

**Part II. 1.**  
**Course Revision Proposal**  
**RESP 433 Respiratory Care Clinical Practice IV**

**I. Catalog Description**

RESP 433 Respiratory Care Clinical Practice IV (var-4cr)

Respiratory care treatment procedures are continued with emphasis on functioning with greater independence and improving proficiency and refining skills in adult general and critical care areas. Experience in non-acute health care settings is included. Specialty rotations are continued. Students are provided opportunities to develop leadership skills.

**II. Course Objectives**

Students will be able to

1. Use application and analysis skills to select, review, obtain and interpret data on pediatric and adult patients in acute and non-acute care settings.
2. Select, assemble and check equipment for proper function, operation and cleanliness.
3. Use application and analysis skills to initiate, conduct and modify prescribed therapeutic procedures on pediatric and adult patients in acute and non-acute care settings.
4. Function as member of the health care team.
5. Assume a leadership role within one's scope of practice.
6. Implement teaching plans and evaluate learning outcomes.
7. 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 individual student learning needs, class size, availability of clinical sites and off-site locations, and the development of new technology and procedures.

<b>Topic</b>	<b>Approximate Hours</b>
Orientation	20
Adult critical care	50
Burn trauma care	20

General floor therapy and rehabilitation	16
Pulmonary diagnostics	16
Mid-term review and exam	5
Cardiothoracic	20
Anesthesia	13
Neonatal care	20
Pediatric care	20
Off-site rotation	40
Physician lectures	14
Teaching	10
<u>Specialty rotation</u>	<u>16</u>
Total	280
Final review and exam	5

#### **IV. Evaluation Methods**

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%
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##### Category III

Psychomotor skills	30%
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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 the following text that will be used in addition to those previously purchased.

American Heart Association (2001). *Textbook of advanced cardiac life support*. Dallas, TX: Author.

## 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 and specialty rotations.

## VIII. Bibliography

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- McKeachie, W.J., & Hofer, B.K. (2001). *McKeachie's teaching tips: Strategies, research and theory for college and university teachers* (11<sup>th</sup> ed.). Lexington, MA: DC Heath.
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- Pilbeam, S.P. (1997). *Mechanical ventilation physiological and clinical applications* (2<sup>nd</sup> ed.). St. Louis, MO: Mosby.
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- Whitaker, K.B. (2001). *Comprehensive perinatal and pediatric respiratory care* (3<sup>rd</sup> ed.). Albany, NY: Delmar.

## **Part II. RESP 433 Respiratory Care Clinical IV**

### **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 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.

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/s.

I. CLINICAL ROTATIONS - TIME SCHEDULE

A. Critical Care (ICU) - 3 weeks

Monday    7:00 - 3:30  
Tuesday    9:00 - 11:00 (patient assessment/conference)  
Friday    7:00 - 3:30

B. Burn Unit (B) - 1 week

Monday    7:00 - 3:30  
Tuesday    7:00 - 11:00 (& teach)  
Friday    7:00 - 3:30

C. Cardiovascular Recovery Room (CVR) - 1 week

Monday    9:30 - 5:30  
Tuesday    7:00 - 11:00 (& teach)  
Friday    7:00 - 3:30

D. Neonatal ICU (NEO) - 2 weeks

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

E. Anesthesia (A) - 1 Week

Mondays & Fridays    7:00 - 3:30

F. Childrens Hospital (CH) - 1 week

Monday    7:30 - 3:30  
Tuesday    8:00 - 11:00 Reserved Time Slot for Computer SIMs  
Friday    7:30 - 3:30

G. Respiratory Care/Rehab Rotation (RC)

Monday    7:00 - 3:30  
Tuesday    7:00 - 11:00 Teaching rotation (T)  
Friday    7:00 - 3:30

H. Other to be announced

Monday    7:00 - 3:30  
Tuesday    7:00 - 11:00

Friday 7:00 - 3:30

I. *Specialty Rotation (SPEC) Monday, Tuesday, Friday*  
*Days and/or evenings- Times variable upon approval of Clinical Director &/or instructors.*

J. *Sleep Disorder Center (S) - 1 week*  
*Monday night 8:45 p.m. - ??*  
*Thursday night 8:45 p.m. - ??*

K. *Home Care (HC) - 1 week with Tuesday teaching if needed (see Schedule)*  
*Monday and Friday - see individual handouts for times*

