

JC Respiratory Care Program RES 225 Clinical Practice IV

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Outline of Instruction

Division:	Health Sciences	Area:	Respiratory Care
Course Number:	RES 225	Course Name:	Clinical Practice IV
Prerequisite:	RES 210 Perinatal / Pediatric Respiratory Care	Credits:	5

Course Description/Purpose

This clinical course provides a varied experience for students who are about to graduate. A major emphasis will be in assisting with the pulmonary management of neonatal patients on mechanical ventilation. Other rotations will be in a variety of advanced diagnostic laboratories and alternate site venues where respiratory therapists are employed. In addition, weekly clinic seminars will be held on campus to facilitate student learning.

Major Units

- Neonatal Critical Care
- Pediatric Critical Care
- Diagnostic Procedures

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:

Performance Each student will be expected to:

- Perform properly, according to clinical proficiency guidelines, the following procedures in neo/peds ICUs: assessment, ventilator set up, management, discontinuance, maintenance, and ventilatory changes that would achieve the desired outcomes and other therapies used for distressed neo/peds patients. **ADO 7**
- Demonstrate mastery of concepts of patient and professional intercommunication skills while engaged in all hospital activities. **ADO 9**

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 there is any suspicion of academic dishonesty, JC's Academic Honesty Policy will be followed and appropriate action will be taken, up to and including assigning a **failing grade** for the paper, project, report, exam, or the course itself (whichever is deemed necessary). To see the policy, visit: <https://www.jccmi.edu/wp-content/uploads/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 Bert Walker Hall, Room 138**. 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 225 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.01 OXYGEN THERAPY**
- C.01 ROUTINE VENTILATOR CHECK**
- C.02 VENTILATOR CIRCUITRY CHANGE**
- C.03 INITIATION OF MECHANICAL VENTILATION**
- C.04 CONTINUOUS DISTENDING PRESSURE THERAPY (PEEP & CPAP)**
- C.06 CRITICAL CARE TRANSPORT
- C.07 IMV AND VENTILATOR WEANING**

EVALUATION

Points for evaluation are assigned in the following fashion:

- a. Pass/Fail Components (ALL must be satisfactory)
 - 1) completion of patient assessments (**2** during **neonatal** portion of **rotation**)
 - 2) satisfactory physician contact time (**10 points** during **neonatal** portion of **rotation**: this means you have **NINE days** to get this done, so stay on top of it, please!)
 - 3) completion of mandatory proficiencies
 - 4) satisfactory affective evaluations
 - 5) satisfactory attendance and completion of logs and student journals
 - 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. logs (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. **DURING THIS TERM**, since you are attending rotations that are only 2 days long, you cannot miss **ANY** of these days without making them up.
2. 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".
3. In addition, students have been informed that they need to contact the Clinical Coordinator in case of absence.
4. Please be sure you have the correct phone numbers available in advance of your needing to use them.
5. 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.
6. **Failure to maintain current health records will result in a 5 point deduction from the final clinical grade.**

GRADING

To pass RES 225 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

OVERALL GOALS

The overall goal of this clinical experience is to a) Transfer and refine existing critical care skills from the adult to the neonatal and pediatric patients, b) Broaden knowledge of advanced PFTs, pulmonary rehabilitation, home care therapies, sleep disorders management, and subacute/long-term care facilities; c) Insure that the student has appropriate communication skills with physicians.

Shift times for assignments may vary depending upon the location and topic of the rotation. Please be attentive to these rotation sheets including prior reading assignments. Some topics may be held on a day other than Tuesday or Thursday. Sleep lab is held on nights that may vary.

The **Neonatal/Pediatrics** rotation will be a thorough training in the use of ventilators, resuscitation equipment and techniques, oxygen and humidity therapy, and the respiratory pharmacologic management for patients in the neonatal ICU and general care areas. The student will be expected to complete appropriate PEFs, patient assessments and exams similar to other rotations in the past. **Advanced Pulmonary Functions** will include instrumentation, stress testing, body plethysmography, and quality control of equipment. **Pulmonary Rehabilitation** will allow students to observe how patients are identified, evaluated, and instructed in preparation for discharge from the hospital. The home care company will provide the student an opportunity to observe **Home Care** therapies by a private company. **Subacute Care** will provide the student an opportunity to do tracheostomy care and weaning for the subacute ventilator patient. **Sleep Studies** will provide the student an opportunity to observe this fast growing specialty area to which respiratory therapists may cross-train. **Medical Director Rounds** will allow students to spend time with our medical director or one of his associates who will assess a variety of students' skills.

For **all clinical absences**, the student will **notify both the clinical facility** following appropriate policy (as soon as you know absence will occur) **and the Clinical Coordinator, Dave Zobeck, at 717-439-3005, usually 2 hours before the clinical start time to be missed.** A **no call/no show** to the clinical agency may result in **dismissal from the program.**

One excused clinic absence of 8.5 hours, in neonatal only, is allowed without penalty of make-up. All clinical absences in the other rotations will be made up for time missed, even if it is your first absence. If the student is unable to make arrangements to make-up the day before the end of the semester, an incomplete will be issued until the make-up day is completed. Students having perfect attendance will get an extra point for clinic. One day missed will be zero points added to final grade. Each absence thereafter results in points taken away from final grade.

There are two **patient assessments** for this semester in the neonatal/pediatric rotation. They may be individual or group assessments. The two assessments should be on patients with two different diagnoses and who require ventilation. **One of the patients** should have the diagnosis of **infant RDS** since this is the most common condition that you will encounter clinically and on the board exams for this age group.

