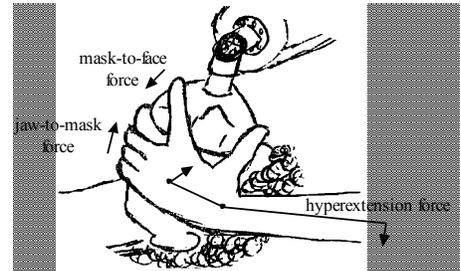
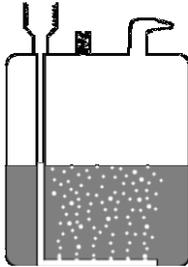
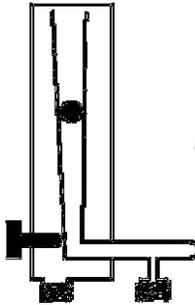


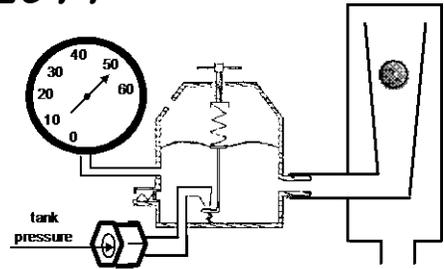
JACKSON COLLEGE
RESPIRATORY CARE PROGRAM



RES 220
Respiratory Seminar



LECTURE SYLLABUS
Fall SEMESTER 2014



INSTRUCTOR:
OFFICE:
OFFICE PHONE:
CELL PHONE:
E-MAIL:

Ann Flint, EdD, RRT
JW 245
(517) 796-8684
(616) 446-3856
flintanm@jccmi.edu

Outline of Instruction

| | | | |
|-----------------------|--|---------------------|---------------------|
| Division: | Allied Health | Area: | Respiratory Care |
| Course Number: | RES 220 | Course Name: | Respiratory Seminar |
| Prerequisite: | RES 210 Perinatal & Pediatric Respiratory Care | | |
| Credits: | 2 | | |

Course Description/Purpose

This course presents a wide variety of topics for discussion. Included are respiratory care history, management and supervision, trends in allied health, research, job acquisition skills, and credentialing exam preparation.

Major Units

1. Current respiratory care research.
2. Respiratory care history
3. Management and supervision
4. Trends in allied health
5. Job acquisition skills
6. Preparation for and taking of credentialing examinations

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:

- Cognitive** Each student will be expected to:
- o Complete practice credentialing examinations as a basis for demonstrating mastery of information gathering and decision making skills. **ADO7**

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: <http://www.jccmi.edu/policies/Academics/Policies/1004.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 the instructor during office hours):

It can be very frustrating when one does not understand concepts and is unable to complete homework assignments. However, there are many resources available to help with the 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, 123 Bert Walker Hall**. 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:** There will be a discussion board posted there where students can ask questions of the instructor and/or the group. That way, students can get help at a time when it is needed 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.

WEEKLY SCHEDULE

| Lecture | Office hours |
|-----------------------|---|
| Mon. 10:30 – 12:30 pm | Mon 1:00 to 3:00 pm Weds 12:30 to 3:00 pm Extra hours by appointment and varied |

REQUIRED TEXT/ MATERIALS

1. NBRC CRT and RRT Exam Matrices
2. NBRC CRT and RRT Self-Assessment Exams
3. MedEd Clinical Simulations

EVALUATION

If an accommodation is needed due to a documented disability—physical, learning, or otherwise—contact the Center for Student Success in Walker Hall (796-8415). Accommodations may be provided depending on the disability.

Course points are derived from many projects. There will be many exams that are designed to evaluate readiness for the board exams, but these will not be for credit in this class.

Computerized **clinical simulations** must be completed with **passing scores** by the **14th week of the term**. Additional quizzes, as available, may also be assigned.

The *tentative* system for evaluation will consist of:

| | |
|---|-----|
| CRT SAE: | 20% |
| WRRT SAE: | 20% |
| CS SAE: | 20% |
| Portfolio: | 10% |
| Class Presentations: | 10% |
| Discipline memo: | 10% |
| Computerized Exams, including Clinical Simulations: | 10% |

Assignments that are late will be subject to a late penalty (**-5pts/day for up to 8 days late** to give a maximum of **-40 pts** for late turn-ins; assignments turned in later than 8 days will lose an additional **10 pts/week**). Please keep this in mind—with the weights of these projects **you cannot afford to take a zero** (which anything more than a week late will earn) on any of them.

