

Course Syllabus



LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES

CLINICAL SYLLABUS

- RSTH 391, Clinical Practicum I**
- RSTH 392, Clinical Practicum II**
- RSTH 393, Clinical Practicum III**
- RSTH 494, Clinical Practicum IV**
- RSTH 495, Clinical Practicum V**
- RSTH 496, Clinical Practicum VI**

Revised September, 16, 2016

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

TABLE OF CONTENTS

CLINICAL POLICIES (White Section)

Departmental and School Personnel.....	4
Grading.....	5
Clinical Grading System.....	7
Personal Appearance.....	9
Attendance.....	11
Rubric Score sheet.....	Attached.

CLINICAL AFFILIATE INFORMATION

Clinical Performance Objectives

INTRODUCTION

The information contained within this clinical syllabus is intended to aid you through your clinical practice sessions. Some of the material contained within is directly related while other information is added for reference purposes. In addition, you may expect frequent updating of your clinical syllabus throughout the year. You are responsible for the content of this syllabus.

Your clinical practica are the place where you can apply what you have learned in the classroom and practiced in the laboratory.

During the first and second quarters your time will be spent primarily practicing and building proficiency in the basic Respiratory Care modalities. As you progress throughout the year, you will be performing more and more independently. As you approach the end of the summer, you will have gained the knowledge and ability to treat patients in a number of critical care situations. During the second year, you will spend time in the pediatric and neonatal areas applying your clinical skills to a younger population. Your final quarter will be spent gaining experience in respiratory care in specialty settings.

It is important to remember that you will be working with and treating people. If you are to be successful in your clinical work, you will have to exhibit professional, empathetic and dedicated attitudes in the care you provide to patients, respiratory therapists, nursing and medical staff.

The clinical faculty and staff are always prepared to help you resolve any problems you may experience.

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

DEPARTMENT AND SCHOOL PERSONNEL

DEPARTMENT OF CARDIOPULMONARY SCIENCES
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 LOMA LINDA UNIVERSITY

<i>Clinical Site info</i>	Phone	Other info
Loma Linda University Medical Center		
LLUMC	909-558-1717	RT Supervisor beeper 1963
Loma Linda Veterans Hospital (VA)		
RT Department	909-825-7084	ask for Respiratory Supervisor ,Tom ,
Dr. Specht (Medical Director for our Program)	--	Ext. 44985
Loma Linda University - East Campus		
Respiratory Care Department	909-558-6687	Respiratory Therapist Beeper: 8041, 8032
Marco Soto (RT Manager)		62047
Loma Linda University Medical Center - Murrietta		
RT department Director	951-290-4000	Ask for or Kate Jenson
Totally Kids		
Respiratory Care	909- 796-6915	Ask for Teresa
Clinical Instructors		
Abdullah Alismail	(909) 499-6811	beeper 3326 wireless, aalismail@my2way.com
Julian Toma RRT-ACCS, RRT-NPS	(909) 653-9209	jtoma@llu.edu
Paul Casillas RRT-NPS, RRT-ACCS	+1 (909) 782-9913	Pcasillas@llu.edu
Cardiopulmonary Sciences Department		
David Lopez, Ed D., RCP, RRT	909-558-4932	Department Chair
Richard Nelson, M.D, RRT- NPS		Program Director
Abdullah Alismail, MS, RCP, RRT-NPS, SDS		Director of Clinical Education

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

GRADING

You will be evaluated continuously on your performance of specific clinical objectives including task competency, problem solving ability, technical knowledge, and professionalism. Your attitude will be assessed with respect to your interest in learning, dress, grooming, and interpersonal relationships.

While the ideal evaluation consists primarily of objective measurements, it is necessary to evaluate the more subjective areas such as attitude. It is important to interact positively with people. You will also be evaluated on your clinical experiences. If you have any questions or problems, contact your clinical director or clinical instructor.

This course (RSTH 391-393, RSTH 494-496) is graded on a satisfactory (S) / unsatisfactory (U) grading criteria. However, a rubric grading score is applied where students need to achieve the required points for each specific quarter in order to receive a passing score (S). Students' are evaluated and assessed based on three levels of learning: *cognitive*, *psychomotor*, and *affective* domain. Grading will be done by the Director of Clinical Education and Clinical Instructors based on the student performance on each quarter. Students will be graded daily on their SOAP submission to assess their critical thinking and judgment on a selected case from the workload. Students are required to submit the required number of SOAPS on each clinical day. The bedside Respiratory Therapists are asked to evaluate the student performance at the end of the shift by using the online evaluation form (See attached evaluation form at the end of this file). On week 5 of the quarter, the student will be evaluated by the DCE and clinical faculty on the three domains mentioned above, in addition to their SOAP performance. The same evaluation will be done on the last week of the quarter as well. Each student has to meet the required objectives for each domain. Each domain has its own rubric table, see the last page of the syllabus.

Cognitive:

** This domain covers student job knowledge, and basic information about patients, diseases, equipment, values, etc.*

1. Ability to recall patient past medical history (PMH).
2. Describe patients' chief complaint.
3. Identify and recognize the patient's current physical, or physiological (C.O, SaO₂, color, temp., etc) and vital signs.
4. Ability to identify and list the respiratory care and/or respiratory related drugs the patient is currently on.
5. Identify respiratory equipment and the purpose of each therapeutic objective.
6. Interpreting lab values (Blood gas values, CBC, electrolytes, etc).

Psychomotor:

** This domain covers all clinical skills including task competency, clinical assignments, and use of equipment.*

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

1. Follows clinical preceptor directions in performing procedures and repeating them successfully in an independent way.
2. Student proficiency in clinical procedures.
3. Use of equipment & supplies.
4. Dexterity.

