Skyline College

RESPIRATORY CARE PROGRAM

STUDENT CLINICAL MANUAL

2024-2026

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PRE-CLINICAL CHECKLIST

THE FOLLOWING ITEMS MUST BE COMPLETED PRIOR TO ENTERING THE CLINICAL PHASE OF THE PROGRAM:

_____ Physical examination signed by physician or authorized personnel

_____ TB skin test (QuantiFERON)

_____ Flu Vaccine (Seasonal)

_____ COVID Vaccine

_____ Student has read and is familiar with clinical rules and regulations

_____ Healthcare provider BCLS (American Heart Association)

_____ Proof of rubella immunity

_____ Read regulations on body substance isolation

_____ Discussed options of Hepatitis Vaccine

_____ Background check

_____ Drug Testing

_____ HIPPA

_____ Mask Fit Test

_____

Signature of Program Faculty

SECTION I

INTRODUCTION TO CLINICAL PRACTICE

Respiratory Care Practitioner Program Philosophy

We the faculty of Skyline College's Respiratory Care Practitioner Program, believe respiratory care to be a profession in which a service is render to the community in collaboration with other professions in efforts of helping clients achieve and maintain cardiopulmonary homeostasis. The client is defined as the patient and his/her family (or significant others) who have health care needs.

We believe the programs at Skyline College should be dedicated to serving both the community and the individual. We also believe that the education program should provide for the personal growth of the student taking into consideration his/her culture, ethnic uniqueness and support system; and should better prepare him/her to assume the responsibilities of a citizen in his/her community. The educational program should be challenging, broad in scope, and flexible to meet individual needs, with general education courses to precede or accompany respiratory care education courses.

We believe that health care education is an on-going process of learning whereby the individual in response to his/her experience assimilates and integrates knowledge, develops skills and incorporates attitudes resulting in the modification of more positive outcomes. Learning is facilitated in an environment in which the student feels accepted and valued as an individual with varying needs, abilities, skills, past experiences and goals.

The role and position of the respiratory care practitioner is dynamic. This role results from advanced technology and increased knowledge in the behavioral, natural and applied sciences, with resultant social changes in health values and practices. Respiratory care focuses on a collaborative approach in the total care of the patient with cardiopulmonary insufficiency.

The Purpose of Clinical Practice

Clinical practice provides the opportunity for respiratory care practitioner students, to practice and attain proficiency in basic respiratory care skills and other hospital-based procedures. You will use the hospital experience to make the transition from theoretical learning to actual clinical practice.

A clinical affiliate provides the key variable -- THE PATIENT.

Clinical practice will assist you in developing basic skills in the following areas:

- √ Patient communication and therapeutic relationships
- √ Family (of patients) communication and relationships
- √ Interdisciplinary team communication and relationships
- √ Respiratory care best practices and procedures
- √ Professional attitudes and behavior
- √ Organization
- √ Patient and environmental safety
- √ Evidence-based application of respiratory care

The clinical site is a learning environment. Your personal gains will depend on your actions, reactions, assertiveness, attention to details, and willingness to take an active part in learning. You will need to integrate the knowledge base from the classroom setting and laboratories, to be successful in the clinical setting.

At all times you must remember that you are a guest of the clinical affiliate and should, therefore, conduct yourself accordingly. You are a representative of Skyline College's Respiratory Care Program at all times. People will judge you and other students by your actions. Clinical rotations are the beginning of your professional life.

Those respiratory care practitioners to whom you will be responsible in clinical practice realize that you may not be completely proficient in all areas. They do, however, expect you to behave at all times in a professional manner, and attempt to eliminate any deficiencies.

RESPIRATORY CARE PROGRAM
CLINICAL OVERVIEW

YEAR ONE FALL	YEAR ONE SPRING	YEAR ONE SUMMER
Clinical Introduction Day – 8 hours (One Day) OBJECTIVES 1. **Meet and be mentored by your second-year students.** 2. **Meet Respiratory Care staff.** 3. **Practice assessment skills.** 4. **Observe respiratory care workflow.**	**Clinical Immersion – 8 hours (Bi-weekly)** OBJECTIVES 1. **Observe and/or perform the following skills/ assessments:** A. Hand hygiene and Infection control B. Vital signs C. Oximetry D. BLS E. ABG interpretation F. Chest examination G. Medical gas therapy devices H. Patient diagnostics - Sputum induction - Bedside spirometry I. Aerosol techniques - Bland - Medication SVN MDI DPI Continuous J. Airway Clearance Techniques - PD&P - PEP therapy - Oscillating PEP therapy - HFCWO therapy - IPV - MI-E - Nasotracheal suctioning K. Lung Expansion Techniques - SMI - BVM - IPPB *(when applicable)* - EzPAP L. Bedside Pulmonary Function Assessment - PEFR - FVC/FEV1 M. CPAP/NPPV (BiPAP)	**Clerkship - 3 weeks, 40hours/week (8/12 hours/day)** OBJECTIVES 1. **Proficiency in the following skills/assessments** A. Hand hygiene and Infection control B. Vital signs C. Oximetry D. BLS E. ABG interpretation F. Chest examination G. oxygen therapy devices H. Patient diagnostics - Sputum induction - Bedside spirometry I. Aerosol techniques - Bland - Medication SVN MDI DPI Continuous J. Airway Clearance Techniques - PD&P - PEP therapy - Oscillating PEP therapy - HFCWO therapy - IPV - MI-E - Nasotracheal suctioning K. Lung Expansion Techniques - SMI - BVM - IPPB *(when applicable)* - EzPAP L. Bedside Pulmonary Function Assessment - PEFR - FVC/FEV1 M. CPAP/NPPV (BiPAP) N. Interdisciplinary Communication and care planning

YEAR TWO - FALL	YEAR TWO - SPRING
8 weeks - 32 hours/week **(8/12 hours/days)** OBJECTIVES **1. Observe, perform and demonstrate proficiency in adult critical care skills.** **2. Complete and/or present a patient case study.**	**16 - 24 hours/week** **(8/12 hours/days)** OBJECTIVES **1. Continue adult critical care with greater focus on hemodynamic monitoring.** **3. Observe and perform skills in the pediatric and newborn ICU.** **4. Observe and perform long term and home respiratory care services.** **5. Observe and perform respiratory care in specialty care units.** **6. Observation and participation in pulmonary function testing.**

CLINICAL PARTICIPANT'S RESPONSIBILITIES

STUDENT PRACTITIONER'S RESPONSIBILITIES

Medical Facility/Department Policies
Students are expected to comply with all policies established by the clinical affiliate. Any stipulations made by the Respiratory Care Service supervisor or clinical instructor must be adhered to while onsite. When in doubt, a student will be expected to inquire as to specific policies.

Attendance
Students are expected to report to their assigned clinical site on their scheduled days and times. Those who must be absent **MUST** call their clinical site and the program *Director of Clinical Education* prior to the beginning of the assigned shift and no later than 2 hours before their schedule shift is to start. Failure to comply with this standard will result in a written warning and will jeopardize the student's standing in this program.

The program Director of Clinical Education in consultation with the clinical site will determine make up dates for absences.

Punctuality
Students are expected to be in their assigned areas *on time*. Any student who reports more than ten (10) minutes after the shift begins will be considered tardy and may be dismissed for the day. Any *tardy should to be recorded as a note on the daily evaluation form. Verbal warnings will be given the first time with written warnings subsequently.

** Excessive tardiness will be reflected in the student's grade and will jeopardize a student's standing in this program.*

Orientation
On the first day at a new clinical facility the student will be expected to follow the general orientation format outlined in Appendix 1.

Daily Goals and Objectives
These **MUST** be identified and submitted to preceptor prior to starting a work assignment.

Daily Evaluation
Daily evaluations **MUST** be completed for all clinical days of a clinical assignment. It is the student's responsibility to have adequate forms and ensure clinical proctors complete them. They are to be submitted to the program *Director of Clinical Education* at the conclusion of each clinical rotation block. During the summer they should remain onsite at the clinical affiliate in a designated binder until the conclusion of this rotation block.

Competencies
During each rotation block the student **MUST** complete relevant clinical competency documents.

Final Evaluation
At the end of a rotation block, it is the student's responsibility to insure that a final evaluation is completed for the clinical rotation, the preceptor(s), and self in a timely fashion.

Dress Code*
Remember that your outward appearance, among other things, is how patients, visitors, and staff might perceive you. You are looked upon as a professional and your attention to dress should reflect that image.

Students in clinical clerkship ***MUST*** conform to appropriate standards of dress. A uniform will consist of program established scrubs and lab coat (optional). Scrubs outside of those mandated by the Respiratory Care Program at Skyline College may NOT be worn. Closed, low-heeled shoes with rubber or crepe soles *(tennis or running shoes **MUST** be clean*

and not worn out). Jewelry if worn **MUST** be modest and not a source of infection. Hair **MUST** be neat, clean, and pulled back from the face. Cologne is not to be worn as certain scents might not be tolerated by patients.

A nametag identifying one as a respiratory care practitioner student from Skyline College MUST be always donned during clinical hours.

Failure to meet any of the above standards could result in dismissal for the day and disciplinary action by program faculty.

CLINICAL AFFILIATE RESPONSIBILITIES

In accordance with the agreements signed by the college and participating clinical affiliates, the responsibilities of the agency are the following:

√ *Provide* adequate experience for the students and help them make satisfactory progress.

√ *Assist*, if necessary, in providing guidance to students needing technical or clinical help.

√ *Ensure* the working environment is healthy, safe, and professional.

√ *Develop* a system or training which will enable the student to progress on the job as their skills develop and improve.

√ *Develop* a setting which fosters successful student/staff relationships.

√ *Provide* timely constructive feedback to the Respiratory Care Program faculty on a student's progress.

To meet these responsibilities, it is strongly recommended that:

√ The persons responsible for student supervision qualified Respiratory Care Practitioners who have demonstrated leadership skills.

√ The clinical affiliate should not, under any circumstances, allow a student to practice respiratory care without some level of supervision.

√ An accessible, updated policy and procedure manual be available to the student.

√ The student must not be used to supplement an understaffed work shift.

√ Other departments which might offer learning experiences be made available to the student.

Specific Role and Responsibilities of a ***Preceptor***

The preceptor is an experienced and competent staff person who serves as a clinical role model, educator, facilitator, and evaluator for respiratory care practitioner students. The preceptor should introduce the student to:

√ Workplace norms

√ Culture and customs

√ Formal and informal rules

Qualities of an Effective Preceptor

Knowledge	Attitude	Skill
Policies and procedure	Respectful	Patient care
Departmental standards	Patient	Communication
Principles of teaching and learning	Open-minded	Interpersonal relations
Principles of adult education	Supportive	Organization
Teamwork	Positive	Problem solving
Available resources	Sense of humor	Decision making
Documentation procedures	Constructive	Priority setting

Factors that influence the learning process:

I. Environment
II. Culture
III. Intellectual ability
IV. Primary language

Injury or Illness related to Clinical Rotation

It is important all students have medical insurance coverage prior to entering the Respiratory Care Program. This coverage is to be maintained for the duration of enrollment. Should you be injured or exposed to body fluids (e.g., stuck with a contaminated needle or splashed with water from a contaminated ventilator circuit) it is essential that you follow the procedure below:

1. Inform your clinical preceptor and/or shift supervisor immediately. Together you will determine the necessity of further action. As soon as possible, notify the *Director of Clinical Education*.
2. Should you need to be seen by the Emergency Department; inform them of your medical insurance coverage.
3. Fill out an incident report (provided by the hospital). Be specific giving the name of the patient on whom you were working (source of infection or injury.) If you have been exposed to body fluids, most hospitals will have a special form to complete.

CLINICAL AFFILIATE'S

Skyline College Respiratory Therapy Program affiliates with a variety of local hospitals in San Francisco and San Mateo Counties. Students are assigned placement in hospitals to learn a specific skill(s.) Not all skills can be learned in all hospitals, hence not all hospitals have student rotations each semester. Students may not necessarily do a rotation in all hospitals since some hospitals offer duplicate skills. Below is a list of the hospitals affiliated with and the hospital areas utilized.

San Mateo County

(Sutter) Peninsula Hospital:	General Medical-Surgical Critical Care Pulmonary Function Testing
Seton Medical Center:	General Medical-Surgical/Sub Acute Critical Care Pulmonary Function Testing
San Mateo General Hospital:	General Medical - Surgical Critical Care Clinical Seminar (with program Medical Director)

San Francisco County

University of Calif. at San Francisco

Parnassus Campus:	General Medical-Surgical Critical Care
Mission Bay Campus:	Neonatal/Pediatrics Intensive Care
Mount Zion Campus:	Sleep Medicine
St. Luke's Hospital:	General Medical-Surgical/Sub Acute Critical Care
(Sutter) California Pacific Medical Center:	General Medical-Surgical Critical Care Pulmonary Function Testing Neonatal/Pediatric Intensive Care
San Francisco General Hospital:	Critical Care
Kaiser Permanente (San Francisco)	Critical Care Neonatal/Pediatric Care

Veteran's Administration Hospital San Francisco:	Critical Care
St. Francis Medical Center:	Hyperbaric Medicine

Santa Clara County

Stanford Medical Center	Critical Care Pulmonary Function
Lucille Packard Medical Center	Neonatal/Pediatric Intensive Care

Alameda County

Oakland Children's Hospital (UCSF)	Newborn/Pediatrics Intensive Care

SECTION II

YEAR ONE - FALL CLINICAL

During your first semester you will be oriented to the facility you will be doing your spring and summer clinical. The following objectives should be met during this time.