Computerized RT Quizzes:

ALL RT computer testing is mastery testing. A student may **repeat a test as many times as needed** until the student achieves a desired score. If multiple printouts are generated, only the **most recent** score need be turned in.

GRADING

To pass RES 220 the final course average score must be $\geq 76\%$.

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 |

PORTFOLIO

As part of the class, each student will develop a portfolio of his/her work while in the program worth 30% of the final grade. The purpose of this activity is to assist students entering the job market by showcasing the student's strengths and variety of experiences; in short why he/she would be an outstanding addition to the department. Portfolios will also be a part of the new Continuing Education requirement for licensing in Michigan. Asterisks* indicate required items. Items should be placed in a plastic sleeve protector.

The types of documentation to include are:

1. professional appearing resume*
2. originals or copies of certificates received (BLS, NRP, etc.) *
3. professional development paragraph: an essay/paragraph outlining what you want to do with your future in respiratory care; how you are going to contribute to promoting the profession or any other upbeat, optimistic, visionary idea for the future, the department in which you wish to work, etc. *
4. a completed job application (to be used as a template when completing applications later). *
5. list of clinical agencies to which you have been assigned if these are not listed in the resume. Include the types of activities that you did at each hospital, the diagnosis of patients of which you took care (if you wish), the ventilators with which you have worked, and the special procedures which you may have been able to witness (e.g. ECMO, nitric oxide, adult oscillator).
6. sample(s) of a neatly copied, excellent patient assessment (adult or neo)
7. list and brief description of duties with any community service project including Health Fairs, screening PFT, etc. If you took pictures at the event(s), include them.
8. list of seminars (sponsor, topic, dates, location, etc.), workshops, in-services. Give brief description of any where you learned a new skill. A brochure or pamphlet of the activity would also be helpful.
9. correspondence which may be helpful, e.g. thank you letters for participation in activities, commendation letters, Dean's list letter, scholarship letter, etc.
10. score reports from the NBRC CRT exam. Copy of license for MI (when you are eligible).
11. MSRC/AARC membership cards.
12. anything else that will help put you in the very best light possible for a future employer

The portfolio will be evaluated on neat, professional appearance (20%), quality of content (40%), quantity of content (40%). Points will be deducted for portfolios turned in after the due date.

TIPS FOR RESUMES

1. Take some time to write down your education, work experience and accomplishments, or anything you've done that shows you would be an asset to the employer. Write freely and edit later.
2. Pick and choose items from #1 that you think will best describe you to the employer, and then start writing.
3. Keep resumes short. One page is ideal. Two is maximum.
4. Include:
 - a. Name, address, and phone
 - b. Summary of skills (including, as it is vital at this point, your clinical ones. If you have had a technician job while in school, differentiate between skills you gained as an employee vs. those gained as a student)
 - c. Education (include HS only if medically related experience was gained, e.g., health occupations class, etc.) Include GPA if it helps (P.S. from Ann-- I wouldn't, though-- I'd avoid any mention of high school like the plague)
 - d. Work experience (include all that demonstrate that you have similar skills to the ones required in the job for which you are now applying: e.g., waiter/waitress jobs require organizational skills.)
 - e. Accomplishments
 - f. Affiliations (MSRC, AARC, etc.) and Awards
5. References can be provided, but currently most believe it is better to say references are available upon request, and not list them. In such a case, you'd only send them once requested. However, line up the ones you want now, so they'll be ready when you need them. Ideally, you'll use (at least one of each) RC program college instructor, clinical instructor, and employer, if possible.