*HC<sup>KL</sup>: Klingensmith Homecare*  
*HC<sup>HCS</sup>: HealthCare Solutions*  
*HC<sup>PH</sup>: Lincare- Penn Hills Office*  
*HC<sup>PS</sup>: Pediatric Services of America*

L. *Computer Lab*  
*Computer assignments - Reserved Time = TUESDAY OF CH rotation*

*\*Sims for "practice" must be completed by clinical review during half of semester with CH Rotation.*

## II. TASK RECORDS

*Task completion records help to assure that students have well rounded and similar clinical experiences.*

A. *For West Penn Hospital rotation, students are required to record their statistics (types and number of procedures performed) on a card at the end of each day, and submit it to their assigned clinical instructor at the end of the day.*

B. *An instructor may be notified in person or via the paging system.*

C. *For outside rotations, Task Sheets are to be completed and handed in to Mrs. Kinderman, Director of Clinical Education. Please deposit in the task completion box located outside of Mrs. Myers' office. (\*\*\*)See the Clinical Guidelines Book concerning penalty for failure to submit statistics.) Task sheets for the following rotations are to be completed:*  
*Allegheny General (if applicable) Childrens Hospital*  
*Offsites- Home Care, Specialty, Sleep*

### 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/socks 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. Earrings are limited to **TWO**. Visible body piercings (including tongue piercings) need to be removed for clinical practice. Tatoos must not be visible. Artificial nails are an infection control hazard. Violations to the dress code policy will result in a verbal warning for the first offense; point deductions in the affective domain 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. Failure to be prepared for clinical will affect grades.

### 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 412-578-5000 and notify the switchboard operator by 6:45 a.m. For Rotations beginning after 7:00 a.m., call 412-578-7000 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. The time of your call will be recorded.)
2. If the student is on an outside rotation (CH, HC, etc), 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.)

Allegheny General Hospital	359-3031 if applicable
Children's Hospital	692 - 6479
Home Care - Call the company AND THERAPIST !	
WPH Sleep Lab	578-6836



- 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 in and out with each instructor or contact person. 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.*

*EXCEPTIONS: Computer lab - sign in/out with Georgann*

- D. *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 page Mrs. Kinderman through West Penn Hospital's paging system. 412-578-7400- beeper 2381, and enter the call-back telephone number. Back-up plan is to page a primary instructor.*

- E. *Physician Lectures: Mondays 12:30 - 1:30*

*Those students on off-site rotations will NOT be required to attend physician lectures. Any MONDAY WPH rotation will be expected to attend.*

- F. *Clinical Conferences: will be as scheduled or needed this semester- see classroom schedule. During this semester, several conferences, quizzes, review sessions may be scheduled and attendance will be required. Students should check with instructors weekly regarding any changes to this schedule.*

V. Schedules

*Each student shall receive a clinical schedule. Please refer to the clinical schedule for individual rotation and progression 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. CLINICAL ROTATIONS

### A. CRITICAL CARE

#### 1. Objectives - WPH (ICU AND BURN, and AGH)

- a. Perform various respiratory procedures
- b. Properly document information on ventilator charting sheets.
- c. Correctly assess placement of endotracheal tubes and make any adjustments or securements as needed.
- d. Correctly assess patients vital signs, treatment plan and goals.
- e. Interpret ABGs and suggest therapeutic recommendations.
- f. Measure artificial airway cuff pressures.
- g. Communicate appropriately with physicians and other staff members regarding patient pathology and status.
- h. Verify all physician orders in patient charts.
- i. Access patient information on the computer terminal.
- j. Correctly identify the rhythms on ECG tracings.
- k. Review patient CXR and correlate with written report
- l. Communicate professionally at all times, and with empathy to the patient and family.
- m. Perform all routine psychomotor skills effectively and safely.
- n. Prepare patient case study for discussion on unit or in class.
- o. Prepare for patient assessment evaluation.
- p. Accompany physician(s) on rounds regarding your patient(s)

#### 2. Evaluations - WPH

a. There will be 4 formal clinical evaluations on this rotation:

- 1.-- Extubation OR Trach Care Procedure
- 2.-- Patient Assessment
- 3.--\* Summative Psychomotor Pass/Fail
- 4.--\* Summative Affective Pass/Fail

- b. The evaluations will begin at the discretion of the Instructor and may be performed in any critical care unit.
- c. 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 via individual appointment.

