Part II. 1.
Course Revision Proposal
RESP 333 Respiratory Care Clinical Practice II

I. Catalog Description

RESP 333 Respiratory Care Clinical Practice II (var-3cr)

Treatment procedures introduced in Clinical I are continued with greater emphasis on independence. Specialty rotations are added to broaden exposure to respiratory care and critical care.

II. Course Objectives

Students will be able to

1. Select, review, obtain and interpret data on 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 adults in acute care settings.
4. Function as member of the health care team.
5. 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 for 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**
Orientation	25
Adult critical care	40
Burn trauma care	14
General floor therapy	40
Pulmonary diagnostics	10
Mid-term review and exam	5
Cardiothoracic care	14
Anesthesia	14
Therapist driven protocols	10

Rehabilitation/medical gas therapy	14
Off-site rotation	10
Physician lectures	14
Total	210

Final review and exam 5

IV. Evaluation Methods

The final grade will be determined as follows

Category I

Mid-term exam	10%
Clinical assignments	15%
Final exam	15%

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 that extends 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 throughout their program of study with a few additional items purchased in subsequent semesters.

American Association of Respiratory Care. (2003). *Clinical practice guidelines.* Dallas, TX: Daedalus Enterprises.

American Heart Association. (2001). *BLS for healthcare providers.* Dallas, TX: Author.

Beachey, W.D. (1997). *Respiratory care anatomy and physiology: Foundations for clinical practice.* St. Louis, MO: Mosby.

Cairo, J.M., & Pilbeam, S.P. (1999). *Mosby's respiratory care equipment* (6th ed.). St. Louis, MO: Mosby.

Farzan, S. (1997). *A concise handbook of respiratory diseases* (4th ed.). Stamford, CT: Appleton & Lange.

Gylys, B.A., & Wedding, M.E. (1999). *Medical terminology: A systems approach.* Philadelphia, PA: F.A. Davis.

Malley, W.J. (1991). *Clinical blood gases.* Philadelphia, PA: Saunders.

Persing, G. (1994). *Advanced practitioner respiratory care review.* Philadelphia, PA: Saunders.

Rau, J.L. (1997). *Respiratory care pharmacology* (4th ed.). St. Louis, MO: Mosby.

Rupple, G.L. (1998). *Manual of pulmonary function testing.* (7th ed.). St. Louis, MO: Mosby.

Wilkins, R.L., Krider, S.J., & Sheldon, R.L. (2000). *Clinical assessment in respiratory care* (4th ed.). St. Louis, MO: Mosby.

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
4. Student uniforms
5. Clinical equipment
6. Clearance: Criminal Record and Child Abuse Record
7. West Penn Hospital access card and photo identification
8. Membership in the American Association of Respiratory Care

Refer to the West Penn Hospital School of Respiratory Care Student Handbook for additional details and information about related fees. Additional requirements may be specified by agencies used for off-site rotations.

VIII. Bibliography

Emphysema and chronic bronchitis. (2003). *Harvard Men's Health Watch, 7*(11), 1.

Goldstein, I.F., & Goldstein, M.G. (2002). *How much risk?: A guide to understanding environmental health hazards.* New York: Oxford University Press.

Gustafsson, P.M. (2003). Pulmonary gas trapping increases in asthmatic children and adolescents in the supine position. *Pediatric Pulmonology, 36*(1), 34-42.

Hess, D.R. (2002). *Respiratory care: Principles and practice.* Philadelphia, PA: Saunders.

Mitka, M. (2003). Peter J. Safar, MD: "Father of CPR," innovator, teacher, humanist. *JAMA: Journal of the American Medical Association, 289*, 2485.

Pfeffer, P.E., Pfeffer, J.M., & Hodson, M.E. (2003). The psychosocial and psychiatric side of cystic fibrosis in adolescents and adults. *Journal of Cystic Fibrosis, 2*(2), 61.

Pyrgos, G., Kapsali, T., Permutt, S., & Togias, A. (2003). Absence of deep inspiration-induced bronchoprotection against inhaled allergen. *American Journal of Respiratory and Critical Care Medicine, 167*, 1660-1663.

