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Clinical Experiences in the Bachelor of Respiratory Therapy Program

Clinical Course Goals include:

Clinical Course Scheduling

Resources - Learning Management Systems and Handbooks

Students’ Clinical Course Prerequisites Requirements

Students’ Clinical Course Prerequisites Requirements

Communication with Students

How it is Done - Evaluation in the Clinical Setting (The Pass/Fail Process)

Clinical Evaluation Process

Helpful Tips for Providing Feedback

Quick Tips for Clinical Evaluation

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Helpful Tips for Preceptors and Clinical Instructors - Clinical Questions and Reflective Activities

Appendix A - RT Student Pre-Requisite Requirements

Appendix B – Microaggressions

Appendix C - Responsibilities and Expectations
WELCOME TO THE DEPARTMENT OF RESPIRATORY THERAPY

Whether you are a new Respiratory Therapy (RT) student, or a staff RRT, who will be involved with clinical education for RT students, this handbook was developed to provide an overview of the clinical education portion of the University of Manitoba, Bachelor of Respiratory Therapy (BRT) Program. We are happy you are a part of the program.

FOR CLINICAL EDUCATORS
Your role as a Clinical Instructor or Preceptor is a critical part of our students’ respiratory therapy education and we are pleased to have you join our team!

You are now fulfilling one of the most important roles in the BRT program – to provide fair and reasonable evaluation of our students in the clinical practice areas. Learning in the clinical arena is complex, and we must discern whether students can critically think, make sound evidence-based decisions and act appropriately with patients. Students must be safe during the delivery of care and be able to prioritize problems. They must have basic clinical skills and knowledge and be able to complete care for their patients in a variety of settings.

As a clinical instructor/preceptor, you are closely connected with the students at the bedside, in the various practice settings. The faculty is here to support you in this role as you are the facilitator of clinical learning and are essential role models for our RT students.

FOR STUDENTS
Almost one third of the BRT Program is experiential learning in clinical course work. There are Clinical Courses in each of the 3 years of the BRT Program. During your clinical courses, you will learn from RRT’s and other health care professionals, in a safe, supervised manner, within the clinical setting. This provides you with the learning opportunity to apply theory to practice. Clinical courses challenge students to integrate the knowledge from your various courses to apply these concepts in providing patient care. This helps students’ form connections from the classroom to the practice setting, as well as develop their core skills and values such as critical thinking, problem solving, prioritization, communication, empathy, and evidence-based practice.

This manual was designed to provide valuable information that you will need as you navigate through the University in general, and specifically, the clinical component of the BRT program. There are many resources you will find helpful – if you have questions, please contact the RT Clinical Education Coordinator.

We wish you much success in your role.
MISSION, VISION AND VALUES STATEMENT
DEPARTMENT OF RESPIRATORY THERAPY

MISSION STATEMENT
We strive for excellence in teaching, research and service to provide meaningful and collaborative learning opportunities.

VISION STATEMENT
To advance the profession of respiratory therapy by adapting to the needs of our students and community, to ensure the health of all.

VALUES STATEMENT
The Department of Respiratory Therapy values excellence in Respiratory Therapy grounded in the following:

Knowledge: Continuing to learn, create and share information to ensure the success of learners and faculty.

Innovation: Demonstrate leadership in seeking and fostering unique opportunities to enable the potential of our learners and our profession.

Collaboration: Working within the community in the spirit of honesty and respect to achieve the mission and vision of the Department of Respiratory Therapy.

Integrity: Demonstrate accountability in achieving our goals.

THE CLINICAL TEAM LEADERSHIP

THE CLINICAL INSTRUCTOR (CI)
Is responsible for supporting student clinical education at each of the specific health care sites. CI will provide leadership in the organization, delivery, evaluation and planning of the clinical course in a designated clinical site. The CI will work closely with all the site Preceptors within the various units at the clinical site and provide preceptors with support to ensure that the learning objectives of the clinical courses are met. The CI will meet with students and preceptors who require additional support or specific guidance if issues arise. The CI is responsible to be the liaison between the Clinical Education Coordinator in the Department of Respiratory Therapy and the RT department at the clinical site.

Please be sure to report student absences, safety issues concerning health and safety of patients, students or staff, or any concerns regarding student behavior/conduct to the Clinical Education Coordinator.

RT Clinical Education Coordinator Cory.Campbell@umanitoba.ca

Overview
The Clinical Education Coordinator is responsible for providing the clinical staff training as required, student “clinical course” orientation and debrief sessions, and overall organization of clinical education for RT. This faculty member may provide information sessions and preceptor training, to new and returning CIs upon request. They also develop the course objectives, assignments and work with the Clinical Site managers and Clinical Instructor’s during the initial coordination and scheduling of the clinical course.
Preparation
The clinical coordinator is required to do an onsite visit prior to a clinical rotation if unfamiliar with that specific site. The clinical education coordinator should tour the institution/unit, meet the staff and inform personnel about the program objectives, evaluations, and incoming students. The clinical education coordinator needs to be familiar with the units, the type of patients; and are encouraged to orientate themselves and possibly shadow a staff prior to the clinical rotation.

Orientation
The Clinical Education Coordinator conducts clinical orientation sessions with students prior to beginning Clinical courses in year 1, 2, and 3. During these sessions the overview of clinical courses is presented. Topics include: overview of clinical the clinical schedule with site specific information, course competency requirements, and evaluation assessment, safety issues including PPE, OEHS, ‘lood and body fluid exposures, merhead αode system used in the hospital, UM student supports, CompKeep, UMLearn, and all assignments for the course.

Debrief
At the end of the clinical courses in year 1 and 2, students return to campus for in person debriefing and discussion seminar. Students are encouraged to reflect on their experiences, share stories of what they have learned, and plan for upcoming Clinical Courses given the new information they acquired.

Ongoing Support
If at any point in time a site Clinical Instructor or Preceptor needs assistance with a student situation or issue, they are encouraged to contact the Clinical Education Coordinator for support and guidance. Clinical Educator’s training is offered on an “as required” basis. Clinical teaching workshops and webinars are offered by the U of M Office of Continuing Education. Development and notices of sessions will be circulated to site managers for distribution to staff and are free for any clinical educator.

Students meet with the Clinical Education Coordinator in both fall and winter in year 3. This provides time to review students’ progress and check in with students, to discuss any concerns or questions. Students may contact the Clinical Education Coordinator at any time to request a meeting.

Responsibilities RT Clinical Education Coordinator:
• Responsible to oversee clinical education related activities for the respective clinical courses
• Course Documentation
• Curriculum
• Student progression & evaluation
• Coordination of clinical schedule (in collaboration with other appropriate year coordinators and clinical sites)
• Student advisory functions
• Clinical site communication
• Review of Clinical Site Capacity
• Recruit new Clinical Learning sites.
• Regularly discuss student progression at faculty meetings
• Review all clinical course evaluations
• Communicate course evaluation results with clinical sites
• Periodic on-site clinical visits
• Responsible for Liaison for Affiliation Agreements (ensure appropriate procedure is followed from inception through execution of placement agreement).
Clinical Scheduling
In collaboration with the year coordinators and clinical site representatives:

- Maintenance of course and year schedules throughout academic year
- Ensuring congruence between timetabled hours and curriculum hours as indicated in curriculum documents
- Communicate scheduling changes to students/faculty and clinical sites
- Report on scheduling status and issues at faculty meetings

Student Advisory Functions

- Review of clinical evaluation results with students (formative and summative)
- Student academic advising
- Provide/facilitate remedial teaching for students when indicated

Clinical Site Communication

- Chair of Clinical Education Advisory Committee
- Daily operations oversight of RT Clinical Education
- Represent the University on a daily basis amongst stakeholders promoting the mission and vision of the RT Department
- Schedule and attend to periodic on-site liaising with preceptors, clinical instructors and managers, and review of student experience/learning environment
- Responsible for HSPnet entries
- Member of the RHFS Fieldwork Coordinators Group
- Ensure appropriate and timely information is made available on the community sections of the RT Department website

Review of Clinical Site Capacity

- Determine appropriate clinical sites for clinical courses
- Assess/anticipate need for new clinical affiliate sites
- Identify new clinical sites

The Clinical Education Coordinator will hold Clinical Education Advisory Committee meetings once per term, and CI orientation sessions will be held annually. All CIs in the specific courses are encouraged to attend meetings and sessions. This is an opportunity for all CIs to gather for discussion on topics relevant to clinical courses.
RT DEPARTMENT CLINICAL SUPPORT

RT Program Assistant Darlene.Bowes@umanitoba.ca

- Provides clerical and secretarial assistance to faculty and students
- Schedule meetings, book room, circulate agenda, and record minutes
- Assists students with equipment sign out
- Provides documentation for Clinical ID cards
- Administration for clinical rotation travel claims/ reimbursements for students and process reimbursements for individuals who have housed students
- Organizes EPR student set ups
- Provides Child and Adult Abuse Online application assistance
- Collecting & tracking required docs from all students
- Maintaining the User database aspect of CompKeepr for Students and Preceptors/CI’s
- Mask fit testing schedule
- Brandon Accommodation Booking for Students
- Compile and Distributes Site Evaluation data and comments for Clinical Sites

ADDITIONAL INFORMATION FOR CLINICAL INSTRUCTORS/ PRECEPTORS

Contact RT Program Assistant for any of the following - Darlene.Bowes@umanitoba.ca

- Room Bookings on site at the Bannatyne Campus are available
- During the FINAL Evaluations Clinical Instructors can use classroom or meeting rooms. Please call to book ahead of time. You can also book rooms at the facility/hospital, as well, if this is convenient for you and the students.
- Printing for Student Education Materials may be available upon request
- Parking - Clinical Educators and Preceptors are responsible for their own parking, for meetings that involve travel

U OF M EMAIL MAILING LIST

In order to receive important notifications, you must ensure you notify the RT Program assistant to add you to the email contact list for Clinical Instructors and RT Managers. Please provide Darlene Bowes Darlene.Bowes@umanitoba.ca your email address to be added to the mailing list. Preceptors are not included in these email lists, and we rely on Clinical Instructors to pass on pertinent program information to staff at their sites as required.
The Clinical/ Fieldwork Educator Appointment Program at the University of Manitoba recognizes the essential role that practicing OT, PT and RT clinicians play on the teaching team for the occupational, physical and respiratory therapy programs at the College of Rehabilitation Sciences (CoRS). If you are a practicing OT, PT or RT clinician who shows commitment to the development of CoRS students through providing quality clinical fieldwork education, you qualify for one of the following university appointments:

- Clinical Fieldwork Educator
- Senior Clinical Fieldwork Educator

Benefits:
- Free U of M library access
- Gym membership at the reduced U of M staff rate
- Enhanced professional profile
- Access to continuing professional development opportunities
- Additional professional designation
- Public recognition of the value of your role as an educator

http://umanitoba.ca/rehabsciences/clinical-ed-appointment.html

LIBRARY SERVICES – (PROVIDED WITH CLINICAL EDUCATOR APPOINTMENT PROGRAM)

All clinical educators (preceptors and clinical instructors) are encouraged to explore the RHFS Clinical Educator Appointment Program. http://umanitoba.ca/rehabsciences/clinical-ed-appointment.html. Successful applicants will have access to all the U of M libraries. The College of Rehabilitation Sciences Librarian is Hal Loewen. He can be reached at: Hal.Loewen@umanitoba.ca, 204-789-3465. Book an appointment.