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

### 3. Critical Care Reminders (WPH)

- a. Document ventilator parameters on ABG requisitions
- b. Write and verify all written and verbal orders.
- c. Insure ABGs are ordered, called and documented.
- d. Change Rx setups every 3 days. Properly document on RX card
- e. When leaving the unit, communicate patient status to the RC Staff Therapists and RC Instructors.
- f. 2 written ventilatory checks are to be conducted during the 8 hour rotation on stable patients.
- g. Document complete patient assessment on each ventilator check
- h. Properly document circuit changes.
- i. Review Clinical Practice Guidelines to be sure to follow WPH School procedure.

### 4. Clinical Discussion Periods

*Critical Care discussions will be conducted by the RC Instructor as the daily schedule permits. These periods will be used to discuss actual patient situations, case studies and procedures of respiratory care, etc.*

5. Report statistics to an instructor at the end of the day.

## B. BURN UNIT B

### 1. Objectives - see additional objectives under ICU rotation

- a. Perform respiratory care procedures.
- b. Maintain accurate charting records.
- c. Observe procedures performed on burn patients.
- d. Communicate with physicians and staff regarding patient pathology and status.
- e. Evaluate therapy and make recommendations to physicians as to appropriate care.
- f. Answer questions regarding pathology, treatment, causes, presentation of burns. Ask Nursing Staff for input.
- g. Review patient chart information and view Initial Management of Burns and other Burn Trauma Videos located in Burn Unit conference room.

### 2. Procedure

- a. Report to RC Department for assignment.
- b. Report statistics to an instructor at the end of the day.

## C. CARDIOVASCULAR RECOVERY ROOM CVR

### I. Procedure

- a. Report to the RC Department
- b. The student is responsible for making arrangements with the CVR nurse (as soon as the student arrives on the CVR unit) to perform PCWP and cardiac outputs on several patients. The patients need NOT be on a ventilator.
- c. The student is responsible for notifying the CVR instructor when hemodynamic measurements are to be performed. The measurements MUST be performed with an instructor present. The student should attempt to start the first measurements by 7:40 a.m.
- d. The student should keep in mind that a minimum of 3 PCWP and cardiac output measurements must be performed by the student before the end of the semester. The student should be aware of this minimum requirement and actively seek PCWP and C.O. measurement opportunities.

NOTE: Failure to meet the minimum number of measurements will result in an Incomplete in Clinical- requiring Clinical make-up time following the END of the semester.

- e. Report statistics to an instructor at the end of the day

### 2. Objectives

- a. Observe the various nursing procedures.
- b. Perform any RC procedure, initial assessments and IPOCs.
- c. Perform weaning measurements and protocols according to RC Dept policy.
- d. Properly document all respiratory procedures.
- e. Perform and interpret hemodynamic measurements.
- f. Review hemodynamic calculations, and suggest therapies for abnormal values.
- g. Communicate professionally to physicians and staff regarding patient status.

### 3. Evaluation

- a. There will be 2 formal evaluations in CVR during this semester:
  - Hemodynamic Monitoring (PSYCHOMOTOR)
  - Hemodynamic Rationale (COGNITIVE)
- b. The hemodynamic procedure performed by the student will be graded according to the designated point system. If after 2 attempts the student

*does not pass the evaluation an "Incomplete" for Clinical 4 will be issued. Re-evaluation will then be scheduled following the end of the semester.*

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

- c. The Hemodynamic Rationale will be done following any hemodynamic monitoring procedure. The student will independently complete this form in the presence of the instructor, within a 20 minute time frame.*

#### **D. Neonatal ICU NEO**

##### **1. Procedure**

- a. Check in with an instructor at the RC department, then report to the Neonatal Conference Room (5 T) for am report.*
- b. Report statistics to an instructor at the end of the day when you check out.*

##### **2. Objectives**

- a. Participate in MD rounds.*
- b. Maintain mechanical ventilation of assigned patients to include making parameter change per MD orders.*
- c. Change ventilator circuitry and perform RC procedures.*
- d. Evaluate the assigned ventilator-patient systems for rationale for institution of MV and potential for weaning.*
- e. Assist in the transport of the neonate.*
- f. Perform, when possible, suctioning and capillary sticks.*
- g. Complete the neonatal assignment sheet and turn it in by the following week.*