Scanlon, C.L., Wilkins, R.L., & Stoller, J.K. (1999). *Egan's fundamentals of respiratory care* (7th ed.). St. Louis, MO: Mosby.

Shapiro, B.A., & Kacmarek, R.M. (1991). *Clinical application of respiratory care* (4th ed.). St. Louis, MO: Mosby.

Sifton, D. (Ed.) (2003). *Physician's desk reference 2003* (57th ed.). Montvale, NJ.: Thomson PDR.

Stoller, J.K., Bakow, E.D., & Longworth, D.L. (2002). *Critical diagnostic thinking in respiratory care: A case-based approach.* Philadelphia, PA: Saunders.

Part II. RESP 333 Respiratory Care Clinical II

2. Summary of Proposed Revisions

The credit hours are reduced from 4 to 3. 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 3 credits = 15 clock hours per week x 14 weeks = 210 clock hours per semester).

3. Justification/rationale

The reduction is necessary to reduce the program credit total to 120 credits. Clearly 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 students a better understanding of course expectations.

The course is approved as variable hours. In previous years, there has been wide variability within the course and across the other clinical courses for planning clock hour to credit hour ratios. In the proposed revision, the use of a standard guideline will allow for more consistency across RESP 333, 426, and 433. The guideline provides students with the time necessary to meet course objectives and be adequately prepared for their credentialing examinations. The standard formula is also in line with the expectations of the program's accrediting agencies. The variable hours designation is still appropriate, however, given the nature of the course and the flexibility needed in scheduling student clinical hours.

4. The syllabus of record is not available although the archives in the department's office, the dean's office, West Penn Hospital files, and Senate documents in the library's Special Collection area were searched. A syllabus used in a recent semester is attached for comparison. The attached syllabus is not in a format typically used on campus. It has been common practice at West Penn Hospital to use the attached format for clinical course syllabi with additional course detail such as unit objectives, performance guidelines, and the attendance policy provided in the student's Handbook and in various handouts.

5. Liberal studies course approval form and checklist are not necessary.

Part III.

No other departments are affected by this proposed change. No letters from other departments or programs are necessary.

IUP/WPH CLINICAL 2 2003

RESP 333 Instructors:
WPH: J.Albert x-2382; K. Kinderman x-2381

Clinical Rotations this semester are typically on Tuesday and Thursday starting at 7:00 am. Should any change of stated rotations or times be necessary, students will be given at least one week notice. 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 also be able to recall their computer access code.

I. WEST PENN HOSPITAL CLINICAL ROTATIONS - Time Schedule

A. Critical Care (ICU) - 3 Weeks
Tuesday 7:00 a.m. - 3:30 p.m.
Thursday 7:00 a.m. - 12:00 p.m.

B. Burn Unit (B) - 1 Week
Tuesday 7:00 a.m. - 3:30 p.m.
Thursday 7:00 a.m. - 12:00 p.m.

C. Treatments (Rx) - 3 weeks
Tuesday 7:00 a.m. - 3:30 p.m.
Thursday 7:00 a.m. - 12:00 p.m.

D. Arterial Blood Gas & Pulmonary Functions (P) - 1 week
Tuesday 6:45 a.m. - 11:00 a.m.
Thursday 6:45 a.m. - 11:00 a.m.

E. Cardiovascular recovery room (CVR) - 1 Week
Tuesday 7:00 a.m. - 3:30 p.m. CVR
Thursday 8:00 a.m. - Noon (Computer Lab)

F. Anesthesia Observation (A) - 1 Week
Tuesday 7:00 a.m. - 3:30 p.m.
Thursday 7:00 a.m. - 12:00 p.m.

G. Therapist Driven Protocols (TDP)
Tuesday 9:30 a.m. - 2:00 p.m.
Thursday 8:30 a.m. - 12:00 p.m.

H. Rehab/Tech Rounds (RH)
Tuesday 7:00 a.m. - 3:30 p.m.
Thursday 7:00 a.m. - 12:00 p.m.

I. Other (O) To Be Announced- a possibility is AGH-see below

II. **OFF-SITE CLINICAL ROTATIONS**
Allegheny General Hospital (AG) - 1 week

A. Treatments /Intensive Care Unit -
Tuesday/Thursday 7:00 a.m. - 12:00 p.m.

III. 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 assigned rotation may be necessary without prior notice to provide for a valid learning experience. (ex.No patients in Burn Unit- 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.