Affective:

** This domain covers student behavior, professionalism, attendance, etc.*

1. Attendance and following preceptor time schedule during report, workload, and break.
2. Interest towards the workload; and questions towards knowledge level.
3. Personal grooming and professional attire (ID, watch, stethoscope, notepad, pen, and calculator, etc). * *Review Personal appearance section page*
4. Initiative, motivation and responsibility.
5. Patient confidentiality.
6. Communication and professionalism.
7. Self-confidence.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

Clinical Grading System

Criteria for Clinical Grading

ALL Quarters (RSTH 391-393, 494 - 496)

A **satisfactory (S)** or **unsatisfactory (U)** grade will be assigned based on the criteria below.

Satisfactory Grade Criteria:

To receive a satisfactory grade, students are expected to be successful in the following criteria's:

- 1- Complete the daily assignments:
 - a. **SOAPs.**
 - i. The student is expected to score a minimum of 70% on their SOAP assignment by the end of each quarter.
- 2- Complete the daily clinical evaluation form by the bedside preceptor by the end of each quarter.
 - a. The student is expected to have a significant improvement in their competency level across the length of the program. Each student is expected to get a minimum of average and above on each clinical day. Anytime the student scores below average on any section of the evaluation form, they are expected to show improvement on the next clinical day. If the score/behavior repeated more than once, a file review will be done by the DCE with student to examine and discuss the reasons behind such score/behavior. Action will be taken by the DCE accordingly.
- 3- Successfully complete the clock in and out hours by the end of each quarter.
 - a. Clocking in and out should be done at the clinical site. The student is expected to clock in and out at the selected time. Please review the CPS stamp section.
 - b. Hours will be reviewed by the end of each clinical quarter.
- 4- Successfully complete the rubric domain of the course with a passing score.
 - a. Students are expected to score a minimum of average (Level 3) at the end of each quarter on each domain.
 - i. A review will be done twice a quarter. First at week 5 and then at week 10.
 - ii. When scoring less than average (2 and below) on any of the sections during the period of week 1-5, the student is expected to show an improvement at the end of the quarter on that particular section, week 10.
 - b. Please review the domains, rubric table at the end of the syllabus.
 - i. Cognitive, Psychomotor, and Affective domains.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

5- By the end of each quarter, each student is expected to successfully complete the following competencies, objectives. Competencies may vary each quarter. Our goal is to have you scheduled in an area where these competencies are available. Sometimes these competencies are not available, it happens, we will move them to next quarter until you achieve them. You may pass a class series and miss one or two competencies that need time to work on, the DCE and clinical instructors will keep sending you to the unit where this competency can be found until you successfully pass it.

6- Complete the clinical simulation exam starting from the Fall of the second year (RSTH 494, 495, and 496).

a. In year 2, students will take a clinical simulation exam for the following quarters: Fall, Winter, and Spring. The objectives of these exams is to prepare students for the NBRC board exams.

A break down of the grading system by percentage is as below:

SOAP	40%
Mid-Quarter Eval	30%
End of Quarter Eval	30%
Total	100%

In year 2, starting from Fall, grading will be as follow for the following courses RSTH 494, 495, and 496:

SOAP	30%
Clinical Simulation	10%
Mid-Quarter Eval	30%
End of Quarter Eval	30%
Total	100%

**** Passing clinical simulation is a requirement to pass the course, in addition to other requirements.**

This includes attendance, professionalism, complete full competencies, where students are expected full the requirement of each. Please refer to each section for more details. Clinical competencies are listed in the clinical competency handbook placed under the files section on canvas.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

Each Practicum course has its own criteria and objectives, please see below

WINTER QUARTER (RSTH 391) Objectives: By the end of this quarter, student is expected to accomplish the following:

1. Introduction/Orientation to each facility (LLUMC).
2. Techniques of patient contact.
3. Materials management.
4. Medical gas therapy.
5. O₂-humidity therapy.
6. Aerosol therapy.
7. Airway management.
8. Chest physiotherapy.
9. Auscultation.
10. Clinical competencies (Basic care).

SPRING QUARTER (RSTH 392) Objectives: By the end of this quarter, student is expected to accomplish the following:

1. General oxygen, humidity, and aerosol therapy.
2. Introduction to Mechanical ventilation.
3. ABG.
4. Ventilator Adjustments.
5. Equipment changes.
6. Patient assessment.
7. Pulmonary Function Laboratory.
8. Clinical competencies (Basic care procedures cont, ABGs).

SUMMER QUARTER (RSTH 393) Objectives: By the end of this quarter, student is expected to accomplish the following:

1. Patient Assessment, O₂ and aerosol therapy, CMV, PEEP, Airway Care, Patient Transport).
2. Adult Intensive Care Unit introduction.
3. Perform and give a complete report from and to therapist.
4. Ability to handle a minimum of half ICU workload.
5. Complete all American Heart Association (AHA) licensures (BLS, ACLS, PALS, NRP).
6. Clinical competencies (Advanced).

In addition to the clinics requirements, each student is required to complete 3 Lindsey Johns Clinical Simulation Examination by the end of the quarter. This is considered as a final examination for this summer course. You can practice as much as you want until you reach the passing score.

