



MIDWESTERN STATE UNIVERSITY

Robert D. & Carol Gunn

College of Health & Human Services

Clinical Practicum I

RESP 3712

Fall 2021

Instructor: Tammy Kurszewski, D.H.Sc., RRT- ACCS **Phone:** (940) 397-4546

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Office Hours: By appointment

Audience: Junior Respiratory Care Students

Required Text/Software:

Trajecsys Clinical Documentation System, www.trajecs.com

Course Description:

All clinical courses require the student to integrate theory and laboratory training in the patient care setting. The focus of this clinical course is application of basic therapeutic techniques and procedures. Topics include medical records, charting, patient history and physical examinations, infection control, patient positioning, vital signs, breath sounds, chest assessment, oxygen therapy, humidity and aerosol therapy, cough techniques, incentive spirometry, and percussion and postural drainage.

Course Objectives:

Upon completion of this course, the student will be able to:

- Participate actively and effectively in the development of the respiratory care plan.
- Review existing data, collect additional data, and evaluate all data to determine and defend the appropriateness of the prescribed respiratory care plan.
- Select, assemble, assure cleanliness, check for proper function, and correct malfunctions of equipment used in providing basic therapeutics associated with respiratory care.
- Initiate, conduct, and modify prescribed therapeutic procedures at the basic therapeutic level.
- Maintain patient records and communicate relevant information to other members of the healthcare team in a professional manner.
- Develop professionalism and community service skills.

Weekly Meeting Pattern:

Clinical days, sites and rotations are specific to each student.

Attendance and Participation:

Attendance at clinical sites is an essential component of the student's clinical education. The student must be in their assigned area of rotation and prepared for instruction at the scheduled time for that rotation. Each student is required to document their clinical hours utilizing our clinical documentation software, Trajecsys. Hours are reviewed and verified each week by the Clinical Chair and/or assigned faculty. Each student will complete, 12, 12 hours shifts for a total of 144 hours of clinical time with additional hours noted for orientation and case study presentations. Every student is required to make-up any missed clinical time.

Additional information and policies in reference to clinical attendance is published in the Respiratory Care Program Student Handbook.

Missed Clinic Day Policy:

If a student is unable to complete scheduled hours at their clinical site for their scheduled shift (i.e. illness, etc.), it is **his/her responsibility to report the intended absence to the clinical site and the Director of Clinical Education prior to the time of the Practicum**. When reporting an absence to the Director of Clinical Education, please call (940) 397-4546 and leave message or contact the Director of Clinical Education directly utilizing direct messaging through the Group Me app. When reporting the absence to a clinical site, have the hospital operator page the Respiratory Charge Therapist currently on shift. **Leave a message with the charge therapist**. Make-up days will be required for all unexcused clinical absences. **Make-up time is made up in double-time**.

Please note, calls to report an absence must be made at least one hour prior to scheduled time for the Practicum. An absence not reported by this procedure will be recorded on the Clinical Incident Form as outlines in the Respiratory Care Program Student Handbook. The Director of Clinical Education may take extenuating circumstances into account. An adverse decision, as a result of missed clinic time or failure to report missed hours timely, may be appealed to the Program Director.

Additional information and policies in reference to clinical attendance is published in the Respiratory Care Program Student Handbook.

COVID-19 Pandemic Self-Screening:

MSU Texas is committed to keeping not only our students but the patients and visitors they interact within the health care setting safe during the COVID-19 Pandemic. It is essential as a health care provider to focus on our health and well-being but even more so during these unprecedented times. MSU Texas students are encouraged to self-screen daily utilizing the COVID-19 MSU Safety App. The purpose of this self-assessment tool is to help each student make decisions about seeking appropriate medical care and whether to come to campus or report to clinical rotation. Students are encouraged to contact the Director of Clinical Education and/or the Program Chair if they have questions or concerns regarding self-screening for COVID-19.

Additional resources and information can be found on the MSU Texas Website: <https://msutexas.edu/return-to-campus/msu-texas-commitment.php>.

Please note that multiple clinical affiliates may have additional screening policies in place beyond the COVID-19 MSU Safety App. Information regarding those individual policies will be available as part of orientation as well as first day of clinical rotation.