West Penn Hospital dress code will be enforced. Some reminders are here, but not limited to: Students are to wear clean scrubs, clean labcoats 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 cleanshaven otherwise.** Artificial nails are an infection control hazard. Earrings are limited to two. Visible body piercings need to be removed for clinical practice. Tatoos must not be visible.

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 AND 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 switchboard operator by 6:45 a.m. Rotations beginning after 7:00 a.m., call 578-7000 and notify the School of Respiratory Care before the starting time of the rotation. (If there is no answer at the School, leave a message on the answering machine.)**

2. If the student is on an <u>outside rotation (AG)</u> the student MUST call BOTH WPH and the outside clinical rotation by the time designated in # 1 above. Acquire the name of the person you speak with when you call the outside rotation. (See detail in rotation objectives.)

Allegheny General Hospital RC Dept. 359 - 3031

B. Outside rotation coordinators will verify call offs with the school

C. All students on clinical rotations are under the direct or indirect supervision of the Instructors or contact persons. Students should sign/check in and out with each instructor or contact person. (continued)

1. **Students are not permitted to leave the rotation without consent of their assigned instructors/staff persons. Students who are found to have left a rotation early or without permission will face absentee sanctions. (Policy SRC #7)**
2. **If at any time a problem exists on a rotation and the student is not sure what to do, the student should call the school at 578-7000, and ALSO page Mrs. Kinderman through West Penn Hospital's paging system(578-7400- beeper 2381, and enter the call-back telephone number.)**

EXCEPTION: Those students on computer Lab- sign in with Georgann

V. TASK RECORDS

Task completion records help to insure that students have well-rounded and similar clinical experiences.

A. For **West Penn Hospital Rotations,** students are required to record their own statistics (types and number of procedures performed) and provide these to their instructors at the end of each day at check-out.

B. The instructor may be notified in person or via paging system.
BEEPER NUMBERS Mr. Albert - #2382
Mrs. Kinderman - #2381

C. For **outside rotations at AGH**, task records are to be completed by the respective clinical instructors and then reported to the Director of Clinical Education. (WPH)

VI. Schedules

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

VII. 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.

VIII. Required Textbooks and bibliography

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

IX. CLINICAL ROTATIONS

A. Critical Care Rotations (WPH -ICU,B,CVR,AGH,)

1. Objectives
   a. Verify all physician orders in the chart each a.m.
   b. Perform thorough and accurate ventilator maintenances.
   c. Utilize the 02 Weaning Protocol and documentation.
   d. Perform various respiratory procedures (suction,lung mechanics,CPR, extubation, trach care, O2 set-ups, Rxs, circuit/suction catheter changes,circuit leak tests,..)
   e. Communicate with physicians during rounds and at other times regarding patient pathology and status
   f. Transport critically ill patients with 02 therapy
   g. Observe other forms of critical care monitoring: (Cardiac output, PCWP readings, Dialysis, ICP, etc.
   h. Review patient CXR and correlate with written report.
   i. Access patient information via computer terminal.
   j. Behave professionally, and show empathy for all patients.

2. Procedure (WPH)
   a. Report to WPH RC DEPARTMENT for a.m. report/assignment.
   b. Report statistics to ICU instructor at end of day

3. Evaluations
   a. There will be 3 formal psychomotor that will be performed during the critical care rotations:

   - **Tracheal Suctioning (OPEN SYSTEM)-**
   - **Cuff Pressure-**
   - **Ventilator Circuit Pop-off -**

b 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 (70%) (3.5 out of 5) points. Exact grades will not be given on the clinical units. Only pass-fail will be noted at the time. Exact grades will be distributed at the established clinical review session or at individual meetings

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

d. If after 2 attempts the student does not pass the procedure, an "Incomplete" for Clinical 2 will be issued. Re-evaluation will then be scheduled following the semester.