FALL QUARTER (RSTH 494) OBJECTIVES: By the end of this quarter, student is expected to accomplish the following:

1. General (Patient Assessment, O₂ and Aerosol Therapy, CMV, PEEP, Airway Care, Patient Transport)
2. Neonatal Intensive Care Unit (NICU)/ Pediatric Intensive Care Unit (PICU) introduction.
3. Adult ICU.
4. In house Transport.
5. Clinical Competencies - basic/general and critical care; Peds and Neonate.
6. Clinical Simulation Exam 1

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

WINTER QUARTER (RSTH 495) OBJECTIVES: By the end of this quarter, student is expected to accomplish the following:

1. General (Patient Assessment, O₂ and Aerosol Therapy, CMV, PEEP, Airway Care, Patient Transport)
2. NICU/PICU.
3. Pediatric sub-acute.
4. Sleep Lab Study.
5. Specialty clinic.
6. Pediatric Transport Team.
7. Intubation.
8. Pulmonary Rehabilitation.
9. Clinical Competencies - basic/general and critical care; peds and Neonate.
10. Clinical Simulation Exam 2

SPRING QUARTER (496) OBJECTIVES: By the end of this quarter, student is expected to accomplish the following:

1. Outpatient clinics.
2. Sleep studies.
3. Homecare.
4. Clinical simulations.
5. Pulmonary Rehabilitation.
6. Ability to handle a full workload from the therapist (Basic/general & Critical Care).
7. Independent. (Under supervision).
8. Completion of the Clinical Competency Book.
9. Clinical Simulation Exam and TMC Exam.

By the end of this spring quarter, each student is expected to be independent, and being able to perform all procedures with a high level of confidence upon graduating from the program. If the student failed to achieve any of the above criteria, at any quarter, a re-evaluation will be done until each objective and criteria are met at a given time by the program DCE.

Final Exam (Included in RSTH 496 Spring quarter) :

1. Pass the National Board for Respiratory Care (NBRC) Therapist Multiple-Choice Self-Assessment Examination (TMC-SAE) and NBRC Clinical Simulation Self-Assessment Exam (CSE-SAE), which are both required in RSTH 496. Student is expected to prepare ahead of time by (practicing the offered studies materials provided by the department, online free NBRC exam, etc).

2. Passing both exams are Mandatory to Pass this course, RSTH 496, and to graduate from the program on-time. This exam should help prepare you to pass the real exam upon graduation. Exam will be scheduled during finals week.

Unsatisfactory Grade Criteria:

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

For any of the following criteria;

Based on the discretion of department & clinical faculty, student's file will be reviewed and a grade of (U) **Unsatisfactory grade will be placed when one of the following criteria's are met.**

1. Required objectives not signed off or met during the extended time that was given by the program DCE.
2. Multiple Unsatisfactory evaluation by preceptor or clinical instructor.
3. Not achieving the minimum passing score on a rubric after being notified from the DCE.
4. Not showing any improvement based on the rubric evaluation from the clinical instructor/ director of clinical education after receiving a warning letter from the faculty member.
5. Showing unprofessional behavior among peers, faculty members and other healthcare professionals, or patients. *See *professionalism section for more info.*
 1. *Falsification of clinical documents is prohibited and will cause a program dismissal.*
 1. *Examples are:*
 1. *Falsification daily evaluation forms.*
 2. *Falsifying the time stamp.*
 3. *Falsifying clinical documents.*
 4. *Falsifying charts.*
 5. *Falsifying assignments.*
6. Failure to submit clinical assignments on time after several notifications from the DCE.
7. Achieving a score of less than 70% on the SOAPs assignments.
8. Scoring less than average on the final rubric evaluation (Cognitive, psychomotor, and affective domain rubrics).
9. Not showing up to the assigned clinical site.
10. Failure to attend on time to clinics multiple times. (See the attendance section).
11. Causing a conflict with peers, faculty, clinical sites.
12. Not passing required examinations for specific quarters listed above.
13. Failure to pass the TMC and Clinical Simulation test in RSTH 496.

• **A grade of IP will be given under one of the following criteria:**

1. A valid reason under the approval of the DCE and clinical faculty, a student can receive an IP grade.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

A professional attitude may be identified by the following characteristics:

1. Positive attitude and absence of conflict.
2. Self-motivation and giving appropriate event notification for tardiness and absenteeism.
3. Willingness to accept criticism gracefully.
4. Proper appearance at all times.
5. Attend reports at the beginning and at the end of the shift.
6. Punctuality.
7. Communicating any potential problems with preceptors or Director of Clinical Education as they occur in a timely way. (e.g. missed Tx, taking breaks, emergency situations.. etc).

An unprofessional attitude may be identified as one or more of the following characteristics:

1. Occasional conflict with patients, fellow therapists and other medical personnel
2. Lacking willingness to learn and/or motivation.
3. Reluctant to accept criticism gracefully. Lacking willingness to respond to suggestions for improvement and argumentative.
4. Appearance inappropriate for hospital and clinical settings.
5. Occasionally late or absent. **see attendance section for more info.*
6. Inability to accept responsibility for one's actions/mistakes, or show improvements in a timely way.
7. Falsifying documents.

Cause for termination from the program may be identified by one or more of the following characteristics:

1. Frequent conflicts with other students, therapists, faculty or other medical personnel.
2. Lack of motivation after being consulted with a faculty member.
3. Frequent negative response to criticism.
4. Appearance often inappropriate for hospital with no visible attempt to improve.
5. Frequently absent, no show or late. ** See the late section*
6. Repeat failure of the required rubric score and show no improvements and willingness to be in clinic.
7. Falsifying or plagiarizing clinical documents.
8. Repeated unprofessional behavior by the student.

