

Rush University Cardiovascular Perfusion Program
Clinical Experience Handbook



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Rush University Cardiovascular Perfusion Program
Rotation Information Packet
Clinical Experience Courses
CVP 641, 642, & 645

Introduction

Please note that this document is intended as a reference for students while on clinical rotations. Official syllabi with specific dates, assignments, and expectations are posted in Canvas. Outlines for each rotation will be distributed at the start of each session. While the intention is to have the most up-to-date information available for the clinical experience series, due to unforeseen circumstances the information in this document may occasionally be subject to change. Please allow for alterations in scheduling, rotation assignments, and homework. For questions, concerns, or clarifications please contact the perfusion program's clinical coordinator. Course communication is completed using a variety of multimedia formats. The online Canvas course shells and e-mail system are the primary sources utilized for communication while students are on rotations. The Medatrx website is utilized for course evaluations and for student assessments. Students will need access to word processing programs as well as the internet to complete weekly assignments.

Attendance at Rush

We try to avoid unnecessary travel for students while on clinical rotations, however attendance at Rush will be necessary occasionally and students will be notified in advance. Students will be required to be in town the week after their third rotation to allow for paperwork, guest lectures, graduation preparations, and comprehensive exams. Usually the Wednesday and Thursday following the end of rotations. Note that the Pinning Ceremony with your families to celebrate graduation as a program will be the week after this a few days before graduation. This is a 2-week period to be back in Chicago or go back and forth, please plan ahead for this. Specific scheduling will be announced as the year progresses.

Clinical Responsibilities

The Perfusion Practicum courses represent the clinical portion of the Cardiovascular Perfusion program at Rush University. The course series starts during the summer semester with Perfusion Practicum I and goes into the second year and continues until the end of spring semester just prior to graduation. In these courses, the students prepare for and gain clinical experience and competencies in all aspects of cardiovascular perfusion. Each clinical course builds on the skills developed in previous clinical and didactic courses. The principal goal of the final clinical semester is that the student will be capable of performing all perfusion related duties supervised, but without instructor intervention. The following describes the duties, responsibilities, and scheduling throughout this course series.

Students are responsible for all CPB related duties: pre-bypass preparation, initiation, management, and termination, and post-CPB monitoring under instructor supervision. These duties include but not limited to:

1. Patient work-up
 2. Maintenance of perfusion record
 3. Cannula selection
 4. Set up of cooler/heaters
 5. Set up and QC of ACT machines and other POC equipment
 6. Set-up and management of autotransfusion equipment
 7. Preparation of medications
- Students must not draw up drugs without direct instructor supervision*

8. Preparation of cardioplegia solution
Students must not draw up cardioplegia without direct instructor supervision
9. Selection, preparation, and priming of circuit/disposables
10. Selection of prime constituents
11. Extracorporeal management
12. Charting on perfusion record during case
13. ACT, HMS and TEG measurements and interpretation
14. Lab sampling and results interpretation
15. Ensure completion of perfusion paperwork
16. Clean up
17. Inventory/Restock
18. Equipment quality control and maintenance

If the perfusion student is acting as a first assistant, they should optimize any unstructured time by remaining in the room to observe both perfusion management and operative procedures.

In addition, students are expected to learn and participate in any other ancillary perfusion activities that they may come across during their clinical rotations (at the discretion of each individual perfusion team). These include, but are not limited to:

1. IABP set-up, insertion, management, and troubleshooting,
2. PRP
3. VAD insertions, device and patient management
4. ECMO
5. Morbidity and Mortality sessions, continuing education seminars, or manufacturer in-services
6. Pacemakers
7. Patient monitoring devices – Swan Gantz catheter, arterial lines, etc.
8. Quality Control procedures
9. Departmental competency drills
10. Patient rounds
11. Simulation
12. Organization of perfusion supplies

Student Responsibilities Prior to Each Affiliation

1. Prior to the first clinical affiliation, students are required to:
 - Contact the clinical rotation coordinator **3 weeks** prior (or when told to do so by the clinical coordinator) to their start date in order to optimize their rotations via email after told to do so by the clinical coordinator (also cc Program Director / Clinical Coordinator).
 - Provide the materials listed for that specific site. (CPR, immunizations, etc.)
 - **Required elements should not expire** while the student is participating in the clinical affiliation experience.
 - Individual affiliates may also have specific requirements for students rotating to that site.
2. **Students are expected to attend all assigned clinical experience days and to be punctual at all times. Students are not allowed to miss any days of the clinical experience for personal reasons. Failure to show up for the clinical assignment without contacting the appropriate individuals prior to the absence may result in failure of the course.**

3. Students are expected to follow the inclement weather or disaster policy of the assigned affiliation. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the site's clinical coordinator (CC).
4. Students are expected to adhere to the daily scheduled hours of the facility and/or the CC. Students may be required to work evenings, weekends, or holidays. Students and CC(s) should discuss the schedule prior to the start of the clinical affiliation.

Orientation to the Clinical Site

The affiliation experience varies with each clinical site, as does the background and knowledge of each student. At the beginning of each clinical rotation, the student should receive a department orientation. A department orientation usually includes the following components:

1. A tour of the department and facility.
2. A review of the rules and regulations specific to the facility.
3. Introduction of team members (List team members, titles, and contact information).
4. An overview of the philosophy of the department.
5. An introduction to patient records, charts, scheduling, billing, etc.
6. A discussion of the affiliation schedule including hours of work and CI/student expectations.
7. A review of the types of experiences and learning opportunities available at the facility.
8. A review of specific protocols and guidelines used by the facility.
9. A review of the emergency procedures: contact persons with telephone numbers.
10. A discussion of the background, learning styles, and needs of the students and CI.
11. A discussion of the goals and objectives for the clinical affiliation for student and CI.
12. Information about the location: where to eat, cell phone policy, etc.

Cancellations of Affiliations

1. **Clinical affiliations may be cancelled at any time.** It is crucial to note that no selection/assignment is definite until the start day of the clinical affiliation. Clinical sites may cancel an affiliation secondary to such issues as: staffing shortages, patient census, or administrative issues. Sites must provide adequate time for the cancellation of clinical affiliations, so the academic program can reassign the student to another clinical affiliation. **If an affiliation is cancelled, under no circumstances should a student attempt to establish their own clinical rotation.**

2. In the event of a cancellation of an affiliation, the program director or clinical coordinator will arrange a new clinical affiliation. Students may be required to travel or incur additional expenses when an affiliation is cancelled.

Case Requirements

The standard in *The Commission on Accreditation of Allied Health Education Programs Standards and Guidelines for the Accreditation of Educational Programs in Perfusion* states:

“A minimum of **75** clinical cases at AC-PE approved clinical affiliates requiring cardiopulmonary bypass must be performed by each student prior to graduation. A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or performed prior to graduation. Pumped pediatric cases may count toward the 75 cases, observed cases will not count. Also, 5 additional cases of 6-hour ECMO or VAD experience must be completed to graduate.”

If the student should have any concerns regarding their ability to complete this minimum criterion prior to graduation, they must contact the clinical coordinator.

Do not compare case counts with classmates and panic if a number is higher or lower, it all balances out over the rotations.

Pediatric Case Requirement

Ten pediatric cases are required for a student to graduate from any accredited perfusion program. These cases **must go on CPB** in order to be counted toward the minimum requirement. These patients **must be under the age of 18 years old. Adult congenital repairs are not applicable.** If the student pumps the case, it may be included in the 75 clinical case requirements. If the student is observing the pump run this count towards the pediatric element, but not for the 75 case minimum. If the student should have any concerns regarding what counts as a case, or their ability to complete this minimum criterion prior to graduation, they must contact the clinical coordinator and the program director.

