AHRC 255.01: Clinical Experience I

Nicholas J. Arthur

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MEETING TIME: Mon 0900-1000 in HB 16 / and at clinical sites as per rotation schedule

FACULTY:
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406.243.7836 (office)  
Office: Griz Hut 4  
Office Hours: Wednesdays 11:30 – 2:00 and by appointment

Clinical Adjunct Faculty:  
Ethan Eyestone, AAS, RRT, Community Medical Center

CLINICAL AFFILIATES:  
William Bekemeyer, MD, Missoula, MT  
Community Medical Center, Missoula, MT  
St. Patrick Hospital, Missoula, MT  
Marcus Daly Memorial Hospital, Hamilton, MT  
Norco Medical Supply, Missoula, MT  
St. Luke Healthcare, Ronan, MT  
Kalispell Regional Medical Center, Kalispell, MT  
Montana Allergy and Asthma Center, Kalispell, MT  
St. Joseph Regional Medical Center, Lewiston, ID

PREREQUISITES:  AHRC 120, 129, 131, 133, 135 and 150

COURSE DESCRIPTION:
This course provides the student opportunities to perform basic clinical skills learned in previous courses to the following patient care settings:

Acute care hospitals  
Rural hospitals  
Pulmonary function lab  
Physician’s Offices  
Cardiodynamics  
Home Care

Evidence of basic competencies will be recorded by Clinical Skill Competency Check-Offs (referred to as Check-Offs)

In order to refine cognitive skills and psychomotor skills, the student will also prepare:
- Two case studies and summary reports, and present one to the class.

REQUIRED TEXT:  
Title: Basic Clinical Lab Competencies for Respiratory Care, 4th Edition  
Author: White  
Publisher: Delmar

COURSE OBJECTIVES:
- Students will complete two clinical Case Studies with Summary Reports, and present one of them to the class.
- Under direct supervision, in various clinical settings, perform at least twenty-two (22) check-offs according to general criteria stated in White’s Basic Clinical Lab Competencies, 4th Edition, or in AHRC 150T Laboratory I Competency Descriptors. If the minimum requirement of 22 is not completed and turned in by May 2, 2014, the student may not pass this course and advance in the Program.

GRADING PROCEDURES:
The semester grade will be based on Case Studies, Check-offs, Student Daily Logs, Student Performance Reviews and Clinical Site / Adjunct Evaluation Forms according to the following grading scale:

<table>
<thead>
<tr>
<th>Form</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study Preparation Forms (2)</td>
<td>50</td>
</tr>
<tr>
<td>Case Study Summaries (2)</td>
<td>20</td>
</tr>
<tr>
<td>22 or more Check-Offs</td>
<td>50</td>
</tr>
<tr>
<td>Students Daily Logs</td>
<td>5</td>
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<tr>
<td>Student Performance Reviews</td>
<td>60</td>
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<tr>
<td>Clinical Site Evaluation Forms</td>
<td>2</td>
</tr>
<tr>
<td>Adjunct Evaluation Forms</td>
<td>2</td>
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The above clinical forms must be turned in each week at the beginning of AHRC 232 on Monday.

**GRADING SCALE:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
<th>Percentage</th>
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<td>4.0</td>
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<tr>
<td>A-</td>
<td>3.67</td>
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<tr>
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<td></td>
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</table>

Students must have a “B-” final grade in order to progress within the Program.

**COURSE POLICIES:**

**Professional Behavior:** I expect each student to show professional academic behavior during clinical time: be on time, be prepared; be awake and attentive; participate in demonstrations and discussions. Above all, I expect each student to be respectful to staff, instructors, patients, and to me as Clinical Director. If you behave in an unprofessional manner during any part of clinicals, I will ask you to meet with me individually. This class, and its co-requisites are good opportunities for students to practice all aspects of academic and medical professionalism.

**Academic Honesty & Integrity:** As students of higher education, there is an expectation of high academic integrity. Students are expected to perform to the utmost of their ability in an honest and ethical manner. Academic mis-conduct is subject to an academic penalty by the instructor and/or a disciplinary sanction by The University of Montana. Please refer to the Student Conduct Code in the Respiratory Care Program Student Handbook, along with the University’s Student Conduct Code at http://life.umt.edu/vpsa/student_conduct.php.

**Recording of Classes:** Video or audio recording of lectures is not allowed without prior consent of the instructor. Photographing of any part of the course is not allowed either. Any recorded lectures, even if made with instructor’s consent, are not allowed to be re-broadcast in any way. Any material discussed in face-to-face classes or in on-line discussion groups is considered confidential. If a student breaks this policy, it is considered academic misconduct.