I. Day I

A. Respiratory Care Department

Introduced to the:

_____ Director
_____ Clinical Education Staff
_____ Shift Supervisory Staff
_____ Equipment Supervisor
_____ Respiratory Staff (as many as possible)

Location of:

_____ Policy and Procedure Manual
_____ Medical reference material
_____ Shift hand off area
_____ Equipment and supplies

B. _____ Complete "Specific Facility Information" sheet

C. Location of:

_____ Critical Care Units
_____ Emergency Department
_____ Transitional Care Units
_____ General Medical-Surgical Acute Care
_____ Clinical Laboratory
_____ Radiology (Viewing Areas)
_____ Pharmacy
_____ Cafeteria
_____ Parking

D. _____ Documenting/Charging Procedures

E. _____ Observation of respiratory care procedures on the Medical-Surgical and Transitional Care areas.

F. Performance Evaluations: *****

_____ Hand Hygiene/Infection Control
_____ Isolation Procedures
_____ Vital Signs
_____ Respiratory Care Assessment

G. _____ Medical Record Review

*** Refer to *procedural competency forms in the appendix of this manual.***

SPECIFIC FACILITY INFORMATION

FACILITY_____

ADDRESS_____

TELEPHONE NUMBER_____

PAGING SYSTEM_____

SHIFT HOURS_____

MEETING TIME (FIRST DAY) _____

MEETING PLACE (FIRST DAY) _____

PRIMARY CONTACT_____

SECOND CONTACT_____

LOCATION:

SUGGESTED PREPARATION:

ADDITIONAL INFORMATION:

SECTION III

YEAR ONE - SPRING CLINICAL

Prior to spring clinical, the student has demonstrated mastery by examination of the following concepts: **

1. Medical terminology

2. Death and dying as it relates to the health care worker

3. Developmental and structural anatomy, physiology, and function of the cardiopulmonary system

4. Pulmonary ventilation to include:
   a. Acid/base disturbances
   b. Volumes and frequency
   c. Dead space
   d. Compliance
   e. Resistance

5. Pulmonary circulation to include:
   a. Pressures
   b. Fluid movement
   c. Venous admixture and shunt

6. Gas transport and acid-base balance to include:
   a. Oxyhemoglobin equilibrium
   b. Clinical examples of hypoxemia and hypoxia
   c. Henderson-Hasselbach equation
   d. Interpretation of arterial blood gases and pH studies
   e. Calculate PA02, P (A-a) 02, and Ca02

7. Pulmonary defense mechanisms

8. Basic patient assessment skills to include:
   a. Medical Record review
   b. Vital signs
   c. Chest physical assessment
   d. Pulse oximetry

** For more detailed objectives see RPTH 410 and RPTH 420

See in class/laboratory skills that must be completed prior to summer clinical.

YEAR ONE SPRING CLINICAL ACTIVITIES/ OBJECTIVES

During this first rotation a student will complete seven days of clinical clerkship. The intention of the clinical clerkship is to demonstrate and reinforce knowledge and skills in basic diseases and respiratory care procedures performed on a general acute care and transitional care areas of a clinical affiliate. Most days will be spent observing or performing respiratory care techniques under the supervision of a clinical instructor or preceptor. If proficiency evaluations are completed the skills and performance steps can be found in:

The following check offs are found in the back of this manual:

1. *Hand Hygiene*
2. *Vital Signs*
3. *Physical Assessment of the Chest*
4. *Manual Resuscitation (Lung Expansion)*
5. *Oxygen Delivery Systems/Therapy*
6. *Small Volume Nebulizer*
7. *Equipment Processing*
8. *Incentive Spirometry (Lung Expansion)*
9. *Postural Drainage & Percussion (Airway Clearance)*
10. *Basic Spirometry*
11. *Standard Precautions/ Isolation Procedure Management)*
12. *Medical Record Review/Documentation*
13. *Positive Airway Pressure Adjuncts (Airway Clearance/Lung Expansion)*
13. *Sputum Induction (Diagnostics)*
14. *Aerosolized Medication Delivery*
15. *Breath Sounds*
16. *Pulse Oximetry*
17. *Oxygen Supply Systems*
18. *Humidity and Aerosol therapy*
19. *Airway Clearance Techniques*
20. *Manual Ventilation (Lung Expansion)*
21. *Nasotracheal Suctioning*
22. *CPAP/NPPV*
23. *Pharyngeal Airway Adjuncts (Airway*

Every reasonable attempt should be made to meet the specified activities and skills but due to unavailability of appropriate patients or equipment this may not always be possible. Some procedures may be delayed until later in the rotation or left uncompleted at the end of the semester. It is the responsibility of the student to make these deficiencies known to their clinical instructor and the clinical coordinator so that their activities can be completed.

Clinical experience should not be limited to those activities listed herein. Under the direction of the clinical instructor, the student should take advantage of other pertinent learning experiences such as rounds, conferences or observation of special procedures.

Students will prepare themselves for each day of clinical by reading the procedural specifications detailed within the proficiency evaluations listed for each day and reviewing the classroom information.

Suggested Activities for Year One Students
Spring Semester *(Friday Rotations)*

Day 1

Orientation:
Locate and identify the functions of the following:

In the Hospital/Medical Center --

- √ Respiratory Care Service
- √ Emergency Department
- √ Critical Care Units
- √ Surgery/Post Anesthesia
- √ Pulmonary Function Laboratory
- √ Radiology
- √ Clinical Laboratories
- √ Central Supply/ Processing
- √ Physical Therapy
- √ Library
- √ Other specialty departments

On the Nursing Unit --

- √ Patient rooms
- √ Nurse's station
- √ Patient's Medical Record
- √ Crash cart
- √ Emergency/back-up oxygen systems
- √ Medication room/cart
- √ Gas shut-off valves
- √ Fire alarms
- √ Storage areas
- √ Dirty utility room
- √ Bed controls
- √ Call/emergency bells
- √ Linens

In the Respiratory Care Department --

- √ Personal storage area
- √ Policy & Procedure manuals
- √ Shift hand off (conference) area
- √ Directors/supervisors offices
- √ Decontamination/cleaning area
- √ Storage areas
- √ Equipment maintenance/testing area
- √ Equipment manuals
- √ Emergency equipment

State the procedures for paging a practitioner in an emergency situation (e.g., fire or cardiac arrest).

Perform hand hygiene.

Perform a medical record review and report history findings to clinical instructor and others in the group.

Basic patient assessment (possibly spend the afternoon with nursing personnel on an acute care unit. Also can be accomplished with clinical instructor).

Day 1 (cont.)

Review in hospital CPR procedure (all students are BCLS certified)

Observation of respiratory care procedures

Perform and evaluate oximetry

Day 2

Locate and discuss the following information on a typical, preferable COPD, patient's chart (See appendix 2 for chart review).

- √ Personal/admission information
- √ Chief complaint
- √ Admission history and physical examination
- √ Progress notes
- √ Physician's orders
- √ Graphic record of vital signs
- √ Laboratory, x-ray, pulmonary function, and other diagnostics
- √ Reports of surgery or special procedures
- √ Documentation of respiratory care

Change Tanks (E & H) and calculate duration at different flows

Review regulators and reducing valves

Check the crash cart and emergency oxygen systems emphasizing cylinders, regulators and flow metering devices (oxygen supply systems proficiency)

Perform and evaluate oximetry (pulse oximetry monitoring proficiency)

Day 3

Discuss indications for supplemental oxygen.

Apply the following oxygen administration devices to patients and identify the range of oxygen concentration available with each: (oxygen admin. proficiency)

a. nasal cannulas
b. simple mask
c. non rebreathing mask
d. entrainment masks
e. high flow oxygen delivery systems

Discuss the clinical goals of supplemental humidity

Perform oxygen analysis.

Observe a small volume nebulizer and pMDI treatment

Discuss and perform a chart review on a patient with asthma and describe how care relates to that suggested in the National Asthma Guidelines.

Day 4

Set up the following humidifiers/nebulizers *(Humidity and Aerosol Proficiency)*:

a. humidifier (including high flow humidifier)
b. continuous nebulizer
c. high flow nebulizer or alternative high flow delivery system (i.e., Misty Ox)
d. ultrasonic nebulizer if available

Observe/perform a sputum induction

Observe/Perform a small volume nebulizer and pMDI treatment

Discuss bronchodilators

Discuss and perform a medical record review for respiratory infections

Day 5

Observe Airway Clearance Techniques to include:

a. Postural drainage and percussion
b. Forced expiratory technique and related cough support techniques
c. PEP, Oscillating PEP, PAP adjuncts (EzPAP) and Intermittent Percussive Ventilation (IPV) or other high frequency oscillating pressure device if available
d. HFCWO and HFCC devices.
c. Frequencer™

Perform a small volume nebulizer and pMDI treatment

Day 6

Observe Lung Expansion Techniques to include:

a. BVM (critical care)
b. Positive airway pressure adjunct
c. Incentive spirometer
d. Deep breathing and cough techniques

Perform small volume nebulizer and pMDI treatment

Observe a Bedside PFT *(basic spirometry proficiency)*

Perform a medical record review for a patient with pulmonary disease

Day 7

Perform all basic therapeutic techniques discussed and/or demonstrated in classroom and laboratory thus far

Evaluate and discuss a chest x-ray

Discuss a patients clinical laboratory values

NOTE: It is very important when performing skills to also be prepared to explain indications, complications, modifications and hazards for each therapy performed.

YEAR ONE SPRING CLINICAL
DAILY LOG

Please keep a record of your activities, respiratory care procedures observed and performed, and patient disorders seen.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

SECTION IV

SUMMER CLINICAL

The objectives of this clinical rotation are to obtain proficiency in general medical-surgical respiratory care procedures. The activities located in appendix should be accomplished during this time. The student should make every effort to obtain proficiency in all these areas if performed at your clinical site. At the end of the rotation the following sheets should be completed with any notations you feel should be reviewed again or that are due to patient or equipment unavailability was not done.

- Activities sheet
- Case study (format found in appendix 5)
- Objectives and daily evaluations

Skills Completed Prior to Summer Clinical

_____Hand hygiene – Standard precautions/transmissions isolation techniques

_____Vital Signs: Pulse, Respiration and Blood Pressure

_____Auscultation of Breath Sounds

_____Manual Ventilation (Bag/Valve/Mask)

_____Artificial Airway Insertion

_____Oxygen Systems (Gas Pressure / Flow Regulation)

_____Oxygen Delivery

_____Pulse Oximetry

_____Peak Flow Monitoring

_____Aerosol Generators (Large Volume Nebulizers)

_____Aerosolized Medication Delivery

_____Pressurized Metered Dose Inhalers

_____Dry Powdered Inhalers

_____Soft Mist Inhalers

_____Sustained Maximal Inspiration

_____Postural Drainage and Percussion (CPT)

_____Positive Airway Pressure Adjunct Therapy (PEP, Oscillating PEP, EzPAP, etc.)

_____High Frequency Chest Wall Oscillation

_____Continuous Positive Airway Pressure

_____Noninvasive Positive Pressure Ventilation

_____Other _____

_____Other _____

_____Other _____

I certify that the above procedures have been performed by the student in the laboratory according to the procedures in the Laboratory Exercises for Competency in Respiratory Care. The student may now perform these procedures on patients under direct supervision.

Skyline College Faculty Signature

The students have demonstrated competency for each of these procedures in the laboratory setting. During the summer, they will be asking their preceptors to monitor and check them off during the clinical rotation. The competencies are in the back of this clinical manual.

ACTIVITIES COMPLETED AT THE END OF SUMMER

Name: _____ Evaluator: _____

1. Oxygen supply systems_____
2. Humidity delivery_____
3. Aerosol delivery_____
4. Small volume nebulizer_____
5. Chest percussion_____
6. IS_____
7. PAP adjuncts_____
8. Manual resuscitation_____
9. Nasotracheal suctioning_____
10. Oxygen delivery_____
11. Equipment processing_____
12. Pulse oximetry monitoring_____
13. Bedside pulmonary function_____
14. MDI administration_____
15. DPI administration_____
16. SMI administration_____
17. Continuous medication delivery_____
18. CPAP/NPPV_____

EXPOSURE TO THE FOLLOWING DEVICES:

1. Nasal Cannula_____
2. Non-rebreathing mask_____
3. Air entrainment mask_____
4. High flow oxygen delivery (mask and cannula) _____
5. Other_____

COMPLETED THE FOLLOWING PROCEDURES:

1. Sputum induction_____
3. CPR_____
4. PD&P_____
5. PEP therapy_____
6. Oscillating PEP therapy_____
7. HFCWO_____
7. Other_____

EXPLAIN THE THERAPEUTIC GOALS AND MODALITIES FOR THE FOLLOWING CONDITIONS:

1. COPD_____
2. Asthma_____
3. Pneumonia_____
4. Bronchiectasis_____
5. Post operative or impending atelectasis_____
6. Infectious diseases_____
   a. TB b. bronchitis
   c. empyema d. lung abscess

THE FOLLOWING ASSIGNMENT COMPLETED:

1. Case study completion Yes/ No

BEHAVIORAL RATING SCALE
YEAR ONE
SUMMER SESSION

STUDENT |HOSPITAL/ROTATION

DATES

INSTRUCTIONS: Please be frank and honest in reacting to the following statements regarding your opinion of the student's clinical performance. Circle the appropriate response. **5** means ***above average*** extent; **4** means ***moderate*** extent; **3** means to ***some*** extent; **2** means ***little*** extent; **1** means ***never***; **NA** means ***not applicable*** or ***not observed***.

