Missouri Western State University

Respiratory Therapy Program

2026-2027

Clinical Preceptor Training Handbook

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Welcome Letter from the Program Director

Dear Clinical Preceptor,

Thank you for partnering with the Missouri Western State University Respiratory Therapy Program.

Your commitment to student development is essential to preparing competent, ethical, and patient-centered respiratory therapists. Through your expertise, supervision, mentoring, and evaluation, students gain valuable clinical experiences that prepare them for professional practice.

This handbook has been developed to serve as:

- New preceptor orientation
- Annual preceptor training
- Reference guide
- CoARC training documentation

Thank you for supporting the future of respiratory care.

David Northrop, MBA, RRT Program Director

\Missouri Western State University's RT Program Mission

The RT program at Missouri Western State University embraces the institution's mission and vision and is focused on providing a quality educational program that encourages lifelong learning and professional growth, enabling its graduates to initiate successful careers, function as a valuable member of the health care team, and be leaders in the profession and the community.

Program Leaders and Contacts

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Clinical Education Philosophy

Clinical education allows students to:

- Apply classroom concepts
- Refine laboratory skills
- Build clinical judgment
- Develop communication skills
- Progress toward entry-level competency

Students transition from observation to active participation and ultimately to graduate-level readiness.

Clinical Definitions

Clinical Preceptor

An employee of the clinical affiliate who:

- Teaches students
- Supervises students
- Evaluates students
- Maintains a patient assignment

Maximum ratio: **2 students: 1 preceptor**

Clinical Preceptor Responsibilities

Teaching

- Demonstrate procedures
- Explain clinical reasoning
- Encourage critical thinking

Supervision

- Ensure patient safety
- Monitor procedures
- Verify competency

Evaluation

- Complete evaluations honestly
- Use program assessment tools (Trajecsys)
- Provide objective feedback

Communication

- Contact department specific educator, manager or DCE regarding concerns
- Report patient safety issues
- Report professionalism concerns

Students Are Learners—Not Staff

Students:

- Are learners
- Require supervision
- Participate for educational purposes

Students are NEVER:

- Employees
- Staff replacements
- Independent practitioners
- Compensation recipients for clinical coursework

Student Clinical Guidelines

Students are expected to:

- Be punctual
- Be prepared
- Be professional
- Follow policies
- Protect confidentiality
- Seek learning opportunities
- Accept feedback and constructive criticism

Commitment to My Learning Community

At Missouri Western State University (MWSU), we strive to create a respectful, inclusive, and collaborative environment for all members of our learning community—students, faculty, and staff. In alignment with our mission and values, we ask each individual to make the following commitment to one another.

As a member of this student-centered learning environment, and with our shared goal of excellence in respiratory therapy education and teamwork, I commit to the following:

- I will take responsibility for establishing and maintaining healthy, respectful relationships with my classmates, instructors, and staff.
- I will communicate directly and promptly if I am experiencing a challenge with someone. I will only seek advice from others when I need help deciding how to approach the situation constructively.
- I will build and maintain trust with every member of this learning community. I will treat everyone with equal respect, regardless of role, background, or experience.
- I will avoid the "3Bs" (Bickering, Back-biting, and Blaming) and encourage others to do the same.
- I will practice the "3Cs" (Caring, Commitment, and Collaboration) in all my interactions and ask others to join me in doing so.
- I will not speak negatively about another member of this learning community. If I hear someone doing so, I will encourage them to speak directly with the person involved.
- I will accept others as they are today, letting go of past conflicts, and ask that others do the same with me.
- I will focus on finding solutions to challenges rather than complaining or assigning blame.
- I will recognize and affirm the contributions of others to our shared learning and success.
- I will remember that no one is perfect. Mistakes are opportunities for learning, growth, and mutual support—not for shame or guilt.

"Key points taken from Commitment to my Co-workers"

Attendance Requirements

Students must:

- Arrive on time
- Attend shift report
- Complete assigned hours
- Stay the entire shift

Required shift length: 12.5 Hours (including 30 minute lunch break)

Includes:

- Clinical hours
- One 30-minute lunch

Students should never ask to leave early. It is an expectation that they stay the entire shift to experience taking and giving patient report.

Student Call-In Procedure

If absent: **Step 1**

Notify department at least one hour before shift.

Step 2 Speak with:

- Charge RT
- Shift Manager
- Assigned representative

Step 3 Email DCE including:

- Date
- Reason
- Person contacted
- Make-up plan

All absences are required to be made up.