4. Critical Care Reminders

a. Document ventilator parameters on ABG requisitions
b. Document all treatments and suctioning via HBOC
c. Write verbal orders properly
d. Document ABGs on ventilator flowsheet.
e. Document IPOC forms correctly.
f. Change treatment setups every 3 days and properly document on the treatment card and RC clip board.
g. When leaving the units, communicate patient status to the R.C. Staff Therapists and R.C. instructor.
h. 2 written & 1 visual ventilator checks are to be conducted during an 8 hour rotation.
i. Be sure orders are present in patient chart prior to administering therapy (Vent. changes, Rxs, extubation)
j. Tubing changes are done q.14 days; suction catheter changes are done q.o.d.

5. Clinical Discussion Periods
Critical Care discussions will be conducted by the R.C. Instructor as the daily schedule permits. These periods will be used to discuss actual patient situations, procedures of respiratory care, etc.

B. **Burn Unit -B**

1. Objectives see additional objectives under ICU rotation

   a. Perform various RC procedures (suction, ventilator maintenance, O2 set-ups, pulse-ox readings, CPR, extubation, trach care, etc.)
   b. Observe procedures performed on burn patients
   c. Perform chart research to investigate cause and initial management of each burn patient.

2. Procedure

   a. Report to WPH RC Department by 7:00 a.m. for assignment
   b. The student is under the direct supervision of the senior student and the RX Instructor and no procedures are to be performed initially(prior to evaluation) without supervision
   c. Chart appropriately for all Rx's and tubing changes
   d. Report stats to ICU instructor at the end of the day.

C. **Treatment Rotations** (WPH - **RX**, AGH,)

1. Objectives

   a. Effectively administer treatments according to the "Clinical Practice Guidelines" specifications including but not limited to: Aerosol therapy, Incentive Spirometry, CPT, IPPB, PEP therapy, suctioning.
   b. Effectively communicate with patients during therapy administration.
   c. Effectively communicate with physicians and other members of the health care team concerning patients receiving respiratory care. Serve as a patient advocate to suggest the best approach to therapy.
   d. Serve as patient advocate by evaluating Therapy and making recommendations for appropriate respiratory care.
   e. Discuss and answer questions regarding patient cases EACH day on RX rotation describing patient assessment, treatment plan and utilizing medical terminology.

2. Procedure
   a. Report to WPH RC DEPARTMENT for a.m.report and patient assignment.

b. Report stats to RX instructor at the end of the day.
c. Investigate chart and perform patient assessment in preparation for chart analysis.

3. Evaluations

a. There will be 1 formal evaluation during treatment rotations this semester

- Chart Analysis -

b. The evaluations will begin at the discretion of the instructors.

c. Each procedure must be successfully completed according to the assigned point system.

D. **Pulmonary Functions/Arterial Blood Gases** **P**

1. Objectives
   a. Observe and assist the staff member perform arterial blood sampling technique
      * ABG punctures * Arterial Lines
   b. Observe and assist with abg requisition and other necessary paperwork for ordered blood sample.
   c. Observe and assist with ABG Analysis and Computer usage
   d. Review Normal ABG values and basic interpretations.
   e. Interpret at least three abgs per student.
   f. Observe and assist as needed with pulmonary function department activities: Spirometry, lung volume testing, bronchoscopy,etc.

2. Procedure
   a. Report to the Pulmonary Laboratory 4th floor North.
   b. Attire: scrubs, watch, pen, needle protector, goggles and lab coat.
   c. Check out with a primary instructor at the end of the rotation.