ADDITIONAL SERVICES FOR STUDENTS

ENGLISH LANGUAGE CENTRE
520 University Centre, 204-474-9251

The mission of the English Language Centre is to enhance success for students as well as potential students whose first language is not English by providing courses, tests, homestay, and individual support in order that they may achieve their academic goals and participate with confidence in the University of Manitoba community.

PARKING
Students are responsible for their own parking, for courses and meetings that involve travel.

THE ACADEMIC LEARNING CENTRE (ALC)

Offers services that may be helpful to students to fulfill the requirements for clinical courses. Through the ALC, you may meet with a study skills specialist to discuss concerns such as time management, reading and note taking strategies, and test taking strategies. Students may also meet one on one, with a writing tutor who can provide feedback at any stage of the writing process, whether just beginning to work on a written assignment, or already have a draft. Writing tutors can provide feedback, if a student submits a draft paper online. (Please note that the online tutors require 48 hours, from Mondays to Fridays, to return your paper with comments.)

All Academic Learning Centre services are free for U of M students. For more information, please visit the Academic Learning Centre website at https://umanitoba.ca/student/academiclearning/

You can also talk to a member of the Academic Learning staff by calling 204-480-1481 or by dropping in at 201 Tier Building.
STUDENT ACCESSIBILITY SERVICES
Provides support and advocacy for students with disabilities of all kinds: hearing, learning, injury related, mental health, medical, physical or visual. Students with temporary disabilities such as sprains and breaks are also eligible to use our services. SAS acts as a liaison between students and the faculty and staff of the University of Manitoba as well as support agencies within the province of Manitoba.


STUDENT COUNSELLING CENTRE
The Student Counselling Centre (SCC) provides a range of counselling services for students at both the Fort Garry and Bannatyne campuses.

SCC offers individual, couple or family counselling in individual and groups formats. The primary goal is to facilitate the personal, social, academic and vocational development of students by providing professional counselling services, free of charge and confidential. Services include group and individual counselling, couple counselling, workshops, outreach programs, consultation and training. Students can seek help for many different problems including: anxiety, stress, depression, transitions, adjustment, family difficulties, relationships, trauma, loss, procrastination, self-esteem, decision making and can work with students to tailor and integrate a variety of approaches to be of assistance in overcoming any difficulties.

Please phone: 204-474-8592 or visit SCC at 474 University Centre. http://umanitoba.ca/student-supports/counselling-resources-students

Please see below for additional resources that may also be available for counselling support should you want to pursue alternative options.

- Empower Me (1-844-741-6389) – Telephone and in-person brief counselling support only available to University of Manitoba students.
- Crisis Response Centre (204-940-1781), 817 Bannatyne Ave.
- Mobile Crisis Service (204-940-1781)
- Klinic Crisis Line (204-786-8686)
- Manitoba Suicide Prevention and Support Line (1-877-435-7170)
- First Nations and Inuit Hope for Wellness Services (1-855-242-3310)
- Support line for women experiencing domestic violence (204-940-6624)
- Sexual Assault Crisis Line (1-888-292-7565)
- Klinic drop-in counselling (870 Portage Ave. – check website for details)
- Addictions Foundation of Manitoba (204-944-6200)
- Women’s Health Clinic (204-947-1517)
- Men’s Resource Centre (204-415-6797, ext. 250)
- Canadian Mental Health Association – General Information (204-775-6442)
- Fort Garry Women’s Resource Centre (204-477-1123)
- Immigrant Women’s Counselling Services (204-940-5900)
- Rainbow Resource Centre (204-474-0212)
- City of Winnipeg Emergency (911)
- Private Psychologist or Master’s Level Social Worker (check the Manitoba Psychological Society and Manitoba College of Social Workers websites to identify possible options) – you may have coverage through UMSU (Student Dental and Health plan) for up to $1000.00/year. Please check UMSU’s website for more information.

INDIGENOUS STUDENT CENTRE
The mission of Indigenous student advisors is to provide holistic and culturally grounded advising services for Indigenous students, where we consider mental, emotional, physical, spiritual and cultural well-being. For more information: 204-474-8592 or visit the website ISC@umanitoba.ca
THE DEPARTMENT OF RESPIRATORY THERAPY VALUES

Knowledge: Continuing to learn, create and share information to ensure the success of learners and faculty.

Innovation: Demonstrate leadership in seeking and fostering unique opportunities to enable the potential of our learners and our profession.

Collaboration: Working within the community in the spirit of honesty and respect to achieve the mission and vision of the Department of Respiratory Therapy.

Integrity: Demonstrate accountability in achieving our goals.

THE DEPARTMENT OF RESPIRATORY PRIORITIES & GOALS

The Department of Respiratory Therapy identified five Priorities with associated goals. Faculty, staff and students who are members of the community of the Department of Respiratory Therapy are expected to strive for, accept and adhere to the obligations stated in the following five priorities:

Priority 1: Indigenous Achievement
Foster an environment that recognizes and respects the history, worldviews, and contributions of Indigenous people of Canada. Build a collaborative relationship with an Indigenous scholar, to help develop and deliver curriculum content reflective of Indigenous principals and worldview. Explore opportunities to enhance admissions enrollment and progression opportunities for indigenous students.

Priority 2: Research and Scholarly Activity
Increase support for research and research visibility. Attract and retain researchers and research partnerships. Growth of research programs within, and connected to the Department of Respiratory Therapy. Explore Opportunity for current faculty to engage in research, and last but not least, engaging RT students to be involved in research early in their development as a professional.

Priority 3: Educational Opportunities
Provide an environment supporting enriching educational opportunities, which contribute to the respiratory therapy profession. Provide a quality education program, and create diverse learning opportunities for learning for students.

Priority 4: Growth of the Profession of Respiratory Therapy
Foster an environment to advance the emerging roles of respiratory therapy. Build capacity in faculty. Explore diploma-degree bridging; and explore expansions to graduate education for respiratory therapists.

Priority 5: Community Engagement
Enhance outreach. Engage with communities addressing specific Manitoba social determinants of health. Promote and foster positive and collaborative relationships with stakeholders.

THE DEPARTMENT OF RESPIRATORY THERAPY – A CULTURALLY SAFE STRATEGY

The Department of Respiratory Therapy, in the College of Rehabilitation Sciences, is striving to improve our ability to address Cultural Safety concerns in the classroom, Skills and Simulation labs and in clinical practice settings.

As you are aware, the Truth and Reconciliation Calls to Action Report was recently released. There are several points that address health care in terms of clinical practice and our educational processes. Along with this, the WRHA is also developing cultural safety training for staff.
In Year 1 of the curriculum, students enroll in a course titled Health Systems and Respiratory Care in Canada (RESP 1410), which provides students with knowledge of the social factors that enhance or diminish the health of individuals, families and communities. Students also analyze the concepts of client-centered care and its relevance in professional respiratory therapy practice. In Year 2 of the curriculum, students enroll in a course titled Primary Care in Respiratory Therapy (RESP 2200), which further analyzes the history of colonization and the racism that exists in the health care system. It teaches students how to address the micro-aggressions, which occur in health care, and discusses case management to ensure that care is provided with cultural competence and cultural safety. In order to assist you in understanding the dynamics around cultural safety, we have attached a document on micro-aggressions in everyday life.

(Retrieved https://diversity.missouri.edu/tips-and-handouts). Further information can be found in the CEF Resources UM Learn site.

**Macroaggressions** are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership (Nov 17, 2010).

**Cultural Competence** – can be seen as a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross cultural situations.

**Cultural Safety** – analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care and health education.

Cultural Safety is a teachable skill and one main component of it is self-reflection. The National Aboriginal Health Organization published an information sheet on cultural safety that summarizes this concept. Teaching this skill to nurses and other health care professionals in the context of Aboriginal health is mandatory.

In order to address the continuing impact of racism, stereotyping and discrimination and other social residue left over from the unequal sharing of power for First Nations, Inuit and Metis communities in Canada, one must become adept at recognizing their influences. Cultural safety offers a chance to interrupt, advocate about and address invisible barriers that prevent advancement of health and wellbeing of First Nations, Metis and Inuit people in our community.

(Adapted from Indigenous Health and Cultural Safety – The Social Accountability Framework – Curriculum Renewal at the College of Medicine, November 2011).

**OVERVIEW – THE ROLE OF THE CLINICAL STAFF**

**PROFESSIONAL BEHAVIOR EXPECTATIONS**

Respiratory Therapy students, clinical instructors, and preceptors shall be accountable for their practice, and will act professionally at all times. They shall strive to be a role model for other members of the health care team by demonstrating responsibility cooperation, accountability and competence in meeting the health care needs of clients. Respiratory Therapists shall advocate their role as leaders in the promotion of health and the delivery of quality respiratory care. are expected to demonstrate professional behavior in the clinical area.

**ORIENTATION**

It’s important to consider that a student who begins a clinical course, is likely nervous and may never have been at this particular site prior. Student’s may not know their way around, the daily routine of the department, or any of the people they meet on their first days during a rotation.

A friendly welcoming person to show them the ropes, is very appreciated.
Orientation should occur on the first shift, as early as possible, prior to beginning any skills and competencies. An extensive orientation sets out the expectations for the student, and lays the foundation for their entire experience which has many benefits that include:

- Creates a stable, consistent reputation at the site
- Ensures responsibilities, expectations and limits or boundaries are defined right from the start
- Relieves anxieties
- Introduces departmental goals, policies and procedures, customs and traditions, etiquette

**Orientation Includes:**

1. **Department Tour & Staff Introductions** – Locker room, Ultrasound, Intensive Care Unit (ICUs), Emergency Department, Operating Rooms, Diagnostic Imaging, CT, MRI, Operating Rooms, patient clinic, Cafeteria, ATM, Parking Reas, clean and dirty equipment rooms, Code Blue Carts, and anywhere you expect the student will have to go on a regular basis! Discuss the RT's role in each area, who is allocated to respond to each area, location of important equipment, etc.