COVID-19 Vaccination

MSU does not require the COVID-19 vaccine to access MSU properties or to participate in campus activities. However, MSU's partners may require vaccination for students enrolled in clinical coursework at collaborating clinical affiliates. Clinical affiliates may require students in programs with practicum/clinical components to have the vaccine to complete the practicum/clinical requirement at the partnering facility. Several hospitals require students to be fully immunized against COVID-19 before arrival at the facilities. This is not an MSU rule; however, students must follow clinical site rules and regulations in order to complete their clinical practicums.

Therefore, you will need to be fully vaccinated by October 1, 2021 to attend all clinic sites this fall. Proof may be required to be presented to hospitals requiring Covid-19 vaccination records. If you choose not to get the vaccine and no other clinical sites are available for you to attend, you will be required to step out of the program and reapply later.

Tardiness Policy:

It is equally important that a student be punctual to the clinical site. In order for the student to obtain maximum benefit from the Clinical Practicum, they must be present for the report given at the change of shift. Late is defined as arriving at the clinical site fifteen minutes past the scheduled time for the Practicum. However, if a student arrives later than thirty minutes past the scheduled time for the Practicum, he/she may not be allowed to stay for that clinical day. If a student must be late for clinical it is their responsibility to contact the site prior to the scheduled time for Practicum.

After contacting appropriate person within the specified time, the student must be present within one hour of scheduled time for the Practicum. Depending on the area of rotation and the circumstances, an alternative assignment may be made. If a student is habitually late the instructor and/or the Clinical Director will counsel them.

If the student does not report tardiness to the appropriate person, an absence will be recorded. The Director of Clinical Education will take extenuating circumstances into account. **Every two days a student is late, an unexcused absence will be recorded.**

It is equally important that all students remain at their clinical site for the **entire designated time**. If the student must leave early for any reason, the student must call the Clinical Director. Students may be required to make up any missed hours.

Leaving the clinical site for any reason and not communicating with the preceptor **and** the Clinical Director is grounds for dismissal from the program.

It is also required that all students communicate with their assigned preceptor any time they leave their area for any reason (lunch, break, work on case studies, etc.)

Inclement Weather:

In cases of bad weather (i.e. winter weather) or severe weather (i.e. severe thunderstorm warnings, tornadoes), the student must use their own judgment when deciding whether or not to attend clinical practicum. The student will inform the clinical instructor as soon as possible. Absences secondary to bad and/or severe weather may be excused at the discretion of the Clinical Director. If public schools in your clinical area (i.e. school-district surrounding your hospital assignment) are canceled, your absence will be excused. No make-up time is required for excused absences secondary to inclement weather.

Concealed Carry at Clinical/Affiliate Sites:

Students must follow any rules or policies established at the clinical/affiliate site they attend. If the clinical/affiliate site does not prohibit the concealed carry of firearms, the university and the Respiratory Care

Program does not prohibit concealed carry at the clinical/affiliate site. However, students are reminded that at their clinical/affiliate sites the students are often required to wear “scrubs” which are thin garments which may make concealed carry of a firearm difficult if not impossible. Students may have to engage in activities such as moving patients or performing examinations which may make the concealment of a firearm difficult. Students are also reminded that intentional display of a firearm may result in criminal and/or civil penalties and unintentional display of a firearm is a violation of university policies and may result in disciplinary actions up to and including expulsion from the program and university. Students should factor the above in their decision as to whether or not to conceal carry at clinical/affiliate sites if those sites do not prohibit concealed carry.

American with Disabilities Act (ADA)

Midwestern State University (MSU) does not discriminate on the basis of an individual’s disability and complies with Section 504 and the Americans with Disabilities Act in its admission, accessibility and employment of individuals in programs and activities. MSU provide academic accommodations and auxiliary aids to individuals with disabilities, as defined by law, who are otherwise qualified to meet academic and employment requirements. For assistance call (940) 397-4618 or 397-4515.