**Disability Accommodation:** Eligible students with disabilities will receive appropriate accommodations in this course if requested in a timely manner. I require documentation of any disabling condition prior to providing substantive accommodations (those that involve changes in deadlines, activities, or products) in this course. Students are responsible to arrange for such accommodations with Disability Services for Students (DSS). Please refer to the Disability Services website at http://life.umt.edu/dss. Please note that the instructor reserves the right to modify syllabi and assignments as needed based on faculty, student, and/or environmental circumstances.

**Cell Phones & Electronic Devices:** Electronic devices (such as cell phones, iPods, mp3s, personal pagers, etc) must be turned off and put away before clinical start-time. The use of and the noises from such devices are disruptive to the learning environment, and most hospitals require them to be in the off position. However, if your cell phone or pager must be on due to a business or an emergency issue, please inform the instructor or staff prior to shift, and set it to vibrate.
**Computer Use at Facilities:** Computers at hospitals and other sites are for professional medical purposes only. As students, it is very unprofessional to be checking your personal e-mail, playing games or just goofing off at the computer. If you use a facility’s computer for your own use, expect to be graded down for lack of professionalism. If a student has a slow work day, he should be studying, asking for extra work, or asking medical questions of the staff.

**Turning in Clinical Paperwork and Case Studies:** Clinical forms and paperwork are to be turned in each week at the beginning of Monday’s class meeting. If a student knows he will be absent, he should arrange for a classmate to turn it in for him. Case Studies and Class Presentations are due TBA. Late Case Studies earn a maximum of half-credit.

**Internet Access:** The student should have internet access and check emails daily. Course material and clinical schedule updates are posted on Moodle (http://umonline.umt.edu). You must have access to this site to complete the requirements of this course. Computers are available in the library if needed. Students are expected to log-on daily to check for email updates, view Moodle assignments, and check links to websites.

**FOR FURTHER POLICIES & PROCEDURES, PLEASE REFER TO THE RESPIRATORY CARE PROGRAM STUDENT HANDBOOK AND THE UNIVERSITY OF MONTANA STUDENT CONDUCT CODE ONLINE AT:** http://life.umt.edu/vpsa/student_conduct.php.
STUDENT RESPONSIBILITIES:

**Twenty-two or more Check-offs:** 50 points (zero points if <22 turned in)
Each check-off list identifies, by asterisk, the critical steps in performing these procedures. These must be demonstrated or the evaluation will be stopped and you will need to repeat it. Only by demonstrating the critical steps can you expect to demonstrate competency in the task. Try to turn in 3-5 Check-offs per week. This will keep you on schedule for 22 over the semester. If you do not turn in 22, it is your responsibility to contact the instructor to schedule lab time to complete the 22 at least one week prior to Finals Week.

**Student’s Daily Logs**
5 points/week
Complete this form for each clinical day. It must be signed by a preceptor or your grade will be zero. The only exception is that Dr. Bekemeyer does not need to sign or fill out an evaluation form.

**Student Performance Reviews**
60 points/week
This is a behavioral rating scale and an anecdotal evaluation of performance in the psychomotor, cognitive and affective domains. Your clinical preceptor will complete it and discuss it with you at the end of your rotation. Required rotation evaluations are:

- Community Medical Center (basic care)
- St. Patrick Hospital (basic care)
- Kalispell Regional Medical Center (basic care)
- St. Joseph Regional Medical Center (basic care)
- Montana Allergy and Asthma Center (physician contact hours)
- Dr. Bekemeyer (physician contact hours)
- St. Patrick Hospital – PFT Lab
- St. Patrick Hospital - EKG
- Norco Medical (home care)
- Rural Rotations, either:
  - Marcus Daly, Hamilton
  - St. Luke, Ronan

If one of the above rotations is not scheduled for you in Spring, it will be required in your Summer schedule.

**Clinical Site Evaluation Forms**
2 points each
Students complete an evaluation of the clinical rotation site. This informs instructors as to the continued value of a particular rotation.

**Adjunct Evaluation Forms**
2 points each
Students complete an evaluation of the clinical adjunct at each facility that has one. St. Pat’s does not have an adjunct this spring; Community’s Adjunct is Ethan. This feedback is valuable in documenting the success of the student/adjunct interaction.