##### **3. Evaluation**

- a. There will be 1 formal psychomotor evaluation:*

*- - Ventilator Maintenance- -*

*This evaluation should be performed during a scheduled week of Neonatal.*

*Any deviation from the scheduled time should be approved with Mrs. Kinderman.*

- b. The procedure will be graded according to the designated point system. If the student does not pass the evaluation initially, another evaluation will be scheduled. If after 2 attempts the student does not pass, an "incomplete" for Clinical 4 will be issued. Re-evaluation will then be scheduled following the end of the semester.*

- c. *Evaluation schedules are at the discretion of the Instructor.  
Each evaluation has a time limit of 20 minutes for a passing score.*

E. ANESTHESIA      A

1. *Procedure*

- a. *Report to ICU instructor in RC Department before 7:00 a.m.*
- b. *Report (ready to go) to Anesthesia lounge by 7:00 a.m*
- c. *Contact person for this rotation is Dr. Michael Dishart*
- d. *Report statistics at end of day to an instructor.*

2. *Objectives*

- a. *Perform 3 successful intubations under direct supervision of an anesthesiologist or nurse anesthetist. Have anesthesia staff sign 3 X 5 card for each intubation.*
- b. *Maintain proper oxygenation and ventilation of patient during intubation procedure.*
- c. *Select, gather, and assemble proper equipment.*
- d. *Additional time may need to be scheduled for the student to achieve three successful/ independent intubations.*

G. Children's Hospital      CH

1. *Procedure*

- a. *Students are under the direct or indirect supervision of:  
RC Educational Coordinator – Bill Rush or his designate.*
- b. *Students rotating at CH will NOT attend the Physician Lectures.*
- c. *The WPH SRC dresscode is to be utilized for this rotation. Photo ID must be visible.*

2. *AGENDA*

- a. *Orientation*
- b. *Areas of Contact:*
  - 1) *ICU*
  - 2) *Special Care Nursery*
  - 3) *Respiratory Care Unit*
- c. *Responsibilities:*
  - 1) *Mechanical Ventilation*
  - 2) *Respiratory Care Modalities, ABG*

### 3. Objectives

*See Clinical III Guidelines*

4. *Task Sheets are to be completed by the student and deposited in the task completion tray outside Mrs. Myers' office.*

## H. Respiratory Care/ Rehab Rotation

RC

### 1. Procedure RC

- Report to instructor in RC Department by 7:00 a.m.*
- Students are under the direct supervision of the technician/therapist assigned to treatments for the day.*
- Students will provide written statistics of performed procedures to instructor at the end of the day.*
- Check out with an instructor at the end of the day.*
- Page an instructor to communicate the status of day=s activities and/or with any questions/problems.*
- Report status of patients to oncoming shift personnel.*

### 2. Objectives RC

- Perform a variety of respiratory department duties to include providing respiratory care treatments according to the CPG; perform pulmonary rehabilitation activities, assist with bronchoscopy.*
- Research chart information pertinent to the status and care of each patient.*
- Perform and enhance performance of patient assessment techniques to include: observation, interviewing and physical (thoracic percussion, auscultative) assessment.*
- Effectively communicate with patients and members of the health care team.*

*(Objectives for RC Rotation continued).....*

- Provide and assure proper documentation (IPOC, patient education, patient assessment record, charting, etc.)*
- Perform RC equipment changes and set-ups as necessary.*
- Prioritize tasks to improve time management and organizational skills.*
- Assist instructors in identifying patients for Juniors on Tuesday clinical.*

## Guidelines for RESPIRATORY CARE TEACHING ROTATION

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1. *Students will be responsible for meeting with the instructor assigned to the critical care area and, at this time, detailed responsibilities and expectations will be reviewed. Each student should check the clinical rotation schedule so that preparations can be*





I. ALLEGHENY GENERAL HOSPITAL

AG If applicable:

1. Procedure

- a. Students are to report to AGH Respiratory Care Dept. (2nd floor) by the scheduled time.
- b. Wear school scrubs, clean shoes and lab jacket. You must have your WPH Photo ID Card with you. Bring a notebook but not extra belongings.
- c. Students are under the direct supervision of:  
Rotation Coordinator \_\_\_\_\_, Staff Therapists & Director, Tom Hon
- d. General WPH School of RC policies and "Clinical Practice Guidelines" will be in effect. Any necessary modifications will be announced by AGH personnel.
- e. If it is necessary to report tardiness or absenteeism, it is essential that you acquire the name of the staff member that you speak with about the attendance matter AND remember to also call the school.
- f. Submit task completion records to Mrs. Kinderman, Director of Clinical Education at the end of the rotation (place in tray outside Mrs. Myers' office). These records can be found in the Bins near the mailboxes.