2. **Site Tour** – Intensive Care Units (ICUs), step down units, Emergency Department, Operating Rooms, Diagnostic Imaging, CT, MRI, Operating Rooms, patient clinic, Cafeteria, ATM, Parking Reas, clean and dirty equipment rooms, Code Blue Carts, and anywhere you expect the student will have to go on a regular basis! Discuss the RT's role in each area, who is allocated to respond to each area, location of important equipment, etc.

3. **Charting & Forms** – EPR, patient charts - how and where to chart, nursing documents, medication records, ventilator flow sheets, occurrence reports, PHIA confidentiality form if applicable, respectful workplace policy, workplace health and safety – WCB and Injury Forms/ process, critical incident debriefing, logging off work stations, f andor/shift report sheets, binders, etc. *PPE & policy, orders, INO sheets & documentation, spontaneous breathing trials – I b contraindications, intubation checklist, action plans, prescriptions, home oxygen, commonly used policies and procedures

4. **Procedures and Equipment** – Hand hygiene, gersonal health and safety, think about airway control policies, PPE review - how to don and doff, infection control signs, gowns, masks, shields, goggles, N95s (at every intubation), critical incident debriefing, leaving the way you found it (bed rails up), spiro with pt sitting, etc. *Identify patient ID, personal health and safety (blood and body fluid contact) - who they can contact if exposed, EOSH Office - Assistance with contacting Occupational Health Debriefing, post-traumatic clinical experience, feeling ill / faint – tell the preceptor! Remind students to eat breakfast before shift and rounds.

Overhead announcements and Hospital Codes (RESP 25, Code Blue, Code Pink, Code Black etc.) RT Equipment may include:

- Arterial blood gas kits, analyzers
- Ventilators
- Non-Invasive Machines
- Spirometers
- Intubation and emergency airway equipment
- Oxygen cylinders
- NIV equipment
- Medication delivery devices
- Humidity therapy devices
- Oxygen therapy equipment
- Video laryngoscopy

5. **Expectations – Be Clear and Direct** – It’s important to be very direct and provide clear instruction to learners. Don’t assume they know what they should be doing when there are quiet moments away from the units and patients. Use of down time & student initiative. Examples: Chart review, Case study presentation, Hospital Library, Independent Studying, Find or Read journal articles to enhance knowledge of particular topics, Practice using ventilators, Equipment, etc.

Clinical Instructors should notify students ahead of time when there will be scheduled evaluation meetings. Please set up meeting times early in the rotation. Suggested topics to be discussed during these meetings include: Students share in the responsibility of sending and obtaining the completed Competency evaluations & Daily feedback and what to do if they are not able to do this; acceptable patient workload assignment, daily routines such as when to be ready to receive and give report, what the student needs to prepare, when to take breaks, what a student should do if they don’t feel well, expectations for breaks and downtime if the student should need to change their behavior, etc.

6. **HR and Security** – ID, Access cards, passwords, push codes on doors etc.
SUPERVISING STUDENTS
Preceptors and Clinical Instructors are charged with balancing student supervision and patient safety. Supervision of respiratory therapy students varies according to the student’s level in the program, their personal abilities and the level of care the patient needs. Students, even in the same clinical group, demonstrate varying degrees of competence. The preceptor must ensure that students have adequate clinical experiences, perform clinical procedures effectively, develop confidence and must closely supervise students, particularly early on in a rotation. A staff member who is in a clinical educator role, must be time savvy and use techniques and teaching strategies to ensure patients receive proper care. Students who continue to have problems in the clinical area require a discussion with the clinical instructor and/or Clinical Education Coordinator so that together they can develop a learning plan that will assist the student in meeting the clinical requirements for that course.

STUDENT RELATIONS
Clinical Educators must provide an environment conducive to learning RT skills and applying theory to practice. Staff should treat students equally, with consideration and respect. Patience and empathy go a long way in helping students become more successful. The goal of the College of Rehabilitation Sciences is to create a culture of caring in a clinical environment in order for students to achieve success.

STAFF RELATIONS
Changes in the health care environment have resulted in increased staff RT demands, as they care for increasingly complex patients. Staff RRT’s, and other members of the health care team, are an integral part of student learning. Clinical Instructors rely on RT staff to support students in the facilities and, are strongly advised to cultivate these relationships by ensuring that staff RRT’s have all the information they need to perform their clinical responsibilities while supervising students and keeping the lines of communication open at all times.

SITE AND COURSE EVALUATIONS
The Site Evaluation is a tool utilized in the program, which allows RT students the opportunity to evaluate the effectiveness in the instruction provide, and evaluation techniques of clinical preceptors and clinical instructors, as well as the setting of each rotation. Site Evaluation survey, is completed by students via CompKeepr. The clinical facilities receive his feedback annually. All comments are collated from these surveys. Comments and feedback have any identifiers removed to protect the students.

Students fill out a Course Survey for every clinical course. This information provides the Clinical Education Coordinator and RT Department Head to provide feedback regarding the course preparation, administration and scheduling.

Both Site and Course Evaluations is used in the quality improvement for the BRT Program.

CHARTING
Clinical Instructors and Preceptors should ensure they cosign ALL SRT charting entries. It is important for preceptors to critique charting for appropriateness, accuracy, spelling and grammar. A student whose charting is unacceptable or inadequate, should be provided feedback and given recommendations to improve their documentation. If this problem persists, the Clinical Instructor should be informed.

PRECEPTOR TRAINING
The RT Department has developed tools to help enhance your knowledge and effectiveness as a clinical educator. To obtain access to preceptor training resources please send an email request to the RT Program Assistant or Clinical Education Coordinator. Upon request, you will be enrolled in the RT Clinical Educator Training Program on UMLearn where there are a variety of resources available to you at your convenience.

https://universityofmanitoba.desire2learn.com/d2l/home/407528

In Person-training sessions can be arranged for you, or your department, upon request, by emailing the RT Department Clinical Education Coordinator. The U of M RT Department-endorses the following Online Preceptor Education Program. Check it out!

https://owl.uwo.ca/portal/site/pep
THE ROLE OF THE CLINICAL INSTRUCTOR

The Clinical Instructor is appointed by each site manager. This person will be the direct liaison between the site and the U of M RT Department via the Clinical Education Coordinator. The Clinical instructor will provide oversight of students while they are at the clinical placement. Orientation, for students will be provided on the students first day. The clinical instructor will assign students to the particular units at a site, during each week of a clinical placement. They will follow up weekly, to ensure students are progressing with competency attainment and daily evaluation review and allocate student assignment accordingly. The Clinical Instructor will complete the Final Evaluation and meet with the student to discuss the evaluation and self-assessment with each student during the last day of the rotation.

Additional Responsibilities Include:

1. Collaborates practice between the University and the clinical setting:
   - Establishes collegial relationship (at various organizational levels).
   - Facilitates understanding of course objectives for clinical practice.
   - Facilitates staff/student interactions.

2. Orientates self and students to the clinical area:
   - Works in the area to familiarize self with the practice setting.
   - Develops an orientation incorporating U of M RT Orientation for students so they can function effectively in the area.

3. Selects patient assignments, which are consistent with desired competencies for the site
   - Selects assignments, which maximize students’ learning, in accordance with the course objectives.

4. Facilitates integration of theory and practice:
   - Fosters application of theory to the realities of RT practice.
   - Encourages students to think independently.
   - Promotes innovative respiratory care by the students.
   - Utilizes meeting time for debriefing as well as integrating theory and practice.

5. Ensures safe practice by the students:
   - Develops appropriate clinical assignments with consideration of the student’s abilities.
   - Is aware of own strengths and limitations.
   - Ensures that the student comes prepared to practice

6. Presents her/himself as an effective role model:
   - Demonstrates effective interpersonal and respiratory therapy skills.
   - Shares clinical expertise with staff RRTs and is considered a competent resource person.
   - Maintains high professional standards.

7. Evaluates students on an on-going basis:
   - Evaluates each student objectively with appropriate validation.
   - Develops strategies to help students to maximize their clinical abilities.
   - Provides frequent and ongoing constructive feedback to students, which enhances learning.
   - Utilizes peer and student feedback evaluations to improve her/his teaching performance.
   - Uses student daily evaluation data when preparing to give feedback to students.
   - Identify and validate areas of strengths and weaknesses.
   - Plans alternative teaching strategies.
   - Encourages students to critique teaching strategies.
THE ROLE OF THE CLINICAL PRECEPTORS

Effective clinical preceptors help students become independent critical thinkers and competent clinicians. They are knowledgeable and enthusiastic about their specialty area and instruct students in the clinical area by using various teaching strategies according to the topic and situation at hand. They evaluate fairly and interact well and equably with students.

Clinician’s knowledge and experience in clinical teaching are demonstrated by the exhibition of confidence in the practice setting; teaching effectiveness is evident when an instructor uses his/her skills to enhance learning in the clinical course and shares his/her own experiences of developing as a RT. In addition, instructors must provide students feedback about their clinical performance – what they do well and what they need to improve.

INFORMATION FOR STUDENTS

PROFESSIONAL ATTIRE IN CLINICAL SETTINGS

The purpose of the dress code is to promote a neat and professional appearance to patients, visitors and staff, at all times.

- All clothing shall be clean, neat and of suitable style to promote a professional appearance.
- Students required to wear uniforms in patient care areas are not to wear such uniforms to and from the hospital premises.
- Uniform color is Maroon
- All students must wear U of M ID; mask fit test card and WRHA photo ID at all times.
- R. greens should be worn only in the Anaesthesia rotation and the Maternal-Fetal rotation.
- Personal hygiene and general appearance shall also comply with the requirements of the clinical site.
- Hair must be clean and well groomed.
- Long hair should be worn up when in contact with patients.
- Appropriate footwear should be worn at all times and must conform to safety standards, closed toed and with complete protection.
- Footwear should not produce disruptive noise and should be clean and in good repair.
- Jewelry should be worn in moderation and good taste.
- Jewelry may not be permitted in some clinical areas.
- Policies of clinical areas must be adhered to at all times
- Scented products should not be worn in patient care areas.
- Those in direct contact with patients must maintain short and clean fingernails, no artificial nails due to infection control policies.

Clinical Education Sites may have specific dress code information and uniform requirements. This information will be provided to students by the course coordinator prior to the first day of clinical courses. Violation of site policies may result in students being required to leave the clinical education site.