Clinical Rotation Documentation

All students must contact the clinical rotation coordinator **3 weeks prior to their start date** to optimize their rotation. The communication may be via email (also cc Clinical Coordinator) or by telephone. Specific site requirements and documentation is determined at the discretion of each affiliate and may be altered at any time. The clinical coordinator will have an advisory meeting with each student prior to their rotation and ensure the student knows what documents are required for their rotation. The student may be required to submit information to the site at the request of the clinical coordinator. If students are unable to start a rotation due to missing or incomplete paperwork those days will **be subtracted from the five allotted personal days.** If students have not confirmed time and meeting place for their first scheduled day of rotations by the day before, it is their responsibility to make all efforts to contact the site coordinator. Inability to contact a site coordinator should be documented and forwarded to the Cardiovascular Perfusion program clinical coordinator immediately.

Out-of-Town and In-Town Rotations:

If students participate in an out-of-town rotation during their clinical year, they will be responsible for their travel arrangements as well as room and board at the out-of-town site. **Out-of-town and in-town rotations will incur costs as part of the rotation, including parking costs (higher in cities), housing, etc. These will be the financial responsibility of the student. Do not book all your rotations housing immediately as things may change due to affiliates' availability. These costs will be the student's responsibility.**

Call Requirements

The students may be assigned a pager at their rotation. Students should be available 6 AM to 5 PM and respond to pages within 15 minutes whether or not they are on call or as required by the rotation site. **If a student does not respond to their call/page, one day will be deducted from their days off.** If students are not assigned a pager, they are still required to be available 6AM-5PM via texting or phone call. Since the goal by the end of the program is for the student to function fully as a member of the perfusion team, call is an essential part of that training. Students may also be assigned off hours and weekend call assignments. Call responsibilities and response time will be determined by the clinical affiliate. Tardiness will be reflected on the clinical evaluation.

Daily Activities

Students should check the operating room schedule so that they can be prepared to answer any specific pathology or procedural question related to the case. They should also be prepared to address any potential bypass issues and suggest solutions. When the OR schedule changes the student should check with the rotation site clinical coordinator for changes in his or her assignment.

During perfusion practicum, students may be assigned other duties such as assisting in lab/research studies, Cath Lab stand-by, equipment maintenance, ECMO, angiovac, isolated limb perfusion, HIPEC, assist device rounds, IABP rounds, IABP insertion and IABP patient monitoring, autotransfusion, transplants, platelet gel, etc. Variations to the schedule always occur and the students' role may be modified to optimize the student's clinical experience. Check with the clinical coordinator if you have any questions regarding your clinical responsibilities.

Students will remain at their perfusion practicum assignments **until the case is completed** and/or they are released by their instructor. ***Students are not to leave clinical assignments without notifying the clinical instructor.*** If available, the student should check with the rotation site coordinator before leaving the OR. Students are to stay within 30 minutes of the hospital until at least noon during the week to be available for emergency scheduled cases. Students may not attend any site other than their scheduled rotation unless the specific visit has been pre-approved by the perfusion program clinical coordinator.

Case Evaluations

Clinical evaluations are used to give the student written feedback on their progress so that they are aware of areas that need improvement. Students will be evaluated daily on their clinical assignments. **It is mandatory to complete an evaluation form for all cases, even after you reach 75 cases.** If there is more than one student present on the case it should be clearly determined which student is primary and which student is secondary. Unless it is a pediatric case only the primary student may count the case within their ABCP case list. It is up to the discretion of the clinical instructor whether or not a case evaluation is completed for the secondary student. If a Medatrax evaluation is completed by the clinical instructor without the student present, it is the responsibility of the student to review the completed form. If the student disagrees with the case assessment, they must speak directly with the clinical instructor prior to contacting the program's clinical coordinator.

Clinical evaluations should be completed within 48 hours of the case. Clinical grades are based on the overall progress toward the ability to perform all the duties listed on the evaluation form without the assistance of the clinical instructor. **Students are responsible for collecting and reminding clinical instructors of outstanding evaluations.**

Clinical Competency

Clinical competency will be determined each session based on specific criteria. Mid-session evaluations will be administered by the clinical coordinator in order to assess student progress and competency. If during the rotation the student's daily case evaluations or a conference with the clinical affiliate indicates a potential problem in the student fulfilling the competency criteria by the end of the rotation then the clinical coordinator may ask the clinical affiliate to complete an additional rotation competency assessment. The coordinator may also ask the student to complete a self-assessment so that any deficiencies can be discussed with the clinical coordinator.

Each rotation the students will have a clinical competency meeting with the clinical coordinator. A student advisement form is filled out by the clinical coordinator ([Appendix A](#)). During the meeting the student will critique his or her own progress. The clinical coordinator will use input from the various clinical instructors to provide the

student with a summary of the student’s progress. Together, they will develop individual student goals that will either bring the student up to the appropriate level of competency or allow the student to continue to expand their knowledge past the minimal competencies. In addition, the clinical coordinator can suggest methods the student can use to enhance their progress. Competency criteria, as well as examples of evaluations, are included as attachments.

Feedback on Clinical Performance

The purpose of clinical feedback is to monitor progress towards attainment of clinical competencies. Scores from the clinical evaluation provide a continuous record of student performance and allow students to track their progress on meeting the published standards of the Cardiovascular Perfusion program and the Accreditation Committee on Perfusion Education.

Grading Guidelines for Perfusion Practicum Courses II-III

CVP 642 and CVP 645

Practicum Scoring Rubric		
Points	Student Clinical Performance	Clinical Instructor Support
0	Critical error that could have harmed the patient.	INSTRUCTOR REMOVES STUDENT FROM THE CLINICAL CASE - due to an extreme error that would have cause harm without intervention, the student receives a failing grade for that case.
1	ABSENT SKILL - or implemented with difficulty. Demonstrates incomplete understanding of the clinical process.	MAXIMUM INSTRUCTION - Background information and demonstration necessary all or most of the time. Clinical process is provided by clinical instructor.
2	EMERGING SKILL - needs instruction to modify skill, implements skill if previously discussed /observed.	CONSTANT DIRECTION - Helps students understand or complete the task. Much assistance is needed with subsequent task completion.
3	CONSISTENT W/ OCCASIONAL PROMPTS - Skill is implemented appropriately most of the time, working on refinement of techniques.	INTERMITTENT PROMPTING – Occasional input is required to insure accurate, appropriate or optimal techniques are implemented.
4	CONSISTENT AND CAPABLE – in most situations is able to implement the skill consistently and proficiently, demonstrates independent clinical problem solving.	REGULAR OVERSIGHT- Able to confirm students plans/actions most of the time, collaborates with the student regarding patient needs, Promotes student independence.
5	EXCEPTIONAL – Skills /techniques implemented independently and competently. Takes initiative in case management.	COLLABORATIVE INPUT – Provides input when student indicates assistance is needed in a specific area, plays the role of advisor, provides mentoring to support growth.

0 = Critical Error

1= Absent skill

2= Emerging Skill

3= Inconsistent Skill

4= Consistent and capable

5= Exceptional and independent

The total number of categories graded is calculated and it is expected that as the rotation progresses the student will receive a higher % of graded categories. The total number of categories graded is calculated and it is expected that as the rotation progresses the student will receive a higher % of graded categories. Each section is graded on a scale of 0-5 as noted above.

Grading Guidelines for Perfusion Practicum Courses II-III –cont.

Patient Work up

Obtains complete and accurate history, able to identify important findings, shows knowledge of major and minor issues. Has essential data for history and physical, is well organized, clinical problems are well defined, understands impact of abnormal findings, and summarize or explains clinical data.