A program faculty have the right to review the student file and make the decision for program termination at any time when a suspected action was seen from the student such as an unprofessional behavior.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

PERSONAL APPEARANCE

You are expected to comply with University policies on personal grooming and appearance. The following are recommendations for compliance with those standards, adopted from the Loma Linda University Operating Policy.

Objective: The public gains impressions of the University from contact with its students and employees. Therefore, it is important for students and employees not only to be courteous and efficient, but also to contribute to our public image through proper dress and personal grooming. Neatness and good taste in dress and manner contribute to the impression. A professional appearance assures poise and self-confidence.

Policy: Since personal appearance is regarded as an important aspect of a student's over-all effectiveness, the following specific regulations are to be observed:

1. The hair must be neat, clean and well-groomed. Extremes are not acceptable. It must in no way adversely affect the technical or professional requirements in clinics or lab.
2. Beards, and mustaches are allowed by the Department of Cardiopulmonary Sciences but must avoid extremes. Scruffy or unshaven appearance is not acceptable.
3. Proper body hygiene requires having a clean body, including teeth and fingernails. Daily use of deodorant is recommended.
4. Chewing gum, eating, and drinking in patient care areas is not acceptable while on duty.
5. Students are required to refrain from wearing any political, religious, humorous buttons or ribbons while on duty. This is in compliance with U.S. Supreme Court rulings.
6. Simple earrings, necklaces and decorative rings are permitted. A wedding band is acceptable. Body piercings and body art visible outside of clinical dress will need to be either removed or covered up, or the student will not be permitted to attend clinicals.
7. **No** use of perfume or cologne is allowed at the clinical site.
8. Nail polish, if used, should be clear or natural. No artificial fingernails are allowed!
9. Uniforms and shoes are specified by the respiratory care program. Students are required to wear clean scrubs. Clean comfortable shoes should be worn. Open-toed or Croc type shoes may be hazardous in the clinical setting and are not allowed.
10. Standards and policies for student appearance may be delineated by different hospital departments within the guidelines of this policy.
11. Students who attend clinical inappropriately dressed will be asked to return home for the day. The time missed will be made up two hours for hour.

In addition to the above, appropriate clinical attire should be worn to classes or conferences held at the different clinical sites outside of regular clinical days.

TRANSPORTATION

Based on the university policy and university catalog, students are responsible for their own transportation to clinical assignments as outlined in the bulletin. This course will have several clinical facilities where students perform their clinical rotation at the sites listed under attendants.

Competency check off:

Competency check-offs are performed **ONLINE** by your preceptors in clinic. At the end of each clinical day, you are required to perform a daily evaluation for your clinical and clinical competency. Your preceptor will evaluate your performances on each performed clinical procedure. Upon completion, a copy will be placed in the DCE online database. You will receive a copy of your progress report at least twice every quarter from your DCE.

Clinical Schedule and Placement

A clinical schedule will be provided at the beginning of each quarter. The schedule is fixed and cant be changed. Exceptions are:

- 1- The Program DCE has the right to change your clinical rotation at any time during the quarter for the following reasons:
 1. No availability at the clinical site.
 1. Clinical sites might have a short of staff at any point, which we will have to find another place to assign you at. You are expected to report at the changed site.
 2. Shortage of clinical instructors or staff members.
 3. Based on your competency level. At any point a student might lack a clinical competency skill that needed to be met at some point. The program DCE will re-arrange the schedule to meet the student need in achieving the competency level.
 4. Any other reason provided by the DCE.

Assignments:

1. Each student is required to submit 3 SOAP notes each clinical day.
2. SOAP note has to follow the guidelines that was presented to students. **Read the SOAP rubric table*
3. A sample SOAP will be provided. ** See attached SOAP document and on Canvas.*
 1. Review your patient assessment book from the patient assessment class for more information on how to write and collect information. If you still need some help, ask your instructor.
4. **If you cannot find a patient or lost your notes during a clinical day, make sure to communicate that with your clinical instructor and faculty.**

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

1. If you couldn't collect a detailed patient information, such as you were asked to transport a patient from a unit to CT scan, you are expected to write a report on that patient and what happened during transport time.
5. Each student is expected to submit a SOAP on their patient. If you are missing any info, you need to communicate that and write it in your assignment.
6. If you were assigned to an outpatient clinic such as "PFT, Rehab, ECG, etc", you are still required to write a soap note. It is your responsibility to know your patient and what have you done to them while they were in your care.
7. Copying a SOAP note is **not acceptable and considered cheating**. It is considered as an unprofessional behavior where it shows low integrity from your part. When occurs, program dismissal will be considered and the situation will be reported to the program director.
8. A clinical instructor can give an assignment in addition to your SOAP assignment in each clinical day. This assignment is expected to be completed by the due time given by your instructor and submitted along with your SOAP.
9. You are expected to submit your SOAP by midnight of the following day. Failure to submit your SOAPS by midnight will result in getting a **Zero** for that assignment. This will effect negatively on your SOAP % total for the course. Which will result in getting an unsatisfactory grade if reached less than 70%.

How to access the clinical links:

When you are in clinics, all of you work will be done electronically. You will be required to do the following in order:

1. Clock in.
2. Clock out for lunch.
3. Clock back in after lunch.
4. Perform a Daily evaluation from your preceptor.
5. Clock out from clinic.
6. Submit your SOAP. ** This part can be done any time after #3.*

Numbers 1-5 are done by accessing a special link assigned by your instructor. Make sure you save these links in your email. This is the fastest way to access them. Find a computer and access these links from your email by logging in into your llu email.