COSTS ASSOCIATED WITH CLINICAL COURSES

Students will be required to have the following items— (not provided by the program)

- 4 pairs of scrubs,
- Stethoscope
- Comfortable indoor shoes
- Notepad,
- Electronic device such as a tablet, smartphone, or laptop computer to access CompKeepr
- Accommodation costs when outside the parameter, may be required to be paid for by students
- Transportation to and from clinical sites. (Both in the city of Winnipeg and Outside the City of Winnipeg. Nominal mileage Per Diem is provided by the RT department for travel outside the parameter @ 0.12 cents per Km
- CPR course is paid for by the student
- Mask Fit Test is paid for by the student
- All Criminal Record checks and vulnerable sector are paid for by students

Please note that students may be required to travel outside of Winnipeg for one or more clinical education courses. The student may be responsible to cover part or the full cost associated with travel to that specific site.
THE FOLLOWING BEHAVIORS ARE EXPECTED OF RT STUDENTS:

• Respect the safety and well-being of patients
• Recognizes limits of knowledge, skills, and judgement
• Understands and clarifies own role in the provision of care
• Is accountable for the quality of care provided within the established objectives
• Uses clear, accurate and effective communication
• Identifies need for and obtains appropriate supervision
• Notifies educator if not achieving objectives
• Follow site policies, procedures and principles

Students are permitted to perform competencies if they:

• Have been taught by their faculty, preceptor or clinical educator
• Have the knowledge, skill and judgment to perform them as determined by their preceptor or faculty member
• Are supervised by a regulated health care provider!

Students are NOT permitted to:

• Perform invasive or complex competencies or skills without direct supervision
• Act as a witness under any circumstances or for any purpose
• Provide second signature/check for controlled drugs, blood products, breast milk, and medications listed as requiring independent double checking, double signing and documentation
• Provide telephone advice for discharged families
• Take verbal or telephone orders
• Be left in sole charge of any patient
• Transport patients alone

Adapted from SickKids Hospital 2020

COMPKEEPER

CompKeepr is a web-based competency and evaluation management tool the RT program utilizes, which is custom-designed to support the RT Clinical Education Program. Students, instructors, support staff, and preceptors can log in to the system online or use their mobile device to accurately track pertinent information, such as the achievement of educational objectives and competency completion and to provide feedback and evaluation to students.

Key Benefits of CompKeepr:

• Reduction in accumulation of paper evaluation and competency binders printed
• Mitigates errors in the tracking of student evaluations
• Enables instructors to view student progress in real time
• Enables instructors to identify student’s weaknesses earlier
• CompKeepr is responsible for continuous educational support as well as system maintenance and set up
• Fully customizable to suit the specific needs of the program
OVERVIEW OF THE BACHELOR OR RESPIRATORY THERAPY PROGRAM CURRICULUM

The information below is an overview of student course work from Year 1 University Prerequisites, to RT Year 3. This information will provide a general understanding of where each specific clinical course fits, and how you can collaborate with the staff and your students to maximize their learning.

UNIVERSITY YEAR 1: PRE RT - PREREQUISITES

- BIOL 1020 and BIOL 1030, or BIOL 1000 and BIOL 1010
- SOC 1200 Introduction to Sociology, or PSYC 1200 Introduction to Psychology
- STAT 1000 Introductory Statistics
- 3 credit hour course to satisfy the Written English requirement
- 6 credit hours of electives to total 24 credit hours in University 1

OTHER REQUIREMENTS FOR RESPIRATORY THERAPY

- Minimum GPA required for consideration: 3.0. Minimum GPA required in core courses: 3.0.
- Respiratory Therapy does not require specific high school courses. However, the following high school courses are required to register for the required courses:
  - Math 40S minimum 50% required (Pre-Calculus or Applied Math recommended)
- If taking BIOL 1020, Biology 40S, and one of Chemistry 40S or Physics 40S minimum 50% is required
- Biology 40S, Chemistry 40S, English 40S, and Physics 30S and/or 40S recommended

Selection Criteria: 67% GPA, 33% Interview.

NOTE: Clinical Courses Highlighted

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>Year 1 RT</td>
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<tr>
<td>ANAT 1030 Human Anatomy</td>
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<tr>
<td>RESP 1400 Introduction to Professional Practice</td>
<td>Professional conduct, communication, workplace health and safety</td>
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<tr>
<td>RESP 1410 Health Systems and Respiratory Care</td>
<td>Standards of practice, regulation, safety, quality, resource management</td>
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<tr>
<td>RESP 1420 Applied Physiology for Respiratory Therapy</td>
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<tr>
<td>RESP 1430 Respiratory Therapeutics 1</td>
<td>Gas physics, medical gas properties, humidity, aerosol therapy</td>
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<tr>
<td>RESP 1440 Pharmacology</td>
<td>RESP 1450 Principles of Mechanical Ventilation Fundamental physical and physiological principles (basics), modes and applications</td>
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<tr>
<td>RESP 1460 Basic Fieldwork 1</td>
<td>Clinical</td>
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</tbody>
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### Year 2 RT

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<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>REHB 2450</td>
<td>Research Methodology for Medical Rehabilitation</td>
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<tr>
<td>RESP 2200</td>
<td>Primary Care in Respiratory Therapy</td>
<td>Principles of health promotion, disease prevention, disease management</td>
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<tr>
<td>RESP 2210</td>
<td>Pathophysiology</td>
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<tr>
<td>RESP 2220</td>
<td>Physical Examination and Health Assessment</td>
<td>Taking patient history, differentials, physical exam, care plans</td>
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<tr>
<td>RESP 2230</td>
<td>Respiratory Therapeutics 2</td>
<td>Airway management, anesthesia, ABG sample and analysis, hemodynamics</td>
</tr>
<tr>
<td>RESP 2240</td>
<td>Clinical Mechanical Ventilation</td>
<td>Initiation and Ventilator Management, pulmonary mechanics</td>
</tr>
<tr>
<td>RESP 2250</td>
<td>Ventilator Instrumentation</td>
<td>Function, operation, applications of specific ventilators, troubleshooting, set up, monitoring</td>
</tr>
<tr>
<td>RESP 2260</td>
<td>Cardiopulmonary Diagnostics</td>
<td>ECG &amp; PFT’s</td>
</tr>
<tr>
<td>RESP 2390</td>
<td>Clinical Integration and Simulation</td>
<td>ACLS, PALS, NRP</td>
</tr>
<tr>
<td>RESP 2380</td>
<td>Basic Fieldwork 2</td>
<td>Clinical</td>
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</tbody>
</table>

### Year 3 RT

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<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Description</th>
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<tbody>
<tr>
<td>RESP 3350</td>
<td>Clinical Education in Pulmonary Diagnostics</td>
<td></td>
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<tr>
<td>RESP 3360</td>
<td>Clinical Education in Anesthesia</td>
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<tr>
<td>RESP 3370</td>
<td>Clinical Education in Community Care</td>
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<tr>
<td>RESP 3410</td>
<td>Clinical Education in Critical Care</td>
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<tr>
<td>RESP 3420</td>
<td>Clinical Education in Neonatal Care</td>
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<tr>
<td>RESP 3430</td>
<td>Clinical Education in General Therapeutics</td>
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<tr>
<td>RESP 3320</td>
<td>Clinical Education in Pediatric Respiratory Care</td>
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<tr>
<td>RESP 3440</td>
<td>Current Topics in Respiratory Therapy</td>
<td>Literature Review Project and Poster</td>
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## CLINICAL EXPERIENCES IN THE BACHELOR OF RESPIRATORY THERAPY PROGRAM

Throughout the BRT program, clinical courses provide students with first hand, supervised, experience, within hospital and clinical settings. Students will interact with and provide treatments to patients. This enables the student to acquire the skills and knowledge to be able to:

- Describe the role of the Respiratory Therapist in various practice settings where respiratory care is provided.
- Practice providing respiratory care to adult/pediatric and neonatal patients with the supervision of a Registered Respiratory Therapist, as part of an inter-professional care team.
- Demonstrate competence in a selection of general adult/pediatric and neonatal respiratory care related competencies outlined in the Respiratory Therapy National Competency Framework.

Each site has a designated Clinical Instructor to oversee and support the student’s clinical education experience at the particular site. The student will be assigned a preceptor staff member of the Department of Respiratory Therapy to facilitate achievement of the clinical competencies and objective of the course. Students and Preceptor’s will work collaboratively to plan, and work towards achieving skills, attitudes and values which encompass the competencies throughout the duration of the course.
CLINICAL COURSE GOALS INCLUDE:

- Participate in the performance and delivery of safe patient care.
- Integrate this role into part of an inter-professional care team.
- Demonstrate competence in a selection of related competencies as outlined in the National Alliance of Respiratory Therapy Regulator Bodies National Competency Framework.
- Demonstrate proficiency in didactic background knowledge pertaining to the clinical practice area.
- Reflect on experiences and self-assess performance throughout the course focusing on the theory, knowledge and skills performed in clinical practice.
- Uphold professional standards of practice as they relate to the profession.
- Demonstrate the basic principles of occupational and patient safety relating to respiratory therapy.

Prior to beginning the clinical courses, students must complete several training modules such as PHIA, WHMIS, Mask-Fit testing, Ergonomics and body movement, Bannatyne Immunization Program, Active Shooter Preparedness training, fire safety training, and Electronic Patient Record training. These modules or directions are scheduled into Year 1 orientation sessions or Pre-Clinical Sessions in the student’s main academic calendar. (Any necessary module materials are available on a Learning Management System called UMLearn).

It is the students’ responsibility to ensure all sections have been completed.

CLINICAL COURSE SCHEDULING

Students may be scheduled to undertake clinical education coursework at any time throughout year three of the BRT program. The typical schedule is as follows:

Year 1 – RESP 1460 Basic Fieldwork 1 - 4 weeks – May
Year 2 – RESP 2380 Basic Fieldwork 2 - 4 weeks – June
Year 3- All Clinical Courses take place beginning the third week in August and end the last week of April.

During extenuating circumstances, clinical courses may be required to be rescheduled. Students are notified of clinical course schedules in advance as much as possible.

Weekly schedules will be determined by the clinical education coordinator, in collaboration with the clinical sites. Schedules will be communicated to the students in advance of commencement of the clinical education course by the clinical education coordinator.

Year 1

Students in year 1 will be placed in the hospital (tertiary or community) setting for 4 weeks at the end of Term 2 provided all year 1 courses are passed. Rotations will be 3 weeks adult general RT care, and 1-week Neonatal ICU observation. The focus is general noninvasive respiratory therapy- oxygen and humidity therapy, communication, basic assessment etc.

Year 2

Students in year 2 will be placed in the hospital (tertiary or community) setting for acute medical experiences. Three weeks focused adult care, 1-week Neonatal (NICU) care. These rotations occur over 4 weeks at the end of year 2. Simulated learning experiences or “on campus clinical” will take place at the RFHS Clinical Simulation Learning Facility, and skills labs or R329 Ventilator Lab.
Year 3
In year 3, students will have a variety of clinical experiences, in a number of clinical practice settings. Course credits are assigned as 1 credit per 140-hour week of clinical experience.

Students are placed in operating room settings, pulmonary function labs, tertiary and community hospitals, children’s hospital, private companies, access clinics, rehabilitation programs, and in long term care facilities. Clinical days occur 40 hours per week, over 32 weeks.