Independently identifies and explains pathophysiological concepts related to defect. **(1-5)**

Demonstrates a good understanding of drugs used during CPB procedures. Able to discuss indications and contraindications of commonly used cardiac drugs. Is capable of consistently selecting appropriate drugs and dosages even in unfamiliar situations. Uses appropriate consultation with instructor prior to administration of drugs into the ECC. **(1-5)**

Able to independently describe operation required, exhibits knowledge of surgeon, anesthesia and perfusion protocols. Perfusion care plan reflects comprehensive understanding of the patient requirements **(1-5)**

Able to calculate needed parameters with accuracy and in a timely manner. Can explain significance of values. Able to recite drug dosages. **(1-5)**

Preparation of Circuit

Consistently is aware of sterile technique and performs duties without compromising sterility. **(1-5)**

Able to differentiate between circuit components required, discusses best option for selection, and exhibits good judgment for final selection. Articulates performance characteristics of circuit components **(1-5)**

Is prepared for circuit set-up, has all supplies available and works efficiently. Routinely checks equipment/disposables for sterility and good function prior to set-up, reports that set up was completed with appropriate attention to sterility and observation of component integrity. Performs set up in logical organized fashion, able to complete setup within 15minutes continually progressing toward faster set-up times. Primes and De-bubbling circuit independently. **(1-5)**

Completes Pre-bypass Checklist accurately and completely within required time, no omission or inaccurate reporting of items. **(1-5)**

Initiation of Bypass

Demonstrates ability to initiate CPB within the time expected by surgical team and is able to do so without considerable change in patient status/ hemodynamics. Initiation of CPB should be with the appropriate steps of protocol. Initiates gas flow to the oxygenator and begins timing perfusion procedures. Successfully initiates alarms and safety devices at appropriate times during the procedure. Communicates well and respectful to surgeon and staff. **(1-5)**

Consistently able to synthesize data from monitoring devices, identify and prioritize problems even in complex -multi problem scenarios. Student should be able to “multi-task” during initiation of bypass, and demonstrates an overall awareness of monitoring parameters required to safely initiate CPB. **(1-5)**

Conduct of Bypass

Consistently incorporates all available information to critically evaluate the adequacy and appropriateness of all monitored pressures. Selects appropriate actions needed to maintain within standard of practice. **(1-5)**

Demonstrates the ability to systematically analyze data from blood gases and electrolyte management. Recognizes abnormalities and interprets them appropriately. Consistent inability to explain related pathophysiology even when faced with unfamiliar conditions. **(1-5)**

Control and awareness of temperature management following consistent acceptable practices for cooling and rewarming to reach desired temperature. **(1-5)**

Proficient in performance of anticoagulation management and assessment of anticoagulation status, independently determines patient's anticoagulation needs according to standard of practice. **(1-5)**

Follows appropriate procedures for cardioplegia administration throughout the procedure. Quick to assess when changes are needed to insure appropriate delivery. Shows comprehensive understanding of temperature, route of administration, and flow/pressure relationships during all phases of the procedure. **(1-5)**

Demonstrates surgical awareness by assessing adequacy of venous return, and consistently maintains vigilance to a safe operating level. Is able to articulate problems decreased venous return. Performs and exhibits surgical awareness by continuous scanning of the perfusion circuit. Is able to synthesize information received during the scan and evaluate/ modify perfusion technique. **(1-5)**

Properly maintains perfusion record and charts appropriately per protocol. Perfusion record is free from errors and omissions. Charting is independently accomplished according to standard. **(1-5)**

Termination of Bypass

Follows appropriate steps for terminal of CPB. Accurately assesses venous reservoir volume and is able to communicate the need for additional volume when appropriate.

Consistently maintains vigilance to a safe operating level. Demonstrates understanding of the P/F/V relationships by successfully weaning from bypass independently. **(1-5)**

Independently assess patient's health status and monitors circuit during termination of CPB.

Demonstrates ability to terminate CPB within the time expected by the surgical team. Is able to terminate CPB without considerable change in patient status/hemodynamics. **(1-5)**

Professionalism

Is able to communicate effectively with the surgical team. Communication is respectful and courteous, and appropriate. **(1-5)**

Demonstrates a Professional attitude. Is prompt, punctual, reliable, and dependable. Student establishes and maintains an atmosphere of mutual respect and dignity with co-workers. Is an active member of the team and works well with others. Student is respectful and courteous to all operating room personnel. Student assumes the appropriate share of the workload, accepts work requests, volunteers, and follows through. Is motivated to provide "best patient care." **(1-5)**

Independently considers significant factors affecting patient's post-bypass health status and communicates changes to faculty when appropriate. Restocks perfusion supplies without reminders from faculty. Disposes of circuit without increased exposure to bloody waste. All equipment is cleaned appropriately per protocols. Completes all required paperwork **(1-5)**

Clinical Remediation Plan

When a student is having significant difficulties in a clinical practicum, a clinical remediation plan will be developed. The clinical remediation plan is a written document that includes a definition of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student to achieve

the objectives (e.g. specific experiences, support, or learning assignments). Difficulties may be in one particular area of performance or may include a number of problems. For example, difficulties may include deficits in clinical skills, reduced rate of improvement, &/or not meeting professional responsibilities. The nature of the clinic remediation plan is individually determined and is defined largely by the particular problem(s) a student presents. The plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. For example, a remediation plan may focus on professional expectations, clinical competencies, self-evaluation skills, professionalism, interpersonal difficulties and/or weaknesses in integrating academic information into clinical practice. The student will meet with the clinical coordinator in order to help develop and/or review the remediation goals, objectives, and requirements. The student's academic adviser may be involved in the remediation process; they will be kept informed of the student's progress throughout the term. The student is encouraged to discuss the remediation plan with their current clinical instructor(s), so that they can help develop learning experiences to assist the student to improve performance in areas of concern. Once the plan has been developed by the student with the clinical coordinator, the student must successfully meet the goals of the remediation plan before being permitted to participate in any subsequent practicum experiences. The student must achieve the set criterion levels defined in the clinic remediation plan to obtain a passing grade in practicum before they are permitted to resume the regular sequence of clinical education practicum. During a remediation plan, if the student is still participating in regular clinical education activities the student's performance in clinic will be evaluated by their clinical instructor using the standard assessment of clinical competencies form for that practicum. Their performance on the clinic remediation plan will be determined by the clinic coordinator, based on the measures defined in the remediation plan. Failure to meet remediation requirements will be grounds for dismissal from the program. Across a student's education program, they will be permitted to participate in no more than one formal clinical remediation plan.

Student-Clinical Instructor Problem Solving Procedures

Occasionally a student or clinical instructor will perceive a problem in the supervisory relationship. If not resolved, such problems may interfere with the clinical education experience and could affect patient care. Procedures have been developed for coping with problems between students and supervisors to provide early, fair and speedy resolution of problems. These procedures help to ensure fair treatment of students and clinical instructors in the problem-solving process. As soon as a student or clinical instructor perceives that a problem exists, the following procedures should be implemented:

1. Discuss the problem together - often simple misunderstandings can be resolved by discussion.
2. The clinical coordinator at the site should be informed of any issues and can be called in to facilitate problem solving.
3. If discussion does not resolve the problem, Rush's clinical coordinator and the program director should be contacted immediately.

If agreeable, the clinical coordinator along with the student & clinical instructor will formulate a plan using the Clinical Training Action Plan Form ([Appendix B](#)) to help with changes in the behavior of one or both people. Together the clinical instructor and the student should implement the plan and review it regularly to determine their progress. If the plan does not resolve the problem, the plan should be modified, or a new plan initiated. The clinical coordinator should remain informed about the plan and the progress made.

4. If both the student and clinical instructor feel that they can make no further progress, they may decide to request re-assignment of the student. There is no guarantee of an immediate reassignment.

5. Students are recommended to contact Rush's clinical coordinator and the program director immediately when there are any concerns (even minor ones) and seek input on ways to work with and communicate effectively with their clinical instructor. Waiting until the end of an assignment to discuss concerns can result in an ineffective practicum experience, whereas early mediation and advice can result in improving things before the effects are too serious to repair.