**EXAMPLE:** During a one-week period, you are scheduled for 2 days of basic therapy at Kalispell Hospital *turn in 2 Daily Logs, 1 Student Performance Eval, 1 Site Eval for Kalispell Hospital*, and one day of office rotation at Montana Allergy *turn in 1 Daily Log, 1 Student Performance Eval from Dave, and 1 Site Eval for Allergy.* In this scenario, you went to two different places that week, so you have to turn in all the papers for both places. When at Community, you will have to turn in an Adjunct Eval on Ethan too. When in doubt, please ask.
Case Study Preparation Forms (2)  50 points each
This form walks the student through the information gathering process involved in an in-depth case study of a patient receiving respiratory care. Because of the intensity and time required it is suggested that the Clinical Preparations be obtained primarily at St. Patrick Hospital, or Community Medical Center or other basic therapy rotation lasting two or more days. Local hospitals are convenient if you need to return at a later date for more information.

Case Study Summaries (2)  20 points each
Each of these should be a typed, one-page summary of each of the two Case Study Preparations from above. Use the format of the example later in this syllabus.

Case Study Due Dates and Classroom Presentations:
The first Case Study is due at mid-term; the precise date will be announced (about March 24th); and it must be presented to class. Presentation should be as close to 10 minutes as possible; audio-visual aids or Power Point slides are recommended to communicate large charts of data e.g. lab values, data trends, or patient progress that would otherwise be time-consuming to read and confusing for the listener to analyze. The second Case Study is due before Finals Week (about May 5), with no class presentation.

PROGRAM POLICIES

Dress Code:
- “Griz maroon” scrubs, lots of pockets, with The University of Montana “Griz” patch on one shoulder. Ladies who choose to may wear ankle length skirt scrubs or a dress scrub outfit.
- Identification badge mandatory. Photo ID tags issued by local affiliates can be worn at all affiliates that do not issue their own ID badges for you.
- Shoes – a good support shoes with closed heels and toes. No sandals. No loud colors.
- Long hair must be pulled back from face.
- No tongue, nose, face studs or rings.
- No revealing necklines. Ladies may want to wear a T-shirt under scrub tops.
- No perfumes or colognes. Allergic and asthmatic patients and professional staff will not appreciate it.

Equipment Required:
- Stethoscope, black ink pen, pocket notebook, watch, blunt trauma scissors, hemostat
- Calculator and safety glasses, optional

CLINICAL ATTENDANCE POLICY

Clinical Hours: A large part of the student’s grade is based on total hours of clinical education that the student attends. This set number of hours is mandatory for the student to pass the course and for the Program’s accreditation and funding. A set number of hours is also mandatory if the student is on AmeriCorps. As a result, all absences must be made up prior to finals week. Make-ups will be on a rotation-equivalent basis at the same facility. Please inform the Clinical Director, who will contact the site and attempt to schedule a make-up time; the student should also (while at the facility) attempt to schedule a make-up time. Working double shifts is not an acceptable way to make up an absence.

Tardiness and absences: All attendance issues are recorded. Leaving early is not allowed, so please do not ask your preceptor. Please do not arrange to swap shifts with classmates. Talk to the Clinical Education Director if you have scheduling problems.

Transportation: Students must have reliable transportation and finances for out of town clinical rotations.

Unexcused Absences and Probation: If student calls one hour before shift report, but the reason is not illness, death in the family, or a special situation discussed with the Director of Clinical Education, the absence is considered unexcused. No phone call to both the facility and Clinical Education Director is also considered unexcused. Any type of unexcused absence will be grounds for immediate probation. A second incident is grounds for expulsion.
**Tardiness:** If the student is late for shift report, it will be noted as a Tardy. Three Tardies in two weeks is an unexcused absence. If the student is more than 30 minutes late without calling in, it is considered an unexcused absence. Again, unexcused absences result in probation.

**Parking:** Follow the parking policies of the clinical site.

**No smoking:** There is no smoking in hospitals or in affiliate-provided housing.

**WORDS OF WISDOM:**

**Health:**
- Keep in good physical health. Monitor your mental health, carefully observing your coping skills and being aware of the need for healthy self-care.
- Eat three meals a day, especially breakfast. A good breakfast will prevent hypoglycemia during your most demanding mornings.

