



MIDWESTERN STATE UNIVERSITY

Robert D. & Carol Gunn

College of Health & Human Services

Clinical Practicum IV

RESP 4722

Fall 2022

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Office Hours: By appointment

Audience: Senior 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 therapies, techniques and procedures used to support the adult patient in respiratory failure. Topics include pulmonary rehabilitation, insertion of artificial airways, pulmonary function assessment, hyperbaric oxygen, cardiovascular assessment, patient-ventilator system checks, prescribing machine settings and managing the patient-ventilator system.

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 in a variety of patient care settings.
- 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 respiratory care in acute care, pediatric care, long term care, rehabilitation and in the homecare setting.
- Maintain patient records and communicate relevant information to other members of the healthcare team in a professional manner.
- Initiate, conduct, and modify prescribed therapeutic procedures in a variety of patient care settings to include adult care, pediatric care, long-term acute care, rehabilitation and in the homecare setting.

- Assist a physician performing special procedures associated with advanced cardiopulmonary care.
- Provide effective patient/family education to motivate therapeutic follow-up practices and behaviors.

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, 18 total shifts (varying from 8 to 12 hours in duration dependent on location, 17 total shifts if assigned to pulmonary rehab) 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 are published in the MSU Texas 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 MSU Texas 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 are published in the MSU Texas 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 the 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.).

COVID-19 Pandemic Self-Screening:

MSU Texas is committed to keeping not only our students but also 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: [Coronavirus Update](#)

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

COVID-19 is currently affecting our community and campus. Please be aware that policies may change suddenly. Clinical site immunization policies supersede program requirements. Students must understand that most clinical agencies prohibit the presence of unvaccinated students at their facilities. Students who are unwilling or unable to comply with their clinical site immunization policy will be required to step out of the program and reapply. Students attending programs in the Gunn College of Health Science and Human services will most likely care for COVID-positive patients. Therefore, it is advised that all students receive the COVID-19 vaccine before their first clinical rotation. It is also recommended that students receive the COVID-19 booster.

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 that 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 that 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 (to include observations)	20%
Weekly Discussion Boards	25%
ICU Care Plans	25%
Case Study	30%

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 = 18 shifts, 17 if assigned to Pulmonary Rehab)
2. Daily log completion (17 or 18)
3. ICU Care Plans (varies based on clinic schedule)
4. Reflective Reports via D2L Discussion Board
5. Completed Observations (as defined within the syllabus)
6. Daily performance evaluations (17 or 18)
7. Preceptor evaluations (17 or 18)
8. Clinical site evaluations (1)
9. 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! 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 a minimum of one assigned clinic site during the semester. 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 IV 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 Trajecsyst throughout the clinical rotation to ensure adequate progress is made toward clinical practicum objectives. Feedback will be provided to each student via Trajecsyst.**

CLINICAL PORTFOLIO FINAL CHECK-OFF November 7th NOON. NO EXCEPTIONS!

Required Skills Observations:

The student is required to seek out opportunities for observations (or possible assisting in) of the following skills as part of their clinical practicum. The student is required to complete a minimum of five of the activities listed below:

- Intubation
- Pulmonary Function Testing (spirometry-clinic and/or bedside, peak flow, diffusion, plethysmography)
- Hemodynamic Monitoring
- Arterial Line Sampling
- Pulmonary Artery Pressure Measurement
- Thermodilution Cardiac Output Measurement

- Bronchoscopy Assisting
- Metabolic Assessment
- Cardiac Stress Testing
- Lung Scan
- CT Scan
- MRI
- Cardiac Catheterization
- Echocardiography
- Hyperbaric Oxygen Therapy
- Polysomnography Setup/Monitoring/Interpretation

ICU Care Plans:

The student is required to complete a minimum of one Care Plan for each day assigned in the ICU setting. This Care Plan (ideally) should be completed on a patient the student is caring for as part of his/her assignment. Care plan format will be discussed in orientation prior to the beginning of rotation. All care plans should be completed and submitted as part of the Clinical Portfolio via Trajecsys.

Weekly Reflective Reports:

Each week the student will compose a weekly reflective report describing events, skills, practiced and/or significant learning experiences as a summary of each week's clinical experience. The student is encouraged to include personal opinions and insight appropriate to the subject matter. The student should provide a brief summary of approximately 300 words or upload a short video clip. Reflective reports should be completed and posted to the appropriate week's discussion board in D2L no later than each Saturday evening, midnight each week. Students are required to review and respond to a minimum of two of their peers as part of this assignment by no later than Sunday of that same week, midnight.

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, November 27th via the assignment drop box on D2L.**

Patient Data

- a. Name: initials only
- b. Age
- c. Sex
- d. Ideal Body Weight

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 should be done by the student)

Get at least three sets of vital signs (please 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, NG, Peg, 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); P/F Ratio
- 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/working diagnosis as well as any pulmonary medications)

Include for each: synopsis of medication from PDR (or other drug book)

1. Description
2. Indications and usage (specific to this case)
3. Precautions
4. Adverse reactions
5. Dosage and administration.
6. Assign each medication to one of the following categories:
 - a. respiratory
 - b. cardiovascular
 - c. antibiotic
 - d. other-analgesics, antacids, anticoagulants, antihistamines, decongestants, anti-inflammatory, antipyretics, diuretics, narcotics

Evaluation of Major Organ Systems

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

Major Diagnostic Procedures and Results (listed by date); ***note if your patient has a significant cardiac history, information associated with cardiac function should be included.

Rationale for Initial Treatment Plan

Major Complications since Admission (include dates)

Rationale for Current Treatment (applied to working diagnosis/present illness)

Rationale for Current Respiratory Care Treatment Plan (please include all RT interventions)

Reasonable Short-Term Plan for the Patient

At the end of the clinical rotation, the students will be asked to present their case study on **Thursday, December 1st** (8am to Noon at United Regional Healthcare System). Your presentation should be no longer than 20 minutes and you should prepare based on the criteria below. Presentations are 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 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 awarded professional credits assigned to each activity. Examples of activities along with point value 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:

The Clinic Chair will ask that the Clinic Site Coordinator for each clinical affiliate evaluate assigned students at the completion of Clinical Practicum IV during their clinical rotation. Feedback on this evaluation is provided upon the completion of the practicum.

The evaluation includes:

1. professional appearance
2. attendance
3. timeliness and preparation
4. dependability/reliability
5. interpersonal relations/communication
6. quality of work
7. critical thinking skills

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.