Students rotate in course blocks: 3 weeks in Anesthesia, 3 weeks in PFT’s, 8 weeks in Adult Critical Care, 3 weeks in Pediatric ICU, 1 week at Women’s Hospital, 1 week at Pulmonary Rehab program, 1 week at Riverview, 1 week at Deer Lodge Center, a few days at private RT Companies, WRHA Homecare, and Access center, 6 weeks on general wards in a tertiary or community hospital and

4 weeks neonatal intensive care unit, during a 12 week time frame. Clinical courses may include evening shifts, night shifts or weekend shifts. Students may be required to go out of town for clinical placements. Some costs may be incurred by students for accommodation and transportation.

Students may be offered clinical experiences based on a service learning model. Students will engage in activities that both meet the needs of the agency or community and the learning needs of the student. Students may volunteer for these experiences and will be provided credit for their own academic portfolio for this work.

Students may be assigned to clinical courses alone or in pairs, or small groups depending on the site.

Please refer to the Course syllabi for clinical hours, and the clinical schedule for each clinical course. Individual Sites will schedule students to different areas based on workload and staffing etc.

RESOURCES - LEARNING MANAGEMENT SYSTEMS AND HANDBOOKS

UMLearn
The University utilizes a variety of “learning platforms” or learning management systems as a method of providing course syllabus and information (announcement, notes, etc.) to students registered in the course. “Learning platforms” can be thought of as a course design layout that is accessed online. No longer do students buy a syllabus in the bookstore or get class handouts in hard (paper) copy. UMLearn is the most commonly used platform and will be used for all clinical courses. You will find course specific resources, class lists etc. on this page.

CRITICAL CARE COURSE ICU HANDBOOKS
This resource is written and revised by the Clinical Instructors at St. Boniface and HSC Adult RT. It contains many reference resources, and site-specific procedures. It may also contain any information deemed as relevant, or important for students.
STUDENTS’ CLINICAL COURSE PREREQUISITES REQUIREMENTS

CRIMINAL RECORD INCLUDING VULNERABLE SECTOR, CHILD, AND ADULT ABUSE CHECK
Prior to starting any clinical course, each clinical education site requires confirmation of a valid, without notation, dated Criminal Record check with vulnerable sector, Adult Abuse Registry check and Child Abuse Registry check.

The RT Clinical Education Coordinator and RT Program Assistant will be collecting these documents during the first week of classes each year. If a learner does not have the above-mentioned documentation prior to the start of any clinical course, or if the documents are no longer valid within the suitable allowed time limit; they will not be permitted to start the clinical course. Students may not be permitted to register for courses in the BRT Program.

CRIMINAL RECORD CHECK INCLUDING VULNERABLE SECTOR
Students need to apply for their Criminal Record Check including vulnerable sector, a minimum of six weeks in advance of the first day of class through the Winnipeg Police Service (WPS) online only. (Note - For 2020, Due to COVID-19, WPS is currently not accepting in person registry checks.) Students are required to pay for this service.

An official Adult Criminal Record Transcript Search can be obtained from the following: Police Information Check Online System https://www.winnipeg.ca/police/pr/pic.stm

Select Respiratory Therapy Department-University of Manitoba as the “agency” so that documents can be emailed directly to the college. The student must request the release of the document to the agency: Respiratory Therapy Department-University of Manitoba in the online system. The college then receives a verification email. If a student chooses not to allow the electronic release of the document to the RT department, then the original and a photocopy of the criminal record transcript, are required to be submitted to the RT Department.

Allow approximately 10 days – 6 weeks for processing

Out-of-Winnipeg/province applicants can apply through their home jurisdictions or the RCMP at this link: http://www.rcmp-grc.gc.ca/en/criminal-record-checks

If a paper transcript is sent to the learner, please mail the original and a copy to the RT Program Assistant.

- A learner may not be permitted to remain enrolled in the BRT program if there are any notations on Criminal Record / Adult / Child Abuse checks.
- International applicants will be required to obtain a criminal transcript check and child abuse registry listing from both the RCMP and their home country.
- For purposes of obtaining all official documents, two pieces of identification are required. Refer to the application procedure for the types of acceptable identification.
- Students are responsible for the costs associated with obtaining Criminal Record documents.
- Students are responsible for ensuring that the documents are submitted by the required deadline, or they may not be permitted to attend clinical courses, and may be asked to withdraw from the BRT program.
- Criminal Record checks sent electronically to the college through the Winnipeg Police Service, by students, do not require a printed version, the electronic copy is your record for the RT Department.
- If a student does not release the Criminal Record Transcript information electronically to the RT Department, the original document, as well as a photocopy are required.

We kindly ask that the criminal record check including the vulnerable sector, be received by us prior to the first day of classes, or at the latest, within the first week of classes. As stated above, if we do not receive your documentation, you may not be allowed to continue in the BRT Program.
ADULT AND CHILD ABUSE CHECKS
Due to the Covid -19 pandemic there is a change as to how the Adult and Child registry checks will be processed. A copy of the Child Abuse and Adult Abuse application forms will be emailed to you from the RT Department with instructions on completion, and where you need to sign the document. Please print the application, complete all the highlighted areas which require your information, and sign it with a blue or black pen, then scan the document and attach it in an email, to Darlene at Darlene.Bowes@umanitoba.ca.

Copies of two pieces of ID must be included in the email, e.g. MB Health card, Driver's license. A digital signature will be accepted if you are unable to print and scan it back.

These forms will be sent for processing in one group submission – free of charge to students. If you miss the deadline, or should you choose not to complete these applications in this fashion, you will be responsible to complete and pay for the Adult and Child Abuse Registry checks.

If at any time prior to completing the BRT program, a student is charged with, or convicted of a criminal offence, or incurs a notation on any of the aforementioned, the student is required to report this information to the RT Department Head, as soon as possible.

Failure to report a criminal offence may result in dismissal from the program. A criminal conviction would be reviewed by the College of Rehabilitation Sciences for the implications of the nature of the offense, in view of the professional mandate to protect the public. A notation on the Child Abuse Registry or failure to report an incident resulting in notation will be cause for dismissal from the program.

Failure to submit forms by the deadline may result in the inability to register for clinical courses.

BASIC LIFE SUPPORT
CPR – BLS Requirements
Students must provide proof of CPR recertification each year in the program. All students are assigned to clinical practicum placements provisionally, pending compliance with the CPR requirements of the RT program. Failure to meet the requirements on the first day of class, will result in the delay and possibility of not being allowed to register in a clinical course. Students are required to have current validated credential for the full duration of each year in the program. Please schedule recertification’s keeping those dates in mind.

Heart and Stroke BLS - Basic Life Support for Health Care Providers Level C is the only certification recognized by the RT program. No other certificates will be accepted. Please note that students will incur a cost to obtain this certification, as well as a time investment in complying with these requirements.

*Please note: clinical courses occur at different times of the year in each year of the RT program. Certification must be valid for the entire academic year; therefore, all RT students must recertify in CPR in May, June or July depending on which year of the program they are in.

See the schedule for your year:
Year 1 - CPR should not be obtained before June 1st, as it must be valid for the entire academic year.
Year 2 - CPR should not be obtained before July 1st, as it must be valid for the entire academic year.
Year 3 - CPR should not be obtained before July 1st, as it must be valid for the entire academic year.

Please email your electronic Canada Heart and Stroke BLS Healthcare provider level “C” card to the RT Program Assistant, Darlene at Darlene.Bowes@umanitoba.ca before the first day of school.

Students who do not meet the deadline for their year will not be permitted to enroll in clinical courses.
Joe Doupe Recreation Centre

Joe Doupe Recreation Centre is pleased to offer First Aid and CPR training courses to Bannatyne Campus students. Students are eligible to receive a special rate on all courses and a rebate is provided to student council. The rebate is based on registration numbers from the faculty, so a large range of dates and times are provided to meet schedule needs.

For further information, please view the website: [http://umanitoba.ca/faculties/kinrec/recreationservices/certifications_cpr.html](http://umanitoba.ca/faculties/kinrec/recreationservices/certifications_cpr.html)

**MASK FIT**

The Department of Respiratory Therapy requires all students to undergo standard mask fit testing on admission to the program. The disposable mask (or respirator) is an item of Personal Protective Equipment (PPE) worn by health care workers who are likely to be exposed to patients with airborne communicable diseases such as tuberculosis, measles, chickenpox, and acute respiratory syndrome.

The fit testing process involves identifying the correct size and type of mask for each student and ensuring that he/she knows how to use it effectively. Clinical education sites require students to be mask fit tested before they will accept them for clinical placements. Students will incur the cost for Mask Fit Test to be performed.

A variety of masks are available; however, the program requires students to be fit tested using the mask that is the standard, and required within the Manitoba Shared Health Service Providers, WRHA and other Manitoba Regional Health Authorities. Each student receives a mask size certificate that is valid for 2 years. Students may be required to be re-fitted if the standard mask changes or a clinical education site has other requirements. If a student’s weight changes significantly within 2 years of testing, they may require re-testing to ensure an adequate seal.

**Male students please note:**

Mask fit testing cannot be performed effectively over facial hair, as this interferes with sealing of the mask. Students who may foresee any difficulty having the Mask Fit Test done prior to Clinical Courses must contact the Clinical Education Coordinator immediately, for further discussion and clarification.

Mask fit testing will be scheduled into the master student timetable. At the end of the test, students will receive a certificate indicating the date of the test and the type and size of mask used.

If students have previously been issued a mask fit test certificate (e.g. through employment), they must bring the original mask size certificate as well as a photocopy to the Clinical Education Coordinator.

**Note:** Copies of the student Mask Fit Certificate will be saved on file. Note that students MUST be able to present this certificate at all clinical placement sites they attend while in the program.
COMMUNICATION WITH STUDENTS

EMAIL
It is imperative that students use their U of M email, and preceptors and clinical instructors use their employer email address to communicate about all course-related activities. Do not use your “personal” email (e.g. MTS, yahoo, Hotmail).

The following is included in all BRT Clinical course syllabi:

Email Addresses in University Communication
The College of Rehabilitation Sciences requires all students to use only their University of Manitoba email account to communicate (send & receive) with course instructors, Clinical Instructors and other members of the Department of Respiratory Therapy and agencies in which students are placed for clinical experience.

Please note: All email correspondence must be professionally written, including use of appropriate punctuation and spelling. Please use appropriate forms of address (e.g. title and name). Please provide your complete name at the end of the email. Email correspondence will be responded to during regular working hours.

SOCIAL MEDIA
Since you are engaged in a teaching/learning relationship with your students it is imperative that this is maintained at a professional level. Please do not “friend” any of your students on Facebook, follow on Twitter, or engage in any social media contact.