THE STUDENT	THE RATING
1. Initiates unambiguous and goal-directed communication	5 4 3 2 1 N/A
2. Establishes priorities and efficiently plans activities/assignments.	5 4 3 2 1 N/A
3. Displays adequate knowledge and essential concepts.	5 4 3 2 1 N/A
4. Exhibits a pleasant and courteous demeanor.	5 4 3 2 1 N/A
5. Demonstrates thoroughness and attention to safety requirements.	5 4 3 2 1 N/A
6. Reports on patient's status/needs by observation and assessment.	5 4 3 2 1 N/A
7. Exhibits self-direction and responsibility for actions.	5 4 3 2 1 N/A
8. Displays cooperativeness and receptivity to suggestions and ideas.	5 4 3 2 1 N/A
9. Maintains concise and accurate records.	5 4 3 2 1 N/A
10. Presents a well-groomed and tidy personal appearance.	5 4 3 2 1 N/A
11. Grasps new experiences and readily adjusts to changing conditions.	5 4 3 2 1 N/A
12. Provides for adequate care and maintenance of equipment and supplies.	5 4 3 2 1 N/A
13. Displays forthrightness and integrity interacting with patients and surrogates	5 4 3 2 1 N/A
14. Accepts and applies supervisory guidance and constructive criticism.	5 4 3 2 1 N/A
15. Demonstrates the relationship(s) between theory and clinical practice.	5 4 3 2 1 N/A
16. Completes delegated tasks and assignments on schedule.	5 4 3 2 1 N/A
17. Seeks out new or additional activities on own initiative.	5 4 3 2 1 N/A
18. Demonstrates consideration and respect for patient's needs/rights.	5 4 3 2 1 N/A
19. Follows directions and exhibits sound judgment.	5 4 3 2 1 N/A
20. Displays punctuality and dependable adherence to time schedules.	5 4 3 2 1 N/A

OBSERVATIONS AND RECOMMENDATIONS

COMMENTS & IMPRESSIONS ON **SELF INITIATIVE:**

COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION OF THEORY:**

RECOMMENDATIONS/PRAISE/CONCERNS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____ (SIGN & PRINT NAME)

DATE_____

SECTION V
YEAR TWO - FALL SEMESTER

Prior to fall clinical the student has demonstrated mastery by examination of the following concepts:

1. Common clinical findings, relevant history, expected radiologic and laboratory findings, and management of the following diseases and/or disorders:
    a. COPD
    b. Tuberculosis
    c. Lung abscess
    d. Atelectasis
    e. Bronchiectasis (*as with Cystic Fibrosis)*
    f. Cardiac disease
    g. Pulmonary emboli
    h. ARDS and sepsis
    i. Chest trauma
    j. Neuromuscular disease
    k. Occupational lung disorders

2. Indications, hazards and types of the following devices:
    a. Nasal airways
    b. Oral airways
    c. Endotracheal tubes
    d. Tracheostomy tubes
    e. Trach buttons
    f. Phonation devices for tracheostomy tubes

3. Procedure for intubation and extubation

4. Procedure for ETT cuff monitoring

5. Indications, hazards and complications of mechanical ventilation

6. Determination of initial ventilator parameters

7. Determine the following:
    a. compressible volume
    b. static and dynamic pulmonary mechanics

8. Discuss the ventilators available on campus and at clinical sites to include:
    a. Design characteristics
    b. Controls
    c. Circuit set up
    d. Alarm systems
    e. Modes of ventilation specific to each model

9. Clinical uses for volume and pressure targeted strategies (CMV, SIMV) pressure support ventilation and CPAP.

10. Alternative ventilation strategies (lung protection strategies, dual modes, APRV, HFOV, etc.)

11. Determine extubation readiness criteria and methods.

12. Monitor ventilator patients to include: ventilator system checks, patient assessment, adjunctive equipment (oximetry and capnography): and alarm systems

13. Select and interpret ventilator graphics.

Skills Completed Prior to Year Two Fall Clinical

The following skills have been discussed and/or completed in laboratory prior to entry into fall clinical:

_____Nasal and oral intubation

_____Extubation

_____Endotracheal tube securing

_____Tracheostomy tube securing

_____Trach tube changing and button placement

_____Trach stoma site care

_____ Nasotracheal and endotracheal suctioning

_____Ventilator Associated Event (VAE) prevention

_____Capnography monitoring

_____Heated "high flow" humidification systems

_____Set up regular and heated wire ventilator circuits

_____ Changing ventilator circuitry

_____ Perform ventilation (weaning) mechanics

_____Static and dynamic respiratory system compliance and airway resistance

_____ Set up and monitor a simulated patient on CMV and SIMV
using both a "volume-targeted" and a "pressure-targeted" strategy; and pressure support ventilation
using ventilators available on campus and at clinical sites.

I certify that the above procedures have been performed by the student in the laboratory according to the procedures in the Laboratory Exercises for Competency in Respiratory Care. The student may now perform these procedures on patients under direct supervision.

_____

Skyline College Faculty Signature

SPECIFIC FACILITY INFORMATION

FACILITY_____

ADDRESS_____

TELEPHONE NUMBER_____

PAGING SYSTEM_____

SHIFT HOURS_____

MEETING TIME (FIRST DAY)_____

MEETING PLACE (FIRST DAY)_____

PRIMARY CONTACT_____

SECOND CONTACT_____

LOCATION:

SUGGESTED PREPARATION:

ADDITIONAL INFORMATION:

FALL ROTATION – YEAR TWO
ADULT ICU - ORIENTATION

Specific dates in September and October will be set aside as clinical immersion days in adult critical care to reinforce content taught in the classroom and laboratory settings. Below please keep a record of the activities which you took part in and the types of patients encountered during these immersion days.

Day 1:

Day 2:

Day 3:

Day 4:

Day 5:

Day 6:

Day 7:

OBJECTIVES FOR PULMONARY FUNCTION ROTATION

Based on availability of appropriate patients/studies in each rotation, the student will complete or observe as many of the following tasks as possible:

_____ Perform a complete spirogram with calculation for all flows and volumes.

_____ Determine FRC and RV though N2 washout, He dilution and/or body plethysmography.

_____ Perform and calculate a flow-volume loop.

_____ Perform and calculate a diffusing capacity.

_____ Interpret the results of these pulmonary function tests without the use of a computer program and explain the conclusions to the PF technician.

_____ Determine when a patient requires a bronchodilator as part of the diagnostic procedure.

_____ Correlate physiology and disease processes to the pulmonary function data generated.

OPTIONAL OBJECTIVES:

_____ Determine closing volumes and explain its significance.

_____ Perform bedside spirometry, do calculations, and explain the results.

_____ Draw an arterial blood gas and pH sample.

_____ Analyze an arterial blood gas sample.

_____ Perform routine calibration of pulmonary function equipment.

OBJECTIVES FOR HEMODYNAMIC MONITORING

Upon completion of this rotation, you should be able to:

_____ Perform all other adult ICU objectives.

_____ Locate, assemble and calibrate a pressure transducer system.

_____ Attach a pressure monitoring system to indwelling vascular pressure lines.

_____ Obtain the following pressures from a vascular pressure monitoring system.

systemic arterial (systolic, diastolic, mean)

pulmonary arterial (systolic, diastolic, mean)

central venous

pulmonary artery occlusion (wedge)

_____ Measure cardiac output and describe the technique used.

_____ Draw blood for gas and pH analysis from an indwelling arterial and pulmonary artery distal site.

_____ Perform arterial and mixed venous blood gas, pH and co-oximetry studies.

_____ Perform dead space, carbon dioxide production and respiratory quotient studies.

_____ Integrate the date obtained into the total clinical picture of an assigned patient.

_____ Enter and retrieve data from computer work stations used to monitor ICU patients.

FALL ROTATION YEAR TWO

ICU Activities Checklist

Name_____

Hospital_____

Rotation dates_____ to_____

I. The following skills and equipment have been observed and/or performed:

Observed	Performed	Proficient	
			AIRWAY MANAGEMENT:
☐	☐	☐	Nasal and oral endotracheal intubation (performed or assisted)
☐	☐	☐	Nasal and oral endotracheal tube taping
☐	☐	☐	Tracheostomy tube securing
☐	☐	☐	Trach Tube and stoma site care
☐	☐	☐	Trach button placement
☐	☐	☐	Extubated a patient
☐	☐	☐	Catheter and glove suctioning
☐	☐	☐	In line suctioning
			CONTINUOUS MECHANICAL VENTILATION: **Initiated, monitored, and charted continuous mechanical ventilation on the following ventilators, establishing the settings as ordered by the physician**
☐	☐	☐	Ventilator (make and model) _____
☐	☐	☐	Ventilator (make and model) _____
☐	☐	☐	Ventilator (make and model) _____
☐	☐	☐	Ventilator (make and model) _____

Observed	Performed	Proficient	
			Ventilator (make and model) _____

Changed the circuits, tested for leaks, and measured tubing compliance on the following mechanical ventilators:

			Ventilator (make and model) _____
			Ventilator (make and model) _____
			Ventilator (make and model) _____
			Ventilator (make and model) _____
			Ventilator (make and model) _____

Measure and/or calculate the appropriate values:

			Tidal volume
			Frequency
			Minute volume
			Pressure limit
			FIO_2
			Flow rate
			I:E ratio
			Sigh volume (if using sighs)
			Temperature
			Peak pressure
			Positive end expiratory pressure
			Plateau Pressure
			Dynamic Compliance

Observed	Performed	Proficient	
☐	☐	☐	Static compliance
☐	☐	☐	MIF and VC
☐	☐	☐	Auto PEEP

Performed and/or discussed the following:

☐	☐	☐	Assisted in weaning a patient from a mechanical ventilator, placing them on a T (Briggs) adaptor
☐	☐	☐	Vd/Vt
☐	☐	☐	CO_2 production
☐	☐	☐	Set-up and test a CPAP/BIPAP unit
☐	☐	☐	Initiated CPAP/BIPAP
☐	☐	☐	Set and monitored patient with an ETC02 monitor and oximeter
☐	☐	☐	Suggest ventilator changes according to patient status
☐	☐	☐	Administer in line nebulization or pMDI's
☐	☐	☐	Administer continuous nebulization
☐	☐	☐	Determine appropriate flow patterns
☐	☐	☐	Determine appropriate settings for alarms
☐	☐	☐	Discuss the appropriate criteria for deciding the application of PEEP with consideration of its hazards and complications
☐	☐	☐	Assist with in-house transport of mechanically ventilated patients
☐	☐	☐	Use of patient triggering mechanisms
☐	☐	☐	Determine and adjust patient ventilator settings in accordance with ventilator waveforms
☐	☐	☐	Set up and apply noninvasive positive pressure ventilation

Observed	Performed	Proficient	
			Describe the clinical indications, procedure for initiation and monitoring of patients for the following modes of mechanical ventilation
☐	☐	☐	*Pressure* vs. *Volume* targeted ventilation strategy
☐	☐	☐	Assist/control ventilation (CMV)
☐	☐	☐	Synchronized Intermittent Mandatory Ventilation (SIMV)
☐	☐	☐	SIMV with pressure support ventilation
☐	☐	☐	Pressure Support Ventilation (PSV)
☐	☐	☐	Continuous Positive Airway Pressure (CPAP)
☐	☐	☐	Dual Modes

II. COGNITIVE SKILLS

Describe and discuss data derived from the following:

☐	☐	☐	Indwelling arterial line
☐	☐	☐	Central venous line
☐	☐	☐	Swan-Ganz line
☐	☐	☐	Describe monitoring and care of the patient with chest tubes to suction and drainage
☐	☐	☐	Waveform and noninvasive monitors
☐	☐	☐	Present a critical care patient case history
☐	☐	☐	Capnography

PHARMACOLOGY:

☐ ☐ ☐ Describe the uses, action, side effects for the following drugs:

Bronchodilators (short and long acting)
Gaseous agents (O_2, CO_2, He, INO)
Mucolytics
Anti-inflammatories/corticosteroids
Surface active agents
Xanthines
Antimicrobial

☐ ☐ ☐ State the name and uses of at least one of the following:

Neuromuscular blocking agent
Cardiac Glycosides
Antiarrhythmic
Cardiac stimulant
Antihypertensive agents
Coronary vasodilator
Anticoagulants
Barbiturates
Non-barbiturate hypnotic
Anti-anxiety agents
Antidepressants
Narcotic analgesic
Diuretic

BEHAVIORAL RATING SCALE
YEAR TWO
FALL SEMESTER

STUDENT |HOSPITAL/ROTATION

DATES

INSTRUCTIONS: Please be frank and honest in reacting to the following statements regarding your opinion of the student's clinical performance. Circle the appropriate response. **5** means ***above average*** extent; **4** means ***moderate*** extent; **3** means to ***some*** extent; **2** means ***little*** extent; **1** means ***never***; **NA** means ***not applicable*** or ***not observed***.

