



## **Clinical Practicum III RESP 4711 Summer I Long Session 2026**

### **Contact Information:**

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### **Class Information:**

Class Meeting: As scheduled at assigned clinic sites  
Audience: Senior Respiratory Care Students

### **Required Text/Software:**

(Purchased Fall of Junior Year) Trajecsys Clinical Documentation System, [Trajecsys](#)

### **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 the application of therapies, techniques and procedures to the newborn patient. Topics include aerosol drug delivery, pulmonary hygiene, nasal CPAP, continuous flow IMV, neonatal intubation and airway care, ventilatory support, PEEP, inspiratory time and mean airway pressure therapy, vital signs, chest assessment, APGAR scoring and resuscitation of the newborn.

### **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 neonatal intensive care unit.
- Initiate, conduct, and modify prescribed therapeutic procedures for a neonatal critically ill population.

- 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 his or her 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 eight 12-hours shifts for a total of 96 hours of clinical time with additional hours possible for orientation. 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 consider extenuating circumstances. An adverse decision, because 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 consider extenuating circumstances. **\*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 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 based on 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%
History and Physical Exam	40%
Skill Check-offs	20%
Site Evaluation	20%

## 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 a clinical portfolio documenting the learning activities for the semester.

The clinical portfolio is to be organized as follows:

In a three-ring binder, create divisions (using tab sheets) for the following **\*in the exact order listed**.

1. Cover sheet
2. Course syllabus
3. Clinical schedule
4. Skill observations/check-offs list
5. Daily log form – 8 (may be completed in Trajecsys)
6. Daily performance evaluations – 8 (may be completed in Trajecsys)
7. Daily preceptor evaluations - 8 (may be completed in Trajecsys)
8. Clinical site evaluation (may be completed in Trajecsys)

### 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! The clinical chair will address any category noted as NI.

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. **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.**

**\*CLINICAL PORTFOLIO FINAL CHECK-OFF Thursday, AUGUST 3rd, NOON. NO EXCEPTIONS!**

### **Skill Check-offs:**

#### **General Guidelines on Skill Check-offs:**

1. Required skill check-offs are listed in the 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 skill check-offs are completed properly.**
4. Student will be responsible for performing any procedure at any time once they have passed the skill check-offs 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 skill check-offs.
7. A student must complete the skill check-offs specified in the course syllabus. Failure to complete the required competency will result in an unsuccessful grade in clinical and will prevent completion of the program.
8. **\*All skill check-offs are to be completed by midnight on Sunday, August 2nd.**

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

1. Nasal Cannula Setup
2. High Flow Nasal Cannula
3. Pulse Oximetry
4. Small Volume Nebulizer
5. MDI Administration
6. Chest Physiotherapy
7. ETT Suction
8. Bulb Suction
9. T-Piece Ventilation
10. Bag/Mask Ventilation
11. Infant CPR
12. Nasal CPAP Set-up
13. Ventilator Set-up
14. Routine Ventilator Check
15. Ventilator Parameter Change
16. High Frequency Jet or Oscillator Ventilation
17. Capillary Blood Gas

There are 17 different skills listed on your skill's check-off form. Each Student will need to successfully complete 12 of these different skill observations/check-offs. There are three opportunities for each skill and you may do as many of these as you would like. However, 12 of the skills must be different (Ex. Nasal Cannula, SVN, CPT, etc.). Some procedures on this list may not occur during your clinical rotations. If this is the case, attempt to have your clinical preceptor show you or demonstrate the procedure if they have the opportunity and time. In some situations, you will only be able to observe the procedure as it takes place. In other instances, you will may be able to actually perform the procedure. In either case, please have your preceptor initial and date when you have observed or performed each procedure.

**\*Failure to complete 12 different skill observations/check-offs will result in a failing grade!**

To get an A in this course the student must:

1. Complete 12-50 skill observations/check-offs.
2. Complete all DLs.
3. To have at least 90 points on the graded items.

To get a B in this course the student must:

1. Complete 12-50 skill observations/check-offs.
2. Complete all DLs.
3. Have between 80-89 points on the graded items.

To get a C in this course the student must:

1. Complete 12-50 skill observations/check-offs.
2. Complete all DLs.
3. Have between 75-79 points on the graded items.

A student is guaranteed a grade of less than C if:

1. Complete less than 12 different skill observations/check-offs.
2. Any DLs are missing.
3. If the points on the graded items less than 74.

### **History and Physical Examination:**

Each student must obtain a full history and physical examination on an actual patient. This examination is to be done by the student, not copied from the patient's medical record. Follow the format used here. The history and physical examination must be word-processed.

History and Physical Examination Format:

1. Demographic Data
2. Chief complaint reason for patient to be admitted to the NICU
3. History of present illness
  - a. Description of illness
  - b. Onset (in utero, at birth, post-delivery?)
  - c. Severity of symptoms and illness
  - d. Associated manifestations
4. Past Medical History of mother
  - a. Childhood illness
  - b. Hospitalizations, surgeries, injuries, accidents
  - c. Major illnesses
  - d. Allergies
  - e. Present medications (OTC, Rx, Herbal, Vitamins, and Illegal)

- f. Immunizations
- g. General Health
- 5. Patient/Family Profile
  - a. Age and Education level of parents
  - b. Occupational history of parents
  - c. Current living situations (siblings, others in the home)
  - d. Family structure and support
- 6. Family history
- 7. Review of Systems of infant
- 8. Initial Impression/any prognosis
- 9. Vital Signs: HR, RR, BP, Temp
- 10. HEENT: head, eyes, ears, nose, throat
- 11. Neck
- 12. Thorax
- 13. Heart (pulse)
- 14. Lungs
- 15. Abdomen
- 16. Extremities

**Affective Evaluation:**

Each student will be evaluated on their performance at the conclusion of their clinical rotation. 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.