not given when possible.
- ☐ Has been tardy only 2 times/15 clinical days due to extenuating circumstances and has given proper notification when possible.
- ☐ Has been tardy only 1 time/15 clinical days due to extenuating circumstances and gave proper notification if possible.
- ☐ Is never tardy.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Attendance*

- ☐ *Shows disdain for attendance requirements; habitually neglects to give notification; rejects efforts to reschedule missed clinical time.
- ☐ *Is absent more than 2 times/30 clinical days or has failed to give proper notification. Fails to promptly schedule make-up days.
- ☐ Is absent only 2 time/30 clinical days due to extenuating circumstances, gives proper notification. Promptly schedules make-up day at the instructor's convenience.
- ☐ Is absent only 1 time/15 clinical days due to extenuating circumstances, gives proper notification.
- ☐ Is never absent and arrives as scheduled or early for all clinical events.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Initiative *

- ☐ *Requires frequent prodding to complete assigned activities; needs excessive direction to accomplish published course requirements; rarely seeks out new learning experiences.
- ☐ *Requires occasional prodding to keep up with delegated tasks, has difficulty in using time constructively.
- ☐ Keeps pace with regular work assignments and course requirements; occasionally seeks out new activities.
- ☐ Readily accepts assigned activities and constructively exploits their learning potential; generally, seeks out new or additional learning experiences.
- ☐ Exhibits enthusiasm and initiative in performing assigned tasks and completing published course requirements; continually seeks out learning experiences beyond those scheduled.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Ability to Work Independently*

- ☐ *Cannot assume responsibility for actions; lacks direction and requires constant observation and direct supervision.
- ☐ *Reluctant to assume self-direction or independently initiate actions; requires close observation and supervision in most activities.
- ☐ Is dependable and self-directed in assuming most responsibilities; is aware of limitations and seeks supervision and assistance when necessary.
- ☐ Is generally able to assume responsibility for actions; usually initiates independent action and self-direction; requires minimal supervision.
- ☐ Assumes full responsibility for actions and exhibits self-direction in all activities; can independently initiate positive action and rarely requires direct supervision.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Personal Appearance*

- ☐ *Habitually negligent of appearance, consistently untidy, unkempt or unclean.
- ☐ *Often forgetful of standards of appearance or grooming, at times untidy or inappropriately dressed.
- ☐ Usually presents clean and satisfactory appearance, rarely untidy or inappropriate.
- ☐ Consistently neat and well-groomed in accord with basic dress requirements.
- ☐ Always presents a clean and well-groomed appearance which exceeds the basic dress code requirements.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

Ethics and Integrity*

- ☐ *Is negligent or abusive of patient's dignity; consistently fails to maintain confidentiality of privileged information; is chronically aggressive, hostile, and confrontational; is often dishonest.
- ☐ *Often disregards the dignity or welfare of patient's or others; is sometimes negligent in maintaining confidentiality; is frequently involved in situations of conflict; has failed to be forthright or honest at times.
- ☐ Seldom fails to recognize the importance of the dignity and welfare of patient's and others; rarely involves self or others in conflict; usually is forthright and honest.
- ☐ Generally, shows concern for the dignity and welfare of patients and others; maintains confidentiality; avoids hostile/aggressive confrontations; is consistently forthright and honest.
- ☐ Consistently shows concern for the dignity and welfare of patients and others; maintains confidentiality; prevents hostile/aggressive confrontations; is always forthright and honest.
- ☐ NO RATING. Not enough information or not applicable.

Comments:

PRACTICUM EVALUATION

Total Points: _____

Evaluator Signature: _____

Student Signature: _____

Student Comments:

Instructor Comments:

LSSC FORMATIVE BEHAVIORAL EVALUATION

Respiratory Care Formative Behavioral Evaluation

Instructions:

1. Please be honest in responding to the following statements regarding your opinion of the student's clinical performance.
2. Note the scale describing the rating system.
3. Select the most appropriate rating.

Satisfactory: Demonstrates appropriate professional behavior, communication, and attitude consistently. Meets expectations for clinical performance.

Unsatisfactory: Demonstrates inappropriate or unprofessional behavior. Does not meet expectations for clinical performance.

N/A: Not observed or not applicable during this evaluation period.

If given a "unsatisfactory" rating please put comments at the bottom.

Site:* _____

During clinic, the student:

Initiates goal directed (therapeutic) patient communications

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Establishes priorities & efficiently plans assignments and activities

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Displays adequate knowledge of essential concepts

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Exhibits professional demeanor

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Demonstrates thoroughness & attention to safety requirements

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Reports on patient's status/needs from observation & assessment

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

When working independently is safe & responsible

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Maintains concise, accurate records & effectively charts

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

LSSC FORMATIVE BEHAVIORAL EVALUATION

Presents a well-groomed personal appearance

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Grasps new experiences & readily adjusts to changing conditions

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Provides adequate care & maintenance of equipment and supplies

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Accepts and applies supervisory guidance and constructive coaching

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Demonstrates integration of theory & clinical practice

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Completes tasks & assignments on schedule

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Seeks out new or additional activities on own initiative

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Demonstrates consideration and respect for patient's needs and rights

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Accurately follows directions given by instructors

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Is on time or early in starting the clinical day

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Effectively communicates with allied health peers & physicians (eg. RTs, RNs, etc)

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

Performs necessary clinical mathematical calculations

☐ Unsatisfactory ☐ Satisfactory ☐ N/A

LSSC FORMATIVE BEHAVIORAL EVALUATION

Effective or outstanding behavior(s):

_____

_____

_____

Unsatisfactory behavior(s):

_____

_____

_____

Suggestions for improvement:

_____

_____

_____

Evaluator Name: * _____

Evaluator Signature: * _____

Student Name: * _____

Student Signature: _____

References

1. Welcome to the AARC Clinical Pep Course. AARC Preceptor Training Course - Welcome. (n.d.). https:/ /www.aarc.org/preceptor-training-course/

Lake Sumter State College

THANK YOU!