**Discretion and Professionalism:**
- Clinical Rotations are a great time to practice and polish the professionalism skills discussed in class. You are being judged by the staff and patients around you all the time.
- You are also being judged as a potential hire, so treat your rotation as a type of job interview.
- Do not discuss patient status in the immediate patient care areas unless an instructor or physician asks you.
- It is unprofessional to voice your opinion on the competency of instructors, staff, or physicians on site.
- Allow for individual differences and procedural community.
- Developing discretion early in your career will be one of your best professional assets.
- Do not use facility telephones, copy machines or computers for personal use.
- Turn your cell phone off. Your undivided attention should be on the learning opportunity.
Subrotation Objectives

I. Pulmonary Function Rotation Objectives

1. Identify general indications and purposes for basic spirometry.
2. Describe the significance of various components of basic spirometry: VC, FVC, FEV1, FEF 200-1200, FEF 25-75, MVV.
3. Describe methods (plethysmography, etc.) to measure FRC.
4. State ATS standards for spirometry testing.
5. Identify features of normal and abnormal spirometry results/tracings.
6. Recognize common errors in spirometry testing.
7. Explain significance of bronchodilator testing.
8. Explain reasons for office spirometry testing.
9. Describe indications for diffusion capacity testing.
10. State indications and goals of the following specialized tests:
    a. Bronchial provocation (challenge) testing
    b. Airway resistance
    c. Respiratory muscle strength and coordination
    d. Ventilation distribution

II. Home Care Rotation Objectives

1. Discuss economic, demographic, epidemiologic, social, technological, and educational trends driving the home care market.
2. Describe the role of the RCP in the home care industry in regards to:
   a. Patient evaluator and advocate
   b. Physician liaison
   c. Educator
   d. Diagnostician
   e. Equipment specialist and trouble shooter
   f. Responsibilities that differ from the hospital based RCP
3. Discuss various oxygen modalities used in home care, i.e., concentrators, conserving devices, Liquid Oxygen (LOX) systems. Pursue check-offs for these modalities. It may be your only chance.
4. Discuss home care provider involvement with Oxygen, CPAP, BiLevel, apnea monitors, and home ventilators in terms of education, risk assessment, and follow-up.
5. Discuss fee for service, prospective payment, in the home care environment.
III. Rural Hospital Rotation Objectives

1. Identify duties that differ from more urban hospital settings and discuss the role of the RCP in terms of responsibilities.
2. Explain the importance of keeping up with general practice trends due to relative isolation from major teaching or urban institutions.
3. Identify job satisfaction criteria found in the rural environment and discuss potential downside to this arena.
4. Discuss community involvement from the rural hospital perspective in terms of marketing and educational involvement.
5. Identify any networking between your rural facility and area clinics or hospitals.
6. Identify emergency equipment and discuss the importance of “being ready” for whatever comes through the door.

IV. Physician Contact Objectives.

1. Gain confidence interacting with a physician
2. Gain a more global perspective of patient care.
3. Relate the physician’s perspective of care to the respiratory care practitioner’s role.

V. Cardio Diagnostics Rotation Objectives

1. Positions patient correctly for cardiogram
2. Correctly identifies anatomical landmarks and attaches electrodes correctly, marking placement if indicated.
3. Operates EKG machine correctly to obtain 12-leads EKG and or rhythm strip.
4. Demonstrates how to recognize artifact and correct it.
5. Describes how to recognize any life threatening arrhythmias.
6. Demonstrates proper disposition of EKG tracing and subsequent handling.
7. As opportunities arise, participate in advanced cardiac diagnostics or monitoring as may pertain to: Heart catheterization, cardiac stress testing and nuclear medicine evaluation, etc.
CLINICAL FORMS

Students take these to clinical rotations, get them filled out, signed, and return them the first day of class Monday at 0900 following a rotation. Failure to do so will result in points lost.

I. Student’s Tracking Log of Skill Performance Check-offs

II. Student’s Daily Log

III. Student Clinical Rotation Performance Review

IV. Clinical Site Evaluation

V. Clinical Adjunct Evaluation Form
### RES 255 – Clinical I
#### Student Tracking Log of Skill Performance Check-offs
**Rev. 12/13**