THE STUDENT	THE RATING
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3. Displays adequate knowledge and essential concepts.	5 4 3 2 1 N/A
4. Exhibits a pleasant and courteous demeanor.	5 4 3 2 1 N/A
5. Demonstrates thoroughness and attention to safety requirements.	5 4 3 2 1 N/A
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15. Demonstrates the relationship(s) between theory and clinical practice.	5 4 3 2 1 N/A
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17. Seeks out new or additional activities on own initiative.	5 4 3 2 1 N/A
18. Demonstrates consideration and respect for patient's needs/rights.	5 4 3 2 1 N/A
19. Follows directions and exhibits sound judgment.	5 4 3 2 1 N/A
20. Displays punctuality and dependable adherence to time schedules.	5 4 3 2 1 N/A

OBSERVATIONS AND RECOMMENDATIONS

COMMENTS & IMPRESSIONS ON **SELF INITIATIVE:**

COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION OF THEORY:**

RECOMMENDATIONS/PRAISE/CONCERNS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____

DATE_____

BEHAVIORAL RATING SCALE
YEAR TWO
FALL SEMESTER

STUDENT |HOSPITAL/ROTATION

DATES

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OBSERVATIONS AND RECOMMENDATIONS

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COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION OF THEORY:**

RECOMMENDATIONS/PRAISE/CONCERNS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____

DATE_____

SECTION VI

YEAR TWO: SPRING CLINICAL

Prior to second year spring clinical, the student has completed the following either by examination or proficiency. Please refer to previous post-clinical checklists and skills summary sheet for a more detailed account:

1. Proficiency in acute floor care techniques and transitional care techniques.
2. Classes in adult critical care, diseases, and pulmonary function
3. A minimum of 4 weeks full time experience in adult intensive care
   (See ICU skills sheet: fall semester)
4. Submission of a critical care case history

Concurrent to spring clinical the student will be attending classes in the following areas: **

1. Advanced cardiopulmonary hemodynamic monitoring
2. The renal system and non-respiratory acid base status
3. Neurological assessment and the role of respiratory care
4. Newborn respiratory care
5. Pediatric respiratory care
6. Respiratory care in the long term acute care setting
7. Patient management and problem solving

**For more detailed objectives see: RPTH 460 & 490

Skills Completed Prior to Spring Clinical:

_____Assessment of the Newborn and Pediatric Patient

_____Oxygen Delivery in Newborn Patients

_____Transcutaneous Monitoring

_____Newborn Patient – Ventilator Systems

_____Arterial Blood Gas Sampling

_____Other: _____

_____Other: _____

_____Other: _____

I certify that the above procedures have been performed by the student in the laboratory according to the procedures in the Laboratory Exercises for Competency in Respiratory Care. The student may now perform these procedures on patients under direct supervision.

_____

Skyline College Faculty Signature

SPECIFIC FACILITY INFORMATION
SPRING ROTATION – YEAR TWO

Rotation 1

FACILITY_____

ADDRESS_____

TELEPHONE NUMBER_____

SHIFT HOURS_____

MEETING TIME & PLACE (FIRST DAY)_____

PRIMARY CONTACT_____

Rotation 2

FACILITY_____

ADDRESS_____

TELEPHONE NUMBER_____

SHIFT HOURS_____

MEETING TIME & PLACE (FIRST DAY)_____

PRIMARY CONTACT_____

Rotation 3

FACILITY_____

ADDRESS_____

TELEPHONE NUMBER_____

SHIFT HOURS_____

MEETING TIME & PLACE (FIRST DAY)_____

PRIMARY CONTACT_____

NEWBORN/PEDIATRIC ICU CLINICAL OBJECTIVES
&
CHECKLIST

Introduction

Attached is an orientation checklist for the Skyline College Respiratory Care student rotations in the newborn and pediatric ICU. They are to be used only as a guideline. How much a student can accomplish will be dependent upon the facility they are in and the patient population. Please try to accomplish as much as possible. The student should keep this in a safe place, accessible to both therapist and student.

	LICENSED PRACTITIONER'S INITIAL
1. Hours of shift explained to student	_____
a. Importance of report and arriving on time b. Student must not leave the unit without informing the assigned therapist of departure and expected time back	
2. Procedure on dress and handwashing	_____
3. Nursing Orientation	_____
c. **Demonstrate cardiac and respiratory rate monitors**	_____
c. **Introduce student to physicians and nurses that the student will be in contact with**	_____
6 Demonstration of Infant ventilator #1	_____
a. set up and circuitry b. description of knobs, flowmeter and readouts c. flow pattern and wave form d. CPAP or Noninvasive Ventilation	
7. Demonstration of noninvasive monitoring of V_t and inspiratory flow	_____
a. calibrate and zero pneumotach	
8. Demonstration of Infant ventilator #2	_____
a. set up and circuitry b. description of knobs, flowmeter and readouts c. flow pattern and wave form d. CPAP	
9. Demonstration of flow inflating resuscitation bag for resuscitation	_____
a. ET tubes, charts for desired length b. ET tube taping	
10. Stand-by self-inflating manual resuscitator (BVM).	
11. Tour of delivery room and nursery	_____
a. D.R. checks b. Resuscitation equipment c. Emergency oxygen bank or cylinders d. Stand by resuscitation (PPMC)	
12. Demonstration of oxygen blenders	_____

13.	**Demonstration of head hood set up**	_____
a.	purpose	
b.	describe humidifiers used	
c.	student set up of head hood	
14.	**Demonstrate bronchodilator delivery**	_____
15.	**Demonstration of chest physical therapy**	_____
16. Postural Drainage and Percussion, Vibration		
a.	have student demonstrate segments	
b.	as per discretion of the therapist student may assist in CPT treatment under supervision	
17.	**Demonstrate suction technique**	_____
a.	oral and "nasal"	
b.	ET tube (sterile technique)	
18.	**Demonstrate basic assessment of the newborn**	_____
19.	**Demonstrate auscultation and describe sounds**	_____
20.	**Demonstrate ABG analysis**	_____
21.	**Demonstrate TcP02 and TcPC02 monitors**	_____
a.	purpose	
b	calibration	
c.	have student set up	
d.	have student change membranes	
e.	have student demonstrate calibration, set up and place on appropriate newborn	
f.	type used_____	
22.	**Demonstration of pulse oximeters**	_____
a.	purpose and indications	
b.	have student demonstrate calibration, set up and place on appropriate newborn	
c.	type used _____	
23.	**Demonstration of oxygen analyzer**	_____
a.	calibration	
b.	changing sensor head	
24.	**Orientation to equipment room**	_____
25.	**Have student take a patient on ventilatory assistance and manage him/her per above items under direct supervision. (if applicable)**	_____
26.	**Participation in clinical and/or teaching rounds**	_____
27.	**Demonstrate artificial surfactant delivery**	_____
28.	**Demonstrate use of capnography**	_____
a.	purpose	
b.	calibration	
c.	type used	
29.	**Demonstrate use of ventilators used in the pediatric setting**	_____
a.	calculation of V_t, I time, I:E ratio flowrate and compliance factor	
30.	**Discuss use of the SPAG II and Ribavirin (when applicable)**	_____
		_____

The student should have the following word list defined and understood prior to entry into the newborn clinical rotation.

1. Amniotic & Fetal Lung fluid
2. Placenta
3. Neonatal & Fetal
4. Premature
5. Intrauterine
6. Perinatal
7. Grams
8. Kilograms
9. Apnea
10. Asphyxia
11. Dead Space
12. Shunt (cardiac and pulmonary)
13. CPAP/BCAP
14. Mean Airway pressure
15. Inspiratory time
16. Cyanotic & Acyanotic CHD
17. Congenital
18. Congenital heart disease (CHD)
19. Transposition of great vessels
19. Tracheoesophageal fistula
20. Necrotizing Enterocolitis
21. Aspiration
22. Time cycled ventilation, PEEP, I:E Ratio
23. HFOV
24. Congenital Diaphragmatic Hernia
25. Stridor
26. Anoxia
27. Surfactant
28. Wheezing
29. Premature and Term Infant
30. Patent Ductus Arteriosus (PDA)
31. Hypoplastic
32. Esophageal Atresia
33. Still Born
34. Pressure Limited Ventilation
35. Self & Flow Inflating Resuscitation
36. NeoTee Resuscitation Device
37. Grunting/Nasal Flaring/Retracting
38. Ballard Score
39. High Flow Nasal Cannula (HFNC)
39. Silverman Andersen Respiratory Score
40. Modified Pediatric Asthma Score (MPASS)
41. Cytomegalovirus
42. Respiratory Syncytial Virus (RSV)

The student should have a working knowledge of the following principles of neonatal physiology and diseases and will be able to discuss them with their clinical instructor by the end of the clinical rotation.

1. Fetal life
2. Fetal circulation
3. Lung development
4. Fetal blood gases
5. Newborn blood gases
6. Neonatal circulation and shunts
7. Apgar scores
8. Respiratory Distress Syndrome
9. Bronchopulmonary Dysplasia
10. Retrolental Fibroplasia/Retinopathy of Prematurity
11. Meconium Aspiration
12. Post-op respiratory care
13. Causes of apnea in the newborn
14. Signs and symptoms of the distressed infant
15. Pulmonary hypertension (PFC)
16. Neonatal Resuscitation
17. Neonatal drugs:
    a. Decadron
    b. Theophylline
    c. Priscoline
    d. Prostaglandin E
    e. NaHC03
    f. THAM
    g. Betamethasone
    h. Indomethacin and Ibuprofen
    i. Pavulon/Pancuronium Bromide
    j. Phenobarbital
    k. Chloral hydrate
    l. Aerosolized bronchodilators
    m. Nembutal/Pentobarbital
    n. Caffeine citrate
    o. Surfactant replacements

BEHAVIORAL RATING SCALE
SPRING ROTATION
YEAR TWO

STUDENT |HOSPITAL/ROTATION

DATES

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OBSERVATIONS AND RECOMMENDATIONS

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COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION OF THEORY:**

RECOMMENDATIONS/PRAISE/CONCERNS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____

DATE_____

BEHAVIORAL RATING SCALE
SPRING ROTATION
YEAR TWO

STUDENT |HOSPITAL/ROTATION

DATES

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15. Demonstrates the relationship(s) between theory and clinical practice.	5 4 3 2 1 N/A
16. Completes delegated tasks and assignments on schedule.	5 4 3 2 1 N/A
17. Seeks out new or additional activities on own initiative.	5 4 3 2 1 N/A
18. Demonstrates consideration and respect for patient's needs/rights.	5 4 3 2 1 N/A
19. Follows directions and exhibits sound judgment.	5 4 3 2 1 N/A
20. Displays punctuality and dependable adherence to time schedules.	5 4 3 2 1 N/A

OBSERVATIONS AND RECOMMENDATIONS

COMMENTS & IMPRESSIONS ON **SELF INITIATIVE:**

COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION OF THEORY:**

RECOMMENDATIONS/PRAISE/CONCERNS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____

DATE_____

BEHAVIORAL RATING SCALE
SPRING ROTATION (NICU)
YEAR TWO

STUDENT |HOSPITAL/ROTATION

DATES

INSTRUCTIONS: Please be frank and honest in reacting to the following statements regarding your opinion of the student's clinical performance. Circle the appropriate response. A means you agree; U means you are undecided; D means you disagree; and NA N/A means not applicable or not observed.

THE STUDENT	THE RATING
1. Initiates unambiguous and goal-directed communication	A U D NA
2. Establishes priorities and efficiently plans activities/assignments.	A U D NA
3. Displays adequate knowledge and essential concepts.	A U D NA
4. Exhibits a pleasant and courteous demeanor.	A U D NA
5. Demonstrates thoroughness and attention to safety requirements.	A U D NA
6. Reports on patient's status/needs by observation and assessment.	A U D NA
7. Exhibits self-direction and responsibility for actions.	A U D NA
8. Displays cooperativeness and receptivity to suggestions and ideas.	A U D NA
9. Maintains concise and accurate records.	A U D NA
10. Presents a well-groomed and tidy personal appearance.	A U D NA
11. Grasps new experiences and readily adjusts to changing conditions.	A U D NA
12. Provides for adequate care and maintenance of equipment and supplies.	A U D NA
13. Displays forthrightness and integrity in dealings with patients and peers.	A U D NA
14. Accepts and applies supervisory guidance and constructive criticism.	A U D NA
15. Demonstrates the relationship(s) between theory and clinical practice.	A U D NA
16. Completes delegated tasks and assignments on schedule.	A U D NA
17. Seeks out new or additional activities on own initiative.	A U D NA
18. Demonstrates consideration and respect for patient's needs/rights.	A U D NA
19. Follows directions and exhibits sound judgment.	A U D NA
20. Displays punctuality and dependable adherence to time schedules.	A U D NA

OBSERVATIONS AND RECOMMENDATIONS

COMMENTS & IMPRESSIONS ON **SELF INITIATIVE**:

COMMENTS & IMPRESSIONS ON **THEORETICAL KNOWLEDGE** RELATED TO TASK**:**

COMMENTS & IMPRESSIONS ON **CLINICAL APPLICATION:**

RECOMMENDATIONS:

ALL DAILY EVALUATIONS COMPLETED _____YES _____NO

PHYSICIAN ENCOUNTER FORMS COMPLETED _____ YES _____NO

EQUIPMENT SURVEY COMPLETED _____ YES _____NO

DAYS REPORTED LATE:_____

DAYS ABSENT:_____

MAKE UP DAYS: _____

STUDENT_____

EVALUATOR_____

DATE_____

APPENDIX 1
ORIENTATION TO CLINICAL AFFILIATES

Although the form may not be checked by your instructor, you will be expected to know the information it contains. Know only that information that is *pertinent for the specific clinical rotation*.

Locate the following departments/areas:

- √ Respiratory Care Service
- √ Respiratory care storage area(s)
- √ Emergency Department
- √ Central Supply
- √ Nursing Units
- √ Each of the intensive care units
- √ X-ray department
- √ Pulmonary function/blood gas lab(s)

Locate the following items/supplies:

- √ Respiratory care service policy and procedure manual
- √ Crash carts (in areas that you will be working)
- √ Oxygen shutoff valves (in areas that you will be working)
- √ Oxygen cylinders (E & H for emergency and transport use)
- √ Respiratory care hardware
- √ Disposable respiratory therapy equipment (eg., cannula, humidifiers, tubing, adapters)
- √ Respiratory care equipment (in areas that you will be working)
- √ Nursing supplies (e.g., linens, suction kits, etc., in areas that you will be working)
- √ Respiratory care administered drugs
- √ The patient's medical record and flow sheets

Know the following information:

- √ Charting and charging procedures
- √ How to report a fire or cardiac arrest
- √ How to page (or contact) a practitioner
- √ How shift assignments are made
- √ When and where hand off is happens

APPENDIX 2
CHART REVIEW FOR RESPIRATORY THERAPY

Before beginning any therapeutic procedure on a patient a student must have an idea of the patent's primary problem. Most of this information is obtained from report from the previous shift and confirmed by entries in the patient's chart. It is assumed that any student treating a patient will have reviewed the chart for the following pertinent information.