6. Professional typing or word processing with a laser printer adds a lot to the "look" of the resume. (**A VERY IMPORTANT POINT-- YOU WANT IT TO STAND OUT FROM THE CROWD**).
7. Use 20-24# paper which is off-white (gray or tan is best, with a subtle blue an okay choice). (**ALSO A VERY IMPORTANT POINT**).
8. **PROOFREAD CAREFULLY-- NO TYPOS!!!!!!**

TIPS FOR COVER LETTERS

1. Should state how you heard about the hospital:
 - a. Program personnel
 - b. Alumnus
 - c. Advertisement
 - d. Other
2. Include a positive statement of why you think you'd be an asset to the department.
3. Describe availability. Can you be contacted at work? When (give a date) can you start/do you graduate?
4. For maximum impact, you should address your cover letter to a person's name, not a department's name. Find out the name of the department head. (I can get you names, addresses and phone numbers for any MI hospital you want. I can help with out of state somewhat.) Don't send to the personnel department.
5. Should be typed on the same paper as your resume, with the same quality of typing/printing. Not always easy to do while personalizing each one, but makes an excellent impression.

ONE LAST BIG HINT

Wherever possible (and it always is, if you're determined), I'd go and meet the manager directly. Call and ask to tour the hospital, if you feel you need to give a reason to go there and meet the people (most people are willing to do this, even if they wouldn't grant an interview as readily. But even though it is not officially an interview, treat it as such in as far as how you dress, what you bring, and in terms of mental preparation. Know something about the department, such as vents used, etc., which shows that you're serious). Create a personal impression, so that when he is sitting there two months from now with a big stack of resumes in his hand, he recognizes your name and pulls you out. Phoned introductions are helpful, but face-to-face is optimal.

Links with samples:

<http://susanireland.com>

http://www.ehow.com/articles_2100-resumes.html

<http://career-advice.monster.com/interview-tips/home.aspx>

<http://healthcareers.about.com/od/gettingthejob/bb/MedJobInterview.htm>

<http://www.phcconsulting.com/WordPress/2008/06/24/myspace-killed-the-candidatecritical-job-interview-tip/>

Name X **PORTFOLIO GRADESHEET**

- X Professional Appearance (20 pts)
- X Resume (5 pts)
- X Cover Letter (5 pts)
- X Other enclosed documents (5 pts)
- Potential documents:
 - *originals or copies of certificates received (BLS, NRP, etc.) **
 - *a completed job application**
 - professional development paragraph:
 - list of clinical agencies to which you have been assigned if these are not listed in the resume.
 - sample(s) of a neatly copied, excellent patient assessment (adult or neo)
 - list and brief description of duties with any community service project
 - list of seminars (sponsor, topic, dates, location, etc.), workshops, in-services.
 - correspondence which may be helpful, e.g. thank you letters for participation in activities, commendation letters, Dean's list letter, scholarship letter, etc.
 - score reports from the NBRC CRT exam.
 - Copy of license for MI (when you are eligible).
 - MSRC/AARC membership
- X Total package presentation (i.e., in a folder, bound, etc.) (5 pts)
- X Quality of Content (40 pts)
- X Resume (10 pts)
- X Cover Letter (10 pts)
- X Other enclosed documents (10 pts)
- X Total package presentation (10 pts)
- X Quantity of Content (40 pts)
- X Resume (8 pts)
- X Cover Letter (8 pts)
- X Certifications (8 pts)
- X Completed job application (8 pts)
- X Other enclosed documents (8 pts)
- X **Total**

SAMPLE RESUME

3410 Pine Ridge Dr. Jackson, MI 49201

616-446-3856

flintanm@jccmi.edu

Ann Flint, CRT

- Objective** Registered Respiratory Therapist (pending exam to be taken 1-16-15)
- Education** **Carteret Technical College** **Morehead City, NC**
 A.A.S, Respiratory Care, 2013.
- Completed clinical rotations at Craven County Hospital, Carteret County Hospital and Pitt Memorial Hospital.
 - Worked with Bear I and II, MA-1, Servo 900C, Bear Cub and LS 104-150 ventilators.
- Experience** **Respiratory Care Technician** **2012–present**
Craven County Hospital **New Bern, NC**
- Performed treatments, oxygen rounds and other technician duties
 - Performed ventilator care, hemodynamic monitoring (including Swan-Ganz and CO measurement), intubations and all other expected duties in ICU and ER
 - Performed in charge role on midnight shift
- Community Service** **UM Health Fair:** Performed spirometry on members of the public and discussed results with them.
Asthma Camp: Spent two days at camp giving breathing treatments and assisting campers with activities.
- Affiliations** **Michigan Society for Respiratory Care**
American Association for Respiratory Care
Michigan License (pending)
- References** Available upon request.