<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Page</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>1</td>
<td>Hand washing</td>
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<td>2</td>
<td>Isolation Procedures</td>
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<td>Vital Signs</td>
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<td>4</td>
<td>Breath Sounds</td>
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<td>5</td>
<td>Physical Assessment</td>
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<td>6</td>
<td>Pulse Oximeter</td>
<td>193</td>
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<td>7</td>
<td>Documentation &amp; Goals Assessment (Charting)</td>
<td>213</td>
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<td>8</td>
<td>Shift Report</td>
<td>RES 150</td>
<td>Syllabus</td>
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<tr>
<td>9</td>
<td>Oxygen Supply Systems</td>
<td>237</td>
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<td>10</td>
<td>Liquid Oxygen Systems</td>
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<td>11</td>
<td>Oxygen Concentrators (<a href="#">on the back of the above page</a>)</td>
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<td>12</td>
<td>Oxygen Administration</td>
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<td>13</td>
<td>Bedside Pulmonary Function Testing (RR, VC, MIP, etc.)</td>
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<td>14</td>
<td>Basic Spirometry (FVC, FEV₁, etc.)</td>
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<td>15</td>
<td>Equipment Processing</td>
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<td>16</td>
<td>MDI Administration</td>
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<td>17</td>
<td>DPI Administration</td>
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<td>Humidity &amp; Aerosol Therapy</td>
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<td>19</td>
<td>Small Volume Nebulizer Therapy</td>
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<td>20</td>
<td>Patient Positioning</td>
<td>335</td>
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<td>21</td>
<td>Chest Percussion and Postural Drainage</td>
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<td>22</td>
<td>Incentive Spirometry</td>
<td>371</td>
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<td>23</td>
<td>Flutter Valve (or Acapella) (PEP)</td>
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<td>HFCWO (vest) *</td>
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<td>Intrapulmonary Percussive Therapy (IPV) *</td>
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<td>Bronchoscopy Observation **</td>
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<td>29</td>
<td>Initiation of CPAP or PSV</td>
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<td>30</td>
<td>Chest x-ray interpretation **</td>
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<td>Manual Resuscitation **</td>
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<td>Arterial Puncture (ABG)**</td>
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<td>Electrocardiograms (ECGs) **</td>
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<td>Tracheostomy &amp; Stoma Care **</td>
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Twenty-two (22) completed and turned in before finals week to pass course and matriculate into summer session.

* Optional, as opportunities may be limited. ** Students must complete by graduation.
## Missoula College – UM  Respiratory Care Program
### Student Daily Log (rev. 12/13)

### Student Name: 

### Clinical Site & Rotation type: (ex. St. Pat’s/PFT)

### Student Signature: 

### Date: 

<table>
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<tr>
<th># of Procedures</th>
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<th>Observed</th>
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<td>FIO₂ Analysis</td>
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<td>SVN</td>
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<td>IPPB</td>
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<tr>
<td>IPV</td>
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<td>Incentive Spirometry</td>
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<td>ABG – analyze</td>
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<td>Ventilator initiation</td>
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</tr>
<tr>
<td>Circuit Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vent Transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intubation Assist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extubation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR / ER Trauma Assist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Drainage / Thoracentesis Observat’n</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Film Interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth or C-section</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please circle one and sign.  P = Pass     F = Fail (Every “F” circled requires a comment.)

1. Motivation/attitude  P  F

2. Response to supervision/interaction  P  F

3. Knowledge base (didactic content)  P  F

4. Technical application  P  F

**Physician Contact Hours:** ________

**Physician name:** ____________________________
Describe the nature (office, rounds, subject material, etc.)

**MOST SIGNIFICANT LEARNING EXPERIENCE**
(or other activities not listed above):

**Preceptor’s Signature:** ____________________________
Missoula College - University of Montana  
Respiratory Care Program  

Student Clinical Rotation Performance Review Form (2 pages)  

Student Name: ____________________________________________ Clinical Facility: ____________________________________________  

Date: ___________________________________________________________________ Time Period Covered: ___________________________________________________________________  

This evaluation form provides a method by which an individual’s clinical performance can be judged with accuracy and uniformity. The evaluator is asked to indicate his/her findings by circling the letter to the corresponding phrase which best describes the student’s work pattern in that area. Ratings of “C” or less require an instructor’s comment in the appropriate section.  

EVALUATION CODE:  
A = Excellent  
F = Failing  
S = Seldom  
C = Very little  
D = Very much  
B = Always  
N/A = Not Applicable  

COGNITIVE: JOB KNOWLEDGE, PROBLEM-SOLVING  

1. Learning: Grasps instructions readily.  
A = Grasps instructions readily  
B = Understands instructions  
C = Encouraged to grasp instructions  
D = Encouraged to ask questions  
F = Failed  
N/A = Not applicable  

A = Makes decisions considering acceptable alternatives  
B = Receives immediate feedback  
C = Receives frequent feedback  
D = Receives infrequent feedback  
F = Failing  
N/A = Not applicable  

3. Adaptation of experience: adapts classroom knowledge to clinical situation.  
A = Adapts classroom knowledge to clinical situation  
B = Receives frequent feedback  
C = Receives infrequent feedback  
D = Receives infrequent feedback  
F = Failing  
N/A = Not applicable  

4. Transference of Information: conveys knowledge to staff.  
A = Conveys knowledge to staff  
B = Receives frequent feedback  
C = Receives infrequent feedback  
D = Receives rare feedback  
F = Failing  
N/A = Not applicable  

