

Part II. 1.
Course Revision Proposal
RESP 426 Respiratory Care Clinical Practice III

I. Catalog Description

RESP 426 Respiratory Care Clinical Practice III (var-4cr)

Respiratory care treatment procedures are continued with emphasis on improving proficiency and refining skills in adult general and critical care areas. Focus on advanced

skills related to mechanical ventilation. Specialty rotations are continued.

II. Course Objectives

Students will be able to

1. Select, review, obtain and interpret data on pediatric and adult patients in acute

care settings.

2. Select, assemble and check equipment for proper function, operation and cleanliness.
3. Initiate, conduct and modify prescribed therapeutic procedures on pediatric and adult patients in acute care settings.
4. Function as member of the health care team.
5. Practice the basic principles of teaching.
6. Demonstrate behaviors consistent with professional respiratory care standards.

Note: Objectives 1, 2, and 3 are consistent with Content Outlines (1998) published by the National Board of Respiratory Care, Inc. (NBRC), the credentialing agency for the

respiratory care profession.

III. Course Outline

Throughout the semester students rotate through various specialty areas where they learn new procedures, refine procedures and techniques used in prior semesters and apply the

theory they learn in the classroom courses to the practice of a respiratory care practitioner. Hours in each area will vary depending on a number of factors including individual student learning needs, class size, availability of clinical sites and off-site locations, and the development of new technology and procedures.

Topic

Approximate Hours

| | |
|--------------------|-----------|
| Anesthesia | 14 |
| Neonatal care | 20 |
| Pediatric care | 20 |
| Off-site rotation | 42 |
| Physician lectures | 14 |
| <u>Teaching</u> | <u>10</u> |
| Total | 280 |

| | |
|-----------------------|---|
| Final review and exam | 5 |
|-----------------------|---|

IV. Evaluation Method

The final grade will be determined as follows:

| | |
|----------------------|-----|
| Category I | |
| Mid-term exam | 10% |
| Clinical assignments | 20% |
| Final exam | 10% |

| | |
|-----------------------|-----|
| Category II | |
| Professional behavior | 30% |

| | |
|---------------------|-----|
| Category III | |
| Psychomotor skills | 30% |

Students must achieve a minimum of 65% in each category to pass the course.

Grading Scale: A: 90% B: 80-89% C: 70-79% D: 65-69% F: < 65%

V. Attendance Policy

Attendance is mandatory. Make up time is required for any absence beyond two days. Failure to make up clinical time results in an F grade.

VI. Required Textbooks

Students are required to purchase several textbooks and other required readings in their first semester of course work at West Penn Hospital. The texts and readings are used

Huff, J. (1997). *ECG workout: Exercises in arrhythmia interpretation* (3rd ed.). Philadelphia, PA: Lippincott.

National Institutes of Health National Heart Lung and Blood Institute. (1997). *Practical guidelines for the diagnosis and management of asthma*. (NIH Publication No. 97-

VII. Special Resource Requirements

All students are responsible for and required to have the following

1. Current CPR certification
2. Professional liability insurance
3. Health requirements

Lowton, K. & Gabe, T. (2003). Life on a slinnery slope: Perceptions of health in adults

with cystic fibrosis. *Sociology of Health & Illness*, 25, 289.

Mishoe, S.C., & Welch, M.A., Jr. (2002). *Critical thinking in respiratory care: A*

Salvatori, A., Diastanide, P., Nocchi, L., & Neri, I. (2002). *Health and illness in*

Part II. RESP 426 Respiratory Care Clinical III

2. Summary of Proposed Revisions

The credit hours are reduced from 5 to 4. The course description is updated. Course objectives are clearly delineated. Clinical hours are adjusted to apply a guideline of 5 clock hours per one credit hour per week (5 clock hours x 4 credits = 20 clock hours per week x 14 weeks = 280 clock hours per semester).

3. Justification/rationale

The only way to be appropriate reduce the program credit total to 120 credits. Cloned

stating course objectives brings the syllabus in line with the university's syllabus policy, will help the faculty select learning experiences in line with course objectives, and give

CLINICAL 3- Resp 426 FALL 2002

Instructors: Mr. Heck -2380; Ms. Kinderman-2381

All students should review the rotation objectives, dress and equipment requirements prior to the rotation. Students must have ID at all times on clinical. Students should

I. CLINICAL ROTATIONS - TIME SCHEDULE

A. Critical Care (ICU) 3 WEEKS

**Wednesday
Friday**

**7:00 - 11:00
7:00 - 3:30**

H. Home Care (HC) 2 weeks
HC^T one week will be designated Teaching
Tuesday 7:00 - 11:00 & Wednesday 7:00 - 11:45

Monday see times for individual companies
Friday

I. Respiratory Care Therapy & Rehabilitation/ Therapy Evaluation (RC)

Monday 7:00 - 3:30
Wednesday 7:00 - 11:00
Friday 7:00 - 3:30

J. Anesthesia (A)

A^{MW} Monday 7:00 - 11:00/ Wednesday 8:30 - 11:00
A^{WF} Wednesday 8:30 - 11:00 / Friday 7:00 - 11:00
A^{MF} Monday/ Friday 7:00 - 11:00