SAMPLE COVER LETTER

Mr. Joe Blow, Director
Respiratory Care
Podunk General Hospital
3601 W. Boonie Road
Far Out, Michigan 49999

December 2, 2014

Dear Mr. Blow,

Recently, one of my course instructors at Jackson College told me about Podunk General Hospital in response to my queries about possible employment in the Far Out area. After learning about Podunk General, I investigated further and found your hospital to have an excellent reputation around the state. Among the things I heard which gave me this impression were that Podunk General has an impressive array of the most modern respiratory care equipment, and that you use it in performing the most current up-to-date patient care procedures.

I have had the equivalent of 28 full-time weeks of clinical experience within various hospitals in the Lansing-Jackson area. In addition, I have completed two years of intense theoretical courses. My clinical training has helped me to learn how to deal with patients in an empathetic and caring way. Also, my clinical instructors have evaluated me in a wide variety of settings and have consistently remarked upon my congeniality and ability to adapt to many different sets of circumstances. I have also been working as a respiratory technician for the past year at Close By Hospital. I take pride in the fact that I follow hospital protocols meticulously, while at the same time showing initiative in decision-making and problem-solving situations.

I feel I will be an asset to you and your department due to my thorough classroom preparation and extensive clinical experience. However, I know that I need to gain a certain amount and type of experience in order to evolve from the good new graduate I am to the outstanding respiratory care practitioner I want to become. I believe Podunk General is the ideal hospital not only to provide me with the experience I need to become such a practitioner but also to guarantee me success on the NBRC registry exams in December.

I am going to be living in the Far Out area, having recently bought a house there. I believe Podunk General will prove to be the perfect place for me to work for many years to come.

Respectfully,

A handwritten signature in black ink, appearing to read "I. M. Anewgrad". The signature is written in a cursive style with some block letters for the first and last names.

I. M. Anewgrad

DISCIPLINARY MEMO

A disciplinary memo serves as the documentation of the infringement of a department or hospital policy committed by an employee. A disciplinary memo should include:

- to whom the memo is directed (the specific staff member)
- from whom the memo is issued (you, in this case)
- the date of the memo
- the specific topic to be communicated
- content of the message
 - a statement of what the problem is
 - a list of the specific dates, times, etc. that substantiate the problem
 - what the person must do to remediate the problem (if appropriate for the infringement)
 - the period of time in which the person has to show improvement (if appropriate)
 - what will happen if the improvement is not made (unless he/she is being fired)
- cc: to individuals who also must know of your action (e.g. medical director, personnel, etc)

Generally the order of disciplinary action is:

- verbal warning
- two written warnings
- termination

If the infraction is extremely serious, the employee may be terminated as the first step. Membership in a union may somewhat alter the steps and/or process based on the contract agreement. Employees who are in a probationary status (generally during the first 90 days of employment) may be terminated for reasons that are much less serious than for tenured employees.

Assignment

Your assignment is to write a disciplinary memo based upon the information given to you on the card handed out in class. The memo is directed to the specific employee with the infraction. Resources you can use to complete the memo can include the opinions of your supervisor, your department director, your clinical instructor, and the information in policy manuals of either your employer or your clinical rotation site.

Please make this memo as realistic as possible. Each of these situations have occurred and had to be handled. You want to make your position clear with the employee, yet you do not wish to alienate him/her to a point that he/she becomes embittered or a problem for the department if this is an employee you wish to keep. You may recommend anything from a simple written warning to termination depending upon the infraction and the status (probationary, permanent, etc.) of the employee.

SAMPLE MEMO and SCENARIO

Respiratory Care

Memo

To: Christine Smith
From: me
Date: September 18, 2014
Re: RT Attendance Policy

I would like to take this opportunity to remind you again of the attendance policy for our department. As I outlined during our last meeting, our policy states that employees are allowed eight sick/personal days during a calendar year. With your recent absences (4/3-4; 5/3-4; 6/1-2; and now 7/1-2), you are now at the limit for 2014. Additional absences during 2014 will result in disciplinary action and potential termination. You can find the attendance policy in Section 6.9 of your employee handbook.