2. Objectives - AGH -Neonatal Intensive Care (as assignment allows):

- a. Perform and/or assist in maintenance of mechanical ventilation including synchronous ventilation.
- b. Observe /assist in bicor monitoring and pft testing, & surfactant administration
- c. Discuss oscillatory ventilation of the neonate, and perform ventilator maintenances /assessments on these patients
- d. Perform and observe a variety of neonatal RC and nursing procedures
- e. Participate in MD rounds
- f. Assist in patient transport

3. Objectives - AGH - Trauma Unit - OR - Neuro ICU

- a. Perform ventilator maintenances, changes, and charting.
- 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
- e. Assist in patient transport
- f. Perform patient assessments

*g. See additional objectives under ICU pg. 5*

*4. Objectives - AGH - PFT (if applicable) See objectives from Clinical 3 2000 Packet.*

**5. Evaluation**

*a. Affective - Rating PASS/FAIL*

*b. Cognitive - Test questions submitted by AGH Clin. Coordinator for Clinical Final Written Exam*

**J. SPECIALTY ROTATION**

**SP** (Your Preceptorship site is excluded as an option)

**1. Procedure**

*a. Students may design their own week of clinical rotation, focusing on their own individual interests.*

*b. Students MUST obtain initial approval from an instructor or the clinical director.*

*c. Then each student must WRITE OBJECTIVES, ARRANGE the rotation, & ASSURE THAT ROTATION OBJECTIVES ARE MET TO COMPLETE THIS SEGMENT. The written rotation objectives must be approved by an instructor & the site. Students should consider: arranging a supervisor and securing rotation hours that are similar to a regular rotation at WPH. Once an agreement is secured with the clinical site, site approval must be turned into Mrs. Kinderman. Deadline for approval is 2 weeks prior to the first day of SPEC rotation.*

*d. Formal documentation must be provided to WPH before the rotation occurs.*

*e. Students are expected to provide advance documentation regarding objective B, as well as documentation when the rotation is finished. This should include discussion as to how the objectives were accomplished and the amount of time spent and activities that occurred at the site. See sample sheet on the last page of this packet*

*f. Rotation hours are expected to be no less than typical for a week on clinical. Evenings can also be used. Students may solicit approval for more than one site/location.*

**SEE CHECKLIST AT END OF PACKET TO HELP YOU FOLLOW THE CRITERIA FOR THIS ROTATION**

K. Sleep Lab            S            Sleep Disorder Center

1. Procedure

- a. Students are to report to the WPH SDC on the mezzanine level of the Mellon Pavillion.
- b. Wear school scrubs, lab coat and WPH ID badge.
- c. Students are under the direct supervision of the SDC staff members.
- d. Bring a notebook with you to take notes.
- e. If necessary to report tardiness or absenteeism to the school and to the Sleep Disorder Center at 578-4528. Acquire the name of the person you speak with.
- f. Due to the night-time hours of this rotation, it is advisable to park in the parking garage, or ride/walk to the hospital with your assigned rotation partner. In addition, hospital security @ Ext. 1800, can often an escort or observe students through Friendship Park.
- g. Students are encouraged, however to spend an entire night to see the study from start to finish.

2. Objectives

- a. Observe and participate in the SDC procedures.
- g. Assist the staff in patient assessment, room, patient and equipment preparation
- h. Observe the placement of electrodes and monitoring devices.

**WRITTEN ASSIGNMENT: ANSWER THESE OBJECTIVES d through h.**

- d. Identify the purpose of each of the various monitoring devices.
- e. Describe the different types of sleep apnea.
- f. Describe the diagnostic entities that identify and differentiate between the different types of sleep apnea.
- g. Describe the following terms: Narcolepsy, parasomnia, insomnia
- h. Explain the methods of treatment used for patients with sleep disorders.