Student's Evaluation of Learning and Instruction

(Appendix C)

As research has shown, students do not like to evaluate their clinical instructors; however, this is a very important component of a clinical education experience. The students will be given the opportunity to evaluate:

Clinical Instructors

- Students will evaluate clinical instructors using a survey system.
- The faculty supports the concept that in order to improve clinical teaching and clinical site experiences, the evaluations may be shared with the clinical instructors. The purpose of sharing the students' perception of the clinical experience is to commend excellent instructors and to provide other instructors with constructive criticism.
- All evaluations are anonymous and will be compiled into one report for the clinical site and for the clinical instructors as needed. If evaluations are shared, any comments that may identify a student will be removed. All evaluation compilations will not be shared until the entire class has graduated from the program.

Clinical Site

- Students will evaluate each clinical site that they rotated to prior to graduation.
- Clinical site evaluations will be maintained by the program.
- Any consistent or egregious concerns with the evaluations will be addressed with the clinical coordinator. The program director and/or clinical coordinator will facilitate this discussion and assist the site with an improvement plan.

Clinical Experience Mastery Levels							
Mid Rotation Evaluation							
Category	Total Items Possible	Rotation I		Rotation II		Rotation III	
		# of items receiving ≥ 3	%	≥ 3 No scores less than 3	%	≥ 4 Mastery, no scores less than 3	%
Patient Work- up	2	2	100%	2	100%	2	100%
Preparation of Circuit	4	2	50%	3	75%	3	75%
Initiation of CPB	2	1	50%	1	50%	2	100%
Conduct of Bypass	7	4	57%	5	71%	5	71%
Termination of Bypass	2	1	50%	1	50%	2	100%
Professionalism	3	2	67%	2	67%	3	100%
Total (passing criteria)	20	12	60%	14	70%	17	85%

Mid Rotation Evaluation

0 = Unable to perform and not included in calculation

1 = Cannot perform this activity satisfactorily

2 = Inadequate skill progression for level of student experience

3 = Adequate skill progression for level of student experience

4 = Can perform this activity with little or no instructor intervention

Clinical Experience Mastery Levels

Final Evaluation

Category	Total Items Possible	Rotation I		Rotation II		Rotation III	
		# of items receiving ≥ 3	%	≥ 3 No scores less than 3	%	≥ 4 Mastery, no scores less than 3	%
Patient Work-up	5	4	80%	4	80%	4	80%
Preparation of Circuit	12	8	67%	9	75%	10	83%
Initiation of CPB	13	9	69%	10	77%	11	85%
Conduct of Bypass	13	8	62%	9	69%	10	77%
Termination of Bypass	5	3	60%	4	80%	4	80%
Professionalism	10	9	90%	9	90%	9	90%
Total (passing criteria)	58	41	71%	45	78%	48	83%

Final Evaluation

0 = Unable to evaluate and not included in calculations

1 = Cannot perform this activity

2 = Can perform this activity BUT not without constant supervision

3 = Can perform this activity but requires periodic supervision

4 = Can perform this activity without supervision

Clinical Experience Homework Assignments

CE assignments are an important part of the student's education.

Case Reports

Students are required to develop and present a case report as depicted in the syllabus for specific rotations. The goal of this assignment is to develop presentation techniques, as well as the final goal of presenting at a conference. Students can find additional information on case report structure under JECT's Instructions for Authors webpage: <https://www.amsect.org/Publications/Journal-of-ExtraCorporeal-Technology>

Students must have the participating clinical instructor AND site coordinator review their case reports prior to assignment submission. This not only ensures accuracy, but also allows for review of unintentional HIPPA violations or exposure of private departmental/institutional policies. This requirement extends to any presentation or poster submitted for presentation at local, state, or national perfusion conferences.

Weekly Assignments

Cases are to be logged weekly in Medatrax. Assignments details and submission instructions will be posted on Canvas.

Student Self – Evaluations

For each case a student pumps, the clinical affiliate will complete a case evaluation. In addition, students will complete their own self-evaluation for the same case. Students are encouraged to utilize this evaluation to self-assess their performance and complete it as soon as possible following the case. These are intended to be completed in a thoughtful and productive manner. The clinical affiliates will not have access to these self-evaluations so the student can and should be as honest as possible regarding their performance. The clinical coordinator reviews these self-evaluations in order to provide advice or encouragement as needed.

Case Logs

Students will log their cases and hours weekly in Medatrax. **Any days that the student does not arrive in the OR when they are scheduled will count against the student's personal days.**

Please be sure to complete the ABCP clinical log (**APPENDIX D**) to track cases. It is imperative that these are completed accurately and sent to the clinical coordinator at the end of each rotation. This is where each student will pull information for their graduation paperwork. It is the responsibility of the student to keep track of their case numbers *(75 case minimum and 10 pediatric case requirement). **DO NOT STOP TRACKING ONCE YOU REACH THE MINIMUM REQUIREMENT.**

Case Logs - Sheet 1: "Cases"

Student Example

Students should save the excel sheet with their last name as file name. Each file has pre-populated columns within the first sheet that look similar to the table below (completed with an example):

Date	Hospital	Obs	Age	Height	Weight	BSA	Procedure 1	Pump Time	Cross Clamp Time	Surgeon	Primary Perfusionist
7/16/24	RUMC	no	78	172	80	1.95	AVR	102	88	March	Saulitis

Date: Enter the date that the case took place.

Hospital: This should be updated for each clinical rotation

Observation: Yes or No. I would recommend highlighting the “Yes” rows, and further differentiate if it is a pediatric case. This will make it easier to sort at the end of the clinical experience.

Age: Age of patient – adults are tracked in years, pediatric may be tracked in days, months, or years.

Height: Patient height in centimeters

Weight: Patient weight in kilograms

BSA: calculated value in mm²

Procedure: List each part of procedure separately – ex: Procedure 1 – AVR, Procedure 2 – CABG

Pump Time: in minutes

Cross Clamp Time: in minutes

Surgeon: Last name – ensure correct spelling

Primary Perfusionist: This is the last name of the clinical instructor pumping the case with the student.

Exams

Pre-Clinical Evaluations

Prior to their clinical rotation students will be administered a written pre-clinical exam, take an oral exam and must pass three simulations.

Comprehensive Exam:

You must pass your comprehensive exam with a **75%** or higher to go out on rotations.

Should you not pass after the 3rd attempt you will receive a remediation plan which includes delaying clinical rotations by 2 weeks while you be given the opportunity to dedicate your time to review relevant materials from the first year. You will then be given one final attempt to pass the comp exam and then attend your rotations. Should you not pass you will be given a choice to withdraw from the program or retake the first year of courses to master the materials and retake the exams with the following years class in the summer and progress through the program through completion of your clinical rotations.

Simulations:

You must receive an **80%** on each simulation to pass.

If you fail any independent simulation, you will have a second chance to pass the simulation.

If you fail any simulation twice you will delay your rotations for 2 weeks and be given a remediation period to review relevant material. You will then be given one more simulation evaluation by Allison and Julie combined that you must pass to go out on rotations. If you do not pass you can choose to withdraw from the program or retake the first year of courses to master the materials and retake the evaluation in the following summer and progress through the program through completion of your clinical rotations.

Oral Exams:

You have **3 attempts** to pass your oral exams with a proficiency of **80%** or higher. Should you not pass after the 3rd attempt you will receive a remediation plan which includes delaying clinical rotations by 2 weeks while you be given the opportunity to dedicate your time to review relevant materials from the first year. You will then be given one final attempt to pass the oral exam and then attend your rotations. Should you not pass you will be given a choice to withdraw from the program or retake the first year of courses to master the materials and retake the exams with the following years class in the summer and progress through the program through completion of your clinical rotations.

Students cannot start clinical rotations without passing all items listed.