At Main Hospital, our employees are our most valuable asset, and we do not take disciplinary actions and terminations lightly. However, your absences leave us no choice. If there is anything I can do to help you further understand the attendance policy, or point out other options that may be available, please do not hesitate to ask.

Scenario:

You are the shift supervisor. Write a memo directly to the individual.

Today's date is July 2. Christine Smith is an employee of 18 months who has been calling in ill for two days in a row for the last four months (4/3-4; 5/3-4; 6/1-2; and now 7/1-2). She was spoken to about this after the third group of absences. She has been an otherwise good employee and good therapist.

Research Assignment

There are two basic objectives of this assignment. First, is to encourage respiratory care students to read professional literature. Second is to allow students to evaluate the literature for validity and application to research questions. You will do two types of projects this term.

Project 1: Journal Club. You are to pick an article from *Respiratory Care* which is **no older than January 2014**.

You need to notify me of which one you would like by the **3rd week (Sept. 15)** so that we can ensure there are no repeat articles. Then you will **present the article** to the class, discussing what you learned from it. This assignment may be submitted up to the **11th week (Nov. 10)**.

Name _____ **X**

JOURNAL CLUB GRADESHEET

| | |
|-----------------|--|
| <u>X</u> | Research Quality (70 pts) |
| <u>X</u> | What was the problem/hypothesis? (10 pts) |
| <u>X</u> | What was the study design? (10 pts) |
| <u>X</u> | If patients were involved, how many were studied and how were they recruited? (10 pts) |
| <u>X</u> | What were key results, and can they be generalized to the target population? (10 pts) |
| <u>X</u> | Does what they found make sense? (10 pts) |
| <u>X</u> | Does the title accurately describe what the study was about? (10 pts) |
| <u>X</u> | Article is no older than January of last year (10 pts) |
| <u>X</u> | Presentation of findings to the class: Appropriate presentation (30 pts) |
| <u>X</u> | Total |

| IDEAL NEW VERY Tentative CALENDER | | |
|--|-----------------|---|
| Week | DATE | Topic |
| 2 | Sept. 8 | 1. RES 220 Introduction and semester planning 2. NBRC CRT Matrix |
| 3 | Sept. 15 | 1. Management and Supervision 2. Practice CRT Exam 3. Review Topic Kevin May, Management Journal Title Due |
| 4 | Sept. 22 | CRT SAE (computer lab) JW 102, 10:30-1:30 1-3 Clin Sims Due |
| 5 | Sept. 29 | MSRC FALL CONFERENCE |
| 6 | Oct. 6 | 1. Resume Writing 2. Practice CRT Exam 3. Review Topic |
| 7 | Oct. 13 | 1. Resume Writing 2. Practice CRT Exam 3. Review Topic |
| 8 RC Week | Oct. 20 | RRT Written SAE (computer lab) WA 119, 10:30-12:30 |
| 9 | Oct. 27 | 1. Review Topic 2. Disciplinary Memo due 4-6 Clin Sims Due |
| 10 | Nov. 3 | 1. NBRC RRT Written Matrix. 2. CRT SAE analysis 3. Review Topic Carl Haas, Lung Protective Ventilation Strategies |
| 11 | Nov. 10 | 1. Professional Development and Professionalism 2. Review Topic 3. Journal Club Due |
| 12 | Nov. 17 | 1. End of Life Issues 2. Review Topic 3. Literature Review Due 7-9 Clin Sims Due |
| 13 | Nov. 24 | RRT Clinical Simulation SAE (computer lab) WA 119, 9:00-12:50 |
| 13 | Dec. 1 | 1. NBRC RRT Clinical Simulation Matrix 2. Portfolio due 3. Clinical Simulation Strategies; Practice Clinical Simulations All 10 Clin Sims Due |
| 14 | Dec. 8 | RRT SAE analysis |
| 15 | Dec. 15 | RRT SAE analysis |
| 16 | | Commencement 20 th ; grades in today |