5. Transference of Information: conveys knowledge to patient.  
A = Conveys knowledge to patient  
B = Receives frequent feedback  
C = Receives infrequent feedback  
D = Receives rare feedback  
F = Failing  
N/A = Not applicable  

OVERALL PERFORMANCE: COGNITIVE:  
A = Excellent  
B = Very good  
C = Good  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

PSYCHOMOTOR: TASK COMPETENCY  

6. Quality of work: Maintains high quality standards.  
A = Maintains high quality standards  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

7. Clinical assignment: Completes work assigned.  
A = Completes work assigned  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

8. Use of equipment and supplies: Exercises care in use.  
A = Exercises care in use  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

9. Dexterity: Demonstrated proficiency in assembling or setting up equipment.  
A = Demonstrated proficiency in assembling or setting up equipment  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

OVERALL PERFORMANCE: PSYCHOMOTOR  
A = Excellent  
B = Very good  
C = Good  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

AFFECTIVE: ATTITUDE  

10. Interest: Motivation  
A = Motivated  
B = Consistent effort  
C = Consistent effort  
D = Occasional effort  
F = Failing  
N/A = Not applicable  

11. Tact and courtesy: Tactful and considerate of others.  
A = Tactful and considerate of others  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

12. Personal grooming: (only two responses possible) A=Appropriate  F=Inappropriate  
A = Personal grooming appropriate  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

13. Initiative and responsibility: Supervision not required.  
A = Supervision not required  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

14. Self confidence: Displays confidence to staff.  
A = Displays confidence to staff  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

15. Self confidence: Displays confidence to patient.  
A = Displays confidence to patient  
B = Consistently acceptable  
C = Acceptable  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

OVERALL PERFORMANCE: AFFECTIVE  
A = Excellent  
B = Very good  
C = Good  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

OVERALL PERFORMANCE  
A = Excellent  
B = Very good  
C = Good  
D = Needs improvement  
F = Failing  
N/A = Not applicable  

12
ATTENDANCE RECORD
FOR THIS ROTATION:

Number of checkoffs completed this rotation _____________________.

<table>
<thead>
<tr>
<th>Absent/Tardy</th>
<th>Date</th>
<th>Time Called</th>
<th>Reason</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

INSTRUCTOR’S COMMENTS ON OVERALL PERFORMANCE: Include strong points, weak points and suggestions for improvement in clinical performance.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Signed: ___________________________  Date: ________________________

STUDENT COMMENTS: Include reaction to praise or criticism; include statements which you feel will contribute to more meaningful clinical experience for you. Include areas of improvement.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Signed: ___________________________  Date: ________________________

Revised: 12/2013

(Page 2 of 2)
Missoula College - University of Montana  
Respiratory Care Program  
Student Clinical Site Evaluation Form

Name:__________________________________ Clinical Site __________________________________

Date: __________________________________ Time Period (at this site) _________________________

This evaluation form provides a method by which clinical sites can be judged with accuracy and uniformity. The student is asked to indicate his/her findings by circling the letter to the corresponding phrase which best describes the rotation. Ratings of “C” or less require comment in the comment section.

EVALUATION CODE:  
A ------------------------------------------- F
Excellent ---------------------------------- Failing
Always ------------------------------------ Seldom
Very much -------------------------------- Very little

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is shift report orderly, concise, and comprehensive?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are clinical assignments made with student and course objectives in mind?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Are assignments clearly made and are you appropriately supervised?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Is physician contact helpful and relevant to your learning experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is there sufficient time and/or patients to complete performance objectives during this rotation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Are library resources available in this hospital?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Is the clinical evaluation system meaningful and is your clinical competency periodically discussed with you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Disregarding any personality conflicts, what is your overall (global) evaluation of your rotation at this clinical site?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS for improvement in areas designated above:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Name:______________________________ Adjunct Name:____________________________________
Date: ______________________________ Time Period with this adjunct: ________________________

This evaluation form provides a method by which clinical adjuncts can be judged with accuracy and uniformity. The student is asked to indicate their findings by circling a letter grade corresponding phrase which best describes the individual. Ratings of “C” or less require comment in the comment section. Attach additional pages as necessary.