Dress Code

Required:

- MWSU ID badge or student badge provided by hospital
- MWSU RT scrubs
- Closed-toe shoes
- Closed-heel shoes

Professional grooming required.

Not permitted: (MOKAN guidelines)

- Artificial nails
- Artificial eyelashes
- Gel nails
- Heavy fragrances
- Excessive jewelry
- Sweatshirts/hoodies over scrub top

Clinical Day Expectations

Students are expected to:

- Clock in using Trajecsys software
- Check in with the RT department
- Obtain assigned preceptor
- Participate in shift report
- Maintain communication
- Follow affiliate policies

Students must remain on-site.

Leaving the clinical site is considered an absence unless approved.

Patient Safety

Students must:

- Practice within competency

- Seek assistance when needed
- Follow infection control procedures
- Report errors immediately

Students are to report immediately to their assigned preceptor and then to the appropriate hospital personnel. It is the student's responsibility to notify the program Director or Director of Clinical Education. The student will be contacted by the clinical site if any further action is needed.

- Errors
- Near misses
- Exposures
- Injuries
- Patient safety concerns

Enhancing the Clinical Learning Experience

Students are encouraged to actively participate in a variety of learning opportunities that extend beyond routine patient care activities. Valuable experiences may include assisting their preceptor with cleaning, organizing, and stocking respiratory care equipment, participating in patient transport, observing or assisting with patient education, attending physician and intensivist rounds, participating in Rapid Response Team activations and Code Blue events, observing disaster drills, attending product or procedure in-services, and observing specialized procedures such as bronchoscopies, thoracenteses, CT scans, and MRI procedures when appropriate.

During periods of low patient activity within their assigned unit, students are encouraged to work with their preceptor to identify other clinical areas where learning opportunities may be available. Students should come prepared with textbooks, laptops, or other approved educational materials to support independent study during downtime. All students must follow facility policies regarding the use of laptops and electronic devices in patient care areas. Personal cell phone use is prohibited in patient care areas and is only permitted in designated break room locations. By taking advantage of these additional experiences, students can broaden their clinical knowledge, improve professional development, and maximize every opportunity for learning throughout their clinical education.

Student Progression Matrix

Semester	Focus
Semester 1	Basic RT procedures
Semester 2	Critical care and ventilation/Mechanical Ventilation
Semester 3	Neonatal & Pediatric care/ACLS/PALS
Semester 4	Specialty practice/Critical Care & entry-level readiness.

Clinical Documentation
(Evaluations & Skills Checks)

Clinical Competency/Skills Validation

All and competencies should be completed directly in Trajecsys. The system allows preceptors to provide candid, evidence-based feedback regarding student performance, professional behaviors, and clinical competency.

Preceptors should:

- Observe performance
- Verify safety
- Evaluate objectively
- Provide feedback

*If a student observes the preceptor performing a skill and the preceptor can talk the student through the competency then the preceptor can check the student off as "observed". Never sign competencies not personally observed.

Providing Effective Feedback

Feedback should be:

- Timely
- Specific
- Objective
- Constructive

* It is the expectation that the student acknowledges the feedback and take the constructive criticism in a manner that promotes additional learning.

Clinical Evaluations

1. Preceptor evaluation of student
2. Student evaluation of clinical sites & preceptor

Preceptor evaluation of student

Preceptor evaluations are a critical component of the Respiratory Therapy Program's assessment process and play an essential role in maintaining compliance with CoARC accreditation standards. Clinical preceptors provide valuable direct observation of student performance in the clinical environment, allowing the program to assess students' cognitive, psychomotor, and affective competencies as they progress toward entry into professional practice. The feedback provided by preceptors helps ensure that students are developing the professional behaviors, critical thinking skills, clinical competence, and patient care abilities expected of a Respiratory Therapist.

All preceptors are required to complete a student evaluation for each clinical shift. Timely and accurate evaluations are essential for documenting student progress, identifying areas for improvement, and providing evidence of student achievement of program outcomes. To ensure proper collection and tracking of assessment data, all clinical evaluations must be completed and submitted through Trajecsys at the conclusion of each clinical shift. Consistent completion of these evaluations supports both student success and the program's ongoing accreditation requirements

Remediation Process

When concerns occur:

1. Identify issue/ Preceptor discusses with Director or Educator
2. Notify DCE
3. Develop remediation plan
4. Document progress
5. Reevaluate competency

Student Evaluation of Clinical Sites & Preceptor

Students evaluate:

- Clinical sites
- Clinical experiences
- Clinical instructors
- Clinical preceptors

Results are used for quality improvement and evaluator consistency. Students evaluate each clinical shift they attend.

Trajecsys clinical management software

Each clinical day, we expect our students to clock in upon arrival and will also clock out when they leave. They will continue to complete their evaluation of their clinical experience, preceptor, and facility. They will also be asking their preceptors to complete an evaluation of them and their performance as well as checking them off on any skills/competencies that they can complete while there.

We will need the clinical facility to create a department specific login through the Trajecsys website. This login and password will be utilized by all clinical preceptors and only needs to be created once.

What will preceptors do within Trajecsys?

1. Complete the "Preceptor Evaluation" to evaluate the student
2. Complete any clinical checkoffs if applicable for each given clinical day.

**Preceptors will not be responsible for approving time records. **

How to log in:

3. Go to: www.trajecsys.com
4. Click "log in" in the upper right hand side of the homepage.
5. Log in using the department specific login that has been created for your institution.

6. Follow the steps below to complete the evaluations and competency/skills checks.

How to complete preceptor evaluation:

1. Once logged in and on the main home/welcome page, you will navigate from the toolbar on the far-left side.
2. Click on the "Evaluations" tab from the toolbar on the left.
   - You will see only one available evaluation to choose titled "Preceptor Evaluation"
   - Choose your student's name from the drop-down menu and the clinical site.
   - The preceptor should type in their name in the provided box.
   - Fill out the evaluation and submit it.

How to complete a clinical competency:

1. Once logged in and on the main home/welcome page, you will navigate from the toolbar on the far-left side.
2. Choose "Comp Eval"
3. Choose from the drop-down menu the site and the student's name.
4. Type: Choose Clinical
5. Major study: You will choose which best fits the competency/skill you are checking them off on.
6. Procedure: You will find the procedure that the student has completed (ex. SVN delivery)
7. Preceptor should fill out their name to verify completed competency/skill

Clinical Preceptor Development and Training

To support current CoARC accreditation requirements, Respiratory Therapy programs must establish processes that promote consistency in student assessment and minimize differences among evaluators. Consistent clinical evaluations help ensure that student performance is measured fairly, accurately, and objectively across all clinical learning environments.

As a clinical preceptor, your role in evaluating student performance is essential to the success of our program and the development of competent future respiratory therapists. This training is designed to provide you with the knowledge, tools, and best practices needed to effectively assess student performance and deliver meaningful, constructive feedback. Through participation in this program, preceptors will develop greater consistency in evaluating students, strengthen their ability to identify expected levels of clinical competence, and enhance their skills in guiding student growth and professional development.

By completing this training, you will be better prepared to provide objective, reliable evaluations that support student learning while contributing to the program's ongoing commitment to quality education and accreditation compliance.

The Respiratory Care Program requests all clinical preceptors supervising program students to complete the AARC Clinical Preceptor Education Program (Clinical PEP). Completion of the Clinical PEP provides 2 CRCE® continuing education credits, enhances clinical teaching and evaluation skills, promotes inter-rater reliability in student assessment, and supports the Respiratory Care Program's compliance with CoARC accreditation standards. The program will provide a specific access code for preceptors to take this course.

Preceptor Quick Reference

Always Remember

- Students are learners
- Students require supervision
- Max ratio = 2:1
- Students cannot replace staff
- Sign only observed competencies
- Patient safety first
- Contact the DCE directly through email or via your educator/director when concerns arise
- Complete the AARC Clinical Preceptor Education Program (Clinical PEP)

Semester 1 Competencies (Fall Semester- junior year)

Core Areas

- Assessment & Communication & Patient Education
- Airway Clearance Management
- Oxygen Delivery & Medication administration
- Safety, Infection Control & Professionalism

Semester 1	Lab	Peer to Peer	Clinic Observed	Clinic Performed
Arterial Puncture**				
Chest Physical Therapy (CPT) & Postural Drainage				
Continuous aerosol therapy using a large-volume nebulizer				
Diaphragmatic breathing technique				
Directed Cough				
Documenting respiratory care progress notes				
Dry Powder Inhaler (DPI)/Metered Dose Inhaler (MDI) administration				
Forced Expiratory Technique (Huff Cough)				
Giving a Change-Of-Shift Report				
Hand Hygiene				
High-frequency chest wall oscillation (HFCWO)				
Incentive Spirometry				
Intermittent Positive Pressure Breathing (IPPB)				
Intrapulmonary Percussive Ventilation (IPV)				
Isolation Precautions				
Mechanical Insufflation/Exsufflation Device				
Medication Administration				
MetaNeb System				
Modified Allen's Test				
Nasotracheal Suction (NTS) **				
Oropharyngeal suctioning				
Oxygen & air cylinder management				
Oxygen Therapy (devices)				
PEP Devices (Aerobika, Acapella, flutter etc.)				
Positive Airway Pressure therapy (PAP) Devices (EZ PAP)				
Pulse Oximetry				
Pursed-lip breathing				
Small Volume Nebulizer Aerosol (SVN)				
Special tuberculosis precautions				
Sputum induction				
Sterile Gloving				
Taking a Medical History				
Taking vital signs: BP & temp				
Using a bubble humidifier				
Using a liquid oxygen system				
Vital Signs (HR, RR, Exam lungs & thorax)				

Semester 2 Competencies (Spring semester- junior year)

Core Areas

- Mechanical Ventilation
- Airway Management
- Tracheostomy Care
- Intubation Assistance
- Pulmonary Diagnostics
- Critical Care Procedures & Management

Semester 2	Lab	Peer to Peer	Clinic Observed	Clinic Performed
Admin Oxygen therapy to a patient with an artificial airway				
Administration of High Flow Oxygen Therapy				
Arterial Line Draw**				
Arterial line monitoring				
Assist with Intubation				
Case study presentation				
Changing a Tracheostomy Tube				
Chest X-Ray Interpretation				
Collection of Sputum by Suctioning				
Endotracheal tube care				
Endotracheal In-Line Suctioning				
Extubation				
Humidification during mechanical ventilation.				
Initiation of invasive mechanical ventilation				
Initiating noninvasive ventilation: CPAP & BiPAP				
Inserting alternative airway devices				
Interpreting basic laboratory values				
Introducing & fitting the positive pressure interface				
Manual Ventilation with Bag/Mask				
Monitoring Cuff Pressures				
Monitoring end-tidal CO_2				
Nasopharyngeal Airway Insertion				
Nasotracheal intubation				
Obtaining a 12-lead ECG				
Oral tracheal intubation				
Oropharyngeal Airway Insertion				
Patient/Ventilator assessment				
Performing Flow-Volume Curves				
Performing Forced Vital Capacity (FVC)				
Performing Simple Spirometry				
Preparing a mechanical ventilator for use				
Safe patient transfer & transport				

Spontaneous Breathing Trial (SBT)				
Terminal Weaning				
Tracheostomy & Stoma Care				
Waveform analysis				

Semester 3 Competencies (Fall semester- senior year)

Core Areas

- Neonatal & Pediatric assessment & communication
- Neonatal & Pediatric Ventilation
- Delivery Room Management
- Surfactant Therapy
- Patient/Family Education

Semester 3 (Neo/Peds)	Peer to Peer	Lab	Clinic Observed	Clinic Performed
Aerosol treatment				
Capillary blood sampling				
Case study presentation				
Change-of-shift report				
Chest radiography (CXR) interpretation				
Delivery room attendance*				
Documenting an RT progress note				
ECG interpretation (adult- ACLS) and/or Neo/Peds				
Handwashing				
High-Frequency Oscillatory Ventilation (HFOV)				
Initiating Mechanical Ventilation of neo/ped patient				
Initiating neonatal or pediatric NIPPV				
In-line suctioning				
Intubation				
Manual Ventilation with Bag/Mask (ex. Neo Tee)*				
MDI & DPI administration				
Mechanical Insufflation/Exsufflation Device*				
Mechanical ventilator check				
Nasotracheal suctioning				
Oxygen therapy				
Preparing mechanical ventilator for use				
Pulse oximetry				
Safe patient transfer & transport (Kangaroo Care, transport from delivery room, or procedure etc).				

Surfactant delivery				
Taking/obtaining a medical history (maternal or Pediatric patient)				
Teaching home tracheostomy & suctioning				
Transcutaneous monitoring (TCM)				
Vital Signs				

Semester 4 Competencies (Spring semester- senior year)

Core Areas

- Sleep Diagnostics
- Pulmonary Function Testing
- Bronchoscopy Assistance
- Home Care
- Discharge Planning

Semester 4 (Specialty)	Lab	Clinic Observed	Clinic Performed
Acquiring polysomnographic data			
Applying monitoring devices for polysomnography			
Assessing the polysomnography patient			
Bronchoscopy assist			
Discharge planning			
Invasive ventilatory support in alternative settings			
Performing a forced vital capacity (FVC)			
Performing simple spirometry			
Teaching home tracheostomy care & suctioning			