Professional behavior must be maintained at all times. Although we recognize that social media tools on the internet are a common forum for students to communicate with one another. It is IMPERATIVE that no information relating in any way to your classroom or clinical experiences (including students, professors, patients, preceptors, etc.) is shared through any of these forums.) Students will have completed the PHIA oath/affirmation of confidentiality before enrolling in a clinical course.
HOW IT IS DONE - EVALUATION IN THE CLINICAL SETTING (THE PASS/FAIL PROCESS)

Clinical Instructors and preceptors must use their professional clinical judgement when evaluating student’s ability to perform safe and competent RT care. Evaluations in clinical settings include assessing a student’s ability to apply classroom theory to their care of clients in the clinical setting. It is essential that the Clinical Instructor evaluate RT students in a fair, and consistent manner. Clinical Instructors, preceptors and students must also be familiar with University and the College of Rehabilitation policies.

The Department of Respiratory Therapy utilizes the Pass/Fail grading method of clinical course assessment. All evaluations are done using the CompKeepr platform. Please refer to the course syllabus, the Academic and Clinical Handbook for further information. The Clinical Education Coordinator can assist you to become familiar with this tool, if required. The Evaluations (Daily, Competency and Final Formative) look similar between clinical courses, and they are specific to the clinical requirements and attributes outlined by the National Competency Framework document.

COURSE EVALUATION

All clinical evaluations for each student are located in the CompKeepr database. Any paper-based evaluation document MUST be kept in the students file (locked drawer/ room/office). Student files are considered confidential. Evaluations contain valuable information about a student’s progress throughout the BRT program. Most of the clinical courses also expect the student will write a self-evaluation of their clinical performance. These self-evaluations are kept in UMLearn (LMS).

It is imperative that student issues are accurately assessed and identified using the evaluation tools, while providing supporting documentation. Remember, that you are evaluating the student for the current course, at the level they are at, (yr. 1, yr. 2, or yr. 3) and the student has further clinical courses to complete. We want students to be aware of what areas they need to improve upon, so they can grow into confident proficient respiratory therapists. If a student is struggling in clinical practice, additional supportive assistance from the department or U of M student services may be required. The Clinical Education Coordinator will assist to explain this process to you.

If a student has significant learning issues during the clinical course or throughout the program, they may need to meet with the Clinical Education Coordinator and/or the Department Head of Respiratory Therapy. Depending on the circumstance, the students’ clinical evaluations may be reviewed, often to look for a pattern of behavior or whether the incident under discussion was an isolated event. Fair and reasonable evaluations are important.

Daily Evaluations: are completed by preceptors or clinical instructors. This method of formative evaluation and feedback will provide the student time to improve their performance before the final evaluation is completed. Students will be given the feedback necessary to improve performance and progress to competent. Feedback should be provided on students’ strengths and weaknesses, and areas to focus on so they can successfully achieve the course goals. Daily evaluations from preceptors may differ from person to person.

Students are asked to be open to constructive criticism and view all feedback as coaching or mentoring, to become a better therapist in the long run.

Final Formative Student Assessments: are completed by the site Clinical Instructor or designate at the end of the course. Every attempt should be made by both the student and the clinical instructor to arrange a meeting between the Clinical Instructor and the Student to discuss the final formative evaluation before the student completes the course. The U of M Clinical Education Coordinator for the RT program, will review all students course, Final Formative Assessments.
Competencies (Skills): There are 87 competencies in total. Students may begin working toward “sign off” on competencies that are appropriate for their level of training in their first Clinical Course. Some competencies will take the full 3 years to finish, although others may be obtained before the 3rd year. Students will have learned all of the didactic foundation knowledge for basic entry to practice skills by the end of year 2. A skills list is located on CompKeepr and in the appendix of this Manual. Evaluation of Competencies (skills) includes observation of the correctness of the implementation of the skill, as well as the observation of the student’s abilities to apply theory to practice. Any concerns (with specific examples, dates and time) should be documented on the Competency evaluation form, all feedback about the student’s performance should be discussed with the student. Students will be instructed to submit competency evaluations to preceptors each and every time they attempt a competency so that they obtain dynamic a timely feedback. Guidance, tips and corrections should be provided to the students, as to help them know what they must do to perform the skill to threshold level. Rather than think of this as giving negative feedback- reframe it as coaching and skill development opportunities. Students are encouraged to keep track of competencies they need to get signed off in each course throughout the program. This can be entered in their daily evaluation goals section, and communicated to preceptors and clinical instructors. Students should notify the site Clinical Instructor if they are having difficulty obtaining practice and exposures to particular competencies.

There is a specific and important process for clinical evaluation which the Department of Respiratory Therapy will follow for each student. The following is the process for student evaluation in clinical courses.

IN ORDER TO SUCCESSFULLY COMPLETE A CLINICAL COURSE, THE STUDENT MUST:

1. Demonstrate they have attempted to complete all clinical competencies associated with the clinical course. A competency may be attempted numerous times during the 3 years in the program, and when the student can demonstrate they are performing the competency, at the threshold level outlined as a PASS, the specified number of times, then the student will be considered to have PASSED that competency.

   *Note* - Some Competencies may be associated with multiple courses. IF the competency is listed in other clinical course, students may have the opportunity to be evaluated for those competencies in different courses and may achieve “sign offs” in multiple courses throughout the year.

   By the end of the year, all competencies must be signed off by the Clinical Preceptor or Clinical Instructor, or have been achieved through simulated scenarios if the competency is not able to be practiced in the clinical setting.

2. Attendance - Maintain adequate and sufficient clinical hours required in this course. The Clinical Education Coordinator will monitor attendance and contact students, if there is any concern regarding excessive absences within a course.

3. Students are required to complete Clinical Course and Clinical Site Evaluations at the end of each clinical course via CompKeepr.

4. Final Formative Student Evaluations are reviewed by the Clinical Education Coordinator to ensure students are progressing through the clinical year as expected with gradual improvements to confidence and professional attributes and attitudes, without repeated incidents of concern, or repeat safety concerns, throughout the clinical year. Patterns of inadequacy in clinical courses, with regard to professional attitudes and values, will be flagged and may result in progression delay, as determined by the Clinical Education Coordinator, Department Head, and progression committee, based on unsatisfactory performance.

5. Students are required to complete the Self-Assessment and Reflective components required for the course. (UMLearn)

All clinical courses will be graded on a Pass/Fail basis, reflecting successful completion of all of those elements listed above.
CLINICAL EVALUATION PROCESS

ATTAINMENT OF COMPETENCIES WITH SIMULATION
The Bachelor of Respiratory Therapy program utilizes the Rady Faculty of Health Sciences Clinical Simulation Learning Facility on a regular basis. Simulation experiences are structured to enhance the instruction of skills competencies, in all years of the program, within the various courses when it is appropriate. Simulation provides organized, and structured, hands on learning opportunities, in a non-threatening and safe environment. This method supports students in the experience level in which they are at. It enables them to practice skills safely and repeatedly, to build confidence. Simulated patient conditions and situations allow students to be assessed while demonstrating knowledge, skills, and attitudes required, for the attainment of clinical competencies. Simulation has been deemed a reliable and useful alternative form of assessment of particular competencies, which are performed infrequently in the clinical environment. Activities can be structured and developed to varying degrees of complexity.

This allows the instructor to assess students’ performance of competencies and their ability to adjust their practice, for a variety of situations. Assessment may include a scenario where prioritization, time management, or critical thinking skills may be the objective. Alternatively, where attitudes, ethics and values may be the primary objective. Scenarios can be designed to be similar to what might be encountered in a clinical environment (e.g. Airway management and ventilator management during a Code Blue or Conflict management and interprofessional team approach to care planning). The Bachelor of Respiratory Therapy Program provides opportunities for student assessment of competencies as outlined in the National Competency Framework in, as realistic situations as can be, without actual patient involvement, in controlled environments.

ENSURING COMPETENCY ATTAINMENT
Students, Clinical Instructors and the Clinical Education Coordinator each play a role in ensuring competency attainment.

The Clinical Education Coordinator communicates with clinical learning sites, to gain a better understanding of which competencies are achievable in each setting, and where the specific learning opportunities to practice particular competencies during a rotation exist. This is facilitated with a survey, and through discussion at clinical education advisory meetings. The Clinical Course schedule is developed with this information in mind.

When a competency is unable to be obtained in the clinical learning sites, the department is made aware that the competency must be taught, practiced and evaluated via simulation.

Students are encouraged to track competencies on CompKeepr to ensure they are on track to obtain sign off in a timely manner for each course. They are instructed to set daily goals on the Daily evaluation form and to communicate with Preceptors in regard to deficiencies, so that preceptors can help to seek out or notify students should the opportunity arise to practice a particular competency.

Clinical Instructors are encouraged to check in weekly with students and RT Staff preceptors to ensure students are not falling behind and are developing skills during the clinical course.

Should a student begin to appear they are having challenges or are realizing deficiencies, they are encouraged to communicate with the clinical instructor ASAP. If the clinical instructor feels the student is not able to complete numerous or particular competencies during a course, they would be required to communicate this with the clinical education coordinator. Alternative rotations or simulation activities may need to be planned.

A student who is having difficulty in the clinical setting may be encouraged to meet with student services, do remedial assignments, or use additional supports, such as templates or flash card notes to assist in their learning.

The “Audit Process” falls to the Clinical Education Coordinator to review students’ progress on CompKeepr on a weekly basis, as well as meet with students’ midterm in both fall and winter terms to stay in touch and address any issues students may be experiencing. Students are encouraged to contact the clinical education coordinator at any time if issues do arise throughout the year.
MEETING WITH EACH STUDENT AT MIDTERM AND FINAL
The Clinical Instructor must schedule a meeting time with each student at MIDTERM (approximately half way through the rotation) and at the FINAL (during the last week of the rotation) to discuss their performance. The findings of the clinical evaluation are shared with the student individually at midterm and at the end of the course (as well as ongoing and continuous verbal and written feedback during the term!). No surprises should be presented.

The Evaluation Process - The Clinical Instructor will complete evaluation form at MIDTERM and FINAL (it is up to the student to ask Clinical Instructors to set the dates for these meetings). At MIDTERM, the evaluation and feedback is reviewed by the Clinical Instructor along with each student. The form needs to be submitted and filled out via CompKeepr. MIDTERM and FINAL evaluations should be conducted at the clinical site. The environment in which the evaluation conference takes place should be private and comfortable for the student, perhaps toward the end of the clinical day.

THE FINAL
The clinical evaluation tool will be completed prior to the final evaluation meeting. Once the evaluation/meeting is completed, the student must acknowledge the form via Compkeepr by inserting a comment to acknowledge they have read the feedback. Any absences must be included or noted as part of the evaluation.

