RESP 292 - PRECEPTORSHIP 2012

OVERVIEW

INTRODUCTION: Respiratory Therapy students spend approximately 800 hours of clinical experience developing their cognitive, psychomotor, and communication skills. However, there still exists a gap between their performance as students and their confidence as practitioners. Students successfully complete their clinical objectives, but may have trouble organizing a workload for a typical hospital shift.

Studies have shown that preceptorship in health occupations programs help to bridge the gap that exists between the role of student and practitioner. During a preceptorship, a student typically spends several shifts under the supervision of a preceptor in the clinical setting. The student assumes increasing responsibilities, eventually carrying the full patient care assignment for an entire shift if appropriate. In addition, the preceptor assists the student in becoming a part of the team at that hospital, introducing the student to doctors, nurses, and other key personnel. The student develops a feel for the “culture” at that hospital, which is especially helpful if the student becomes employed at the facility.

GOALS: During the preceptorship, the student will:
1. Continue to develop knowledge and “hands-on skills” in respiratory care
2. Maintain effective communication with patients, families, and other staff
3. Develop time management skills in order to carry a full patient care load
4. Act (almost) like a staff member, thereby receiving a “reality-based” experience

OBJECTIVES: Specific objectives will be determined by the preceptees with their preceptor(s) at the Preceptor Training class on April 27, 2012. The Faculty Liaison will give instruction in writing objectives. The preceptee will be required to develop objectives in the following areas:

**COGNITIVE** - also known as knowledge base. Example: I (student) will study the cardiac defect Tetrology of Fallot, and report on this defect to my preceptor.

**PSYCHOMOTOR** - also know as “hands-on”. Example: I will put together the Servo i from scratch five times and test it for patient use.

**AFFECTIVE** - also known as communication skills, work ethic, etc. Example: I will approach five M.D.s with suggestions for changes in a patient’s respiratory care.

Our hope is that the preceptor and the preceptee will get to know each other well enough that they are comfortable discussing the preceptee’s strengths and weaknesses. We also hope that the preceptor learns more about themselves as Respiratory Care Practitioner, as a teacher, mentor, and as human beings. Now in our eleventh year, the RCPs who have served as preceptors have reported great satisfaction with the experience.
FREQUENTLY ASKED QUESTIONS (FAQ)

**QUESTION:** What is a Preceptorship Program and why did the Napa Valley College Respiratory Therapy Program build one into their curriculum?

**ANSWER:** There is a one-page overview explanation of the Preceptorship Program included in this packet. If you do not have it, please email Wayne B. Fortier at wfortier@napavalley.edu or Austin E. Delacruz, Jr. at audelacruz@napavalley.edu.

**QUESTION:** Do you have to be an RRT to be a preceptor?

**ANSWER:** The RRT credential is NOT required to be a student’s preceptor. It is more important that the preceptor have strong clinical and teaching skills and that the student and preceptor can communicate well. The RRT credential IS required to be a paid instructor at NVC.

**QUESTION:** Are the students allowed to precept at two different facilities or with two different therapists?

**ANSWER:** The preference is for the student to precept with one RT at one facility. However, in the past, some students have created meaningful experiences using two hospitals and/or two RTs. Examples include *two weeks of pediatrics and two weeks of adult ICU work or some time in a pulmonary functions lab.*

**QUESTION:** What is the process if a student asks me to be their preceptor and I agree?

**ANSWER:** There is a Preceptor Information Form that the student will provide for you. Please be sure that the RT Department Manager is aware of the arrangement and signs the form that they are willing to have the student precept at their facility.

**QUESTION:** Is it mandatory that I attend the Preceptor Workshop?

**ANSWER:** No. It is great if all the preceptors can make it because the workshop is designed for the student and preceptor to work together on objectives and learn more about each other’s teaching and learning styles. It is also a way for our program to thank the preceptors by offering an educational, fun, and free event, providing Continuing Education Units (CEUs) and food.

**QUESTION:** Does the student then expect to get a job at the facility?

**ANSWER:** No, even though most students will try to precept where they would like to work, the Preceptorship is not tied to employment.

**MORE QUESTIONS? PLEASE CALL**

Wayne Fortier at (707) 253-3145 or Austin Delacruz, Jr. at (707) 253-3147
NAME
FIRST NAME: ____________ MIDDLE NAME_____________ LAST NAME  _____________ SUFFIX: _____

ADDRESS
STREET: ____________ CITY: ______________ STATE: __________ ZIP CODE: ___________

TELEPHONE
HOME: ( _ _ _ ) _ _ _ _ _ _ _ _ CELL: ( _ _ _ ) _ _ _ _ _ _ _ _ PAGER: ( _ _ _ ) _ _ _ _ _ _ _ _

AFFILIATE HOSPITAL/MEDICAL CENTER
NAME OF FACILITY: ___________________________________________________________

EMAIL ADDRESSES
WORK: __________________ PERSONAL/COMMERCIAL: ___________________ FAX: ( _ _ _ ) _ _ _ _ _ _ _ _

HAVE YOU EVER SERVED AS A PRECEPTOR FOR THE NVC RT PROGRAM BEFORE?  YES ☐ NO ☐

IF YES, WHAT YEAR (S)?  1.) _ _ _ _  2.) _ _ _ _  3.) _ _ _ _  4.) _ _ _ _  5.) _ _ _ _

MAY I COPY THIS FORM FOR YOUR PRECEPTEE?  YES ☐ NO ☐

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I AGREE TO BE THE PRECEPTOR FOR THE FOLLOWING STUDENT:

STUDENT NAME: FIRST __________ MIDDLE ________ LAST___________ STUDENT NUMBER: _ _ _ _ _ _ _

PRECEPTOR’S SIGNATURE: __________________________________________________________________________
DATE SIGNED: _ _ _ - _ _ - 2012

I WILL BE ABLE TO ATTEND THE PRECEPTOR WORKSHOP TENTATIVELY SCHEDULED FOR
FRIDAY, APRIL 27, 2012 AT NAPA VALLEY COLLEGE  YES ☐ NO ☐

PLEASE HAVE THE RT DEPARTMENT MANAGER APPROVE THIS REQUEST TO PRECEPT AT THIS FACILITY:

FIRST_________ MIDDLE ________ LAST_________ SIGNATURE: ______________ DATE SIGNED: _ _ _ - _ _ - 2012

RESPIRATORY THERAPY DEPARTMENT MANAGER