Comprehensive Exams

Three comprehensive exams are taken surrounding the clinical year. Two are taken just prior to the start of clinical rotations (one at the beginning of summer semester for practice and one at the end just prior to rotations starting which the student must receive a 75% on) and one is taken at the end of the third rotation just prior to graduation where the student must have an 80% to graduate. The goals of these tests are to prepare students for the national certifying exam. Exams are graded and numerical scores are provided.

Contacting the Clinical Coordinator

It is important for students to communicate with the clinical coordinator. For non-emergent issues students should email the clinical coordinator.

For urgent issues students may contact the clinical coordinator directly via phone. This route of communication is also extended to the rotation site coordinators and they may touch base with any questions or concerns.

Dave Durdov: 312-259-5114

[David M Durdov@Rush.edu](mailto:David_M_Durdov@Rush.edu)

Daily Schedule during the Clinical Affiliation

1. Students are expected to be present at the affiliation during the scheduled working hours of the facility and/or clinical instructor (CI).
2. Students are expected to know their daily working hours and to adhere to that schedule.
 - a. **Students who are late more than three times may fail the affiliation.**
 - b. Tardiness due to extenuating circumstances maybe excused by the CI and may not count towards the three tardy rule.
3. Students may be required to work evenings, weekends, and/or holidays.
 - a. Students and CI(s) should discuss the schedule prior to the start of the affiliation.
 - b. Students may be asked to adjust their schedule based on the needs of the facility.
4. Students may be required to extend their hours to benefit from:
 - a. Continuing education in-services
 - b. Departmental programs
 - c. Additional learning opportunities
 - d. At the request of the Clinical Instructor (CI)

In addition to the student requirements, there is also an expectation that the clinical affiliate will see that all students are:

- Given a 30-minute break for every 6 hours of a continuous clinical assignment.
- Given a *minimum* of 8 hours rest between assignments when the student has been present during 16 hours of a continuous clinical assignment.
- Given a formative assessment of their performance within 3 days of their clinical experience

UNDER NO CIRCUMSTANCE IS A STUDENT TO BE LEFT ALONE DURING THE CLINICAL EXPERIENCE “TO CARE” FOR A PATIENT ON CARDIOPULMONARY BYPASS OR ANY TYPE OF CIRCULATORY SUPPORT.

Days Off and Absences

To optimize the students' clinical experience, time away from rotations sites is broken down into several categories listed below.

Regardless of reason for absence, an Time Off/Travel Request Form ([Appendix E](#)) must be completed. Students who plan on being away from their clinical rotation sites for any reason must complete these forms PRIOR to the expected absence. This form must be delivered via e-mail to both the perfusion program clinical coordinator as well the clinical site coordinator. The email subject MUST say "day off request". If a student is expected to be absent because of an emergency situation, then the student is required to, at a minimum, notify the clinical coordinator (or designee) and the clinical site coordinator (or designee) as soon as possible. The travel form is not to be construed as a legal document and as such does not transfer liability or responsibility to Rush. The primary purpose of the form is to provide documentation to both the school and to the affiliate site regarding the nature of the absence. Appropriate attachments must be included with submission when indicated.

Personal/Sick/Interview Days

Students will be **granted FIVE personal days off during the clinical year.** Students must request days-off via email to the clinical coordinator and cc'd to the rotation site coordinator. **These days are intended for use for illness, personal need, or for prospective job interviews. If a student finds it necessary to take more time off during the clinical rotations it MUST be approved by the clinical coordinator at Rush and they will be required to make up the time during breaks or at the end of the final semester.** Make-up time must be scheduled with the clinical coordinator in advance.

Sick time will be deducted from the allotted personal days off. If a student will not be attending his or her clinical assignment due to illness they should e-mail and/or call the clinical coordinator **between 5:00 and 6:00 AM** even if they are out of town. In addition, the student must follow all affiliate specific absence reporting procedures. If a student is off sick for three or more days, he or she must submit a note from their physician to the clinical coordinator on his or her first day back. When the student returns from being sick they must email the rotation site coordinator and the clinical coordinator the days off. The email subject MUST say "day off". Students not reporting their days off are falsifying their attendance report.

Students are encouraged to be proactive with their job search. However, it is important to be mindful that absence from clinical rotations can be disruptive to the learning process as well as the clinical site staff. Students are encouraged to schedule interviews adjacent to weekends, if at all possible, in order to minimize absences due to travel. In addition, students must provide travel documents and interview agenda with their time off request. The interview days will be deducted from your 5 personal days.

Professional Leave – Perfusion Meetings

Attending professional perfusion meetings is an incredibly educational activity and is encouraged. Students can gain valuable knowledge on current practice, network with experienced perfusionists, and also meet perfusion students from other programs. Students are allotted a maximum of **three professional leave days off for meeting attendance.** In addition to the time off request, students must also provide proof of meeting registration. Failure to provide these documents with result in deduction from personal/sick/interview days rather than allotted professional leave.

Professional Leave - Meeting Participation (Posters or Presentations)

Students are also encouraged to present at perfusion meetings at the local, state, and national level.

This may include presentations of posters, case reports, research, or other accepted abstracts. Students may be allotted additional professional leave time off if presenting at these meetings. For approval a meeting program must be included with professional leave requests. These approvals are made on a case by case basis. **Please note – students must have their abstracts AND presentations reviewed by Rush faculty prior to submission. Students who are presenting case reports must have the associated site’s clinical instructor and site coordinator/chief of perfusion review the presentation prior to submission of abstract and presentation of material.**

Bereavement

The following aligns with the Rush University Medical Center’s Death-in-Family Policy (HR-B 15.00):

Up to three days off may be granted upon the death of a member of the immediate family (parent, spouse, child, brother, sister, or same sex domestic partner). One day off may be granted to attend the funeral of a parent-in-law, grandparent, or grandchild. If the funeral is more than 200 miles from rotation site, one additional day off may be granted if it is missed from scheduled clinical time due to travel. To be eligible for excused bereavement leave, the student may be required to present satisfactory proof of death, relationship to the deceased, and attendance at the funeral (e.g., death certificate, obituary, or funeral service program). Students should contact both site coordinator and the perfusion clinical coordinator as soon as possible in the event of a loss of a loved one. Additional days off and well as resources for personal support are available.

Personal Protective Equipment and Universal Precautions

Rush University students are expected to follow all universal precautions when in the clinical setting. This includes, but is not limited to, gloves and eye protection. For the safety of each student, these precautions must be followed. Students are expected to practice any additional OR safety guidelines specific to each rotation site. Failure to adhere to the universal precautions should be noted on the case evaluation and may be communicated with the clinical coordinator. Three infractions will result in disciplinary action.

PROCEDURES FOR HAZARDOUS EXPOSURE INCIDENTS

Exposure Incident Definition: Eye, mouth, mucous membrane, non-intact skin contact, or parenteral exposure to blood or potentially infectious or hazardous materials that results from the performance of a duty related to a student’s educational program.

Procedure at Rush University Medical Center

1. Wash injured area with soap and water. If eyes, nose, or mouth, use water only
2. Immediately report the incident to your preceptor/course instructor
3. Immediately report to Emergency Services (ES), Room 1203, 1st Floor Tower Building, 1620 W. Harrison St., 312-947-1000. Please bring your student ID or indicate that you are a student and **not** an employee. If student is seen in ES, the student must report to ECHS on the next business day
4. Supply ES nurse/physician with the following information on the source: (a) name, (b) date of birth, (c) medical record number, (d) known medical diseases (Hepatitis B, HIV), and (e) patient room number. All information is recorded confidentially in the Blood/Body Fluid Exposure Record
5. Students will be counseled or treated as deemed appropriate by ES personnel

E-mail RU.Report_Exposures@rush.edu regarding exposure with exposed student’s name, college, course, date, time, and details of exposure for follow-up and to ensure proper billing of the services received.