If you are at the Loma Linda Medical Center main campus, before you log in into your email to get these links, make sure to follow these steps in order:

1. Find a computer.
2. Open the internet browser (Preferably google chrome).

3. Go to google.com or yahoo.com.
 - a. If both websites opened yup skip number 4 and go to 5.
4. You will see the following page:

LUMC User Identification Portal

The resource you are trying to access requires proper user identification prior to access. Please enter your User ID and password.

Do NOT include your domain (mc\, llu\, or hs\) in front of your User ID.

For assistance please contact the IS Service Desk at ext. 48889.

Name

Password

- a. Write down your LLEAP username and password then click enter or submit.
 - b. You should be able to see the web page you requested (google or yahoo). When you see it means you are now online.
5. Go to your llu email.
6. Locate the email that I sent you with the clinical links and access them.

CPS- TIME STAMP

Each student is required to clock in, clock out for lunch, clock back in , and clock out at the end of the day. Not fulfilling these requirements will cause you getting an unsatisfactory grade. To clock in:

1. Find a computer at the clinical site you are assigned at and log in to your email.
2. If you logged in from your email, find the email that was sent out to you that has all the required links.
3. Click on the CPS-TIME STAMP link.
 - a. Type in your student ID.
 - b. It'll ask you to choose one of the following options:
 - i. Clock in
 - ii. Clock out for lunch
 - iii. Return from lunch
 - iv. Clock out.
4. Choose the desired option. And the click submit.
5. You should see a thank you page that confirms your stamp.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

6. **If the computer didn't work and there is no internet, feel free to use your mobile phone/tablet.**
7. If **NOTHING** worked, text or contact your clinical faculty to trouble-shoot the problem right away.
8. Remember to always communicate any issue with your DCE and/or clinical faculty.

Lunch Break:-

When you are performing your clinical rotation at any clinical site, remember that you are part of the team. Therefore, you are required to take a lunch break. **Lunch break is 30 minutes long.** You have to clock out for lunch during that time. Once you are done from your lunch break, you clock in back again.

Your lunch time **starts 5 hours after the beginning of the shift for a four hour window.** If the shift starts at 0600, your lunch break window is from 1100 to 1500.

Daily Evaluation:

Each student is required to have their preceptor evaluate them on their performances on each clinical day. Therefore, daily evaluations are performed online through a link that will be posted on Canvas and provided by Email.

Please read the following guidelines for the daily evaluation form:

- Find a computer, or use your smart phone and follow these steps:
- go to your LLU email
- Click on Daily Evaluation link.
- Enter your student ID #.
- It will take you to a page where you fill out your name, clinical site, and unit.
- Ask your preceptor to evaluate you.
- After your preceptor is done from evaluating you, they'll fill out their information (Name, RCP License Number etc) and then click submit.
- Missing evaluating a clinical day by your preceptor frequently is not accepted. It is your responsibility to have your preceptor evaluate you which will give you an idea on your performance. It is ok to get a bad evaluation where you will know your mistakes so you can correct them.

If you are having trouble accessing the clinical links at anytime, **Make Sure to COMMUNICATE that with your clinical faculty or DCE right away. Not contacting your faculty about the issue shows unprofessionalism from your part.**

ATTENDANCE

Student evaluations will include a section relating to attendance, including tardiness or absences. These evaluations will be filled, if any, will be compiled from the evaluation forms. Your clinical time is required with a minimum number of hours. You will be doing a total of 1292 hours in the program. Any missing hours must be completed on each clinical course to receive a **S** grade, in addition to the course

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

requirements. Students are required to attend clinics **on time** at the beginning of the shift as required from the Respiratory Care department on each clinical site. **Shift Starts at 0600 in the following site:**

- 1- Loma Linda Medical Center.
 - 2- Loma Linda Veterans Hospital.
 - 3- Totally Kids.
 - 4- Loma Linda Medical Center- Murrieta.
 - 6- Loma Linda East Campus.
- *Some clinical rotations may start and end at different time. Night shift rotation is one of the options that students may perform; such as, sleep lab. A notice from the Director of Clinical Education will be posted on canvas and on each clinical schedule at the beginning of each quarter.*
 - *Students are expected to attend **15 minutes** before the shift begins.*
 - *When you are assigned to a specific unit with a preceptor, you are required to stay at that unit with the preceptor. You will have to have a valid reason to leave the unit and your preceptor. If seen outside the unit with no reason, you will be asked to report to your DCE. Remember that you are here to take care of your patients. When having a down time, you are expected to find something that expands your knowledge about your patients in the unit. You can do your SOAPs, look up a certain disorder, etc. but not leaving the unit.*

The rules below have been formulated out of necessity for the benefit of both the patient and student.

Missed Clinical Days:

1. **Without Exception** all clinical days **Must** be made up before the quarter ends.
2. Days to be made up must be completed **at the end of each quarter** at a time mutually agreeable with the clinical instructor/director of clinical education. Failure to complete the missed hours, an unsatisfactory grade will be given.

- Excused absences

1. ***Illness*** - Students who are ill must notify the house supervisor, lead therapist, or clinical instructor by 10 PM of the evening before the scheduled day shift. Any student who is absent due to illness may be asked to provide a note from a physician for the absences to be excused.
2. Death in the immediate family.
3. Special situations approved by the program faculty.
4. The time missed must be made up **hour for hour**. A mutual time will be agreeable between the clinical faculty, clinical site, and the DCE. Students cannot make the decision to go to clinic for make-up without discussing it with the clinical faculty or Director of Clinical Education first. Showing up in clinic without any early notification and approval from the DCE, is considered an unprofessional behavior. A

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

Warning letter will be issued and a clinical probation will be considered. Make up of two hours for each hour will be required from the student for such behavior.