- Name, room, age, sex, weight, primary and specialty physicians
- Chief complaint and admitting diagnosis
- Relevant information from history and physical examination
- Relevant radiology, laboratory, and pulmonary function reports
- Relevant blood gas and pH values
- Relevant entries from progress and nursing notes
- Vital signs and trends
- Relevant medications and treatments
- Relevant problem list
- Current orders for respiratory care
- Modalities used previously, their effects and side effects
- Indication(s) for present techniques in this patient
- Hazards of present techniques for this patient.

APPENDIX 3
END OF SHIFT HAND-OFF

Student will be expected to give report at the end of your shift on any patient(s) you were assigned. This report should contain the above information, plus the following items:

- ☐ Patient Information: Name/ Age/ Weight
- ☐ Significant Medical History
- ☐ Date and Time of Intubation (when applicable)
- ☐ Airway/Oxygen/Vent Settings
- ☐ Alarm Settings (when applicable)
- ☐ Respiratory Medication (including pain medications and pain history if applicable).
- ☐ Significant Labs (i.e., ABG's)
- ☐ Relevant Vital Signs
- ☐ Chest X-Ray
- ☐ Precautions
- ☐ Anticipated Problems
- ☐ Special Circumstances (i.e., Code status, Off-Unit Transports)
- ☐ Family/Social Information
- ☐ Available/Standby Equipment
- ☐ Care Plan/ Daily Goals

APPENDIX 4
CLINICAL DOCUMENTS

This section includes the following documents:

- Skyline College Daily Evaluation Rubric

- Daily Student Clinical Evaluation Form

- Daily Offsite Evaluation Form

- Physician Encounter Form

- Clinical Rotation Survey

- Offsite Rotation Survey

- Summer Case Study Form

Skyline College

Name of Student:
Clinical Site:

Student/Physician Encounter Form

Student/Physician Interaction Sign-Offs
MUST be completed weekly during clinical rotations.

Complete all sections that apply:

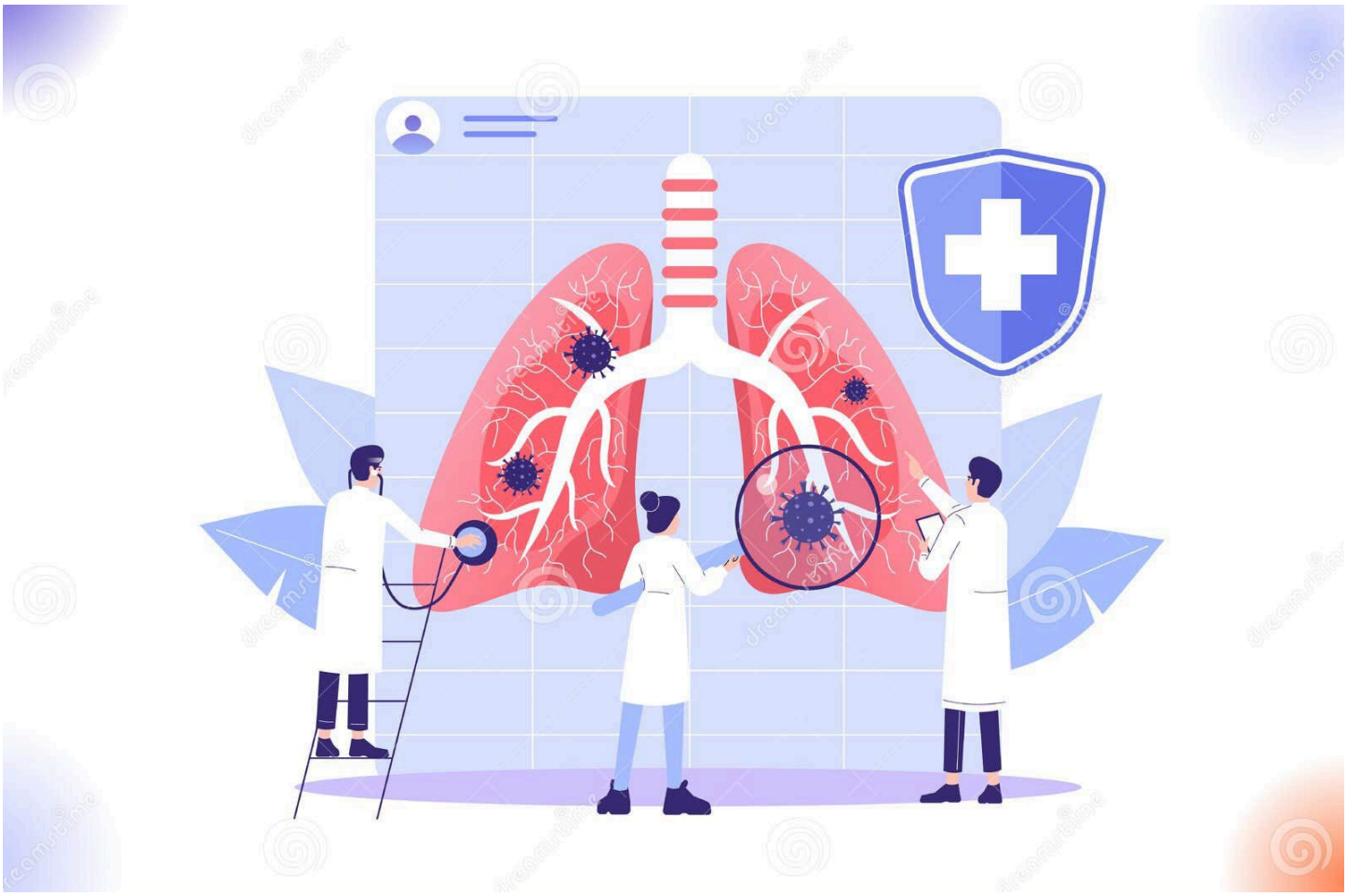
1. Demonstrates effective communication skills discussing the needs of a patient
CITE EXAMPLES (IF DEEMED NECESSARY):
DATE OF INTERACTION:_____ NAME OF PHYSICIAN _____ **SIGNATURE (PHYSICIAN or PRECEPTOR)** **_____**

2. In response to changing patient conditions, the student communicates findings in a timely and effective manner.
CITE EXAMPLES (IF DEEMED NECESSARY):
DATE OF INTERACTION:_____ NAME OF PHYSICIAN _____ **SIGNATURE (PHYSICIAN or PRECEPTOR)** **_____**

3. Student initiates goal oriented communication with a member(s) of the physician team.
CITE EXAMPLES (IF DEEMED NECESSARY):
DATE OF INTERACTION:_____ NAME OF PHYSICIAN _____ **SIGNATURE (PHYSICIAN or PRECEPTOR)** **_____**

PROFICIENCY

CHECK OFFs



List of Proficiency Check Offs*

1. _____Aerosol Generators (Large Volume Nebulizers)
2. _____Aerosolized Medication Delivery
3. _____Artificial Airway Care
4. _____Auscultation
5. _____ (2) Adult Patient-Ventilator System Check
6. _____Adult Ventilator Initiation
7. _____Arterial Blood Gas Interpretation
8. _____Arterial Puncture
9. _____Blood Pressure Measurement
10. _____Capnography
11. _____Chest Physiotherapy
12. _____CPAP/ Noninvasive Positive Pressure Ventilation (BIPAP) Initiation
13. _____Cuff Care
14. _____ECG Interpretation
15. _____Endotracheal Suctioning
16. _____Extubation
17. _____Flow-Volume (FVL)
18. _____Gas Pressure/Flow Regulation
19. _____Hand Hygiene/Standard precautions/ Transmission-Based Isolation Procedures
20. _____High Frequency Chest Wall Oscillation (the Vest)
21. _____Humidification with Artificial Airway
22. _____Humidification Therapy
23. _____Incentive Spirometry (SMI)
24. _____Intrapulmonary Percussive Ventilation (IPV)
25. _____Manual Ventilation (Bag/Valve/Mask)
26. _____Maximum Voluntary Ventilation (MVV)
27. _____Medical Records Review/Documentation
28. _____Nasal CPAP Initiation
29. _____Nasotracheal Suction
30. _____Newborn/Patient – Ventilator Systems Care
31. _____Newborn/Pediatric – Ventilator Initiation
32. _____Supplemental Oxygen Delivery
33. _____ (4) Patient Education
34. _____Patient Position and Safety
35. _____Pharyngeal Airway Insertion
36. _____Physical Assessment of the Chest
37. _____ (2) Positive Airway Pressure Techniques (PAP)
38. _____Pulse Oximetry
39. _____Spirometry Screening/interpretation
40. _____Sputum Induction
41. _____Tracheostomy Care
42. _____Tracheostomy Tube Change
43. _____Transcutaneous Monitoring
44. _____Vital Signs: Pulse and Respiration
45. _____Ventilator Circuit Change
46. _____Ventilator Discontinuation (Weaning) Protocols

COMMON PERFOMANCE ELEMENTS

For each of the following procedural competencies, there will be common performance elements that should be carried out in each of the following areas:

I. Patient and equipment preparation
II. Assessment and implementation
III. Follow up

These performance elements are listed below.

1. Verifies, interprets, and evaluates provider's orders or protocol.
2. Scans medical record for any other pertinent data and notes, including diagnosis, medications, therapies, radiographic and laboratory results.
3. Washes hands or applies disinfectant.
4. Selects, obtains, assembles equipment correctly, verifies function.
5. Troubleshoots equipment and corrects malfunctions if needed.
6. Applies personal protective equipment (PPE); observes standard precautions and transmission-based isolation procedures as appropriate.
7. Identifies patient, introduces self and department.
8. Explains purpose of the procedure and confirms patient understanding
9. Positions patient for procedure
10. Assesses patient including, where applicable, vital signs, SPO2, breath sounds, ventilatory state.
11. Reassesses and reinstructs patient as needed.
12. Ensures patient comfort and safety.
13. Maintains/processes equipment.
14. Dispose of infectious waste and washes hands or applies disinfectant.
15. Records pertinent data in a patient's medical record and departmental record.
16. Notifies appropriate personnel and makes any necessary recommendations or modifications to the patient's care plan.

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

HAND HYGIENE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
HAND HYGIENE WITH SOAP AND WATER		
1. Applies disinfectant soap liberally		
2. Starts flow of water; avoids contact with the sink		
3. Washes hands with appropriate friction for a minimum of 15 seconds		
A. Palms		
B. Wrists		
C. Between fingers		
D. Nails/cuticles		
E. Forearms (if indicated)		
4. Repeats when indicated		
5. Rinse hands thoroughly		
6. Dries hands thoroughly		
7. Avoid re-contaminating		
HAND HYGIENE WITH HAND GEL		
8. Inspects hands to ensure that they are not soiled		
9. Review contraindications (i.e., patient isolation for C. difficile)		
10. Applies gel to the palm of one hand		
11. Rubs hands together, covering all surfaces of the hands and fingers		
12. Continues to rub until all surfaces are dry		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

STANDARD PRECAUTIONS/TRANSMISSION-BASED ISOLATION PROCEDURES

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION		
1. Remove jewelry and/or watch		
2. Exercise hand hygiene		
3. Survey room for any posted transmission-based precautions		
4. Obtains and applies appropriate PPE in proper sequence: hair and foot coverings, gown, mask, eye protection, and gloves		
5. Perform procedure		
FOLLOW-UP		
6. Bags, seals, and labels any contaminated equipment		
7. Removes PPE in proper sequence		
8. Dispose of any infectious waste		
9. Exercise hand hygiene		
10.Transports contaminated equipment in low-traffic areas		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

MEDICAL RECORDS REVIEW

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Obtains and verifies correct chart or electronic medical record		
2. Informs nurse or unit assistant if removing chart from the nurses' station		
3. Ensures compliance with HIPPA regulations regarding personal health information		
ASSESSMENT AND IMPLEMENTATION		
4. Locates and evaluates:		
A. Patient demographics		
B. Chief complaint/diagnosis		
C. History of present illness		
D. Smoking history (pack years)		
E. Past medical history		
F. Allergies		
G. Concurrent medications		
H. Psycho/social history		
I. Family history		
J. Occupational history and exposures		
5. Locates and evaluates the provider's orders or protocols		
6. Reviews physical examination results		
7. Reviews results of current diagnostic procedures including PFT, ABGs, CXR, ECG, Labs		
8. Reads and evaluates most recent progress notes		
9. Charts procedure performed, or shift note to include pertinent data		
10. Signs note with preceptor/instructor countersigning according to the institutions policy and practice.		
FOLLOW-UP		
11. Develops and document care plan		
12. Returns medical record to proper location and/or closes electronic record		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

MEDICAL RECORDS DOCUMENTATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
1. Identifies and selects the proper medical record		
2. Identifies the proper section of the medical record		
3. Dates and times the entry		
4. Documents the respiratory care procedure according to the institution's policy and practice		
5. Includes all patient assessment data		
6. Includes medication dosage and mode of delivery, if indicated		
7. Documents patient response to procedure		
8. Signs the note (including credential) in accordance with the institutions policy and practice		
9. If a paper record is used, returns the medical record to proper storage location		
10. If electronic record is used, closes the record and logs off the computer		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

BLOOD PRESSURE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION		
1. Determines patient's usual blood pressure readings		
2. Select correct size sphygmomanometer cuff for patient's age and weight		
3. Wrap cuff snugly around patient's arm		
4. Positions aneroid gauge level with arm at heart level		
5. Palpates brachial pulse and inflates cuff approximately 30 mm Hg above level until pulse disappears		
6. Deflates cuff slowly, observing manometer; notes systolic and diastolic pressures		
7. Completely deflates and removes cuff		
8. Records the blood pressure		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