Please see the instructor outside of class to make any arrangements involving special accommodations. It is the student’s responsibility to declare any disabilities. After declaration, preferably at the beginning of each semester, the student needs to contact individual instructors to determine any reasonable accommodations that may be required.

Grade Items and Grade Determination:

Assignments	Grade Percentage
Clinical Portfolio	20%
Task Analysis	20%
Competencies	20%
Case Study	40%

Approximate Grading Scale:

A: 90-100

B: 80-89

C: 75-79

D: 70-74

F: 69 and below

Assignments:

Clinical Portfolio:

Each student will compile digital clinical portfolio documenting the learning activities for the semester through our clinical documentation system.

The clinical portfolio consists of:

1. Timesheet (Completed Hours = 144 hours)
2. Daily log completion (12)

3. Completed competencies (as defined within the syllabus)
4. Daily performance evaluations (12)
5. Preceptor evaluations (12)
6. Clinical site evaluations (1)
7. Professional Credits (as defined within the syllabus)

General Requirements of the Clinical Portfolio:

1. **Clocking-in** -the student must be clocked in and out for each day in clinic – no exceptions! If a student misses clock in/out submission, the student is required to complete a time exception form within 24 hours of missed punch. Failure to have a complete timesheet could result in scheduled make-up hours of clinical time.
2. **Daily logs**-Daily logs are used to document the practice of clinical skills of the student. **It is vital that these logs are completed every day** the student attends clinic. **It is the student's responsibility to ensure that these logs are completed daily – before you leave the clinic.** (If attendance is not documented, it will be assumed that the clinic day was not completed). Activities performed during the day may be listed on the log from the list of competencies contained in the clinical portfolio.
3. **Daily performance**- evaluations-the student will have a daily performance evaluation completed and signed by the clinical preceptor every day when the student is in clinic-no exceptions! Any category noted as NI will be addressed by the clinical chair.
4. **Preceptor evaluations** – Students must complete a preceptor evaluation each day of clinical rotation evaluating their assigned preceptor for that day.
5. **Site evaluations**-You must complete a site evaluation for your assigned clinic site. Due at final check-off.
6. **Professional credits** – Students will be required to complete a minimum of 20 professional credits as part of their Clinical Practicum I rotation. Examples of professional credits include student involvement in the state and national professional organization as well as community to service. Please refer to the table below. Due at final check-off to Dropbox on D2L.
7. **The Director of Clinical Education will review clinical documentation completed on Trajecsys throughout the clinical rotation to ensure adequate progress is made toward clinical practicum objectives. Formal feedback will be provided to each student at a minimum of every two weeks of rotation via Trajecsys.**

CLINICAL PORTFOLIO FINAL CHECK-OFF DECEMBER 5th, Midnight. NO EXCEPTIONS!

Task Analysis:

Each student must complete and submit 3 task analysis papers. The task analysis may be done on any of the commonly ordered modalities assigned for completion during Clinical Practicum I. This assignment may be typed or hand written (scanned for submission), no formal format required. **The completed assignment must be turned in via D2L Dropbox by Nov. 14th via D2L Dropbox.**

Task Analysis Format:

Patient info: Age, patient diagnosis, area (DO NOT IDENTIFY PT BY NAME)

Therapy type (i.e., oxygen therapy (cannula), aerosol treatment (small volume nebulizer), Bronchial hygiene therapy (PEP, incentive spirometer, IPPB)

Indications:

Contraindications:

Hazards:

Outcomes:

Monitoring:

Performance steps:

COMPETENCIES:

GENERAL GUIDELINES ON COMPETENCIES:

1. Required competencies are listed in each course syllabus.
2. Prior to being checked-off the student must practice the skills several times.
3. A hospital staff member that has worked with you can fill out competencies. **It is your responsibility to make sure the competencies are completed properly and filed under the competency tab in D2L.**
4. Student will be responsible for performing any procedure at any time once they have passed the competency for that procedure.
5. It is the student's responsibility to demonstrate weekly progress in clinical check-offs to their Clinical Coordinator.
6. It is the student's responsibility to contact the Clinical Coordinator if they are having problems with the competencies.
7. A student must complete the competencies specified in the course syllabus. Failure to complete the required competency may result in an unsuccessful grade in clinical and prevent completion of the program.
8. All competencies must be completed no later than December 5th.