- Unexcused absences

1. Students who fail to call in a timely manner will be given an **unexcused** absence for that day. Unexcused absences must be made up at a ratio of **two hours for every hour missed**.
2. Calling off to study or for an exam is considered as an unexcused absence and **not accepted**.

Two Unexcused absence places the student on clinical probation. When such behavior repeated, it may result in program termination based on the faculty discretion.

- Tardiness

******This does not mean students have the option to miss one clinical day. The full series of this course is considered as a full interview for you. Making such decision, to miss one clinical day with valid and approve reason, shows an unprofessionalism behavior from your end as a student. Therefore, an unsatisfactory report will be filed as the second missed clinical day will result in a clinical probation.**

1. If a student is late within 10 minutes after the start of a shift (0600-0610), they will be listed as **Tardy**. The second tardy in the same quarter will be considered as an unexcused absence; therefore, a make up of **two hours for each hour missed applies** and **clinical probation applies**.
2. Students who are **more than 10 minutes late** after the beginning of the shift, **after 0610**, will be asked to go home and **considered absent (unexcused)** for that day.

Personal Appointments: Students **MUST NOT** make doctor or dental appointments during the time they are scheduled for clinical. If so, it will be considered as a **unexcused absence**, unless a situation approved by program faculty members.

Calling off:

Each student is required to notify the DCE, or the assigned clinical instructor, before calling off on any clinical day and **receive an approval**. When a student is **approved** to be absent from clinic, they are required to go to the **call off link**, given each quarter, that is provided on canvas, and fill out the form for the missed clinical day. That way there is a record of each missed clinical day to protect the student and the faculty.

When you click on the call off link, you will be asked to type in the date of the clinical rotation you are calling off about, and choose the reason. If it is a medical reason such as being sick, you are required to provide a doctors note for that day. You can upload your doctors note. If you are calling off for any other reason, a box will show up for you to type your reason **after receiving the approval from the DCE**.

At the end of the quarter, the Director of Clinical Education will print out a report from Qualtrics from the call off form database. This report will include how many clinical days the student missed in clinic. Based on that, clinical make up hours will be made.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

Note:

Calling off before any exam is not acceptable and it shows an unprofessional behavior from you as a student. Your time in clinic should be used as a studying time by applying the knowledge you learned in class in clinic. This application should help you recalling the information better in the exam. Therefore, any call off request to study will be denied.

**** MAKE UP-**

It is your responsibility as a student to arrange with your clinical faculty on when to make up the clinical day. The last day of clinics is Friday before finals week of each quarter. Therefore, a student must plan ahead of time and make up their clinical hours before the end of the quarter on an approved arranged day with the clinical faculty. **THERE WILL BE NO MAKE UP ON FINAL WEEKS.** You are expected to attend all clinical days on-time unless a special circumstance occurred and approved by your instructor.

****Loma Linda University Medical Center:***

A new rule has been placed at the Medical center where each student is asked to write their name and contact info upon arrival. This rule was made by the medical center- respiratory care department to make it easy to track students location and have a clock in time.

Extra Credit

A student can use an extra credit clinical day under the approval of the course instructor. The extra credits are like: participating for the health fair as a volunteer. Any volunteer activity that is related to helping out the community can be counted as an extra credit under the following conditions:

1. Activates will be posted on canvas by the course instructor.
2. The extra credit can be used for a clinical day as 0.5 hour for each hour. In other words, if you helped out at the health fair for 8 hours, you can use 4 hours of this time as an exchange for a clinical day (if you are doing a 12 hours shift, you can leave at 1430).
3. Prior Faculty approval is required before using this extra credit.
4. You cannot use any activity twice, nor use it for other class such as portfolio.
5. Prior arrangement and approval from your instructor must be done. Students are discouraged to request using this credit in last minute. Remember that you are scheduled at a clinical site with prior arrangements with the clinical site them self. Management are expecting you to attend and be there, no show surprises will flag a signal about your professionalism and reputation. This will highly effect your future employment.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIOPULMONARY SCIENCES
Respiratory Care Program

Note:

All of the above criteria can be modified based on an individual basis at anytime under the program faculty discretion.

PATIENT CONFIDENTIALITY

Students will see and hear confidential patient information which may be personal, clinical, financial, computerized, on paper copy, or oral in nature. Students who have access to confidential information are prohibited by law from disclosing such information in any un-authorized manner.

Patient information gathered during the course of the student's daily clinical experience must not leave the clinical site without prior authorization. Access by students to the medical record should be limited to pertinent areas only.

Breaches of patient confidentiality are subject to disciplinary action. This may involve removal from clinical site, a failing grade in the clinical rotation, or termination from the program. Additionally, monetary penalties may also be levied by both the clinical site and federal government if any laws were violated.

*** When submitting a SOAP assignment on canvas, you SHOULD DEIDENTIFY your patients. Using patient names is unacceptable and it is considered a HIPPA Violation. A student will be placed on Clinical Probation when such behavior occurs.**

ACCOMMODATIONS: If you are individual with a disability and need reasonable accommodation to fully perform in clinics, please obtain Student Information and Requested Accommodation forms from the Office of the Dean. You can ask any of the program faculty for help and they will be happy to assist.

ACADEMIC INTEGRITY:

Acts of dishonesty, including theft, plagiarism, giving or obtaining information in examinations or other academic exercises, or knowingly giving false information, is unacceptable for students in the University. Instructors and students are charged with the responsibility of reporting instances of such behavior to the department chairperson. The department faculty is responsible for investigation. Substantiated violations are to be brought before the dean for disciplinary action. Such action may include but is not limited to academic probation or dismissal from the program.