PULSE OXIMETRY

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Determines FIO2 and/or ventilator settings		
2. Visually inspect power cord (if applicable) and probe cable for frayed or exposed wires		
ASSESSMENT AND IMPLEMENTATION		
3. Assesses patient by measuring the patient's pulse rate manually and/or verifying the heart rate displayed on ECG monitor (if applicable)		
4. Confirms FIO2 and/or ventilator settings in patient's room		
5. Turn on oximeter		
6. Select a site for probe application and checks for adequate perfusion; removes nail polish or artificial nails if necessary		
7. Cleans site and non-disposable probe (if using) with alcohol prep pad		
8. Secure probe to selected site		
9. Confirms that probe is stable at site		
10.Observe the pulse rate on the oximeter and correlates to a manually measured rate and/or ECG		
11. Records the SpO2, pulse rate, respiratory rate and pattern		
FOLLOW-UP		
12. Disconnect ant turns off if not ordered for continuous use		
13. Disinfect probe in non-disposable		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

PHYSICAL ASSESSMENT OF THE CHEST

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION		
1. Observe patient for overall appearance, age, gender, and weight		
2. Notes patient's positioning (orthopnea, etc)		
3. Visual observes patient chest wall configuration for anomalies/abnormalities		
4. Observes spine for normal and abnormal curvatures		
5. Observes for any paradoxical or unequal chest expansion		
6. Observes for retractions, nasal flaring, abdominal paradox, or pursed-lip breathing		
7. Observes for the presence of chest tubes		
8. Observes skin for cyanosis, pallor, mottling, diaphoresis, edema, erythema, swelling, masses, lesions, etc.		
9. Assesses respiratory, pattern, depth, and use of accessory muscle use		
10. Palpates position of trachea		
11. Palpates skin for subcutaneous emphysema		
12. Palpates for bilateral chest wall expansion		
13. Palpates chest wall for tactile fremitus		
14. Palpates pulses and assesses capillary refill		
15. Performs diagnostic chest percussion		
16. Auscultates chest for normal and abnormal (adventitious) breath sounds		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

AUSCULTATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION		
1. Clean earpieces, bell, and diaphragm of stethoscope with alcohol prep pad		
2. Warms stethoscope diaphragm with hand		
3. Places stethoscope in ears with earpieces facing forward into the ear canal and verifies function		
4. Position patient (leaning forward if possible or turn patient side to side) and have patient facing away		
5. Auscultate the anterior chest, comparing sounds bilaterally		
6. Auscultate laterally chest bilaterally, comparing sounds bilaterally		
7. Auscultate posterior chest in at least six positions, comparing sounds bilaterally		
8. Correctly interpret breath sounds		
FOLLOW-UP		
10. Properly identifies normal and abnormal (adventitious) breath sounds and their probable causes		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

GAS PRESSURE AND FLOW REGULATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***		**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION			
1. Identifies contents of cylinder by label and color			
2. Identifies and interprets marking on cylinder			
3. Identifies the safety systems on large and small cylinders, wall outlets, regulators and flowmeters			
4. Selects the proper regulator and flowmeter for large and small cylinders and wall outlets			
5. Observes proper handling, transportation, and storage of cylinders			
6.Demonstrates proper “cracking” of cylinder alerts any bystanders			
7. Verifies presence of gas-loc			
8. Properly connects regulator to cylinder			
9. Properly opens cylinder valve for gas delivery			
10. Identifies type of flowmeter and determines if it is compensated or non-compensated			
11. Connects flowmeter correctly to wall outlet			
12. Adjust liter flow			
13. Occludes outlet of flowmeter and explains observation			
FOLLOW-UP			
14. Determines duration of cylinder			
15. Closes cylinder valve and bleeds pressure from regulator			
16. Removes regulator from cylinder			
17. Stores cylinder properly			
18. Discusses hazards associated with cylinder			
19. Discusses hazards associated with regulator			

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

OXYGEN THERAPY

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***		**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION 1. Educate patient on oxygen safety			
ASSESSMENT AND IMPLEMENTATION			
2. Assesses vital signs, respirations, and SpO2			
3. Attaches oxygen delivery device to nipple adapter, humidifier or aerosol generator			
4. Adjusts liter flow to prescribed or appropriate liter flow			
5. Verifies oxygen flow or concentration			
7. Places the interface properly and comfortably on the patient's face (or artificial airway)			
8. Confirms fit and verifies patient comfort			
9. Assesses adequacy of the therapy			
10. Makes any necessary flow rate adjustments			

SIGNATURES Student: Evaluator: Date

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

HUMIDIFICATION THERAPY

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***		**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION			
1. Identifies the following types of humidifiers: bubble, wick, HME			
2. Bubble humidifier: uses when oxygen flow is 4 liters per minute or higher with nasal cannula			
3. For HME: assures no contraindications are present to its use according to AARC CPG			
A. Places in circuit at proper location			
4. Wick humidifier: obtains and sets up continuous feed system for sterile water and water reservoir			
5. Assemble servo heating system and verifies function. Sets temperature between 32 – 37 degrees as appropriate			
6. Adjusts liter flow to ensure patient inspiratory demand being met (minimum VE x3)			
7. Applies device to the patient			
8. Verifies gas temperature after appropriate time period			
FOLLOW-UP			
10. Replaces HME if visibly soiled or resistance to breathing has significantly increased			
11. Replaces pre-filled sterile water reservoir on bubble humidifier as needed			
12. Replaces sterile water reservoir on continuous feed system as needed			
13. Empties drainage reservoir or water traps as needed			

SIGNATURES Student: Evaluator: Date

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

AEROSOL GENERATOR: LARGE-VOLUME NEBULIZERS (LVNs)

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Selects appropriate aerosol generator and delivery device to achieve therapeutic objectives		
A. LVN, tandem set-up		
ASSESSMENT AND IMPLEMENTATION		
2. Sets flow rate to appropriate level (8 – 12 Lpm) to achieve adequate mist and total flow		
3. Determines patient total flow demand		
A. Determines total flow being generated by device		
B. Adjust gas source and/or mist density to the appropriate flow rate for adequate flow to meet the patient's inspiratory demand		
C. For oxygen concentration 60% or higher, uses high flow or tandem nebulizer set up		
4. Applies device to patient and ensure comfort		
5. Reassesses the patient after application of the aerosol device		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

SPUTUM INDUCTION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Selection of proper equipment for obtaining sputum sample: A. USN B. Bland aerosol C. Other aerosol		
4. Administers the therapy		
5. Instructs the patient in proper cough techniques for obtaining a sputum sample		
6. Instructs patient to expectorate into the sterile sputum cup		
7. Ensures that the sample is from the lower respiratory tract and not oro/nasopharynx		
8. Labels the sample accurately and properly according to facility policy		
9. Places sample in biohazard bag according to facility policy		
10. Ensures that the proper laboratory request form is complete		
11. Ensures that the sample is sent to the laboratory		
FOLLOW UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

AEROSOL MEDICATION DELIVERY: NEBULIZER SOLUTION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Determines best medication delivery method (SVN, BAN, USN, or other specialty nebulizer)		
2. Checks label and verifies correct medication, dosage, and expiration date		
3. Prepares medication per provider's order		
4. Determines most appropriate patient interface to achieve therapeutic objective		
ASSESSMENT AND IMPLEMENTATION		
5. Selects appropriate propellant gas (air or oxygen)		
6. Instructs patient to breath normally with occasion deep breath with breath hold		
7.Coaches and assist patient to modify techniques as needed		
8. Monitors vital signs throughout procedure		
9. Measures peak flow before and after in asthmatic patients		
10. Encourage and assists patient with cough; notes sputum production		
FOLLOW-UP		
11. Ensures patient rinses mouth if aerosolized steroid administration		
12. Shakes out nebulizer, rinses with sterile water only and/or dries with gas flow, and returns to treatment bag or clean container		
13. Instruct patient and family on disinfection of nebulizer for home use		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

POSTURAL DRAINAGE AND PERCUSSION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
ASSESSMENT AND IMPLEMENTATION		
1. Determines lobes and segments to be drained by assessing CXR, progress notes, and breath sounds		
2. Verifies that no relative or absolute contraindications exist; modifies procedure accordingly		
3. Coordinates therapy prior to meals and tube feeding or 1 to 1 ½ hours after meals		
4. Correctly positions patient lobes and segments to be targeted, 3 – 5 minutes as tolerated		
A. Performs drainage beginning with dependent segments first (age appropriate)		
5. Performs percussion in correct locations for 3 – 5 minutes as tolerated		
A. Uses appropriate hand position, adjuncts such as palm cups or mechanical percussors		
B. Uses a light cover or towel over the site being percussed (when appropriate)		
C. Produce appropriate sound to validate good technique		
D. Does not percuss over bone, incisions, or below the rib cage		
6. Performs expiratory vibrations with pressure appropriate to patient's tolerance		
7. Assesses adequate oxygenation and ventilation during procedure; adjust oxygen therapy as needed. checks SpO2, pulse, respiratory rate, and if necessary, blood pressure throughout the procedure		
8. Encourages and assist patient to cough in upright position ******note: patient should not be allowed to cough in Trendelenburg position***		
9. Reposition patient prior to departure.		
10. Collects, examines sputum		
FOLLOW-UP		
11. Evaluates, recommends alternative procedures as applicable		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

POSITIVE AIRWAY PRESSURE (PAP) THERAPY/OSCILLATING

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Differentiate between different PEP and oscillating PEP devices (TheraPEP, Acapella, Flutter)		
ASSESSMENT AND IMPLEMENTATION		
2. Adjusts exhalation orifice (PEP); adjust Acapella flow control; position Flutter valve		
3. Positions patient upright and comfortably		
4. Places mask comfortably but tightly over the nose and mouth or adjust mouthpiece and nose clips		
5. Instructs patient to take a larger than normal breath and exhale actively but NOT forced		
6. Observes pressure generated on manometer or gauge during exhalation (if applicable); increases pressure and/or oscillations until 10 – 20 cm H2O is generated during exhalation		
7. Instructs patient to breathe 10 – 20 breaths followed by 2 to 3 forced expiratory techniques (FET) for 3 to 4 sets or 20 minutes as tolerated.		
8. Reassesses patient periodically and makes adjustments in the therapy as necessary.		
9. Encourages cough periodically; collects and examines sputum		
FOLLOW-UP		
11. Evaluates, recommends alternative procedures as applicable		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

POSITIVE AIRWAY PRESSURE (PAP) THERAPY/OSCILLATING

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Differentiate between different PEP and oscillating PEP devices (TheraPEP, Acapella, Flutter)		
ASSESSMENT AND IMPLEMENTATION		
2. Adjusts exhalation orifice (PEP); adjust Acapella flow control; position Flutter valve		
3. Positions patient upright and comfortably		
4. Places mask comfortably but tightly over the nose and mouth or adjust mouthpiece and nose clips		
5. Instructs patient to take a larger than normal breath and exhale actively but NOT forced		
6. Observes pressure generated on manometer or gauge during exhalation (if applicable); increases pressure and/or oscillations until 10 – 20 cm H2O is generated during exhalation		
7. Instructs patient to breathe 10 – 20 breaths followed by 2 to 3 forced expiratory techniques (FET) for 3 to 4 sets or 20 minutes as tolerated.		
8. Reassesses patient periodically and makes adjustments in the therapy as necessary.		
9. Encourages cough periodically; collects and examines sputum		
FOLLOW-UP		
11. Evaluates, recommends alternative procedures as applicable		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

INTRAPULMONARY PERCUSSIVE VENTILATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Assembles equipment and verifies function		
ASSESSMENT AND IMPLEMENTATION		
2. Introduce therapeutic objective to patient.		
3. Selects appropriate interface		
4. Fills the reservoir with appropriate solution or medication		
5. Plugs in unit, turns on the unit and adjust the amplitude and frequency to achieve effective percussion.		
6. Apply the delivery device to the patient and ensure patient comfort.		
7. Reassesses the patient after application.		
8. Encourages FET		
FOLLOW-UP		
11. Evaluates, recommends alternative procedures as applicable		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

HIGH FREQUENCY CHEST WALL OSCILLATION (THE VEST)

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Assembles equipment and verifies function		
ASSESSMENT AND IMPLEMENTATION		
2. Introduce therapeutic objective to patient.		
3. Positions patient appropriately		
4. Apply the delivery device to the patient and ensure patient comfort.		
5. Turns on the unit and adjust the frequency to achieve therapeutic objective.		
6. Reassesses the patient after application.		
7. Encourages FET		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

INCENTIVE SPIROMETRY/ SUSTAINED MAXIMAL INSPIRATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Coordinates therapy as needed in conjunction with pain medication delivery.		
ASSESSMENT AND IMPLEMENTATION		
2. Assesses vital signs, chest x-ray and breath sounds		
3. Explains to patient therapeutic objective		
4. Instructs patient on splinting if necessary		
5. Measures tidal volume, inspiratory capacity, and/or slow vital capacity with respirometer		
6. Instruct patient to inhale slowly to inspiratory capacity; with 5 – 10 second breath hold as tolerated		
7. Instruct patient to repeat 6 – 10 times per hour		
8. Coaches and assists patient's technique		
9. Allows adequate patient recovery time between breaths to prevent fatigue and hyperventilation		
10. Sets volume or flow goals based on evaluation of procedure		
FOLLOW UP		
11. Ensure IS is within patient's reach		
12. Periodically reassesses and reevaluates goals		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

MANUAL VENTILATION (BAG-VALVE-MASK)