K. Allegheny General Hospital (AG)

Monday 7:00 - 3:30
Wednesday open
Friday 7:00 - 3:30

L. Computer Lab - Variable Times

Reserved Slots: Wednesday of Children's & off days of Anesthesia or HC

2. SIMS can also be done on a "first come-first served" basis whenever the computer is not reserved for Jr. or Sr. Students- however you should sign up first.

3. NOTE: Practice sims must be completed by Friday of Week 11 of the

Semester; and Sim for "Evaluation" should be completed by Wednesday of Week 13.

M. Article Review - Each student will review an article pertinent to their research project.

II. CLINICAL ASSIGNMENTS - General information

Every effort is made to ensure that students receive training in all aspects of

respiratory care. From time to time, changes in the student's assigned rotation may be necessary without prior notice to provide for a valid learning experience. (ex. No patients in Burn Unit therefore, re-assigned to another rotation at WPH.)

The students are directly responsible to the Instructor assigned to the unit. Students are expected to know the pager numbers for their instructors. Students are also encouraged to get pager numbers for RC staff.

Wart Run Hospital dress code will be enforced. Some reminders are listed here

*but are not limited to:
Students are to wear clean scrubs, clean lab coats, clean white shoes and nametags. Long hair MUST be pulled back and fastened. Beards and mustaches MUST be neat in appearance and trimmed; men should be clean-shaven otherwise. Earrings are limited to two. Visible body piercing (including tongue piercing) needs to be removed for clinical practice. Tattoos must not be visible. Violations to the dress code policy will result in a verbal warning for the first offense; point deductions in the effective*

domain (starting at -1) for subsequent offenses.

Each student is expected to have in their possession the required clinical accessories in preparation for rotation: watch, scissors, stethoscopes, hemostats, goggles, fitted TB mask

IV. REPORTING TARDINESS/ABSENTEEISM

A. Students must make contact before the starting time of the specific rotation (See School Policy SRC-7)

1. If the rotation begins at 7:00 a.m. call 578-5000 and notify the

a.m. call 578-7000 and notify the School of Respiratory Care before the starting time of the rotation. You may leave a message on the answering system.

2. If the student is on an outside rotation (CH, AG, HC) the student MUST call BOTH WPH and the outside clinical rotation by the times designated in # 1 above. Acquire the name of the person you speak

with when you call the outside rotation. (See detail in rotation objectives.)

**Children's Hospital 692 - 6479
Home Care - Call the company AND THERAPIST !
Allegheny General Hospital 359 - 3031**

V. Schedules

Each student shall receive a clinical schedule. Please refer to the clinical schedule for individual rotation and suspension of assignments.

VI. Course Objectives

Please refer to the School's Clinical Practice Guidelines Book for the course objectives as well as the criterion for each evaluation system.

VII. Required Textbooks and bibliography

Required texts for Clinical are those books currently on the Senior Book List. Additional reading assignments will be available on reference in the library or via the web.

VIII. General Clinical Objectives

1. Observe hospital department and school policies

2. Utilize paging and telephone systems with professional communication skills.

3. Identify the proper response for reporting

a. Cardiac arrest ("Blue Alert") Adult (1111)

b. Cardiac arrest ("Pink Alert") Pediatric (3333)

c. Fire (1111)

d. Security issues (enablers) (1800)

IX. CLINICAL ROTATIONS

A. CRITICAL CARE (ICU)

1. Procedure

- a. Report to the Respiratory Care Dept. for a.m. Report
- b. Contact the ICU instructor at the end of each day and report stats, solicit feedback.
- c. Student is under the direct supervision of the ICU instructor. (or staff member- AGH)

2. Objectives - WPH critical and offsite subacute care areas

- a. Perform quality ventilator maintenance and make all ventilator

adjustments correctly.

- b. Perform ventilator tubing changes correctly.
- c. Utilize the O₂ analyzer and the volume measuring devices correctly and appropriately.
- d. Perform and calculate dynamic and static compliances.
- e. Chart with clarity and proficiency in computer and patient record
- f. Perform respiratory RXs and procedures.
- g. Transport critically ill patients
- h. Check function and utilize bag-valve-mask units
- i. Perform CPR
- j. Correctly assess placement of endotracheal tubes and make any adjustments or securement as needed

- k. With assistance, perform tracheostomy care and /or perform trache changes according to set Hospital policy and procedures

- Artificial Airway Cuff pressure
- ABG draw (Line or puncture)
- b. The evaluations will begin at the discretion of the instructor.
- c. The student must repeat any procedure which is scored less than 7 out of 10 points. Exact grades will not be given on the clinical units.

