

JC Respiratory Care Program

RES 125 Clinical Practice II

INSTRUCTOR:	René Spahr, BAS, RRT
OFFICE:	JW 245
OFFICE PHONE:	(517) 796-8640
EMAIL:	SpahrRenem@jccmi.edu

Outline of Instruction

Division:	Health Sciences	Area:	Respiratory Care
Course Number:	RES 125	Course Name:	Clinical Practice II
Prerequisite:	RES 110 Respiratory Care Techniques II RES 114 Cardiopulmonary Pathophysiology I RES 115 Clinical Practice I		
Credits:	2		

Course Description/Purpose

This clinical course provides three types of experience for the respiratory therapy student. First, there will be a continuation of basic respiratory care modalities from the previous semester. Second, the diagnostic areas of basic pulmonary function testing, arterial blood gas puncture and analysis, and 12-lead electrocardiography will be introduced. Third, the student will receive an orientation to volume control ventilation in the adult ICU environment. In addition, frequent clinic seminars will be held on campus to facilitate student learning.

Major Units

- Intermediate Adult and Pediatric Care

Educational/Course Outcomes

The course goals and objectives incorporate specific Associate Degree Outcomes (ADOs) established by the JC Board of Trustees, administration, and faculty. These goals are in concert with four-year colleges, universities, and reflect input from the professional communities we serve. ADOs guarantee students achieve goals necessary for graduation credit, transferability, and professional skills needed in many certification programs. The ADOs and course objectives addressed in this class include the following:

Attitudinal Each student will be expected to:

- Display acceptable fluency in professional attitudes, professional medical ethics, and concern for patient's rights as prescribed in the Respiratory Care program's Clinical Policies manual.
ADO 8
- Display acceptable fluency in professional attitudes, professional medical ethics, and concern for patients from diverse backgrounds as prescribed in the Respiratory Care program's Clinical Policies manual. **ADO 10**

Academic Honesty Policy: If I suspect you of academic dishonesty, I will follow JC's Academic Honesty Policy and take appropriate action up to and including assigning a **failing grade** for the paper, project, report, exam, or the course itself (whichever I deem necessary). To see the policy, visit: <https://www.jccmi.edu/wp-content/uploads/2015/11/1004.pdf> and <https://www.jccmi.edu/wp-content/uploads/2015/12/StudentCodeOfConduct.pdf>.

Incompletes Policy: (Excerpt from JC Policy) "A student may request an incomplete from the instructor. The incomplete will be granted only if the student can provide documentation that his or her work up to that point is sufficient in quality, but lacking in quantity, due to circumstances beyond the student's control. Furthermore, a written plan for making up the missing work within one semester must be completed by the student. Final determination of whether an incomplete will be given is the instructor's decision."

Getting Extra Help: (Besides visiting me during office hours)

It can be very frustrating when you do not understand concepts and are unable to complete homework assignments. However, there are many resources available to help you with your study of respiratory care.

- **CENTER FOR STUDENT SUCCESS:** Tutors (plus additional services for academic success) can be accessed by calling 796-8415 or by stopping by the **Center for Student Success, George Potter (Federer Room C)**. Arrange to get regular assistance from a tutor. Students requiring special assistance (including those affected by the Americans with Disabilities Act) should contact the Center for Student Success. This is the first step in acquiring the appropriate accommodations to facilitate your learning.
- **STUDY GROUP:** Find a study partner or a study group. Sometimes it helps to work through problems with another person.
- **JETNET:** I'll post a discussion board there where you can ask questions of me and/or the group. That way, you can get help at a time when you need it as the posts remain up there.
- **EMAIL:** The best and quickest way to get a hold of me, besides attending class, of course.
- **Redo problems** from tests and homework assignments, particularly ones that you got wrong or have trouble understanding. Remember that you must crawl before you can walk. Similarly, you must have a good handle on the basics of respiratory care before you can master the advanced concepts.

RES 125 PROFICIENCY EVALUATION LIST

MANDATORY - All skills/tasks listed as **MANDATORY** must be evaluated, in writing (PEF), by the end of the clinical semester. The **bolded** activities are used to determine the PEF component of the clinical grade.

- #A.10 **CHEST PHYSICAL THERAPY**
- #A.11 **Vibratory PEP (Acapella[®], Flutter[®], Vest, etc.)**
- #A.13 **AIRWAY SUCTIONING (Exposed Catheter)**
- #B.02 **RADIAL ARTERY PUNCTURE**
- #B.07 **12-LEAD ELECTROCARDIOGRAPHY**

EVALUATION

Points for evaluation are assigned in the following fashion:

- a. Pass/Fail Components (**ALL** must be satisfactory)
 - 1) completion of patient assessments (**2 in this rotation**)
 - 2) satisfactory physician contact time (**10 points**)
 - 3) completion of mandatory proficiencies
 - 4) satisfactory affective evaluations
 - 5) satisfactory attendance and completion of logs and student journals
 - 6) completion of equipment list assessments
 - 7) satisfactory completion of special project (total of 100 points)
- b. patient assessments = 20 points (**2 patient assessments**)
- c. clinical exams = 20 points
- d. physician contact = 10 points
- e. activities/procedures = 20 points
- f. proficiency evaluations = 20 points
- g. special project = 10 points
100 total points possible
- h. attendance = +1 if no absences/tardies during the semester, or
0 if only 1 absence/tardy during the semester, or
-1 for **each** unexcused absence beyond the first during the semester.