EVALUATION CODE:  A ------------------------------------------- F  
Excellent ---------------------------------- Failing  
Always ------------------------------------ Seldom  
Very much ----------------------------- Very little

<table>
<thead>
<tr>
<th></th>
<th>Do they give clear and concise directions?</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the adjunct enthusiastic about having students?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is your confidence encouraged by this adjunct?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Does this adjunct create an environment conducive to learning?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5</td>
<td>Do you feel the adjunct shares information effectively for the purpose of learning?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do they readily provide explanation and clarification?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do they foster bi-directional communication?</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Disregarding any personality conflicts, what is your overall assessment of your experience with this adjunct?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS for improvement in areas designated above:
_____________________________________________________________________________________
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  
_____________________________________________________________________________________  

15
CASE STUDIES

AHRC 255
**ADULT NON-VENTILATOR PATIENTS ONLY**

The following forms will guide you through the information gathering process and the analytical thinking involved in preparing a Respiratory Care Case Study. You should use the forms to study two cases you find interesting while at St. Patrick Hospital, Community Medical Center, Ronan, Kalispell, Lewiston or Marcus Daly. You must prepare two Case Studies: one due mid-semester and presented to class, and one due the week before Finals (not presented to class, just turned in to the Clinical Education Director).

Clinical Preparation Form:  (50 points – use one for each Case Study)

This includes 2 general sections: Information Gathering and Decision Making, which is just like the NBRC exams. This form is very detailed. Make sure you review it prior to clinicals because it may influence the patient cases you choose to study.

Note: Not all sections will apply to each patient case, in which case please write “n/a” rather than leave it blank. Large blank sections leave a reader wondering if the case analysis was incomplete or not thorough. Ask preceptors for input on selecting appropriate patients, knowing you will need at least a couple of hours or more for a patient with lots of tests, and knowing the patient may be close to discharge. Once discharged, patient information, charts and electronic data quickly disappear.

Clinical Preparation Summary:  (20 points – use one for each Case Study)

Please use the seven points given on the Summary form below. Copy the points into your computer, and type your summary so that it is no longer than one printed page. Use your best English and composition skills, and remember that spelling and grammar errors will cost you points. Staple this to your Clinical Preparation Form.

Late Case Studies will earn a maximum of half credit.
CLINICAL PREPARATION FORM
9 pages, (possible 50 points)

Student: ________________________________ Date: ________________________

INFORMATION GATHERING
Case identifier ___________________ Age _____, Sex _____, Height _____, Weight _____
Admission Diagnosis: ______________________________________________________________
Secondary Diagnosis(es): ____________________________________________________________

BEDSIDE ASSESSMENT - PALPATION & AUSCULTATION

<table>
<thead>
<tr>
<th></th>
<th>Upon Admission</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>General appearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin color</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance of chest &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tracheal position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory pattern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensorium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse, rate &amp; rhythm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest percussion findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auscultation of chest findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart sounds from auscultation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VITAL SIGNS

<table>
<thead>
<tr>
<th></th>
<th>Upon Admission</th>
<th>Recently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O₂ Saturation (SpO₂)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Most significant symptoms or observations manifested by this patient:_____________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

INTERVIEW HISTORY
(check admission physical, profile, nursing & MD notes)

CPR/Code status (DNR or full code) _______, Any ethnic, language or cultural considerations:

______________________________________________________________________________

Disabilities: hearing, sight, speech, ambulation (fall risk): _____________________________

History of present illness:_________________________________________________________

______________________________________________________________________________

Medical History (brief): __________________________________________________________

______________________________________________________________________________

Exposure History(fumes, smoke, environmental, industrial hazards) _______________________

______________________________________________________________________________

Family History (brief): ___________________________________________________________

______________________________________________________________________________

Smoking History _____________     Occupation ______________________________________

Allergies, including medications (front of chart, or medication administration card):

______________________________________________________________________________

Textbook definition of the primary disease and its cause: _____________________________
<table>
<thead>
<tr>
<th>Test Type</th>
<th>Normal Range</th>
<th>On admission</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red Blood Cells (RBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobin (Hb)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematocrit (HCT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Blood Cells (WBC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neutrophils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eosinophils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sodium (Na+)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potassium (K+)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride (Cl-)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anion Gap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum Gram Stain (+ or -)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Acid Fast Bacillus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum culture results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Blood Urea Nitrogen, BUN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine – Creatinine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH from ABG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PaCO₂ from ABG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PaO₂</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated HCO₃⁻</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SaO₂ from ABG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen Content –CaO₂</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbon Monoxide (COHb) from ABG or separate study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other significant lab:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac enzymes, sweat chlorides, tensilon (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PULMONARY FUNCTION STUDIES

<table>
<thead>
<tr>
<th></th>
<th>Normal Range</th>
<th>Pre Bronchodilator</th>
<th>Post Bronchodilator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced Vital Capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEV 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEV1/FVC %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Flow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEF 25-75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Lung Capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffusion Capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was methacholine challenge conducted? ___________ with positive response? ___________

