



MIDWESTERN STATE UNIVERSITY
Robert D. & Carol Gunn
College of Health & Human Services

Clinical Practicum II
RESP 3722
Spring 2020

Instructor: Tammy Kurszewski, D.H.Sc., RRT- ACCS

Phone: (940) 397-4546

Office: Centennial Hall 420G

Email: tammy.kurszewski@msutexas.edu

Office Hours: By appointment

Audience: Junior Respiratory Care Students

Required Text/Software:

Trajecsys Clinical Documentation System, www.trajecsys.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 manual resuscitation, arterial punctures and venous access, basic pulmonary function testing, pediatric respiratory care and introduction to adult critical care.

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 associated with the delivery of respiratory care in adult critical care and emergency environment.
- Initiate, conduct, and modify prescribed therapeutic procedures at the critical care 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, 18, 12 hours shifts for a total of 216 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.

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%
ICU Care Plans/Vent Assessments	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 = 216 hours)
2. Daily log completion (18)
3. Daily care plan completion/vent checks (both only required if in ICU)
4. Completed competencies (as defined within the syllabus)
5. Daily performance evaluations (18)
6. Preceptor evaluations (18)
7. Clinical site evaluations (1)
8. 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.
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 MONDAY, MAY 4th NOON. NO EXCEPTIONS!

CARE PLANS and VENTILATOR/PATIENT ASSESSMENTS:

As part of the clinical education, it is expected that student's assess, evaluate and plan based on the patient's overall health while in the ICU environment. The ability to fully comprehend and anticipate the patient's future needs is developed as part of the care plan process. Each day that the student is assigned to the ICU, the student is required to complete **one care plan and vent assessment on one patient** they are assigned to care for that day. The care plan format as well as the vent assessment will be discussed in class prior to the first day of clinic. Upon return from clinical rotation each two weeks, the student shall have completed a minimum of 6 care plans and 6 vent assessment sheets for evaluation (if assigned to a critical care area). Vent assessments should reflect all ventilator/patient assessments completed during the shift. All care plans and vent assessments will be submitted in folder on the cart found in the classroom upon return to campus every two weeks on that Monday by noon.

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 Trajecsys and/or on the Competency Signature Log.**
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 clinicals and prevent completion of the program.
8. **All competencies must be completed no later than Monday, May 4th.**

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 or on the Competency Check-off Form.

A competency **must** be completed for a minimum of 12 of the following skills:

1. Endotracheal/In-Line Suctioning
2. Intubation
3. Extubation
4. Nasotracheal Suctioning
5. In-Line SVN/MDI
6. Tracheostomy Care
7. Securing Endotracheal Tube/Cuff Management
8. Set-up Mechanical Ventilation
9. Routine Ventilator Check
10. Routine Parameter Change
11. Weaning
12. Non-invasive ventilator setup
13. Non-invasive ventilator check
14. Spontaneous breathing trial
15. Manual Ventilation during Transport
16. ABG Sampling
17. Arterial Line Sampling

Competencies will be evaluated as follows:

Points Given	Grade	# of Competencies Completed
100	A	17
97	A	16
95	A	15
90	A	14
87	B	13
85	B	12
0	F	11

CASE STUDY:

In the healthcare environment, patient care does not exist in a silo. All members of the healthcare team work together to interpret and analyze data in an effort to develop an optimal plan of care for each patient. As such, our case studies will be completed as a team or group project for the semester. Group assignments are based on clinical assignment placement. Following the format outlined here, each group will submit one typed or word processed case study for grading purposes. 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, May 3rd via the assignment dropbox 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 (smoking hx)/occupational, environmental exposures
- c. current differential or working diagnosis
- d. advanced directives/DNR status

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, ICP, 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**) You will lose points if omitted.
- 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 on admission

Major complications since admission (include dates)

Rationale for current treatment (how does it relate to present illness)

Rationale for current respiratory care (why are we providing each therapeutic intervention)

Reasonable short term plan for the patient to include your recommendations for future management.

***Please note that greatest emphasis in this case should be placed on the rationale for actions taken by the healthcare team as part of this patient's clinical experience.

At the end of the clinical rotation, the students will present their case study as a team on Thursday, May 7th (8am to Noon, location to be determined). Your presentation should be no longer than 20 minutes and you should prepare based on the criteria below. Each group is required to use some sort of digital media for delivery of the case (i.e. PowerPoint, Prezi, etc.). 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 team's own words):

1. Patient data (Age, gender, ethnicity)
2. Admitting data, chief complaint upon admission.
3. Pertinent History-medical, family, social/occupational.
4. Working Diagnosis (Give detailed description of disease along with background information. Additional resources to include images as well as video are encouraged. Describe how current diagnosis is impacting your patient specifically.)
5. Any pertinent issues with diagnostic testing such as 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.
8. Identify future plan of care detailing not only the recommendations noted in the chart but also your team's suggestions for how to better manage this patient both now and in future.

You will also turn in the written draft of your case study as outlined in the syllabus at the time of presentation. Presentations will be graded on content, professionalism, and ability to answer questions about your case study presentation. Students are encouraged to include considerable detail associated with the patient's primary diagnosis as well as to be creative in the demonstration of this information.

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.