This pass fail will be noted at the time. Exact grades will be

distributed at the established clinical review session.

NOTE: A written D/E Warning will be issued for all non-compliance

Procedures that must be repeated.

- c. Perform respiratory RXs and procedures.
- d. Transport critically ill patients
- e. Perform CPR
- f. Correctly assess placement of endotracheal tubes and make any adjustments or securement as needed.
- g. With assistance, perform tracheostomy care and/or perform trach tube changes according to set Hospital policy and procedures.
- h. Correctly interpret blood gases and suggest therapeutic recommendations based on the ABG's.
- i. Correctly measure artificial airway cuff pressures and make

- appropriate adjustments to insure patient safety.
- j. Draw ABG's (Dept staff or instructor must be present).
- k. Perform chart research on the management of inhalation injury and burns in general.
- l. Watch for signs of burn patient respiratory distress.

pertinent to burn injury.

D. PULMONARY FUNCTION LAB - WPH (PFT)

I. Procedure

- a. Students are to report to the Pulmonary Function Lab- 4th Floor- North Tower
- b. Students are under the direct supervision of the therapist or technician scheduled during this rotation. Task completion statistics are to be

g. The student is responsible for making arrangements with the CVD nurse

(as soon as the student arrives on the CVR unit) to perform PCWP on

F. NEONATAL ICU (NEO)

I. Procedure

- a. Check in with the instructor in the 4th floor RC dept., then report to the 5th floor- (NICU) nurses station and find the Respiratory Therapists for Neonatal Report
- b. Student is under the direct supervision of the Neonatal therapist(s).

2. Objectives

- a. Determine location of respiratory care equipment within the unit.
- b. Observe various RC procedures (RX, bagging, suction, ABG, O2 Therapy,

G. CHILDREN'S HOSPITAL (CH)

1. Procedure

a. Students are to wear scrubs and Clean tennis shoes. Wear your WPH -

*student photo ID & patch. Bring your stethoscope. (Do not Bring
extraneous belongings- but you should bring a notebook)*

b. Students are to report to CH by 7:30 a.m. (5TH FLOOR)

c. Students are under the direct supervision of:

RT Educational Coordinator - Bill Rush -

and his designated staff person- and need to maintain open

communication.

*d. General WPH School of RC policies and "Clinical Practice Guidelines" will
be in effect. Any necessary modifications will be announced
by CH personnel.*

*e. If it is necessary to report tardiness or absenteeism, it is essential that
you acquire the name of the staff member (412.692.6479) that you
speak with concerning the attendance matter- and remember to also
call the School (412.578.7000).*

*f. Submit rotation evaluation form to Mr. Rush and the task completion
records to the Director of Clinical Education (WPH) at the end of
rotation. These records can be found in the Bins near the mailboxes.*

2. Agenda

a. Observation of treatment administration

b. Treatment administrations

c. Equipment Rounds

g. Provide feedback to the Children's Hospital RC dept. Re: your experience.

4. Evaluation

- a. A final grade for the rotation will be submitted and will be based on:
 - 1) Psychomotor - I check-off aerosol therapy evaluation (Pass/Fail)*
 - 2) Affective - A rating (PASS/FAIL)*
 - 3) Cognitive - Test questions submitted by CH clinical coordinator for the Clinical III final written exam.**
- b. The psychomotor procedure evaluation will be repeated in the event of an unsuccessful attempt*

H. HOME CARE COMPANIES- HC

I. Procedure (for HC^T follow teaching objectives)

- a. Each student will be scheduled for 2 home care companies, to make rounds with the home care therapist and to observe the office, or oxygen home deliveries. Please take your stethoscope, a pen, and any studying material if you should have downtime. You will be provided with further information concerning: Which company and location, times, Agenda and assignments for the first and second rotation sites.*
- b. This term students will visit two of the following companies:*

Advocate, Klingenstein, UBMC Home Medical, Lincare, Dorrville

I. RESPIRATORY CARE /REHAB, THERAPY EVALUATION ROTATION (RC)

1. Procedure

- a. Report to the RC department- 4th floor of the hospital**
- b. Students are under the supervision of the RC staff, supervisor, and CVR Instructor. Record stats for the instructor at the end of the day.**
- c. Bring stethoscope and other pertinent RC equipment**

2. Objectives

- Administer RC treatments, O2 modalities, and set ups**

- a. Each student will select ONE patient seen during rotation for his or her assessment, evaluation and treatment plan.
- b. Submit for evaluation and feedback one copy of one treatment evaluation write-up performed. A maximum of 2 pages. Use the therapy protocols and the established guidelines in the clinical guideline book

as reference.