Professionalism

Professionalism is an essential part of medical care and protocol. Professional conduct applies to all aspects of patient, physician, staff and student interaction while on any Rush University or clinical affiliate site campus. Professionalism sets the stage for the success of each procedure and each clinical mark scored. Professionalism is an important portion of the clinical grade. According to the College of Health Sciences: Conduct and Ethics: Each student is expected to conduct him or herself in a professional manner at all times-- in a manner which conforms to the ethics of the health professions and which instills confidence in the student's abilities as a health care professional. Irresponsible, unprofessional, or unethical behavior may result in disciplinary action which may include suspension or dismissal from the college. All clinical agency or hospital regulations are to be followed by students when undergoing clinical or other training in a facility. For additional information, students should refer to the Rush University Statement on Student Conduct and the Rush University Medical Center Code of Conduct.

Individual problems during the perfusion practicum should first be addressed to the clinical instructor (if involved), the rotation site clinical coordinator, then to the perfusion program clinical coordinator. Any problem the student feels is still not resolved may be taken to the program director and then to the dean. This grievance procedure must be adhered to. Further grievance and appeals procedures are explained in the Student Handbook.

Expectations

When participating in practical experiences, Students are expected to demonstrate appropriate behavior in all interactions, including those with patients and their families, clinical staff and instructors. Students are expected to meet professional responsibilities (arrive early, come prepared, take responsibility for their actions, take constructive criticism) without being instructed directly to do so. Regular attendance at all scheduled clinical sessions is expected throughout the clinical rotation. Professionalism has been previously defined as the “manner, spirit, and methods of a profession and reflects the “underlying principles and values of the practitioner” including the following:

One accepts the idea of “on time, “prepared”, “appropriate”, and properly” are defined by the situations, by the nature of the task, or by another person.

One places the importance of professional duties, tasks, and problem solving above your own convenience.

One takes active responsibility for expanding the limits of your knowledge, understanding, and skill. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays or by helplessness.

Opinions, actions, and relations are developed with others upon sound empirical evidence and upon examined personal values consistent with the discipline.

It is important for students to take initiative in all aspects of their clinical education including; planning for future needs, meeting clinical responsibilities, initiating communication, documenting one’s progress in the program and monitoring achievement of clinical competencies and case count requirements. Student attainment of professional expectations will be formally assessed across a standard set of items at midterm and end of term in each practical experience. The list of professional expectations was developed with the assumption that all listed behaviors should be generalizable across all allied health disciplines. Unacceptable performance can result in removal from the clinical experience. The student will be required to participate in a clinical remediation plan when they have difficulties with professionalism.

CARDIOVASCULAR PERFUSION PROGRAM GUIDE TO PROFESSIONAL CONDUCT

Professionalism relates to the intellectual, ethical, behavioral and attitudinal attributes necessary to perform as a health care provider or manager. As it applies to his or her professional role, the student will be expected to:

Attention

1. Demonstrate awareness of the importance of learning by asking pertinent questions, identifying areas of importance in practice and reporting and recording those areas.
2. Avoid disruptive behavior in class, laboratory, and clinical or practicum rotations such as talking or other activities that interfere with effective teaching and learning.

Participation

1. Complete assigned work and prepare for class, laboratory, and clinical or practicum objectives prior to attending.
2. Participate in formal and informal discussions, answer questions, report on experiences, and volunteer for special tasks and research.
3. Initiate alteration in patient care techniques when appropriate via notification of instructors, staff and physicians.

Dependability and Appearance

1. Attend and be punctual and reliable in completing assignments with minimal instructor supervision.
2. Promote a professional demeanor by appropriate hygiene, grooming and attire.

Communication

1. Demonstrate a pleasant and positive attitude when dealing with patients and co-workers by greeting them by name, approaching them in a non-threatening manner, and setting them at ease.
2. Explain procedures clearly to the patient
3. Ask patients how they feel and solicit patient comments regarding the patient's overall condition and response to assessment and/or therapy.
4. Communicate clearly to staff and physicians regarding the patient's status, utilizing appropriate charting, oral communication and the established chain of command.
5. Demonstrate a pleasant and positive attitude when dealing with co-workers, instructors, faculty, nurses and physicians.

Organization

1. Display recognition of the importance of interpersonal relationships with students, faculty, and other members of the health care by acting in a cordial and pleasant manner.
2. Work as a team with fellow students, instructors, nursing staff and the physician in providing patient care.
3. Organize work assignments effectively.
4. Collect information from appropriate resources.
5. Correlate care to overall patient condition.
6. Adapt care techniques to overcome difficulties.
7. Devise or suggest new techniques for patient welfare or unit efficiency.

Safety

1. Verify identity of patients before initiating therapeutic action.
2. Interpret written information and verbal directions correctly.

3. Observe and report significant changes in patient's condition promptly to appropriate persons.
4. Act to prevent accidents and injury to patients, personnel and staff.
5. Transfer previously learned theory and skills to new/different patient situations.
6. Request help from faculty/staff when unsure.
7. Comply with hospital and university guidelines for performance.

Examples of critical errors in professional conduct and judgment include:

1. Failure to place the patient's welfare as first priority.
2. Failure to maintain physical, mental, and emotional composure.
3. Consistent ineffective, inefficient use of time.
4. Failure to be honest with patients, faculty, and colleagues.
5. Scholastic dishonesty in any form.
6. Failure to follow the Rush University Medical Center Code of Conduct.

Completion of Course Evaluations

1. Students are required to complete all end of semester course evaluations. Students who fail to complete an evaluation will receive an incomplete (I) for the quarter in which the evaluation was not completed.
2. Students will not be allowed to register for classes until the grade of incomplete (I) is removed and replaced with either a letter grade or a pass/fail grade.

Suspected violations of the Professional Policy will be handled in accordance with the professional standards outlined in the University handbook. Violators of this policy may be placed on academic probation and may be denied permission to continue in the program.

Dress Code

1. Professional attire and appearance is required at all times. Students must have one white lab coat with the RUSH logo. Students must display their RUSH identification badges at all times. If a facility requires the students to wear an I.D. from their facility, the student will only need to wear the facility ID.
2. Inappropriate attire includes but is not limited to, the trunk region (midriff section) exposed, sequins, leather leggings and tops with shoulders cut out. This includes classroom and clinical situations.
3. Clinical attire applies to dress to be worn during clinical work or during visits to different clinical settings. The students are responsible for contacting their clinical instructors in advance for any other dress requirements that the clinic might have (lab coats, scrubs, etc.).
4. Failure to comply with the dress code may result in verbal and written warnings. Repeated failure to adhere to professional appearance of the clinical site may result in dismissal from the clinic.

Due to the disruptive nature of cell phones and pagers, all cell phones and pagers must be turned off or kept in the silent/quiet mode during all class periods, exams, and during all patient care times.

Harassment and Fraternization

While we encourage students to network within the perfusion community and get to know other perfusionists, we want to ensure the safety of both our students and clinical instructors. Any issue that may arise that makes either a student or clinical affiliate uncomfortable may be described as harassment. Please review the official RUMC statement below as well as the official policy located in the student handbook.

In order to avoid such situations, **student and clinical instructor/other hospital personnel fraternization is strongly discouraged.** We understand that students may be invited to team outings, manufacturer supported meals, hospital extracurricular events etc. We do not intend to bar attendance to these events, however we want to stress

that professional behavior is expected. Students and clinical instructors should not place themselves in any scenario that could be construed as inappropriate; therefore one-on-one extracurricular fraternization is discouraged.