There are a couple of **mandatory clinical meetings** for this term (**Mon, Oct. 9, Mon, Nov. 6, and Mon, Dec. 11 from 12:30– 2:30pm**). These are important communication times for clinic arrangements, adjustments, document exchange (to and from the coordinator), and exam time. Notify the clinical coordinator if you have another class at this time, the only excused absence from the meeting allowed. **Absence from a clinical meeting is equal to a clinical absence.**

MSRC Conference October 9-10; AARC Oct. 4-7. You may miss one clinical day for the conference if it occurs on your regularly scheduled day. Notify your clinical site and Dave if you are attending MSRC/AARC rather than going to clinical. **NO SPECIALTY ROTATIONS CAN BE MISSED-- THEY MUST BE MADE UP. No Clinical week of Thanksgiving (Nov. 20-24).**

MOTT Neo 1st part of semester

Date	Day	Event
September 5	Tuesday	First day of Tuesday/Wednesday rotation
September 7	Thursday	First day of Thursday/ Friday rotation
September 21	Thursday	Formative Evaluation due and AGREED/DISAGREED by STUDENT.
September 25	Monday	Case study 1 due
October 5	Thursday	Summative Evaluation due and AGREED/DISAGREED by STUDENT.
October 9	Monday	Mandatory clinical meeting 12:30-2:30pm Case study 2 due Take Neonatal exam
November 6	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
December 11	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
Varies	Varies	Specialty rotation exam as needed (you schedule as convenient with me)

MOTT Neo 2nd part of semester

Date	Day	Event
October 9	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
October 10	Tuesday	First day of Tuesday/Wednesday rotation
October 23	Monday	Case study 1 due
October 24	Tuesday	Formative Evaluation due and AGREED/DISAGREED by STUDENT.
November 6	Monday	Mandatory clinical meeting 12:30-2:30pm Case study 2 due Take Neonatal exam
November 7	Tuesday	Summative Evaluation due and AGREED/DISAGREED by STUDENT.
December 11	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
Varies	Varies	Specialty rotation exam as needed (you schedule as convenient with me)

MSRC Conference September 12 and 13 – You may miss one neonate day for the MSRC if the conference occurs on your regularly scheduled day. **NO SPECIALTY ROTATIONS CAN BE MISSED-- THEY MUST BE MADE UP. No Clinical week of Thanksgiving (Nov. 21-25).**

Sparrow Neo 1st part of semester

Date	Day	Event
September 6	Wednesday	First day of Wednesday / Friday rotation
September 20	Wednesday	Formative Evaluation due and AGREED/DISAGREED by STUDENT.
September 25	Monday	Case study 1 due
October 4	Wednesday	Summative Evaluation due and AGREED/DISAGREED by STUDENT.
October 9	Monday	Mandatory clinical meeting 12:30-2:30pm Case study 2 due Take Neonatal exam
November 6	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
December 11	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
Varies	Varies	Specialty rotation exam as needed (you schedule as convenient with me)

Sparrow Neo 2nd part of semester

Date	Day	Event
October 6	Friday	First day of Wednesday / Friday rotation
October 9	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
October 20	Friday	Formative Evaluation due and AGREED/DISAGREED by STUDENT.
October 23	Monday	Case study 1 due
November 3	Friday	Summative Evaluation due and AGREED/DISAGREED by STUDENT.
November 6	Monday	Mandatory clinical meeting 12:30-2:30pm Case study 2 due Take Neonatal exam
December 11	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
Varies	Varies	Specialty rotation exam as needed (you schedule as convenient with me)

Sparrow Neo 3rd part of semester

Date	Day	Event
October 9	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
November 6	Monday	Mandatory clinical meeting 12:30-2:30pm Specialty rotation exam as needed
November 8	Wednesday	First day of Wednesday / Friday rotation
November 29	Wednesday	Formative Evaluation due and AGREED/DISAGREED by STUDENT.
December 4	Monday	Case study 1 due
December 11	Monday	Mandatory clinical meeting 12:30-2:30pm Case study 2 due Take Neonatal exam
December 13	Wednesday	Summative Evaluation due and AGREED/DISAGREED by STUDENT.
Varies	Varies	Specialty rotation exam as needed (you schedule as convenient with me)

CLINICAL DOCUMENTATION: A SURVEY

TOPIC	REQUISITE ACTIVITY
1. Information/Policies book	Review pertinent elements for the start of a new semester.
2. RES 210 lecture calendar	Review what you have already learned.
3. RES 210 lab calendar.....	Review what you have already learned.
4. Clinical Syllabus.....	Review to familiarize with the broad goals of the ensuing semester.
5. RES 225 clinical calendar.....	Familiarize and place where it can be easily checked during the course of the semester.
6. 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. Remember that check-offs will be done during the 9-day neo rotation ONLY —plan accordingly.
7. 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.
8. Punch in and punch out.....	To be completed each and every clinical day. Clock in and out IMMEDIATELY at start/end of clinical days.
9. Activity /Procedure	A document which records 1) your daily activity (tasks performed), and 2) totals for these categories for a defined cumulative period. Done during neonatal rotation only.
10. 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.
11. 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. Done during neonatal rotation only—plan accordingly to complete in time.
12. 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. Done during neonatal rotation only.

TOPIC	REQUISITE ACTIVITY
13. Formative evaluation forms	<p>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. Done during neonatal rotation only.</p>
14. Summative evaluation forms.....	<p>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. Done during neonatal rotation only.</p>
15. Medical Director Evaluation	<p>A short evaluation of student progress completed by the Medical Director or one of his partners. Done during physician rounds rotation only.</p>