- c. The evaluation must be submitted to the instructor before the end of the day on Friday of the rotation. (NO LATE WRITE-UPS will be accepted - a zero score will be given - unless special permission has been received from Mrs. Kinderman or Mr. Heck)

J. ANESTHESIA-INTUBATION (A)

I. Procedure

- a. The student will report to the RC Dept. by 6:45 to check in with the ICU instructor. Then the student should report to the Anesthesia Lounge

K. ALLEGHENY GENERAL HOSPITAL AG

1. Procedure

- a. Students are to report to AGH Respiratory Care Dept. (2nd floor) by the scheduled time.

ID Card with you. Bring a notebook but not extra belongings.

Students are under the direct supervision of:

- b. Perform a variety of respiratory care procedures including trach care
- c. Assist with/ perform trach tube &/or cannula changes
- d. Participate in MD rounds

- f. Perform patient assessments
- g. See additional objectives under ICU pg. 4

4. Evaluation

- a. Affective - Rating PASS/FAIL
- b. Cognitive - Test questions submitted by AGH clin. coordinator for Clinical-3 final written exam

L. COMPUTER LAB

I. Procedure

- a. Sign up for computer time at the school office. NOTE RESERVED TIME.
- b. Sign in and out with Georgann. (initial log of completed sims)
- c. The computer assignments are in a notebook marked "Seniors" in the

d. MAKE SURE YOU TURN OFF the computer printer and screen when you are

finished.

- e. The clinical simulations are to be taken until a PASS score is achieved by the student. (attempt to PASS with High % score in both DM & IG)

NOTES:

CLINICAL 3 GRADING

GENERAL FORMAT 3 areas (domains) of evaluation are considered

The student may achieve point values for each area as noted:

| COGNITIVE | | AFFECTIVE | | PSYCHOMOTOR | |
|---------------------------|----|-----------|----|-------------|----|
| Midterm | 5 | WPH | | PCWP | 10 |
| Final | 10 | Midterm | 14 | Cuff Press | 10 |
| | | Final | 14 | ABG draw | 10 |
| Sims | | Offsite | | | |
| Computer | 2 | Pass/Fail | 1 | | |
| (0-1-2) | | | | | |
| Computer Sim Exams | | | | | |
| Midterm(%) | 2 | | | | |
| Final (%) | 2 | | | | |
| RX Eval | 2 | Teaching | 1 | | |
| Ventilator | | | | | |
| Rationale | 5 | | | | |
| Article | | | | | |

| | | | |
|--------------|----|----|----|
| TOTAL POINTS | 40 | 30 | 30 |
|--------------|----|----|----|

B. MINIMAL PASS STANDARD

The student must achieve a minimal pass level (65%) in each of

are indicated below.

| COGNITIVE | AFFECTIVE | PSYCHOMOTOR |
|--------------|----------------|----------------|
| 26 Points | 19.5 Points | 19.5 Points |

C. DOMAIN SPECIFICATION

If all 3 domains are passed the following procedure will be used to determine the final clinical grade.

- I. Psychomotor Domain**
 - a. For every scheduled formal evaluation 3 levels of performance are recognized:*
 - Excellent
 - Good
 - Unsatisfactory: the score attained is less than the established

NOTE: A written D/F warning will be issued for all psychomotor procedures that must be repeated.

2. Cognitive Domain

- a. For all written evaluations a % score is determined. Points are awarded by multiplying % score by the maximum point value for that category.

scored % = 80%
Maximum points earned = $8 \times 10 = 80$

- b. For Ventilator Rationale, the following point system will be used:

A maximum of 5 points can be earned for this evaluation. The

student can be awarded from 5 points down to 0 points. There will be no repeats of this evaluation.

3. Affective Domain

A student may earn up to 30 points for the affective domain. The total actual number of points awarded will be determined by adding earned point values for the Midterm and Final. The earned points are determined by multiplying the earned % grade by the maximum point value for that

*in both the Cognitive and Affective Domains.
(2 point total penalty)*

Calculations

Affective Domain Adjustment

Midterm = 13 points (1 point deduction made here)

Final = 14 points (No change in maximum points)

Cognitive Domain Adjustments

Midterm = 4 points (1 point deduction made here)

Final = 5 points (no change in maximum points)

Earned % for Midterm

Affective - 80%

Cognitive - 70%

Earned % for Final

Affective - 85%

Cognitive - 78%

Calculation of maximum points earned

Midterm

Affective .8 X 13 = 10.4 (instead of .8 X 14 = 11.2)

Cognitive .7 X 4 = 2.8 (instead of .7 X 5 = 3.5)

Final

Affective .85 X 14 = 11.9 (no deduction)

Cognitive

.78 X 5 = 3.9 (no deduction)

XI. FINAL GRADING SCALE

Total Points Achieved

90 - 100 A

80 - 89 B

70 - 79 C

65 - 69 D