STUDENT SELF-EVALUATION/REFLECTION
Students are required, in clinical courses, to submit a written summary of their experience in Self-Assessment and Evaluations on UMLearn. Students will use the self-assessment evaluation assignment to guide their self-assessment as much as possible and provide "lots of examples" to justify their comments. Students need to understand that this assignment is not an "itinerary of events" but a true reflective opportunity of their clinical practice experience. Students should identify "What will they take from this experience to the next clinical experience? Students can use the Evaluation Form or their own format, as long as all indicators are addressed from the assignment template table. Students must provide specific and sufficient examples of how they have demonstrated achievement of each objective and what they might need to improve upon. Having students write anecdotal notes of the own clinical performance is another means of encouraging reflection of practice (O’Connor 2006; Emerson 2007).

This is an opportunity for students to participate in their clinical evaluation. Faculty use this approach primarily to help both students and faculty stay on the same page in their interpretation of how students are progressing in the course (Emerson 2007).

The Self-Evaluation is an evaluation of the student performance over the entire rotation. If the form is considered inadequate and lacking examples, then the student will be asked to re-do the self-evaluation until adequate. The Self-Evaluation will be submitted before the FINAL evaluation and will be emailed by the student to the Clinical Instructor to be discussed at the time of the meeting. The Self-Evaluation should be submitted via Dropbox on UM Learn as well in the appropriate clinical course.
HELPFUL TIPS FOR PROVIDING FEEDBACK

“Students often rate feedback as one of the highest rated teacher behaviors”

WHAT IS FEEDBACK?
• Feedback is communication to another person which gives information about how he/she affects and is perceived by others.
• Feedback involves helping another person consider changing his/her behavior.

WHAT’S THE DIFFERENCE BETWEEN FEEDBACK AND EVALUATION?
• Feedback is the on-going provision of information about performance, to guide and improve future efforts.
• Evaluation is a judgement about previous performance.

WHY GIVE FEEDBACK?
• Improves clinical performance.
• Reinforces positive behaviors
•Corrects undesirable behaviors
•Decreases learner anxiety about performance.

TWO CRITICAL ROLES WE PLAY IN CLINICAL TEACHING
1. COACH: Feedback/Formative Evaluation: Information provided during the rotation, describing performance, with the intent to guide and improve future performance.
2. JUDGE: Summative Evaluation: Judgement provided at the close of a rotation assessing whether the learner met performance standards (with suggestions for improvement).

8 STEPS IN DELIVERING FEEDBACK
1. Build an environment of support and trust
2. Plan ahead and negotiate
3. Choose an appropriate time and place
4. Elicit learner self-assessment
5. Focus on the positive, not just the negative
6. Select specific changeable behaviors (2-3)
7. Use a feedback model: i.e. ARCH, PNP sandwich, Bayer Model
   (ARCH- A: Ask for self-assessment, R: Reinforcement of what was done well, C: Correct H: Help the learner with a plan for improvement.)
8. Include follow up plans (“be sure to speak to your Site Program Leader and Clinical Course Section Leader for assistance)

Reference: Power Point Presentation: “Fair and Effective Feedback in the Clinical Setting” by Joanne Hamilton MEd, RD, CDE. April 14, 2015. Faculty of Health Sciences. Department of Medical Education; College of Medicine, Winnipeg, Manitoba.
QUICK TIPS FOR CLINICAL EVALUATION

• On a daily basis jot a few notes down on each student. Carry an anecdotal record for each student, maintaining privacy of data. Make specific notes, focusing on specific details of the student’s behavior.

• Document patterns of behavior over time through compilation of records.

• Use multiple sources of data for evaluation (e.g. the student, classmates, patents, peer evaluator, written and verbal work, documentation, RT care plans etc.)

• Assist the student to identify weekly goals and assess during the midterm evaluation, in order to help the student progress through the course.

• Use the Pass/Fail Evaluation Tool to help students understand what knowledge and skills they will need to demonstrate.

• Ensure you provide positive reinforcement, as well as provide constructive criticism when required. Provide “mini-evaluations” (daily, weekly) in order to provide ongoing suggestions.

• Provide evaluation “sandwiches” commenting first on a strength, then a weakness/area of improvement, and then a strength of student behavior.

• Present feedback and evaluation in non-judgmental language confining comments to student behavior.

• Be specific with the use of examples (dates, times, patient initials, etc.)

• Ask for feedback of the student’s performance from the health care team (e.g. staff RT and Nurses, physiotherapist, physicians and managers etc.)

• Midterm evaluation is very important as it is a stepping-stone, and provides student with vital information regarding what they need to improve upon. However, do not wait until then to provide feedback: this should be ongoing during the clinical weeks.

• Invite students to complete self-assessments and summarize what they have learned.

• Help students to prioritize learning needs with specific goals for each day.

TIPS FOR A NEW PRECEPTOR FROM AN EXPERIENCED PRECEPTOR

- Students should always take their coffee and lunch breaks.
- Drink plenty of water.

Getting to know your unit…

- If you are not familiar with the unit, you must shadow with an experienced RRT on the unit.
- Be very familiar with the daily routine (how they give report, what time rounds and hand off report happens, where supplies are etc.).
- Meet with the Clinical Instructor to review expectations of students on the unit.
- Invite the RT Manager to meet the students on orientation day.
- Ensure you know who all the interdisciplinary team members are on your unit - consider having them introduced to the students during orientation.
- Ensure ongoing communication with other staff members, your student and yourself is maintained.

Skills in the unit with the student…

- In daily report, have students identify any pre-planned skills they will interested in doing with the patients.
- Allow plenty of time to complete a skill with the student-there is time involved doing a dry-run, prep time, and doing the skill itself.
- With the dry-run, do not just dictate how to do it, have the student explain systematically how they will do the skill.
- Encourage the student to problem solve- ask “what if” questions
- When the student is performing the skill, encourage them not to be “skill focused”, the preceptor can also be a role model here as well.
- Review with the student post-skill; ask them how they feel they did? Would they do anything different next time?
- Ensure you give the student positive feedback as well as areas to improve on.
- Review with the student where this will be documented.
- You are not able to do all skills with the students - have them tell you what skill they are performing and do a dry run with them prior to doing it, get feedback from the staff member who was there with them while doing the skill.
HELPFUL TIPS FOR PRECEPTORS AND CLINICAL INSTRUCTORS

Clinical Questions and Reflective Activities

• What was the most important thing you heard in report?
• What else do you need to know before proceeding with that procedure?
• What do you think will be my first question to you about this client?
• What do you hope I will ask you about, because you know the answer?
• What do you hope I won’t ask you about because you don’t know or couldn’t find the answer?
• What else do you need to know about the patient?
• What factors are contributing to this lab value?
• Based on what you assessed, what should you do next?
• What might happen if you did...?
• What can you delegate to other health team members?
• What evidence supports the effectiveness of this plan of care?
• What is the most important thing that you learnt from your patient today? How will you use this information for future care?
• What surmised you about your patient? Why was this a surprise? What did you learn?
• What surprised you about yourself in clinical today? Why was this a surprise? What did you learn?
• What will you change about your RT care tomorrow? Why is this important?


### Appendix A - RT Student Pre-Requisite Requirements

## RT Student Pre-Requisite Requirements

### Bannatyne Immunization Program


Specific Requirement descriptions for each provided in the manual (URL Link):

- Tuberculosis
- Chicken Pox (Varicella)
- Measles
- Mumps
- Tuberculosis
- Chicken Pox (Varicella)
- Measles
- Mumps
- Rubella
- Hepatitis B
- Hepatitis A
- Pertussis
- Polio
- Diphtheria
- Tetanus
- BCG
- Influenza
- Hepatitis A
- Pertussis
- Polio
- Diphtheria
- Tetanus
- BCG
- Influenza

### Non-Medical Requirements

#### Non-Medical Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Verified</th>
<th>Not Eligible for Entrance to Clinical Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CPR Level HCP Certificate Card - Heart and Stroke</td>
<td>Less than 1 year old</td>
<td>Over 1 year</td>
</tr>
<tr>
<td>*Mask Fit Testing</td>
<td>Less than 2 years old</td>
<td>Over 2 years old</td>
</tr>
<tr>
<td>Criminal Records Check</td>
<td>Within 1 year and no notation</td>
<td>Over 1 year and/or a notation on record</td>
</tr>
<tr>
<td>Police Vulnerable Sector Check (PVSC)</td>
<td>Within 1 year and no notation</td>
<td>Over 1 year and/or a notation on record</td>
</tr>
<tr>
<td>Child Abuse Check</td>
<td>Within 1 year and no notation</td>
<td>Over 1 year and/or a notation on record</td>
</tr>
<tr>
<td>Adult Abuse Check</td>
<td>Within 1 year and no notation</td>
<td>Over 1 year and/or a notation on record</td>
</tr>
</tbody>
</table>

### Mandatory Training (must be completed before arriving at ANY clinical learning site for rotation)

#### Where

<table>
<thead>
<tr>
<th>Where</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health and Safety and Culture Education</td>
<td>Aboriginal Health and Safety and Culture Education <a href="https://www.safemanitoba.com/Education/Pages/Manitoba-Aboriginal-Health-and-Safety-Initiative-essentials-e-course.aspx">Online</a></td>
</tr>
<tr>
<td>Impairment and Cannabis in the Workplace</td>
<td>Impairment and Cannabis in the Workplace <a href="https://www.safemanitoba.com/Education/Pages/Impairment-%26-Cannabis-in-the-Workplace.aspx">Online</a></td>
</tr>
<tr>
<td>Mental Health E-Course</td>
<td>Mental Health E-Course <a href="https://www.safemanitoba.com/Education/Pages/Mental-Health-e-Course-Package.aspx">Online</a></td>
</tr>
<tr>
<td>Accessibility in a Health Care Environment</td>
<td>Accessibility in a Health Care Environment <a href="http://umanitoba.ca/admin/vp_admin/ofp/ohrcm/accessibility/resources.html">Online</a></td>
</tr>
<tr>
<td>PHIA - Privacy and Information Security Overview</td>
<td>PHIA - Privacy and Information Security Overview <a href="http://umanitoba.ca/admin/vp_admin/ofp/ohrcm/accessibility/resources.html">Online</a></td>
</tr>
<tr>
<td>Orientation Week</td>
<td>Orientation Week <a href="http://umanitoba.ca/admin/vp_admin/ofp/ohrcm/accessibility/resources.html">Online</a></td>
</tr>
<tr>
<td>Where</td>
<td>All Learners – one-time only training unless otherwise specified</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Onsite Clinical Orientation at learning sites</td>
<td>Emergency Codes used in Hospital (including Fire Safety)</td>
</tr>
<tr>
<td>UMLearn</td>
<td>Violence Awareness <a href="https://www.safemanitoba.com/Education/Pages/violence-workplace-awareness.aspx">https://www.safemanitoba.com/Education/Pages/violence-workplace-awareness.aspx</a></td>
</tr>
</tbody>
</table>
## Racial Microaggressions in Every Day Life