## L. Home Care Rotation

HC

### 1. Procedure

- a. *Each student will be scheduled to rotate with a home care company, to make rounds with the home care therapist and to observe the office, or oxygen home deliveries.*

### 2. Objectives

- a. *Students will become familiar with cost and reimbursement considerations related to the application of respiratory care in the home.*
- b. *Become familiar with the roles of other health related professionals in the total home care management of the patient.*
- c. *Students will observe and compare notable differences in the role of the respiratory care practitioner as well as the general practice of respiratory care in the home versus the hospital setting to include: Asepsis, psychological support, pulmonary assessment, home equipment, pharmacology, education, etc.*
- d. *Students may be able to assist the respiratory practitioner in the assessment of the patient.*
- e. *Students may be able to assist the practitioner in the completion of paperwork & updating of records.*
- f. *Students may be able to assist the therapist in the general routine maintenance of equipment.*
- g. *COMPLETE BOTH written assignments (week 1) & (week 2)*

## M. COMPUTER LAB

### 1. Procedure

- a. *Sign up for computer time at the school office.*
- b. *Sign in and out with Georgann. (Place your initials in log of completed SIMS)*
- c. *Sims will be located in a binder in the lab.*
- d. *Students are NOT required to submit completed SIMS.*

### 2. Objectives

- a. *Perform the assigned computer packages and simulations independently. Achieve a PASS SCORE with High % in both DM & IG sections*

- b. Identify cognitive areas that require review.*
  - c. Practice taking computerized credentialing examinations.*
  - d. Investigate the NBRC web site for information regarding credentialing examination process.*
3. *Clinical Sims- see senior notebook in computer lab*
4. *Evaluations*
- a. After each student has successfully completed all of the assigned PRACTICE SIMS, each student will be required to individually complete a pre-determined SIM for formal cognitive evaluation.*
  - b. Passing Score in each area is roughly 65% or higher.*

NOTES:

IX. CLINICAL 4 GRADING 2003

A. GENERAL FORMAT

3 Clinical Domains are Evaluated. The student may achieve point values for each area as noted below:

COGNITIVE	AFFECTIVE	PSYCHOMOTOR
<i>Written Evals .....</i>		
Quizzes 10	Midterm* 12	Trach Care or Extubation 10
Final 5	MT attendance 1	
SIMS ..... 3	Final* 12	
	Fin.attendance 1	Hemo Monitor 10
	Teaching 1	
	Offsite 1 (Pass/Fail)	Neo Vent Main 10
<i>Clinical Cognitive.....</i>		
Midterm 6		<i>Maximum pts. will be given if each eval is passed on 1<sup>st</sup> attempt.                      Ex: Pass all 3 evals on 1<sup>st</sup> attempt = 30 pts.                      Failure of an eval will result in repeating the eval and a lower point value</i>
Final 6		
Hemo Rationale.... 5		
Critical Care Assessment..... 5		



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

eg. Written Final - maximum points = 5  
- scored % = 80%

Maximum points earned =  $.8 \times 5 = 4.0$  out of a possible 5 points

- b. For Hemodynamic Rationale and Critical Care Assessment, 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.

- c. \* Senior rating Scale will be utilized

A student may earn up to 12 points (6 pts. Midterm; 6 pts. Final) using a new Midterm and Final Checklist with point values assigned to each of 2 areas. (See Clinical 4 rating Scale in the school's Clinical Guideline Book.

3. Affective Domain \* Senior Rating Scale will be utilized

A student may earn up to 28 points for the affective domain.

The total actual number of points awarded will be determined using a new Midterm and Final checklist with point values assigned to each of 4 areas. See Clinical Rating Scale attached to end of packet.

The scored points awarded in the Cognitive or Affective Domain may be less than the total indicated by the checklist 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. Failure to properly submit task completion sheets, or assignment sheets as stated in the clinical guidelines and Clinical packet.

- d. Example of Critical Incident:

Critical Incident ..... Rx administered to wrong patient



*Occurred in first half of semester*

*Faculty Decision - 1 point deduction from the earned points in both the Cognitive and Affective Domains. (2 point total penalty)*

*Calculations:*

*Affective Domain Adjustment*

*Midterm score = 12 points (1 point deduction for C.I.) = 11*

*Final score = 12 points (No additional points deducted)*

*Cognitive Domain Adjustments*

*Midterm score = 6 points (1 point deduction for C.I.) = 5*

*Final score = 6 points (No additional points deducted)*

**X. FINAL GRADING SCALE**

**REMINDER: Students must obtain at least 65% in EACH of the 3 domains to PASS CLINICAL.**

<b>Total Points Achieved:</b>	<b>90 - 100</b>	<b>A</b>
	<b>80 - 89</b>	<b>B</b>
	<b>70 - 79</b>	<b>C</b>
	<b>65 - 69</b>	<b>D</b>