Also regarding attendance:

1. Please refer to the JC Clinical Information and Policies Handbook, which states that “Any absence is considered unexcused if not accompanied by an appropriate notification of absence to the Clinical Instructor”.
2. In addition, students have been informed that they need to contact the Clinical Coordinator in case of absence.
3. Please be sure you have the correct phone numbers available in advance of your needing to use them.
4. Failure to call in properly will result in the consequences spelled out in the Handbook, and will also result in a **5 point deduction** from the final clinical grade for **each occurrence**.
5. **Failure to maintain current health records will result in a 5 point deduction from the final clinical grade.**

GRADING

To pass RES 125 the final course average score must be $\geq 76\%$.

Final Course Average Score = (total pts earned/total pts possible) x 100

Grading Scale for All Respiratory Care Courses:

4.0 = 93 - 100	2.5 = 80 - 83	1.0 = 68 - 72
3.5 = 89 - 92	2.0 = 76 - 79	0.5 = 64 - 67
3.0 = 84 - 88	1.5 = 73 - 75	0.0 = Below 64


CLINICAL DOCUMENTATION: A SURVEY

TOPIC	REQUISITE ACTIVITY
1. Information/Policies book.....	Review pertinent elements for the start of a new semester.
2. RES 110 lecture calendar.....	Review what you have already learned.
3. RES 110 lab calendar	Review what you have already learned.
4. Clinical Syllabus	Review to familiarize with the broad goals of the ensuing semester.
5. RES 125 clinical calendar	Familiarize and place where it can be easily checked during the course of the semester.
6. RES 120 lecture calendar.....	Become familiar with this. Use during course of semester to coordinate clinical activity with classroom lecture content.
7. RES 120 laboratory calendar	Become familiar with this. Use during course of semester to coordinate clinical activity and relate clinical expectations with laboratory content.
8. PEF list	Become familiar with this. Use during course of semester to request clinical assignments and establish an appropriate pace of progression through the clinic.
9. PEFs/Task Analyses.....	Become thoroughly familiar with so that tasks may be instructed on and your skills may be developed according to JC Respiratory Care program standards. PEFs are completed by CIs with grade point values determined by the Clinical Coordinator.
10. Equipment list.	Use as a guide your performance and knowledge on a wide range of specific equipment related to the rotation's clinical tasks and skills. This form is completed and validated by the CI .
11. Punch in and punch out	To be completed each and every day clinic is assigned. Note arrival/departure times on employee time-stamp clock and record to the closest minute.
12. Activity /Procedure	A document which records 1) your daily activity (tasks performed), and 2) totals for these categories for a defined cumulative period.
13. Student journals.....	Journal entries based on daily clinical activities and events are completed by students and can be read by CIs and JC program personnel to facilitate student/program communications. Entries are to be made daily within 24 hours of the end of the clinical shift . CIs or the clinical coordinator may enter dialogic comments in the students' journals.

<u>TOPIC</u>	<u>REQUISITE ACTIVITY</u>
14. Physician contact.....	Notes taken on physician contacts and validated by CIs . The generated entries are evaluated with grade point values determined by the Clinical Coordinator.
15. Patient Assessment forms.....	You are to complete this form, it will be evaluated by CIs for accuracy and completeness and is used by CIs to guide group discussions of interesting patient cases. Patient assessments are to be done as scheduled on calendar and are graded by the clinical coordinator.
17. Formative evaluation forms.....	A short evaluation of student progress on several key attributes. Because the program requests an anecdotal recording of critical student behaviors, the proper completion of this document is more time consuming than may first appear to be the case. This form is completed by the CI, validated, conferenced over and signed to indicate review by the student , and submitted to the clinical coordinator.
18. Summative evaluation forms.....	A comprehensive evaluation of student progress performed by the CI near the completion of a clinical rotation. Because the program requests an anecdotal recording of critical student behaviors supporting the instructor's evaluation of the student, the proper completion of this document can be time consuming. This form is completed by the CI, validated, conferenced over and signed to indicate review by the student , and submitted to the clinical coordinator.

RES125 Clinical Calendar

MSRC Conference October 12-13. You may miss one clinical day for the conference if it occurs on your regularly scheduled day. Notify your clinical site and Ann if you are attending MSRC rather than going to clinical on Tues., Oct. 13.

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1 Sept	SEPT 5  LABOR DAY	6 Clinic Day 1	7	8 Clinic Day 2	9
2	12, 13 MSRC Fall Conference Frankenmuth, MI				
2	12	13 Clinic Day 3	14	15 Clinic Day 4	16
3	19	20 Clinic Day 5	21	22 Clinic Day 6 🚑 Formative Eval 1 🚑	23
4	26 4-6 PM 🚑 RES 125 Mandatory Meeting Pt Assessment 1 Spec. Proj. Title Due 🚑	27 Clinic Day 7	28	29 Clinic Day 8	30
5 Oct	OCT 3	4 Clinic Day 9	5	6 Clinic Day 10	7
6	10	11 Clinic Day 11	12	13 Clinic Day 12 🚑 Last Clinical Day Summative Eval 1 1/2 day, am only CIC Mtg 12N-3P 🚑	14 AARC Conference
7	17 <u>RES 125 Exam</u> 1-4 PM 🚑 RES 125 Mandatory Meeting Pt Assessment 2 🚑	18 AARC Conference	19	20	21
8 RC Week	24	25	26	27	28 Vent Race!! 
9 Oct/Nov	31	NOV 1 Group 1: ACLS Class: 8A-4P EMT Lab	2	Group 2: ACLS Class: 8A-4P EMT Lab	4
10	7	8	9	10	11
11	14	15	16	17	18
12	21	22	23, 24, 25 THANKSGIVING HOLIDAYS		
13 Nov/Dec	28	29	30	DEC 1 ICU Clinic Prep at JC Mandatory meeting 10am - 2pm	2
14	5	6	7	8	9
15	12	13	14	15	16
16	19 <i>Info Sessions: 12; 6PM</i>	20	21	22 grades due today	23