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allies in own land: When Asian Americans and Latino Americans are assumed to be foreign-born</td>
<td>&quot;Where are you from?&quot;  &quot;Where were you born?&quot;  &quot;You speak good English.&quot;  A person asking an Asian American to teach them words in their native language.</td>
<td>You are not American.  You are a foreigner.</td>
</tr>
<tr>
<td>Ascription of intelligence: Assigning intelligence to a person of color on the basis of their race</td>
<td>&quot;You are a credit to your race.&quot;  &quot;You are so articulate.&quot;  Asking an Asian person to help with a math or science problem.</td>
<td>People of color are generally not as intelligent as Whites.  It is unusual for someone of your race to be intelligent.  All Asians are intelligent and good in math/sciences.</td>
</tr>
<tr>
<td>Color blindness: Statements that indicate that a White person does not want to acknowledge race</td>
<td>&quot;When I look at you, I don't see color.&quot;  &quot;America is a melting pot.&quot;  &quot;There is only one race, the human race.&quot;</td>
<td>Denying a person of color's racial/ethnic experience  Assimilate/acculturative to the dominant culture.  Denying the individual as a racial/cultural being.</td>
</tr>
<tr>
<td>Criminality/assumption of criminal status: A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race</td>
<td>A White man or woman clutching their purse or checking their wallet as a Black or Latino approaches or passes  A store owner following a customer of color around the store  A White person waits to ride the next elevator when a person of color is on it</td>
<td>You are a criminal.  You are going to steal/You are poor/You do not belong.  You are dangerous.</td>
</tr>
<tr>
<td>Denial of individual racism: A statement made when Whites deny their racial biases</td>
<td>&quot;I'm not racist, I have several Black friends.&quot;  &quot;As a woman, I know what you go through as a racial minority.&quot;</td>
<td>I am immune to racism because I have friends of color.  Your racial oppression is no different than my gender oppression.  I can't be a racist. I'm like you.</td>
</tr>
<tr>
<td>Myth of meritocracy: Statements which assert that race does not play a role in life successes</td>
<td>&quot;I believe the most qualified person should get the job.&quot;  &quot;Everyone can succeed in this society, if they work hard enough.&quot;</td>
<td>People of color are given extra unfair benefits because of their race.  People of color are lazy and/or incompetent and need to work harder.</td>
</tr>
<tr>
<td>Pathologizing cultural values/communication styles: The notion that the values and communication styles of the dominant/White culture are ideal</td>
<td>Asking a Black person: &quot;Why do you have to be so loud/animated? Just calm down.&quot;  To an Asian or Latino person: &quot;Why are you so quiet? We want to know what you think. Be more verbal.&quot;  &quot;Speak up more.&quot;</td>
<td>Assimilate to dominant culture.</td>
</tr>
<tr>
<td>Second-class citizen: Occurs when a White person is given preferential treatment as a consumer over a person of color</td>
<td>Person of color mistaken for a service worker  Having a taxi cab pass a person of color and pick up a White passenger  Being ignored at a store counter as attention is given to the White customer behind you  &quot;You people...&quot;</td>
<td>People of color are servates to Whites. They couldn't possibly occupy high-status positions.  You are likely to cause trouble and/or travel to a dangerous neighborhood.  Whites are more valued customers than people of color.  You don’t belong. You are a lesser being.</td>
</tr>
<tr>
<td>Environmental microaggressions: Macro-level microaggressions, which are more apparent on systemic and environmental levels</td>
<td>A college or university with buildings that are all named after White heterosexual upper class males  Television shows and movies that feature predominantly White people, without representation of people of color  Overcrowding of public schools in communities of color  Overabundance of liquor stores in communities of color</td>
<td>You don’t belong/You won’t succeed here. There is only so far you can go.  You are an outsider/You don’t exist.  People of color don’t/shouldn’t value education.  People of color are deviant.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial of personal identity:</td>
<td>&quot;I can't believe you are married.&quot;</td>
<td>There is no part of your life that is normal or like mine. The only thing I see when I look at you is your disability.</td>
</tr>
<tr>
<td>Denial of disability experience:</td>
<td>&quot;Come on now, we all have some disability.&quot;</td>
<td>Your thoughts and feelings are probably not real and are certainly not important to me.</td>
</tr>
<tr>
<td>Denial of privacy:</td>
<td>Someone asks what happened to you.</td>
<td>You are not allowed to maintain disability information privately.</td>
</tr>
<tr>
<td>Helplessness:</td>
<td>Someone helps you onto a bus or train, even when you need no help.</td>
<td>You can't do anything by yourself because you have a disability. Having a disability is a catastrophe. I would rather be dead than be you.</td>
</tr>
<tr>
<td>Secondary gain:</td>
<td>&quot;We're going to raise enough money tonight to get Johnny that new wheelchair.&quot;</td>
<td>I feel good and get recognition for being nice to you.</td>
</tr>
<tr>
<td>Spread effect:</td>
<td>&quot;Those deaf people are retarded.&quot;</td>
<td>Your disability invalidates you in all areas of life. You must be special in some way. You're not normal. You have &quot;spiky sense.&quot;</td>
</tr>
<tr>
<td>Infantilization:</td>
<td>&quot;Let me do that for you.&quot;</td>
<td>You are not really capable. I know better than you how to do this.</td>
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<td>Patronization:</td>
<td>&quot;You people are so inspiring.&quot;</td>
<td>You are so special for living with that.</td>
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<td>Second-class citizen:</td>
<td>People work hard not to make eye contact or to physically avoid a PWD.</td>
<td>Those people expect too much and are so difficult to work with. They have no patience. Your right to equality is not important to me.</td>
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<td>Desexualization:</td>
<td>&quot;I would never date someone who uses a wheelchair.&quot;</td>
<td>PWDs are not my equal, not attractive, and not worthy of being with me.</td>
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# Gender Microaggressions in Every Day Life

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
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<tbody>
<tr>
<td><strong>Sexual objectification:</strong> Occurs when a woman is treated as a sexual object</td>
<td>“At my [private] school, we had to wear these skirts, and everywhere we walked by, there would be a bunch of guys cracking jokes, and you know, whistling.” “Some stranger guy tried to pick me up on the subway, and that completely creeped me out... I was like, ‘Oh, I have to get somewhere.’”</td>
<td>Women’s value is in their bodies; they are meant to please men.</td>
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<td><strong>Second-class citizen:</strong> Occurs when a woman is overlooked and/or when men are given preferential treatment</td>
<td>“[It’s like we’re] not as smart or capable and that’s why we are not paid as well for the same work.” A female sports team not getting the same resources or funding as a male sports team</td>
<td>Women’s contributions are not as valuable as men’s.</td>
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<td><strong>Assumptions of inferiority:</strong> Occurs when a woman is assumed to be less competent than men (e.g., physically or intellectually)</td>
<td>“I mean, my job, I don’t necessarily move boxes or anything like that, but a lot of the times, like, the men... they want... they purposely just won’t ask the girl to do it.” “When playing sports, men telling women that they don’t want to play with them.”</td>
<td>Women are not physically capable.</td>
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<td><strong>Assumptions of traditional gender roles:</strong> Occurs when an individual assumes that a woman should maintain traditional gender roles</td>
<td>“People expect you to be more polite, more dainty, just because, you know, you’re a woman. Guys they are around in public, they curse, they burp. They do this, they do that, but if a woman were to do that, people would be like, ‘Oh my god, what is she doing? Who does she think she is?’ What is acceptable for a man to do in public is totally different than what a woman is expected to do in public.” “Women being expected to cook and clean in the house, while men are not.”</td>
<td>Women should be feminine.</td>
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<td><strong>Use of sexist language:</strong> Occurs when language is used to degrade a woman</td>
<td>“They’re bimbos, they’re stupid, they don’t have brains, women in general.” “You know, if a guy has, like, a lot of girls, and they, like, have sex with all the other girls, they’re not called sluts or anything like that... You’re a player,” or like, ‘Oh! You’re the man!’ Like, they’re cool. And then if a girl does it, it’s all pretty different. It’s like, ‘Oh! You’re a slut. You’re sleeping with how many guys?’”</td>
<td>Women are intellectually inferior.</td>
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<td><strong>Environmental invalidations:</strong> Macrolevel aggressions that occur on systemic and environmental level</td>
<td>A male coworker hanging “pin-up pictures” of women on his wall in the workplace. The notion that women do not get paid the same as men for the same type of work. The fact that are so few women in the corporate world</td>
<td>Men have a right to sexualize women.</td>
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May be posted in the Department’s Bulletin Board**

1. Student RT’s are responsible:
   - To attend clinical rotations prepared to perform RT competencies, administer medications, participate in therapeutic or diagnostic treatments and ultimately the plan of care for the assigned patients/groups in a safe manner.
   - To ask questions to enhance their learning experience on the unit or agency as necessary.
   - To be able to respect and adhere to agency policies and procedures.
   - To communicate any concerns and provide feedback to the Clinical Instructor and staff about their experience.
   - To develop and demonstrate knowledge and skill in assessment, planning, implementation and evaluation of all Respiratory Therapy care required by the client or community.
   - The student will communicate effectively with clients/residents, groups, other students and health care staff as required to provide optimal client care.
   - To document provided care and updated assessments with the collaboration of the RT staff and clinical instructor as appropriate.
   - To inform the staff when they are off the unit or clinical placement area for other activities/breaks.
   - The student will act in a professional manner at all times as consistent with the Respiratory Therapy Code of Ethics, Standards of Practice.

2. Preceptor is responsible:
   - To ensure students are prepared for clinical to ensure safety standards are met.
   - To assess student’s abilities and delivery of the plan of care.
   - To be involved in addressing any concerns staff or students discuss.
   - To be present on the unit throughout the day to collaborate with staff and students.
   - To be a resource to staff in working with students i.e.: clarification of roles, scope of practice, etc.
   - To be available to assist students with skills as required.
   - To be accessible to staff and students in a timely manner.

3. In partnership with the Clinical Instructor, RT Staff can assist student learning by:
   - Collaborating and discussing the plan of care at the start of each shift, on a daily basis and throughout the shift as necessary with the student(s) and Clinical Instructor if appropriate.
   - Collaborate with the student and the Clinical Instructor to ensure the medications, any treatments and the plan of care is completed for the client in a safe manner.
   - To report any concerns and provide feedback to the Clinical Instructor.
   - To provide feedback to student RT’s on the unit as necessary.

The Department of Respiratory Therapy would like to thank all those who participate and assist to provide learning opportunities for RT students.