Harassment: Policies and Procedures

The Policies and Procedures on Sexual and Other Harassment for the University and nonacademic sectors of the institution are intended to increase the awareness of Rush's long-standing commitment to preventing harassment and to focus on the internal resolution of any complaints. Under these policies and procedures, the more familiar category of sexual harassment as well as harassment related to age, ancestry, color, disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, gender, gender identity and/or expression, marital or parental status, national origin, pregnancy, race, religion, sexual orientation, veteran's status, or any other category protected by federal or state law is prohibited. The provisions include protections for and prohibit retaliation against an individual making a complaint or supplying information about a complaint. They also incorporate protections for a person who considers himself or herself accused in bad faith. While all administrators and supervisors have responsibility under this document, certain people have been specifically designated to deal with concerns and complaints that might come forward. Inquiries or complaints of harassment from students, residents, or faculty members will be handled through the Office for Equal Opportunity by contacting

Kevin Irvine
Senior Talent Acquisition Consultant, Individuals with Disabilities
Co-Chair, Rush ADA Task Force

kevin_irvine@rush.edu

Copies of the Policies and Procedures are available from the Office for Equal Opportunity and are on the Rush Intranet.

Rush University – Cardiovascular Perfusion Program
College of Health Sciences: HIPAA and Patient Privacy

The Cardiovascular Perfusion Program at Rush takes HIPAA and the privacy of our patients very seriously. Students are expected to actively apply and enforce these protections during all program activity. This applies not only to clinical rotations but also to homework activities, OR observations, and research projects. Both students and clinical affiliates are encouraged to express any questions or concerns to the program's Clinical Coordinator or Program Director.

The official policy of the Rush College of Health Sciences is stated below:

“As a student at Rush University, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format - verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the college.

The laboratory component of some courses may use students as simulated patients. This is particularly true for the patient evaluation, medicine and patient education components. Additionally, the sharing of personal experiences can be a rich resource in the development of students understanding, knowledge and appreciation of disease, health care and impact on peoples' lives.

Practicing the medical history and physical examination places students in close contact and leads to the sharing of personal information and physical findings. Similarly students may use personal experiences in patient role-playing exercises.

All shared and personal medical information and physical examination findings are to be treated with utmost confidentiality, the same as for any patient contact. Failure to protect the confidentiality of any information related to the activities in a course or clinical rotation may result in disciplinary action, up to and including suspension or dismissal from the college.

For additional information, students should refer to the Rush University HIPAA policy and the [Rush University Policy on Privacy and Confidentiality of Student Records and FERPA.](#)”

Rush Policies and Procedures:

Additional information on all of Rush University's Policies and Procedures can be found via the following link:

[Rush University Academic & University Policies - Rush University - Acalog ACMS™](#) Rush University College of Health Science's Policies and Procedures:

[College of Health Sciences - Rush University - Acalog ACMS™](#)

Rush University Cardiovascular Perfusion Program – PDA Guidelines

Criteria for use of electronic devices in the clinical setting

With technology ever evolving it is important that a standard be set for the use of digital tablets, PDA's, cell phones, etc. It is important that students know how and when to use the available technologies in a professional and appropriate manner. In order to protect patient safety as well as student liability, the following guidelines apply:

- Professional behavior and proper technology etiquette should be observed at all times when using cell phones, i-pods, PDA's, laptops or other electronic devices. These may be used only when authorized by instructors/faculty and for clinical activities, not personal use.
- No personal phone conversations or texting are allowed at any time while in patient areas. Personal electronic devices should be left in a secure place in the locker room and should not be brought into the operating suite unless otherwise instructed. Devices on hand should be placed in silent mode. **A written warning will be given for the first violation of using the PDA for socializing during clinical time. A second violation will result in disciplinary action.**
- For combined cell phone / PDA appliances, students are expected to have the equipment turned off if agency policy requires it and to go to an area designated for cell phone use when accessing information on their PDA when needed.
- Be respectful to the patient at all times and ensure that your entire attention is focused on the patient when you are in the patient's room. If you are using the PDA at the bedside be sure to apologize for the interruption in care and explain how this will help in their care.
- Faculty or hospital staff may ask to see what programs you are using at any time.
- The use of a PDA allows you to retrieve information quickly and unobtrusively. You must protect the confidentiality of patient information at all times in accordance with HIPAA. **Students who violate patient privacy with the PDA will be subject to HIPAA infractions of the clinical agency.**
- Keep careful physical control of the device at all times.
- Just as other medical equipment may act as a reservoir for microorganisms and contribute to the transfer of pathogens so may PDAs. Be sure to disinfect / decontaminate them as needed.
- Each clinical affiliate site has the right to enforce more rigid guidelines as they see fit. If there is no mention of a site specific PDA policy, students should not assume that these devices are allowed, even for professional use.
- Students should not be using electronic devices as their only form of note storage or calculation device. A separate pocket notebook and calculator must be on hand during rotations.

RUSH UNIVERSITY MEDICAL CENTER HUMAN RESOURCES POLICIES & PROCEDURES

On occasion students will request to be excused from clinical activities. This policy is in regards to the request for temporary time away from the area of patient care due to personal preference rather than a request for time off. The policy below outlines the Rush University Medical Center's guidelines for these types of situations. Clinical affiliates are encouraged to touch base with the Clinical Coordinator or Program Director if any applicable scenario presents itself in order to assess each on a case by case basis. However this policy sets the framework for the appropriate course of action. Of note – the highlight of the policy is that patient care must come first. The student is expected to continue to perform all clinical duties until an accommodation, reassignment, or appropriate course of action is determined.

Staff Rights Policy

The Medical Center respects its staff members' cultural values, ethics and religious beliefs and the impact these may have on patient care. To ensure that patient care and treatment will not suffer if the hospital excuses staff members from participating in an aspect of care, the hospital establishes alternative methods of care delivery for these situations.

The aspects of care which are covered by this policy indicate any particular form of medical care which is contrary to the conscience of an employee or staff member, including but not limited to abortion, sterilization, and/or Do Not Resuscitate (DNR) status.

10.01 It is the employee's responsibility to notify his/her supervisor in a timely manner if there is any conflict or concern in their providing an aspect of patient care.

10.02 It is the supervisor's responsibility to determine whether the employee's request may be reasonably accommodated in a manner which does not jeopardize patient care.

10.03 Each situation will be evaluated in relation to maintaining continuous, effective patient care. In the event a requested accommodation is not reasonable, a transfer or a change in responsibility may result.

10.04 In either event, the employee may be responsible for providing appropriate patient care until a reassignment can be made.

10.05 Any questions regarding this policy should be directed to the Employee Relations department.

The policies and procedures contained in this manual are intended as a guide only. They do not constitute any enforceable promise and do not alter employment at-will. Managers and employees should seek guidance from Human Resources for clarification.



Rush University Policies and Procedures

for Students with Disabilities

For information or to request an accommodation, please contact your college representative listed below. Please do not make requests for accommodation to individual faculty members, lecturers or course directors.

In keeping with its goals to promote diversity among its student population, Rush University is committed to attracting and education students who will help to make the population of health care professionals' representative of the national population, including students with disabilities. In addition, Rush University wishes to insure that access to its facilities, programs and services are available to all students on a nondiscriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1973. A reasonable accommodation is a modification or adjustment to an instructional activity, facility, program or service that enables a qualified student with a disability to have an equal opportunity to participate in all Rush University student activities. To be eligible for accommodations, a student must have a documented disability as defined by the ADA and section 504 of the rehabilitation Act of 1973. Both the ADA and section 504 define disability as (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such impairment; or (c) being regarded as having such a condition.

Students should contact **Marie Ferro-Lusk, Manager, Office of Student Accessibility Services** at Rush University, to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively at the University. Additional information can be found online at the Office of Student Accessibility website or by contacting the Office of Student Accessibility Services. In order to respect students' privacy and ensure a thoughtful interactive discussion, students should not make accommodation requests to individual faculty members, lecturers, or course directors; instead, please contact:

Marie Lusk, MBA, MSW, LSW
Director, Office of Student Accessibility Services
Phone: (312) 942-5237
Fax: (312) 942-2778
Email: Marie_Lusk@rush.edu or StudentAccessibility@rush.edu
Website: <https://www.rushu.rush.edu/office-student-accessibility-services>

APPENDIX A - Student Advisement Form

Cardiovascular Perfusion Program Advising

Student: _____

Academic Advisor: _____

Meeting Date: _____

Academic Performance	Current Cumulative GPA: Current Course Performance: Passing Yes/No
Clinical Performance	Performance in Clinical Experiences: Passing Yes/No Upcoming Clinicals:
Research Performance	Research Advisor: Research Project: Performance on Research Project: On Track Yes/No
Community Service Requirement	Completed Hours: Planned Hours: On Track Yes/No
Work/Life Balance	Currently Working? Managing work/school/social schedule?
Professional Behavior	Feedback from Course Directors/Clinical Supervisors/Peers/Program Staff: Strengths: Areas for Improvement:
Student Feedback About Courses/Clinicals/Program	
Review Upcoming Semester Schedule	Complete Yes/No

On Track for Graduation: Yes/No

Additional Comments/Recommendations from Advisor: _____

Student Response: _____

Student Signature: _____

Advisor Signature: _____

APPENDIX B - Clinical Training Action Plan Form

CARDIOVASCULAR PERFUSION PROGRAM

Student Clinician _____
Clinical Instructor _____

Site _____
Date of Plan _____

1. Definition of Concerns

2. Identification of Strengths and Weaknesses

Current Status	Student's clinical skills /behaviors	Clinical Instructor's Student's skills and behavior
Strengths		
Weakness		

3. Definition of steps/ objectives which need to be met along with a timeline for completion.

Identification of strategies to be used by the Clinical Instructor and the student to facilitate achievement of the steps/objectives

Define how progress on steps and objectives will be determined.

Arrange a follow up meeting date: _____

Objectives/Steps (define in behavioral terms)

Define Measureable Objective/Steps to be taken (Be specific)	Who will do it/When will it be done	Summary of Results

4. Final Outcome (description from Clinical Coordinator, Clinical Instructor, Student)

Signature _____ Signature _____ Signature _____
Clinical Coordinator Clinical Instructor Student

APPENDIX C - Clinical Course and Faculty Assessment Instrument

Clinical Site _____
Faculty Evaluated _____

SA = strongly agreed, A = agree, D = disagree, SD = strongly disagree;

Circle your appropriate response:

1. The faculty member helped me accomplish the objectives of the course.
SA A D SD
2. The faculty member followed the grading adequately as explained by course director.
SA A D SD
3. The instructor was well organized clinically.
SA A D SD
4. The instructor was able to communicate well.
SA A D SD
5. The instructor challenged me intellectually.
SA A D SD
6. The instructor practiced what they "preached" in regard to patient management.
SA A D SD
7. The instructor let me practice at an appropriate pace.
SA A D SD
8. The instructor was an effective clinical instructor.
SA A D SD
9. The instructor was generally available for clinical consultation.
SA A D SD
10. The instructor encouraged my questions about clinical situations.
SA A D SD
11. The instructor allowed me to perform CPB set-up & prime to the best of my ability.
SA A D SD
12. The instructor is well prepared to act as a clinical proctor.
SA A D SD
13. The instructor gave me additional responsibilities in a reasonable time frame.
SA A D SD

14. The instructor taught me new and valuable clinical practices.
SA A D SD
15. The instructor treated me with respect.
SA A D SD
16. The instructor influenced my clinical learning in a positive manner.
SA A D SD
17. The instructor is willing to accept criticism.
SA A D SD

Part II. Subjective Information

Strengths of this Rotation:

Areas for Improvement for this rotation:

Any additional comments:

THANK YOU FOR TIME AND EFFORT IN COMPLETING THIS EVALUATION.

APPENDIX D - ABCP Clinical Log



THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION
PERFUSION BASIC SCIENCE PERFUSION RECORD
FOR PBSE EXAMINATION (Computer may be used to input case information)

- Documentation of at least 75 primary clinical perfusion activities
- *All cases performed after 08/01/2024 must be completed in the United States of America, U.S. Territories, and/or Canada in order to count toward the 75 cases necessary to sit for the ABCP Perfusion Basic Science Exam (PBSE).*
- 5 of the 75 Primary Clinical Perfusion Activities (PCPA) must qualify as 3P - ECMO or 6P -VAD per Table A of the Booklet of Information on pages 9-10.
- The remaining 70 (or more) PCPA must qualify as 1P - primary cardiopulmonary bypass (CPB).
- A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or primary performed.
 - Observational pediatric (PEDS) cases do not count toward the 75 primary minimum case requirements.
 - Pediatric primary performed cases count towards the 75 primary case requirement.

Perfusion Program/School _____

Student Name _____

Program Director _____

Signature _____

Signature _____

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
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41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							
52							

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							

List all observed and performed pediatric (PEDS) cases in table below.

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

List all performed ECMO/VAD cases in table below.

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION
1						
2						
3						
4						
5						

APPENDIX E - Time Off/Travel Request Form

Completion of this form is required for any expected absence from a rotation site and must be delivered via e-mail to both the Cardiovascular Perfusion Program Clinical Coordinator as well the Rotation Site Coordinator. This form is not to be construed as a legal document and as such does not transfer liability or responsibility to Rush. The primary purpose of the form is to provide documentation to both the school and to the affiliate site regarding the nature of the absence. Appropriate attachments must be included with submission when indicated. Please see the Clinical Experience Handout for details regarding approved absences.

Name: _____

Submission Date: _____

Dates of requested time off: _____

Dates of travel (if different from above): _____

Date of return to clinical assignment: _____

Please select reason for absence:

1. Personal Day/Sick Time

Traveling out of the area? _____

Required documentation:

If sick three or more days – physician’s clearance to return to work

2. Professional Leave

Required documentation:

Name and location of meeting: _____

Attachment Required: Proof of student registration

If presenting: Title and date of presentation: _____

Attachment Required: Meeting program/brochure

3. Interview

Required documentation:

Company/Hospital name & location: _____

HR Contact name and telephone number: _____

Attachment Required: Interview agenda

***Check ALL that apply regarding travel activity:**

____ Travel is for a state-wide, national, or international professional activity.

____ Travel is for a professional presentation where student is listed as the lead (primary) author.

____ Submission for the presentation took place while the student was enrolled at Rush.

____ Conference program identifies the student as being affiliated with Rush.

____ Travel is for a professional leadership role (non- research) & student is designated the Rush representative of the program.

I, _____ have read the above Clinical Experience Handout and understand the expectations of this course. I understand that I am responsible for heeding the above mentioned instructions, policies, and procedures.

Signature

Date

Printed Name

**RUSH UNIVERSITY
COLLEGE OF HEALTH SCIENCES
CARDIOVASCULAR PERFUSION**

CLINICAL EXPERIENCE HANDBOOK SIGN-OFF SHEET

Dear Cardiovascular Perfusion Student,

This clinical experience handbook is intended to be an aid to you in your clinical year as you pursue your degree in Cardiovascular Perfusion. You are always welcome to come to me with any questions concerning the program.

Your next year here will be exciting, challenging and immensely rewarding. We feel confident that the structure and approach we have chosen will make you a successful student and eventually, a successful Perfusionist.

Sincerely yours,
Julie Collins MS, CCP, LP

STUDENT INFORMATION

Please fill out the information below, tear this page out and submit it to: Julie Collins MS, CCP, LP

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (home): _____ Phone (work): _____

Please inform the department office of any changes in address or telephone numbers during the course of this program.

Please read and sign the following:

I have read and understand the rules and regulations of the Cardiovascular Perfusion Program at Rush University as stated in the clinical experience handbook and agree to abide by them while I am a student in this program. It is also my responsibility to report to the Clinical Instructor, Clinical Coordinator and/or Program if I observe anyone else cheating or violating any of the policies of this program.

Signed: _____ Date: _____