Did bronchodilator restore pre challenge functions? ____________________________________

POLYSOMNOGRAPHY (SLEEP DIAGNOSTIC) STUDIES

Summary of general findings (if done): ____________________________________________

RADIOLOGIC STUDIES

Results of Initial chest x-ray (CXR): ______________________________________________

Results of most recent chest x-ray (CXR): __________________________________________

Results of initial CT scan: ________________________________________________________

Results of most recent CT scan: ___________________________________________________

Results of initial MRI: ____________________________________________________________

Results of Ventilation/Perfusion scans: ____________________________________________
MANAGEMENT (DECISION MAKING)

**Oxygen Therapy**

Initial oxygen therapy (cannula, mask, etc. and liter flow or FiO₂) orders: __________________
______________________________________________________________________________
______________________________________________________________________________
What clinical data or symptoms do you attribute these orders to? _________________________
______________________________________________________________________________
______________________________________________________________________________
Is the cause primarily V/Q mismatch, diffusion abnormality, or combination? _______________
______________________________________________________________________________
______________________________________________________________________________
Subsequent or most current oxygen therapy orders, including CPAP: _____________________
______________________________________________________________________________
______________________________________________________________________________
What interventions and therapies led to a change, if any, of the initial oxygen orders?

  What are the most current O₂ orders? ________________________________

  What interventions do you feel led to the order change? __________________________
______________________________________________________________________________

**Hyperinflation Therapy**

What hyperinflation therapy is currently ordered & frequency? ___________________________
______________________________________________________________________________
If the hyperinflation therapy is effective, what clinical findings support it? ______________
Aerosol Therapy

List bland and medicated aerosols ordered, i.e., hypertonic NaCl for sputum induction, heated aerosol to tracheosotmy, albuterol SVN, ipratropium bromide MDI, Advair DPI, etc:

<table>
<thead>
<tr>
<th>Aerosol or medication, Including dosage &amp; frequency</th>
<th>Indications: specific for this patient, i.e, symptoms, diagnosis, history, CXR, lab, etc.</th>
<th>Outcomes: What findings indicate that the therapy is helping? (Improved or stabilized peak flow, decreased wheezes, improved CXR, less O₂ needs, less symptoms, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Airway Management & Pulmonary Hygiene

Identify airway management issues, i.e., tracheal stoma or tracheostomy tube ___________

How is airway humidification being addressed, i.e., fluid intake a problem, bubble humidifier, heated aerosol, cool mist, etc.? ________________________________

Does the patient have an adequate cough? ________________________________

Are you concerned about adequate airway humidification and why? ________________________________

Is suctioning required? __________ If so, what route, tracheal or nasotracheal? __________

What infection control issues concern you? ________________________________

List all pulmonary hygiene orders & frequency: ________________________________

Do the hygiene orders seem appropriate to this patient? ________________________________

What do you base this on? ________________________________

What further recommendations would you make and why? ________________________________

Rehabilitation & Home Care

Describe physical therapy or pulmonary rehabilitation the patient is receiving: ________________

Is the patient already on home oxygen? _____, CPAP, _____, BiPAP _____, or ventilator _____

If not, will they require home O₂? _____ or a device? ________________________________

Describe any patient/family teaching prior to discharge, i.e., MDI/DPI instruction, trach care, etc. ________________________________
Pharmacology
(not including aerosols)

Cardiovascular drugs, antibiotics/antivirals, sedation/pain meds, diuretics, nicotine patch, steroids & specialized drugs as may apply. The idea here is not to make you a pharmacist, but a more holistic minded and aware caregiver.

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<tr>
<th>Medication name &amp; route (oral or IV) not the dosage</th>
<th>Pharmacological need (why is it given?)</th>
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The Patient Recovery/Discharge Plan

What are the specific goals delineated for this patient’s recovery? It may be a check list specific to admission diagnosis and should include conditions for discharge and home needs: Be brief.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
What Others Have to Say
(Progress Notes)

(See physician, nursing, physical therapy, etc., progress notes. Summarize the earliest notes from day one or two about patient condition and prognosis. Summarize the most recent notes about patient progress and prognosis).

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<th>MOST RECENT PROGRESS NOTES</th>
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CLINICAL PREPARATION SUMMARY
(typed and one page; 
containing the information below)
(20 points)

Student Name / Date / Case Identifier

1. A brief patient history:
2. Signs and symptoms of the disease/condition as presented by the patient:
3. Pathophysiology of disease/condition:
4. Standard treatments/therapies:
5. Treatment specific to this patient:
6. Expected outcome for this patient:
7. Your most significant learning experience from this Case Study: