



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

1

CLINICAL SITE SUBMISSION TEMPLATE

(General Requirements, Part 4. Clinical Submissions – Critical Component)

Name of Clinical site: _____

Directions for completion:

Please note that this template is based on the comprehensive Self-Study template (completed by the program seeking accreditation) and numbering within this document refers back to the Self-Study requirements. This template is designed to provide a consistent format for collecting comprehensive information on each site affiliated with the program while recognizing that some sites provide extensive clinical education and others may provide specialty rotations only. Each affiliated clinical site that provides any portion of the program where academic competencies are assessed is required to complete this template. **Please ensure that the appropriate authority signs the submission and that the required supporting documentation is attached.**

The undersigned CEO (or person who signs contractual affiliation agreement) hereby requests that the Council on Accreditation of Respiratory Therapy Education include this site in the assessment for accreditation of the respiratory therapy educational program.

Name _____ Signature _____ Date _____

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CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

2

1. Clinical Students (*Accreditation Requirements Part 3. Specific requirement B.*)

3.B.1 How is student safety ensured? (Please check the relevant boxes)

- Students are given instruction during a site-specific orientation.
- Policies exist for safe handling and disposal of hazardous materials.
- Written information on safety policies and procedures is given to students and reviewed with them, e.g. safety manual.
- Other (Please specify) _____

3.B.2 What is the process for dealing with students' concerns? (Please check the relevant boxes)

- Incident reporting mechanism is in place.
- There are opportunities for dialogue during all rotations/clinical courses.
- Students evaluate all clinical rotations and results are shared with the clinical site.
- Students evaluate preceptors and results are shared with the clinical site.
- Other (Please specify) _____

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CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

3

2. National Competency Profile (*Accreditation Requirements Part 3. Specific requirement C.*)

3.C.1 Structure of clinical experience at this site. Identify rotations that are not applicable by N/A.

CLINICAL COURSE OR ROTATION	LENGTH (weeks)	If this rotation is provided at an external location covered by the Clinical Affiliation Agreement, please list the name(s) of the site(s).	MAX.# OF STUDENTS PER CLINICAL COURSE/ROTATION	IS CLINICAL SIMULATION INCORPORATED INTO THE CLINICAL COURSE/ROTATION FOR INSTRUCTIONAL PURPOSES? (YES/NO)	IS CLINICAL SIMULATION INCORPORATED INTO THE CLINICAL COURSE/ROTATION FOR THE PURPOSES OF EVALUATING COMPETENCY? (YES/NO)
Orientation					
Critical Care					
Pulmonary Function					

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CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

4

Wards					
Emergency Room					
Operating Room					
Pediatric/ICU					
Neonatal ICU					
Homecare					
Cardiopulmonary Diagnostics					

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CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

5

Optional Rotations (e.g. Sleep Lab, Review)					
Other (please specify)					

A master student schedule for this site must be included with this submission.

3.C.2 Evaluation of competencies

How are valid and timely evaluations of competencies ensured? (Please check the relevant boxes)

- Clinical personnel (coordinator, instructors and preceptors) are aware of which competencies in the *National Competency Profile* are to be evaluated at this site.
- Clinical instructor (i.e. a therapist dedicated to instructing students) evaluates the required competencies.
- Preceptor (i.e. a therapist who is primarily performing patient care and has a student) evaluates the required competencies.

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CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

6

- CSRT Competency Evaluation Templates or other appropriate evaluation tools (e.g. skill sign off sheets) are used to promote a consistent evaluation process.
- The competency evaluations (i.e. skill sign offs) in each rotation allow the students time to develop a skill as well as time for remediation when required.
- Other (Please specify) _____

3.C.3 Which of the following disciplines have input into student's clinical experience? (Please check the relevant boxes)

- Respiriology
- Anesthesiology
- Neonatology
- Intensivists (critical care physicians)
- Nursing
- Pharmacy
- Physiotherapy
- Other (Please specify) _____

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

7

3. Human Resources (*Accreditation Requirements Part 3. Specific requirement D.*)

Name and title of person responsible for respiratory therapy clinical practice at this site: _____

3.D.1 Name and title of person responsible for coordinating student's clinical experience in this clinical site: _____

Experience as a respiratory therapist _____ years

Experience in clinical teaching _____ years

Is this individual an employee of the educational institution or the clinical site? _____

Responsibilities include: (Please check relevant boxes)

Coordinate clinical experience.

Accept responsibility for students.

Instruct, supervise and evaluate students.

Respond to concerns / problems in a timely manner.

Ensure that all rotational objectives are met.

Other (Please specify) _____



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

8

3.D.2 What is the hospital policy for ensuring all professionals who instruct and evaluate students are qualified in their respective professions? (Please check relevant box(es))

- Professionals must submit a license/certificate yearly to their respective department/program director
- Continuing education must be documented and kept on record as part of the performance evaluation
- Other (Please specify) _____

How are the Respiratory Therapists prepared for the arrival of students? (Please check the relevant boxes)

- Preceptor course is offered to all respiratory therapists prior to students' arrival
- Regular staff meetings are held to clearly define the students' objectives
- The staff is provided with the students' clinical course/rotation schedule.
- There is clear documentation which is readily available and outlines the expectations of the staff with respect to their responsibilities for students.
- Other (Please specify) _____

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

9

3.D.3 How is the adequate supervision of students ensured on each rotation? Please describe below.

How are students oriented to your facility? Are multiple students oriented at once?

Please provide the student to instructor/preceptor ratio for each of the following clinical areas.

Critical Care:

ICU with fewer than 10 ventilators running at any given time _____

ICU with 10 or more ventilators running at any given time _____

Pulmonary Function Lab: _____

Wards/ER:

What is the ratio of students to instructor/RRT on any given day shift? _____

If evening/night shifts differ from days, please indicate. _____

Operating Room:

How many students are scheduled to be in the OR at any given time? _____

Is the student paired with an RRT? _____

What is the ratio of students to Anesthetists at any given time? _____

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

10

Neonatal ICU:

How many students are scheduled to be in the NICU on any given day? _____

What is the ratio of students to instructors/RRT? _____

Homecare:

How many students rotate at a time to any given homecare company? _____

Are the students assigned to a respiratory therapist or another professional? (please specify) _____

Cardiopulmonary Diagnostics:

How many students rotate at once through this portion of the program? _____

What is the ratio of student to professional? _____

Sleep Lab:

How many students rotate through this portion of the program at any given time? _____

What is the ratio of student to Sleep Lab Tech/ Polysomnographer? _____

Hyperbaric Unit:

How many students are scheduled into the hyperbaric unit at any given time? _____

What is the ratio of students to instructor/RRT? _____

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

11

Please attach:

- **On-site Clinical Coordinator/Instructor's curriculum vitae**
- **Job description of on-site Clinical Coordinator/Instructor, specifying responsibilities for instruction, supervision and evaluation of students**
- **Job description of teaching therapist (preceptor) specifying responsibilities for instruction, supervision and evaluation of students**

4. Learning Resources (*Accreditation Requirements Part 3. Specific requirement E.*)

3.E.1 Please specify the brand of ventilator, under each heading, available to students at this site to meet their clinical objectives.

VENTILATORS

Adult Critical Care Ventilators

Transport Ventilators

Home-Care Ventilators

Neonatal/Infant/Pediatric Ventilators

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

12

Non-Invasive Ventilatory Support Systems

Other _____

Please specify accessories, under each heading, available to students at this site to meet their clinical objectives.

ACCESSORIES (to complement devices)

Non-Invasive Monitoring Devices (if not listed above)

Artificial Airways & Adjuncts (including resuscitation devices)

Suction Equipment

Bronchoscopy Systems/Devices

Blood Gas Analyzers

Co-oximeters & Other Patient Monitors

Anesthesia Units

Self-Study – Clinical Submission Template – Revised 2013



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

13

Diagnostic Equipment

Oxygen Therapy Equipment

Other _____



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

14

CHECKLIST FOR SUPPORTING DOCUMENTATION

- Please ensure that the following documentation is attached
- If certain supporting documentation listed below is provided by the didactic site, please specify

PART 3

3.C.1	Rotation Schedule	_____
3.D.3	Clinical coordinator/instructor's curriculum vitae	_____
	Clinical coordinator/instructor's job description	_____
	Teaching therapist's job description	_____

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