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Positions patient's head with head-tilt/chin-lift or modified jaw thrust		
4. Checks breathing and pulse		
5. Inserts pharyngeal airway when available		
6. Adjust oxygen liter flow to BVM ≥ 15 L/m or "flush"		
7. Applies mask to face or adapt to artificial airway		
8. Squeezes bag to administer breaths, synchronizing with spontaneous breaths if present		
9. Assesses adequacy of ventilation and ventilation by chest expansion, auscultation, vital signs and SPO2		
10. Reposition head/mask as needed		
11. Reassesses adequacy of ventilation and oxygenation periodically		
12. Manually ventilates 12 – 20 breaths per minute		
FOLLOW UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

NASOTRACHIAL SUCTIONING

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Adjusts vacuum pressure to age-appropriate level		
3. Ensures oxygenation device is available		
ASSESSMENT AND IMPLEMENTATION		
4. Common Performance Elements 9 and 10		
5. Positions patient appropriately (Fowler's, head in "sniffing" position)		
6. Preoxygenates patient using a BVM or nonrebreathing mask for at least 30 seconds		
7. Lubricates and insert nasopharyngeal airway when available		
8. Lubricates suction catheter and inserts catheter the appropriate distance in the airway		
9. Assesses catheter entry into the trachea (cough, change in voice)		
10. Applies suction intermittently upon withdrawing with gentile rotating motion, 15 seconds max for entire procedure		
11. Reoxygenate patient following aspiration for at least 1 minute		
12. Monitors for adverse reactions and discontinues procedure as necessary		
13. Examines sputum, collects as indicated		
14. Repeats as necessary		
FOLLOW UP		
15. Repositions patient		
16. Returns oxygen therapy to previous level		
17. Turns off suction gauge when finished		
18. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

PHARYNGEAL AIRWAY INSERTION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Assesses patient for the appropriate airway type (nasopharyngeal, oropharyngeal, Esophageal Obturator/Combitube, Laryngeal Mask Airway)		
4. Assesses the patient for appropriate size airway		
5. Lubricate the airway if necessary		
6. Positions patient		
7. Inserts the airway correctly		
8. Assesses the patient for proper airway placement		
9. Reinserts and adjusts airway if necessary		
10. Inflates cuff if applicable		
11. Reassesses as needed		
12. Secures airway		
FOLLOW UP		
17. Assures ventilation and oxygenation		
18. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

CPAP/ NONINVASIVE POSITIVE PRESSURE VENTILATION (BiPAP) INITIATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Identifies the circuit components of a continuous flow noninvasive circuit and assembles		
A. Smooth bore tubing		
B. Exhalation port or mask with integrated exhalation port		
C. Proximal pressure tubing		
D. Interface		
E. Bacteria filter to machine outlet		
3. Performs required leak test (if applicable)		
ASSESSMENT AND IMPLEMENTATION		
4. Common Performance Elements 9 and 10		
5. Differentiates between CPAP and BiPAP modes		
6. Turns the unit or system on and selects proper mode, pressure, ramp or rise time, FIO2, and timed inspiration		
7. Checks alarm function and sets alarms		
8. Positions patient and measures the patient for the appropriate mask size		
9. Applies skin barrier to prevent pressure ulcer from mask when appropriate		
10. Attaches mask to the hose		
11. Attaches the head straps to the patient's head; confirms proper fit and comfort		
12. Evaluates waveforms to identify tidal volume, rate, pressure and flow, and air-trapping or auto-PEEP		
13. Adjust the pressure(s) (CPAP, IPAP, EPAP) to confirm with the physician's order		
14. Reassesses vital signs, SPO2, breath sounds, and ventilatory state		
15. Determines how patient is tolerating the pressure; readjusts mask if necessary		
16. Evaluates for alternative interface if patient is not tolerating the mask		
FOLLOW UP		
17. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ENDOTRACHEAL SUCTIONING

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Adjust vacuum pressure to age-appropriate level		
4. Attaches sputum trap, if required		
5. Preoxygenates/hyperinflates patient using BVM, ventilator set to 100% suction for 30 – 60 seconds until SpO2 = 100%		
6. Inserts catheter into airway, withdraws slightly when resistance met.		
7. Applies suction intermittently or continuous upon withdrawing with a gentile rotating motion (no longer than 10 seconds)		
8. Maintains aseptic technique throughout procedure		
9. Monitors for adverse reactions		
10. Reoxygenate patient following aspiration until stabilized		
11. Repeats as necessary		
12. Returns oxygen therapy to previous level		
FOLLOW UP		
13. Common Performance Elements 11 – 16		
14. If in-line closed suction used, ensures black line is pulled out of the airway adapter and thumb control is locked		
15. Turns off suction gauge		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

CUFF MAINTENANCE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Verifies size, type, and position of airway		
4. Stabilizes airway while removing fastenings		
5. Performs mouth or stoma care		
6. Moves tube to new location (ETT) (right, left, or center)		
7. Applies new ties/tape/commercial tube holder; precut dressing (for tracheostomy) as indicated		
8. Verifies appropriate placement by auscultation and tube markings		
9. Demonstrates cuff inflation to minimum occluding volume (MOV)		
10. Demonstrates cuff pressure measurement and adjust to 20 mm hg to minimize VAP		
FOLLOW UP		
11. Common Performance Elements 11 – 16		
12. Identifies appropriate range for cuff pressure to minimize tracheal damage, prevent VAP		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ARTIFICIAL AIRWAY CARE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Ensures emergency replacement airway of the same size and type is available at bedside		
ASSESSMENT AND IMPLEMENTATION		
3. Common Performance Elements 9 and 10		
4. Verifies size, type, and position of airway		
5. Suctions tube and pharynx thoroughly		
6. Performs mouth or stoma care		
7. Stabilizes airway while removing fastenings		
8. Cleans and dries patient's face; uses adhesive removal product if needed		
9. Moves tube to new location (ETT) (right, left, or center)		
10. Reinflates cuff with maximum volume of 10 mL		
11. Applies new ties/tape/commercial tube holder; applies tincture of benzoin or similar skin protection product if indicated		
12. Verifies appropriate placement by auscultation and tube markings		
13. Demonstrates cuff inflation to minimum occluding volume (MOV)		
14. Demonstrates cuff pressure measurement and adjust to 20 mm hg to minimize VAP		
FOLLOW UP		
17. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

TRACHEOSTOMY CARE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Verifies size, type of airway		
4. Opens and prepares tracheostomy care kit; fills basin with cleaning solution (i.e. hydrogen peroxide) applies sterile drape		
5. Suctions trachea		
6. Removes and discards old tracheostomy dressing		
7. Removes inner cannula and replaces with spare if available; discards if disposable		
8. Replaces inner cannula (use a new inner cannula if disposable).		
9. Scrubs inner cannula with cleaning solution; rinses with saline if non-disposable is being used		
10. Cleans stoma site and exterior portions of the tube using cleaning solution, sterile cotton-tipped applicator, and pipe cleaners		
11. Replaces dressing with a sterile precut 4x4 gauze		
12. Removes old ties or commercial tube holder and replaces with a clean one		
13. Ensures tube is secured properly; verifies airway patency, ventilation, and oxygenation		
FOLLOW UP		
14. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

TRACHEOSTOMY TUBE CHANGE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Requests sedation if needed; allows time for sedation to take effect		
ASSESSMENT AND IMPLEMENTATION		
3. Common Performance Elements 9 and 10		
4. Suctions trachea		
5. Performs stoma care; visually inspects for bleeding, erosion, or signs of infection		
6. Positions patient in semi-Fowler's position with head slightly extended		
7. Opens new tracheostomy tube box; places tube on sterile field		
8. Checks cuff for leaks if applicable; deflates cuff		
9. Attaches new ties or commercial tube holder		
10. Lubricates tip of obturator with sterile, water-soluble lubricant		
11. Removes inner cannula and places obturator into new tube		
12. Loosens or unties old tracheostomy ties and deflates cuff if applicable		
13. Removes oxygen or humidification device		
14. Removes old tracheostomy tube		
15. Inserts new tube		
16. Removes obturator and inserts inner cannula; inflates cuff if necessary		
17.Ensures correct tube placement; verifies airway patency, ventilation, and oxygenation		
18. Reapplies oxygen or humidification device		
19. Secures tube in place		
20. Replaces tracheostomy tube dressing		
FOLLOW UP		
21. Common Performance Elements 11 – 16		
22.Ensures spare tracheostomy tube of the same size and type are present at patient's bedside		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

HUMIDIFICATION WITH ARTIFICIAL AIRWAY

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Identifies the proper heated humidifier to use		
4. Obtains and sets up continuous feed system for sterile water and water collect reservoir		
5. Assembles servo heating system and verifies function. Sets temperature between 32 – 37°C as appropriate		
6. Adjusts liter flow to ensure patient's inspiratory demand		
7. Analyzes FIO2 delivery and adjust as needed		
8. Selects and applies trach collar or T-piece to the artificial airway		
9. Applies device to patient		
10. Verifies gas temperature after appropriate time period		
FOLLOW UP		
11. Common Performance Elements 11 – 16		
12. Replaces sterile water on continuous feed system as needed		
13. Empties water from collection reservoir as needed		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

EXTUBATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Assembles and verifies function of oxygen and humidification device to be used post-extubation		
ASSESSMENT AND IMPLEMENTATION		
3. Common Performance Elements 9 and 10		
4. Positions patient in high Fowler's position		
5. Suctions patient endotracheal tube and pharyngeal area thoroughly		
6. Deflates cuff, assesses cuff leak, and vocalizes		
7. Removes ETT tape or securing device		
8. Instructs patient to take a deep breath (maximum inspiration) and removes the tube at peak inspiration		
9. Applies oxygen and humidification device		
10. Reassesses patient to determine adequacy of spontaneous breathing and airway patency; verifies comfort and attends needs		
11. Encourages patient to deep breath (IS) and cough periodically		
FOLLOW UP		
12. Recommends cool mist, racemic epinephrine, or steroids as indicated		
13. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ADULT VENTILATOR INITIATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Connects ventilator to the appropriate electrical outlets		
3. Connects the high-pressure hoses to the appropriate 50-psi gas sources		
4. Attaches circuit, filters, and humidification systems as needed		
5. Turns on the ventilator and performs the required tests		
6. Performs any additional leak tests; corrects and verifies ventilator function		
ASSESSMENT AND IMPLEMENTATION		
7. Common Performance Elements 9 and 10		
8. Assesses indications for mechanical ventilation; evaluates the patient by performing: A. Vital signs, color, WOB, SpO2, Capnography C. Airway size, type, placement, and patency B. Physical assessment of the chest D. Suctioning		
9. Selects the initial ventilator settings according to provider order or protocol		
10. Sets initial alarms		
11. Connects the patient to the ventilator and adjust the following as needed: A. Ventilator parameter alarms E. Vt / Ve B. Sensitivity F. PIP /PSV C. Mode G. Insp. Flow rate/ Insp time/ Flow pattern/ I :E ratio D. Frequency		
12. Adjusts FIO2 as needed		
13. Adjusts circuit humidification system as needed		
14. Notes LOC, use of sedatives and/or neuromuscular blocking agents		
15. Observes and interprets ventilator graphics		
16. Completes patient-system check interpreting each parameter		
17. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ADULT PATIENT – VENTILATOR SYSTEM CHECK

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Assesses patient by performing/observing: A. Vital signs B. Physical examination of the chest C. Auscultation D. Airway placement and patency E. SpO2 F. ETCO2 G. Hemodynamic stability H. Subjective comfort level		
4. Assesses cuff inflation and adjust as needed		
5. Performs humidifier maintenance		
6. Verifies ventilator settings and adjust as needed		
7. Verifies all alarm settings and adjust as needed		
8. Assesses for spontaneous breathing trial (SBT)		
9. Measures spontaneous Vt and frequency		
10. Calculates and interpret lung mechanics (C_{RS} and R_{AW})		
11. Assesses for auto-PEEP and adjusts if necessary		
12. Analyzes and interprets waveforms and adjust ventilator if necessary		
FOLLOW UP		
13. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

VENTILATOR CIRCUIT CHANGE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Assesses the patient and ventilator system prior to performing the circuit change		
4. Ensures emergency equipment is available		
5. Cleans outside surface of ventilator of dust and debris		
6. Changes filter as needed		
7. Has assistant, if available, manually ventilate the patient		
8. Assembles the equipment as completely as possible		
9. Places the assembled equipment aseptically in a place of easy access		
10. Silences alarms		
11. Adjust FIO2 to hyperoxygenate patient prior to disconnection (or manually ventilate)		
12. Quickly disconnects the circuit at the patient wye		
13. Quickly disconnects the other end of circuit from the ventilator		
14. Quickly attaches the end of new circuit to the corresponding connections on the ventilator		
15. Rapidly assesses the circuit for leaks and assures ventilator function		
16. Reconnects the patient to the ventilator circuit		
17. Changes any ancillary equipment as indicated (HME, MDI or SVN adapter, in-line suction catheter)		
18. Observes the pressures and volume and adjust for leaks if necessary		
19. Verifies alarm function		
20. Readjust the FIO2 and resets alarms		
FOLLOW UP		
21. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

VENTILATOR WEANING PROTOCOLS

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Assesses patient for weaning readiness including mentation		
4. Checks medical record for: A. Recent chest x-ray B. Recent ABG C. Laboratory results of CBC and hematology D. Adequate urine output E. Discontinuance of sedation		
5. Assesses the following parameters: A. Hemodynamically stability B. Vital signs C. Vital capacity, maximum inspiratory pressure (MIP)		
6. Selects the proper mode for SBT		
7. Adjust ventilator settings		
8. Explains the procedure to patient if applicable		
9. Implements weaning protocol based on facility's policy		
10. Monitors patient tolerance of SBT: A. Adequacy of oxygenation B. Adequacy of ventilation C. Hemodynamic stability		
11. Assesses subjective tolerance		
12. Readjusts ventilator settings as indicated by protocol		
13. Discontinues SBT if not tolerated and notifies ordering provider and RN		
FOLLOW UP		
21. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