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

Below are the rubrics that will be used to grade you during your time in clinic. This assessment will be done by the Director of Clinical Education at the middle of the quarter and the end. Each student is expected to have an improvement after each evaluation when receiving a grade < 3 on each criteria.

1- Cognitive Domain

Criteria (Cognitive Knowledge)	4 (Outstanding)	3 (Average)	2 (Developing)	1 (Borderline)
1. a. Recall patient past medical history.	PMH is clearly presented and described comprehensively. Related and relevant information is included for full understanding on the PMH.	PMH is critically presented and described in minimum details. Have a minimum relevant information that helps understanding the chief complaint.	PMH is critically presented with lack of understanding the meaning of some of the medical terms, diseases that are critical to provide excellent care.	PMH is presented/not presented without any clarification and understanding.
1. b. Describing patients chief complaint (CC).	Chief Complaint presented and described clearly and in a comprehensive way. Reason for the visit is clearly and fully understood.	Chief Complaint presented and described with minimum knowledge. Minimum recall of some information; such as, why is this patient having this CC.	Chief Complaint critically presented with a lack of understanding the meaning of the medical terms and why it lead the patient to be admitted.	Chief Complaint presented /not presented without clarification or understanding its meaning.
1. c. Identify and recognize patient current physical, physiological	Patient's current physical, or physiological condition and	Patient's current physical, or physiological condition, and assessment is	Patient's current physical, or physiological condition	Physical, physiological, vital signs presented/not presented

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

<p>condition (C.O, SaO₂, color, temp. etc) and vital signs.</p>	<p>assessment is fully understood and presented in a systematic way. Vital signs are also presented in a comprehensive way in which lead to such results.</p>	<p>understood at a minimum basis. Minimum understanding of the systematic reason that lead to the physiological status and vital signs.</p>	<p>is not clearly presented nor understood. Lacks clinical term meanings of the physiological condition and its relationship to the patient's current status.</p>	<p>without any clarification nor understanding.</p>
<p>1. d. Ability to identify and list the respiratory care and/or respiratory related drugs the patient is currently on.</p>	<p>Drugs are presented and described clearly with full understanding of its classification, mechanism of action, and relationship to the patient's current condition.</p>	<p>Drugs are presented and described at a minimum level with full understanding of its classification. Minimum understanding of the drugs mechanism of action and relationship to the patient's current condition.</p>	<p>Drugs are presented and described in a critical way but lacks understanding its classification, mechanism of action, and why the patient's receiving it.</p>	<p>Drugs are presented/not presented without any clarification or understanding of the reason behind it. Lacks of understanding the drugs classification, mechanism of action, and relationship towards the patient condition.</p>
<p>1. e. Identify respiratory equipment and the purpose of each therapeutic objective.</p>	<p>Respiratory equipment is identified, and described why the patient requires it. Full understanding of the equipment is</p>	<p>Respiratory equipment is identified and described in a minimum way including how the device works. Minimum understanding on how it will</p>	<p>Respiratory equipment is presented and is partially identified but lacks understanding of its use and how it</p>	<p>Respiratory equipment is not presented or identified.</p>

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

	presented in a comprehensive way, and how it will affect the patient disease process.	affect the disease process.	will affect the disease process.	
1. f. Interpreting lab values (blood gases values, CBC, electrolytes etc).	Lab values are presented, described clearly and in a comprehensive way to give meaning and relationship to the patient disease condition. Normal values are identified as well.	Lab values are presented and described critically with the understanding of the normal values. Lacks ability to relate that value to the patient disease condition and how to correct it.	Lab values are presented and described with the lack of understanding their meaning and effect. Lacks ability to relate each value to the patient disease condition.	Lab values are presented/not presented without any knowledge of its meaning, normal ranges, and how it is affecting the patient condition.

2- Psychomotor Domain:-

Criteria (Psychomotor)	4	3	2	1
Follows clinical preceptor directions in performing procedures and repeating them successfully in an independent	Follows preceptor/clinical instructor guidance in any procedure. Shows motivation & proactive independently by repeating the procedure after observance.	Follows preceptor/clinical instructor guidance in procedures. Performs and repeats procedures with clinical instructor/preceptor guidance after observance.	Lacks ability to repeat procedures independently and requires directions.. Lacks of motivation in following instructor guidance.	Always dependent on preceptors/clinical instructor in performing procedures.

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

way (under supervision).				
Student proficiency in clinical procedures.	Perform procedures with a full proficiency on how it's being performed and how it will affect the patient. Also, shows proficiency in indications, contra-indications, adverse effects, and proficient in troubleshooting all procedures.	Perform procedures with a minimum/average proficiency in troubleshooting clinical procedures.	Below average in procedures troubleshooting .	Student is not proficient in clinical procedures and lack critical thinking in troubleshooting clinical procedures.
Use of equipment & Supplies	Demonstrates exemplary competency and resourcefulness in the utilization and care of equipment and supplies.	Shows average efficient use or maintenance of equipment.	Student occasionally provides inadequate care and has a below average use of equipment and supplies.	Is abusive, negligent or careless in the use and care of equipment or supplies.
Dexterity	Performs procedures independently (with supervision).	Performs procedures with occasional help from the therapist.	Frequently requires assistance.	Always require assistance.