Once a clinical skill has been mastered, it is the **responsibility of the student** to have their preceptor verify these skills by completing the documentation in Trajecsys.

A competency **must** be completed for the following skills:

1. Handwashing
2. Isolation Procedures
3. Vital Signs
4. Oxygen Therapy (Use of at least one oxygen delivery device)
5. Aerosol and Humidity Therapy (Use of at least one device)
6. Aerosol Drug Administration (Metered Dose Inhalers, Dry Powder Inhalers and Small Volume Nebulizer)
7. Incentive Spirometry
8. Intermittent Positive Pressure Breathing (or EZ-pap)*
9. Chest Physiotherapy
10. Mucous Clearance Adjuncts
11. CPR (completed during Summer II, copy of card uploaded to Castlebranch)

Competencies will be evaluated as follows:

Points Given	Grade	# of Competencies Completed
100	A	11
97	A	10
95	A	9
90	A	8
87	B	7
85	B	6
0	F	5

CASE STUDY:

Following the format outlined here, each student will submit a word document case study. All attempts will be made to let you work on your case study during clinical time, however, it may be necessary for you to remain at the clinical site for some additional time to complete the case study. Case studies will be graded on their

neatness, completeness and student's ability to interpret and analyze data. A rubric is available on D2L for reference.

Case Study Format:

The following outline should be followed exactly for the case studies. Include all titles and subject headings. **Case studies are to be turned in on or before midnight Sunday, December 5th via the assignment drop box on D2L.**

Patient Data

- a. Name: initials only
- b. Age
- c. Sex

Admitting data (include date of admission)

- a. admitting chief complaint
- b. pertinent history-medical, family, social/occupational
- c. current differential or working diagnosis

Present chest examination (a and b to be done by student, info may also be retrieved from the H&P)

- a. observations of setting and general appearance
- b. inspection, auscultation, percussion and palpitation
- c. radiologic

Vitals signs (one set to be done by the student) Get at least three sets of vital signs (include dates); Present, admitting, and one set of intermediate values. **Comment specifically on any measures that are not normal.**

- a. heart rate/rhythm
- b. ventilatory status
- c. blood pressure
- d. temperature

Any lines or tubes (Art. Line, chest tube, etc.)

Clinical laboratory data. Where possible get at least three sets of clinical laboratory data; present, admitting, and one set of intermediate values (dates should be provided for all clinical lab data).

Comment specifically on any measures that are not normal.

- a. red blood cells
- b. hemoglobin/hematocrit
- c. white blood cells
- d. blood gases (including O₂ content FiO₂ and ventilatory data **and interpretation of acid-base status and oxygenation** for each blood gas)
- e. platelets
- f. clotting studies (clotting time, PT, PTT)
- g. Serum electrolytes (relate abnormal to ABG's)
- h. Sputum culture and sensitivity
- i. Blood urea nitrogen (BUN)
- j. Creatinine
- k. Glucose
- l. Urinalysis

Pertinent medications (medications associated with admitting diagnosis as well as any pulmonary medications)-include for each; synopsis of PDR (or other drug book) sections for 1. Description, 2. Indications and usage (specific to this case), 3. Precautions, 4. Adverse reactions, 5. Dosage and administration.

- a. respiratory
- b. cardiovascular
- c. antibiotic
- d. other-analgesics, antacids, anticoagulants, antihistamines, decongestants, anti-inflammatory, antipyretics, diuretics, narcotics

Evaluation of major organ systems other than drugs

- a. heart
- b. neurological
- c. liver
- d. kidneys
- e. GI

Major diagnostic procedures and results (listed by date)

Rationale for initial treatment

Major complications since admission (include dates)

Rationale for current treatment (applied to present illness)

Rationale for current respiratory care

Reasonable short term plan for the patient

At the end of the clinical rotation, the students will present their case study on Thursday, December 9th (Live or possibly via Zoom). Your presentation should be no longer than 20 minutes and you should prepare based on the criteria below. These presentations will be evaluated and each participant will be awarded professional credits.