E. **Cardiovascular Recovery** **-CVR** see additional objectives under ICU

1. Objectives
   a. Perform various RC procedures (suction, CPR, ventilator maintenance, O2 set-ups, RXs, extubations, etc.)
   b. Document ventilator changes and report ABGs

c. Communicate with physicians regarding patient status
d. Observe hemodynamic monitoring.
e. Perform chart summary at end of shift.
f. Learn and utilize the CVR Weaning Protocol to wean patients accordingly.
g. Prepare ventilators for new admissions

2. Procedure
a. Report to WPH RC Department for assignment
b. The student is directly responsible to the senior assigned to the unit for Teaching Rotation or to the ICU instructor. **No** procedure is performed unless **directly** supervised by the supervising senior, the respiratory therapist or a clinical instructor.
c. Report statistics at the end of the rotation.

F. **Anesthesia Observation -A**

1. Objectives
a. Identify various airway management techniques used during induction of anesthesia
b. Observe the insertion methods and the maintenance procedures for various monitoring lines
c. Identify the variety of anesthetics used for induction and maintenance of anesthesia
d. Observe various types of surgical procedures
e. Communicate with physicians, etc. regarding special concerns

2. Procedure
a. Report to the Treatment Instructor before 7:00 a.m.
b. The student should be appropriately attired. Students can change in the Anesthesia Locker Rooms .
1) Surgical scrubs (**Hospital owned**)
2) Shoe covers
3) Mask
4) Hair cover
5) Name tag
c. Report to the Anesthesia Lounge by 7:00 a.m.
Our contact person is : Dr. Dishart (anesthesiologist)

G. **Computer Lab** (CO)

1. Objectives
   a. Perform the assigned computer packages and simulations **independently.**
   b. Identify cognitive areas that require review
   c. Attempt to 'PASS' with a high % score on both Decision Making and Information Gathering sections.
   d. Investigate the RC websites listed in the AV room.
   e. Complete the brief assignment in the AV room.

2. Procedure
   a. Sign up for computer time at the school office.
   b. Sign in and out with Georgann (initial log of completed sims)
   c. Sims will be located in the AV room in a binder marked "Juniors". Make sure you turn off the computer and components when finished!
   d. Clinical Sims are to be taken until a "PASS" score is achieved by the student.
   e. **All clinical sims are to be done independently.**

3. Simulations
   a. Simulations for practice will be listed in the AV room and in the junior sim notebook.

4. Evaluation
   a. After successfully completing all of the practice sims, each student will be required to complete Sims as formal cognitive evaluation/s.
   b. Clinical Midterm and Final Simulations for Evaluation and grading will be administered by the clinical faculty.

NOTE: The computer sim/s for evaluation will be graded as the percentage scored * sim points.

H. **Therapist Driven Protocols-TDP/ Long Term Ventilator Case Studies**

1. Objectives
   a. Review notes and readings on RC therapies and the Aprotocol information packet≡ prior to clinical rotation.
   b. Perform chart research, computer research, bedside patient assessment and patient interviews to determine appropriate bronchial hygiene (or other) RC therapy via the use of currently published protocols.

c. Students will serve as patient advocates in the provision of respiratory services by suggesting alternative therapy or approaches when warranted from information gathered (see objective a).
d. Communicate professionally with patient, staff, instructors and fellow students.

Assignment:

Students will be expected to formally present the findings (of their chart research, assessment, and recommendations for therapy from the protocols) to their instructors and fellow students in both written and verbal discussion during clinical conference on Fridays.

2. Procedure
   a. Report to RC Dept. at the designated start time.
   b. Page a primary instructor to receive assignment/s.
   c. Wear clinical attire,bring stethoscope, etc. and protocol package.

*3. Long term ventilator case study objectives:
   a. Students will determine from a review of the patient=s medical history what caused or contributed to their need for mechanical ventilation.
   b. Review the indications for mechanical ventilation.
   c. Determine significant changes in patient vent.settings: mode, rate, FI02, PEEP, etc. over the course of the patient=s stay.
   d. Correlate ventilator setting changes with patient clinical information prior to those changes. Note changes in clinical presentation following these ventilator changes (improvement or deterioration).
   e. Develop appreciation for patient coping strategies and empathy for the long term ventilator patient and their families.

Assignment:

Students will be expected to discuss verbally and in writing (typewritten) the case issues described in the previous objectives.