2- Affective Domain:-

Affective Domain criteria	4	3	2	1
Attendance and following preceptor time schedule during report,	Arrives on-time, friendly with therapist and show willingness to be available at every treatment/procedure by arriving on-time.	Arrives on-time and follows preceptor treatment schedule through out the day.	Arrives on-time with occasional tardiness in following the therapist schedule during report, break and treatment times	Frequently late for work, treatments, breaks, and does not show willingness to be available in

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

workload, and break.				any assigned time.
Interest towards the workload; and questions towards knowledge level.	Asks questions to increase knowledge skills. Willingness to learn and make use of available resources by being assertive and completes assignments on time or before time.	Answers questions when asked and questions unfamiliar topics. Motivated towards workload. Completes assignments when asked to do on-time.	Often late in assignments, lacks motivation or interest. Complains about workloads and having extra assignments. Infrequently asks questions to improve knowledge skills.	Doesn't complete assignments. Shows no interest in clinic and asking questions.
Personal Grooming and professional attire (ID, watch, stethoscope, notepad, pen, and calculator). P.9	Arrives to clinic in a professional and appropriate manner. Dresses properly with all required clinical attire. Doesn't use any perfume, cologne, and artificial fingernails. Always shows interest in taking notes and uses all attire properly.	Arrives to clinics with an appropriate grooming and required attire. Dresses properly and follows personal grooming guidelines. P.8	Occasionally arrives at clinic with inappropriate grooming. Dresses appropriate with most of the required attires. Doesn't complying according to the clinical policies.	Inappropriate personal grooming, dressed unprofessionally, and asked to be sent home.
Initiative, motivation and responsibility.	Assumes full responsibility for actions and exhibits self-direction in all activities; independently initiates positive action. Respond well to criticism with respect. Shows willingness to improve criticism from Instructors.	Initiative and motivated in being in clinic. Shows responsibility, positive and responds well to clinical instructors or preceptor notes and criticism.	Reluctant to assume self-direction or independently initiate actions; requires close supervision and observation in many clinical activities. Responds to constructive criticism with excuses.	Failure to assume responsibility for actions; requiring constant observation and direct supervision. Frequently give excuses of their actions and show no respect for clinical instructor.
Patient Confidentiality	Maintains appropriate	Maintain and follows HIPPA	Occasionally fails to keep	Fails to maintain patient

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

	patient confidentiality at all times. Always aware of and follows HIPPA rules and shows interest in protecting patient privacy.	rules and guidelines.	patient confidentiality. Knows minimal HIPPA regulations.	confidentiality and requires remediation and close monitoring at all times.
Communication and professionalism	Show respect to instructors, colleagues, and staff, patients at all times. Replies and reacts appropriately when questioned. High Professionalism skills apply.	Shows respect to instructors, patients, and staff. Appropriate communication skills and professionalism.	Occasionally lacks respect for instructors, colleagues, and staff, patients. Requires some remediation and assistance.	Fails to show respect for instructors, staff, patients, and high authorities. Shows no professionalism, appropriate communication and respect to clinical instructor, patients and staff. *
Self Confidence	Confident at all time, all areas, and not hesitant to apply the knowledge and clinical skills. Answers questions appropriately with a high level of critical thinking.	Confident in performing clinical procedures and skills. Answers questions when asked.	Hesitant most of the times in performing clinical procedures and skills.	Frequently lacks confident and hesitant all the times to show assertiveness in clinical procedures and skills. Lack of confident when asked questions.

SOAP	4	3	2	1
Background	Background info is very thorough and shows full understanding of patients past and current conditions. CC, HPT, PMH,	Background is covered and presented. Shows a good understanding of the patient condition.	Information presented with a lack of understanding on what is going on. Information is not related to	Background information is missing. And/or totally not related.

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

	Social, etc, all covered.		the patient condition.	
Subjective	Patient interview answers were presented with the CC. Patient feeling at the time of assessment; data is complete and represents the patient complaint. Level of consciousness presented as well. All elements (data) is collected from the patient accurately.	Data were collected accurately with missing 1 or 2 elements max for an adequate evaluation of the current patient status.	Data were collected with missing more than 2 related elements. Some of the presented information are not relevant to the patient condition and not adequate.	More than 4 critical data information is missing and/or not presented.
Objective	A full objective assessment was collected. Vital signs, physical examination, labs, pft's, CXR, ECG's, hemodynamics, respiratory monitoring. All data were collected at the time of the assessment and a full understanding of the data was shown and explained.	Objective assessment was collected with a good/average understanding of some of the critical elements. Some information/data was missing.	More than 3 critical elements for the objective assessment were missing. The presented data was irrelevant to the patient CC and history. Lack of understanding of the collected data.	Objective assessment is not presented and/or the information provided totally inadequate.
Assessment	A full patient assessment was presented with a clear understanding of the disease state and condition. Showed a clinical and scientific reasoning process. Differentiate	A full assessment was developed and showed an understanding of the current condition and disease state, may be missing some minor information that does not affect the overall assessment.	Patient assessment was covered minimally. Limited information was provided. May be not related to the current condition (Subjective & Objective).	Assessment is missing and/or not related and unacceptable to the Subjective and Objective data.

LOMA LINDA UNIVERSITY
 SCHOOL OF ALLIED HEALTH PROFESSIONS
 DEPARTMENT OF CARDIOPULMONARY SCIENCES
 Respiratory Care Program

	between current and potential problems. Respiratory Vs Non Resp. problems (related) are explained.			
Plan	Plan is developed and appropriate for the current diagnosis and assessment. The plan identifies the problem and required intervention such as monitoring and/or follows up. An explanation of each plan is presented.	Plan is developed and meets the assessment criteria. Plan is generic rather than specific for this patient.	Plan is inadequate to the current condition but discussed the problem generally.	Plan is missing and/or irrelevant at all.