For your presentation, you will present the following information in narrative form (in your own words):

1. Patient data (Age, gender)
2. Admitting data, chief complaint
3. Pertinent History-medical, family, social/Occupational
4. Working Diagnosis (give description of disease)
5. Any pertinent issues with labs or x-rays
6. Any pertinent treatment and outcomes (medications, medical interventions such as CPR, ventilator, etc.)
7. Length of Stay, summary of outcomes and prognosis, plan of care

Presentations will be graded on content, professionalism, and ability to answer questions about your case study presentation.

PROFESSIONAL CREDITS:

In an effort to develop professionalism and promote community service within the respiratory profession, each student is required to complete professional credits each clinical practicum. Students are required to participate in suggested activities throughout the semester and are awarded professional credits assigned to each activity. Examples of activities along with point value are listed below. Additional meaningful caveats may also be considered with the approval of the faculty. Failure to complete professional credits will result in an "Incomplete" grade for the clinical practicum and students will not be allowed to progress within the curriculum until completion. All professional credits must be submitted as a Word Document (example posted to D2L under resources).

Clinical Practicum		Semester	PC Required	Credits
RESP 3712	Clinical Practicum I	Junior Fall	20 Credits	
RESP 3722	Clinical Practicum II	Junior Spring	20 Credits	
RESP 4722	Clinical Practicum IV	Senior Fall	20 Credits	
RESP 4732	Clinical Practicum V	Senior Spring	20 Credits	

Activities	PC Credits
Attend AARC Convention (5 lectures + tour exhibits)	20
Attend State Convention (5 lectures + tour exhibits)	20
AARC Student Member (one-time credit)	8
CoBGRTE Student Member (one-time credit)	8
State RC Student Member (one-time credit)	8
RC Student Association member (3 meetings & 1 project)	8
Regional state RC meeting attendance	10
CF/Asthma Camp	12/day
Attend "Better Breather" Club meeting	2/hour
Summarize journal articles from RC, CHEST, etc.	1/article
On-line CEU credits	4/CEU
Volunteer at the American Lung Association event	2/hour
PFT Lung Screening events	2/hour
Attend local RC seminars/symposia	2/hour
Participate in Health Fair	2/hour
Legislative Action	1

Clinical Affective Evaluation:

Each student will be evaluated by the Clinical Chair (with input from clinical preceptors) on their performance during their clinical rotation. Feedback will be provided to each student as part of their final grade.

The evaluation includes:

1. professional appearance
2. attendance
3. arrive on time and prepared
4. dependability
5. can function as part of the healthcare team
6. friendly and helpful within the department
7. accepts supervision, seeks feedback
8. appropriate and courteous with patients
9. conducts self in a professional/ethical manner
10. communicates effectively, use appropriate language
11. can prioritize and use effective time management
12. self-directed and manages work responsibly
13. self-confident, uses good judgment
14. participates in educational activities that enhance clinical performance

Student Honor Creed

"As an MSU Student, I pledge not to lie, cheat, steal, or help anyone else do so."

As students at MSU, we recognize that any great society must be composed of empowered, responsible citizens. We also recognize universities play an important role in helping mold these responsible citizens. We believe students themselves play an important part in developing responsible citizenship by maintaining a community where integrity and honorable character are the norm, not the exception.

Thus, we, the Students of Midwestern State University, resolve to uphold the honor of the University by affirming our commitment to complete academic honesty. We resolve not only to be honest but also to hold our peers accountable for complete honesty in all university matters.

We consider it dishonest to ask for, give, or receive help in examinations or quizzes, to use any unauthorized material in examinations, or to present, as one's own, work or ideas which are not entirely one's own. We recognize that any instructor has the right to expect that all student work is honest, original work. We accept and acknowledge that responsibility for lying, cheating, stealing, plagiarism, and other forms of academic dishonesty fundamentally rests within each individual student.

We expect of ourselves academic integrity, personal professionalism, and ethical character. We appreciate steps taken by University officials to protect the honor of the University against any who would disgrace the MSU student body by violating the spirit of this creed.