I. Rehabilitation/Tech Rounds- RH

1. Objectives

a. Safely change a variety of RC equipment including , but not limited to: nebulizers and humidifiers.
b. Correctly assess the hours of 0_2 use per RC dept. policy.
c. Demonstrate proper documentation of 0_2 rounds
d. Demonstrate competent assessment and decision making skills for patients on the 0_2 weaning protocol.
e. Identify possible locations of and procedures for handling D/C'd and contaminated equipment.
f. With the assistance of the clinical supervisor, conduct pulse oximetry checks, patient transport with 0_2 and new equipment set-ups as needed.
g. Perform vital sign monitoring on rehab patients including heart rate, blood pressure, pulse oximetry, etc.
h. Observe various testing and teaching methods for rehab patients.
i. Observe and assist with various training methods for attaining rehabilitation goals.
j. Assist the staff in the performance of various rehab activities.

2. Procedure
a. Report to the RC Dept, 4th floor WPH at 7:00 a.m.
b. Students are to wear scrubs, labcoats and nametags. Long hair should be pulled back and fastened.
c. Students must have required clinical accessories: watch, scissors, stethoscopes, hemostats, goggles, fitted TB mask.
d. During the rotation students will work directly with the resp. technician/therapist assigned to the rotation.

X. CLINICAL 2 GRADING

A. GENERAL FORMAT

3 areas (domains) of evaluations are considered. The student may achieve maximum point values for each area as noted.

COGNITIVE		AFFECTIVE		PSYCHOMOTOR	
Midterm Exam	6			Cuff Pressure	10
		MIDTERM	14		
Final Written	12			Open Suction	10
		FINAL	14	Sx Cath Change with Popoff	10
Sim -Written					
Midterm	2				
Final	2				
Final	2	AGH	2		
Chart Analysis **(WPH)**	5				
Clinical Cognitive					
Midterm	5				
Final	6				
TOTAL POINTS	40		30		30

B. MINIMAL PASS STANDARD

The student must achieve a **minimal pass level (65%) in each of the 3 domains.** Minimal points required to pass each domain are

indicated below.

COGNITIVE	AFFECTIVE	PSYCHOMOTOR
26.00 points	19.50 points	19.50 points

C. DOMAIN SPECIFICATION

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

1. 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 minimal passing grade. The procedure must be repeated until the criteria for minimal acceptable performance for the procedure is met.

b. Evaluation Scoring

	First Attempt	Second Attempt	Beyond Second Attempt
Excellent	10 9	6 5	must be satisfactorily completed but no points are awarded.
Good	8	4	
Passing	7	3	
Unsatisfactory	0	0	

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.

      eg. Written Final maximum points = 12
      scored % = 80%
      Maximum points earned = .8 X 12 = 9.60

   b. For Chart Analysis the following point system will be used:

      A maximum of 5 points can be earned for this evaluation. The student can be awarded from 0 points up to 5 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 respective scale.

   e.g.

   Midterm - maximum points = 14
   scored % = 80%

   Maximum points earned = .8 X 14 = 11.2

4. The maximum number of points awarded in the Cognitive or Affective Domains may be less than the total indicated for those domains if any of the following occur:

   a. Critical Incident

1) As stated in "clinical guidelines"

2) If a performance problem is observed in 2 or more rotations, a "**critical performance pattern**" is said to exist. A critical performance pattern will be handled as a critical incident.

b. Unexcused clinical attendance situations as stated in the policy manual.

c. Improperly recorded stats as stated in the clinical guidelines

d. Example of Critical Incident

ex.Critical Incident - Rx administered to wrong patient
Occurred in first half of semester

ex.Faculty Decision - 1 point deduction from the maximum points available 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 Adjustment

Midterm = 4 points (1 point deduction made here)
Final = 6 points (no change in maximum points)

(con't.)

Earned % for Midterm

Affective - 80%
Cognitive - 70%

Calculation of maximum points earned

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)

XI. FINAL GRADING SCALE

A. When it has been determined that ***each domain has been passed***, final grades will be calculated based on the following scale:

Total Points Achieved

90 - 100	A
80 - 89	B
70 - 79	C
65 - 69	D