NASAL CPAP INITIATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Identifies the circuit components of a continuous flow CPAP circuit and assembles properly		
3. Performs required leak test (if applicable)		
ASSESSMENT AND IMPLEMENTATION		
4. Common Performance Elements 9 and 10		
5. Turns the unit or system on and selects proper mode, pressure, ramp or rise time, FIO2, and timed inspiration		
6. Checks alarm function and sets alarms		
7. Positions patient and applies the nasal prongs		
8. Attaches the tubing to support and confirms proper fit and comfort		
9. Evaluates waveforms to identify Vt, rate, pressures and flow, air trapping, or auto-PEEP		
10. Adjust the CPAP to conform with the provider's order		
11. Reassesses vital signs, SPO2, breath sounds, and ventilatory state		
12. Determines how patient is tolerating the pressure; readjusts mask if necessary		
FOLLOW UP		
13. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

NEONATAL/PEDIATRICS VENTILATOR INITIATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
2. Connects ventilator to the appropriate electrical outlets		
3. Connects the high-pressure hoses to the appropriate 50-psi gas sources		
4. Attaches circuit, filters, and humidification systems as needed		
5. Turns on the ventilator and performs the required tests		
6. Performs any additional leak tests; corrects and verifies ventilator function		
ASSESSMENT AND IMPLEMENTATION		
7. Common Performance Elements 9 and 10		
8. Assesses indications for mechanical ventilation; evaluates the patient by performing: A. Vital signs, color, WOB, SpO2, Capnography C. Airway size, type, placement, and patency B. Physical assessment of the chest D. Suctioning		
9. Selects the initial ventilator settings according to provider order or protocol		
10. Sets initial alarms		
11. Connects the patient to the ventilator and adjust the following as needed: A. Ventilator parameter alarms E. Vt / Ve B. Sensitivity F. PIP /PSV C. Mode G. Insp. Flow rate/ Insp time/ Flow pattern/ I :E ratio D. Frequency		
12. Adjusts FIO2 as needed		
13. Adjusts circuit humidification system as needed		
14. Notes LOC, use of sedatives and/or neuromuscular blocking agents		
15. Observes and interprets ventilator graphics		
16. Completes patient-system check interpreting each parameter		
17. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ADULT PATIENT – VENTILATOR SYSTEM CHECK

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Assesses patient by performing/observing: A. Vital signs B. Physical examination of the chest C. Auscultation D. Airway placement and patency E. SpO2 or transcutaneous monitor F. TcCO2 G. ECG		
4. Assesses airway size and placement		
5. Performs humidifier maintenance		
6. Analyzes FIO2		
7. Measures and records gas temperature		
8. Verifies ventilator settings and adjust as needed		
9. Verifies all alarm settings and adjust as needed		
10. Measures spontaneous frequency and Vt if indicated		
11. Measures I:E ratio		
FOLLOW UP		
12. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ARTERIAL PUNCTURE

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 – 8; **Note: Never recap needle; any needle stick must be reported**		
2. Confirms diagnosis anticoagulant therapy, coagulopathies, oxygen delivery device and FIO2, ventilator settings, patient allergies, and if using local anesthetic		
ASSESSMENT AND IMPLEMENTATION		
3. Common Performance Elements 9 and 10		
4. Palpates pulses on both arms to determine best puncture sites; uses non-dominant arm, if possible		
5. Performs modified Allen's test; if negative, repeat on opposite arm		
6. Prepares the puncture site by rubbing vigorously in circular motion away from puncture site with an antiseptic solution for at least 30 seconds; disinfects gloved fingers used for palpation		
7. Administers local anesthetic if ordered		
8. Correctly performs the puncture:		
A. Sets the plunger on a self-venting syringe to obtain the desired amount of blood (enough for repeated analysis)		
B. Holds the syringe at 45-degree angle, bevel up		
C. Slowly inserts needle between second and third skin fold on wrist; safely adjust angle of needle as necessary		
9. Obtains sample; removes needle and immediately applies pressure with sterile gauze		
A. Maintains pressure on the puncture site for minimum of 3 – 5 minutes; 10 minutes or longer if bleeding disorder or uses anticoagulants		
B. Checks puncture site for bleeding, swelling, discoloration, and return of pulse proximal and distal to puncture site		
10. Secures needle with capping device		
11. Ensures anaerobic sample; removes air bubbles with venting device		
FOLLOW UP		
12. Common Performance Elements 11 – 16		
13. Labels sample; places in sealed biohazard container for transport		
14. Documents date, time, FIO2, puncture site, Allen's test results, oxygen and ventilator settings (if applicable)		
15. Cleans any blood spills with hypochlorite solution		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

ARTERIAL BLOOD GAS INTERPRETATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
1. Obtains and analyzes an arterial blood gas sample		
2. Evaluates the pH		
3. Evaluates the PaCO2		
4. Evaluates the HCO3		
5. Evaluates the BE		
6. Interprets the acid-base status		
7. If the acid-base status is abnormal, correctly identifies if it is a metabolic or respiratory disturbance		
8. Determines if any compensation is present		
9. Evaluates PaO2		
10. Evaluates SaO2		
11. Interprets oxygenation status		
12. Uses P-50 to determine if there is a shift in the ODC		
13. Determines CaO2 using the ODC		
14. Calculates P(A – a) DO2		
15. Calculates the FIO2 needed for desired PaO2		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

CAPNOGRAPHY

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 – 8		
2. Determines and verifies FIO2 and/or ventilator settings		
3. Calibrates capnographs		
ASSESSMENT AND IMPLEMENTATION		
4. Common Performance Elements 9 and 10		
5. For spot check or continuous capnograph monitors, turns unit on and allows warm up time		
6. Connects clean sampling sensor to patient's nose or ventilator circuit with proper adapter		
A. Ensures that there is no excess pull on circuit		
B. Records highest P_{ETCO2} after 3 minutes and compares to recent PaCO2		
7. Analyzes capnograph tracing and determines ventilator state		
8. Calculates VD/Vt ratio		
9. Interprets results		
FOLLOW-UP		
10. If continuous monitoring performed, checks sensor or sampling line and water trap for moisture or debris and clears or replaces if needed.		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

TRANSCUTANEOUS MONITORING

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 – 8		
2. Calibrates the unit using the appropriate zero solution and slope gas		
ASSESSMENT AND IMPLEMENTATION		
3. Common Performance Elements 9 and 10		
4. Assesses patient and confirms FIO2 and ventilator settings		
5. Selects an electrode site away from flat, boney areas, large veins, or thick skin		
6. Cleanses the selected site with an alcohol prep pad and dries it		
7. Adjusts the temperature to 43 – 45^{o} C as appropriate for patient's age		
8. Allows for equilibration		
9. Records the PTCCO2 and PTCO2 readings as applicable		
10. Reassesses patient and electrode site periodically; changes electrode placement every 2 – 6 hours		
FOLLOW-UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

SPIROMETRY SCREENING INTERPRETATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Perform spirometry as ordered by the provider		
4. Interprets the following values by comparing actual to predicted value		
FVC		
FEV_1		
FEV_1 /FVC%		
5. Analyzes the shape of the volume-time tracing and flow-volume loop		
6. Determines if the results are within normal limits		
7. Accurately determines if the results are obstructive, restrictive, or mixed pattern disease		
8. Accurately determines if the results are mild, moderate, or severe		
9. Determines the effectiveness of bronchodilator administration		
FOLLOW UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

MAXIMUM VOLUNTARY VENTILATION (MVV)

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Properly calibrates equipment with a 3-liter calibration syringe		
4. Properly sets up equipment for the MVV maneuver		
5. Gathers necessary patient demographic information		
6. Instructs the patient in the proper performance of the maneuver		
7. Demonstrates the performance of the MVV maneuver correctly		
8. Uses nose clips according to facility policy		
9. Instructs patient in proper placement of the mouthpiece		
10. Forcefully coaches the patient to breath as rapidly as possible for 10 – 12 seconds		
11. Forcefully coaches the patient during the entire maneuver		
12. Allows patient to rest sufficiently		
13. Analyzes results for accuracy		
FOLLOW UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

FLOW-VOLUME LOOP (FVL)

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
EQUIPMENT AND PATIENT PREPARATION		
1. Common Performance Elements 1 - 8.		
ASSESSMENT AND IMPLEMENTATION		
2. Common Performance Elements 9 and 10		
3. Properly calibrates equipment with a 3-liter calibration syringe		
4. Properly sets up equipment for the FVL maneuver		
5. Gathers necessary patient demographic information		
6. Instructs the patient in the proper performance of the maneuver		
7. Demonstrates the performance of the FVL maneuver correctly		
8. Uses nose clips according to facility policy		
9. Instructs patient in proper placement of the mouthpiece		
10. Forcefully coaches the patient in the expiratory maneuver		
11. Forcefully coaches the patient in the inspiratory maneuver		
12. Determines validity according to ATS Guidelines		
13. Repeats maneuver as necessary		
14. Allows patient to rest sufficiently in between tests		
15. Performs post-bronchodilator FVL if ordered		
16. Analyzes results for accuracy		
FOLLOW UP		
11. Common Performance Elements 11 – 16		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date:**

ECG INTERPRETATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
1. Obtains an ECG rhythm strip		
2. Analyzes strip for the presence of artifact		
3. Differentiates artifact from actual ECG tracing		
4. Calculates heart rate by 6-second, RR or box counting method		
5. Determines regularity by analyzing R wave distance		
6. Evaluates presence and shape of P waves		
7. Calculates PR interval		
8. Evaluates QRS width		
9. Evaluates ST segment for elevation or depression		
10. Evaluates T wave for inversion		
11. Identifies ectopic beats		
12. correctly interprets rate and rhythm		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date:**

PATIENT EDUCATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
1. Clinician assesses disease/condition severity by current impairment and future risk.		
2. Uses action plan in electronic medical record.		
3. Explains link between chronic nature of a disease/condition and action of inhaled drugs.		
4. Provides educational materials that are culturally and linguistically appropriate.		
5. Correctly demonstrates and explains ease of use and aerosol delivery device.		
6. Assesses current impairment via diagnostic monitoring technique(s) (i.e.,pulmonary function testing)		
7. Encourage patient documentation of personal diagnostics/symptoms/medicines in daily asthma diary.		
8. Implements patient monitoring and referral policy that promotes the increase of outpatient follow-up.		
9. Documents instructions given for identifying allergens/irritants to which patient is sensitive.		
10. Documents environmental control measures as patient agrees to.		
11. Provides patient/family education regarding the avoidance of second-hand smoke (explains to parents that they should never smoke in a car/enclosed area with an asthmatic child present).		
12. Educates patient on what to do in event of flare ups or exacerbations.		
13. Provides resources available for smoking cessation, allergen/ irritant exposure.		
14. Completes documentation in patient record.		
15. Effectively communicates results of to other members of healthcare team.		

SIGNATURES Student: Evaluator: Date:

PROCEDURAL COMPETENCY EVALUATION

Student: **Date:**

PATIENT EDUCATION

Evaluator: **Setting:** ❑**Lab** ❑**Clinical** **Equipment Utilized:** **Conditions (Describe):** ***Performance Level:*** ***S or ✓= Satisfactory, no errors of omission or commission*** ***U = Unsatisfactory Error of Omission or Commission*** ***NA = Not applicable*** ***Performance Rating:*** **5** **Independent:** Near flawless performance; minimal errors; able to perform without supervision; seeks out new learning; shows initiative A = 4.7–5.0 average **4** **Minimally Intervention:** Few errors, able to self-correct; seeks guidance when appropriate; B = 3.7–4.65 **3** **Competent:** Minimal required level; no critical errors; able to correct with coaching; meets expectations; safe C = 3.0–3.65 **2** **Marginal**: Below average; critical errors or problem areas noted; would benefit from remediation D = 2.0–2.99 **1** **Dependent:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful F = < 2.0 ***Two or more errors of commission or omission of mandatory or essential performance elements will terminate the procedure and require additional practice and/or remediation and reevaluation. Student is responsible for obtaining additional evaluation forms as needed from the Director of Clinical Education (DCE).***	**Performance Level**	**Performance Rating**
1. Clinician assesses disease/condition severity by current impairment and future risk.		
2. Uses action plan in electronic medical record.		
3. Explains link between chronic nature of a disease/condition and action of inhaled drugs.		
4. Provides educational materials that are culturally and linguistically appropriate.		
5. Correctly demonstrates and explains ease of use and aerosol delivery device.		
6. Assesses current impairment via diagnostic monitoring technique(s) (i.e.,pulmonary function testing)		
7. Encourage patient documentation of personal diagnostics/symptoms/medicines in daily asthma diary.		
8. Implements patient monitoring and referral policy that promotes the increase of outpatient follow-up.		
9. Documents instructions given for identifying allergens/irritants to which patient is sensitive.		
10. Documents environmental control measures as patient agrees to.		
11. Provides patient/family education regarding the avoidance of second-hand smoke (explains to parents that they should never smoke in a car/enclosed area with an asthmatic child present).		
12. Educates patient on what to do in event of flare ups or exacerbations.		
13. Provides resources available for smoking cessation, allergen/ irritant exposure.		
14. Completes documentation in patient record.		
15. Effectively communicates results of to other members of healthcare team.		

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PROCEDURAL COMPETENCY EVALUATION

Student: **Date**

PATIENT EDUCATION

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