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AHRC 255.01: Clinical Experience I

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**The University of Montana
Missoula College
Respiratory Care Program**

AHRC 255 - Clinical Experience I (5 credits)
Spring 2016

MEETING TIME: Mon 11:00-12:00 in HB 16 and at clinical sites as per rotation schedule

FACULTY: Paul J. Crockford, BSRC, RRT
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Office: Griz Hut 4
Office Hours: Tue-Fri 12:30 – 13:00 and by appointment

Clinical Adjunct Faculty:

Mike Lemeza, St. Patrick's Hospital

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
Clark Fork Valley Hospital, Plains, MT

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	Physician's Offices
Rural hospitals	Sleep Lab
Pulmonary function lab	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 13, 2016, 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:

Case Study Preparation Forms (2)	50 points each
Case Study Summaries (2)	20 points each
22 or more Check-Offs	50 points (zero points if <22 turned in)
Students Daily Logs	5 points/week
Student Performance Reviews	60 points/week
Clinical Site Evaluation Forms	2 points each
Adjunct Evaluation Forms	2 points each

The above clinical forms must be turned in each week on Monday, at 1300.

GRADING SCALE:	A =	4.0	95-100%	C =	2.00	74-76%
	A- =	3.67	90-95%	C- =	1.67	70-73%
	B+ =	3.33	87-89%	D+ =	1.33	67-69%
	B =	3.00	84-86%	D =	1.00	64-66%
	B- =	2.67	80-83%	D- =	.067	60-63%
	C+ =	2.33	77-79%	F =	0.00	

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)
Dr. Bekemeyer (physician contact hours)
St. Patrick Hospital – PFT Lab
St. Patrick Hospital – Sleep Lab
Norco Medical (home care)
Rural Rotations, either:
 Marcus Daly, Hamilton
 St. Luke, Ronan
 Clark Fork Valley Hospital, Plains

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. Community does not have an adjunct this spring; St Pat's Adjunct is Mike Lemeza. This feedback is valuable in documenting the success of the student/adjunct interaction.

EXAMPLE: During a one-week period, you are scheduled for 1 day of Home Care therapy with Norco (*turn in 1 Daily Logs, 1 Student Performance Eval, 1 Site Eval for Norco*), and one night of Sleep Study at St Pat's (*turn in 1 Daily Log, 1 Student Performance Eval, and 1 Site Eval for St Pat's Sleep.*) In this scenario, you went two different places that week, so you have to turn in all the papers for both places. When at St Pat's, you will have to turn in an Adjunct Eval on Mike, 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. These forms may be filled in by hand or typed out, but regardless of your approach, **the overall format should be followed. Failure to follow the format will result in an automatic 5-point reduction.** If you have questions about your format, please check with me early on in the process.

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 21ST); 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 6th), 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:

Discretion and Professionalism:

- Clinical Rotations are a great time to practice and polish the professionalism skills discussed in class. You are being evaluated by the staff and patients around you all the time.
- You are also being evaluated 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
- II. Home Care
- III. Rural Hospital
- IV. Physician Contact
- V. Sleep Lab

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. 0 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. Sleep Lab Rotation Objectives

1. Identify general indications for a sleep study
2. Define OSA
3. Define the AHI
4. List the goals of treatment for Obstructive Sleep Apnea
5. List the long-term consequences of uncontrolled OSA

CLINICAL FORMS

Students take these to clinical rotations, get them filled out, signed, and return them the first day of class Monday at 1300 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. 12/14

Student Name: _____

	Title	Page	Date Completed
1	Hand washing	15	
2	Isolation Procedures	17	
3	Vital Signs	33	
4	Breath Sounds	335	
5	Physical Assessment	49	
6	Pulse Oximeter	193	
7	Documentation & Goals Assessment (Charting)	213	
8	Shift Report	RES 150 Syllabus	
9	Oxygen Supply Systems	237	
10	Liquid Oxygen Systems	238	
11	Oxygen Concentrators (on the back of the above page)	239	
12	Oxygen Administration	261	
13	Bedside Pulmonary Function Testing (RR, VC, MIP, etc.)	105	
14	Basic Spirometry (FVC, FEV ₁ , etc.)	107	
15	Equipment Processing	407	
16	MDI Administration	279	
17	DPI Administration	281	
18	Humidity & Aerosol Therapy	299	
19	Small Volume Nebulizer Therapy	301	
20	Patient Positioning	335	
21	Chest Percussion and Postural Drainage	337	
22	Incentive Spirometry	371	
23	Flutter Valve (or Acapella) (PEP)	341	
24	HFCWO (vest) *	343	
25	Adjunctive Breathing Techniques	347	
26	IPPB Therapy	373	
27	Intrapulmonary Percussive Therapy (IPV) *	375	
28	Bronchoscopy Observation **	RES 150 Syllabus	
29	Initiation of CPAP or PSV	603	
30	Chest x-ray interpretation **	73	
31	Manual Resuscitation **	439	
32	Arterial Puncture (ABG)**	153	
33	Electrocardiograms (ECGs) **	125	
34	Tracheostomy & Stoma Care **	475	

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: _____				
# of Procedures	Performed	Observed	Please circle one and sign. P = Pass F = Fail (Every "F" circled requires a comment.)				
Chest PT			1. Motivation/attitude				
CPT Vest						P	F
FIO ₂ Analysis							
SVN							
IPPB							
IPV							
Pulse Oximetry							
Incentive Spirometry							
MDI/DPI							
Pep/Acapella/Flutter						2. Response to supervision/interaction	
CPAP			P	F			
BiPAP							
Low flow O ₂							
High flow O ₂							
Bronchoscopy Assist							
Conscious sedation							
PFT / Spirometry							
ABG – draw							
ABG – analyze							
Ventilator initiation			3. Knowledge base (didactic content)				
Vent Check						P	F
Circuit Change							
Vent Transport							
Suction							
Intubation Assist							
Extubation							
EKG							
CPR / ER Trauma Assist							
Chest Drainage / Thoracentesis Observat'n							
Chest Film Interpretation			4. Technical application				
Birth or C-section						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 -----F
Excellent -----Failing
Always -----Seldom
Very much -----Very little

**COGNITIVE: JOB KNOWLEDGE,
PROBLEM-SOLVING**

	4	3	2	1	0	N/A
1. Learning: Grasps instructions readily.	A	B	C	D	F	N/A
2. Judgment: Makes decisions considering acceptable alternatives.	A	B	C	D	F	N/A
3. Adaptation of experience: adapts classroom knowledge to clinical situation.	A	B	C	D	F	N/A
4. Transference of Information: conveys knowledge to staff.	A	B	C	D	F	N/A
5. Transference of Information: conveys knowledge to patient.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: COGNITIVE:	A	B	C	D	F	N/A

PSYCHOMOTOR: TASK COMPETENCY

6. Quality of work: Maintains high quality standards.	A	B	C	D	F	N/A
7. Clinical assignment: Completes work assigned.	A	B	C	D	F	N/A
8. Use of equipment and supplies: Exercises care in use.	A	B	C	D	F	N/A
9. Dexterity: Demonstrated proficiency in assembling or setting up equipment.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: PSYCHOMOTOR	A	B	C	D	F	N/A

AFFECTIVE: ATTITUDE

10. Interest: Motivation	A	B	C	D	F	N/A
11. Tact and courtesy: Tactful and considerate of others.	A	B	C	D	F	N/A
12. Personal grooming: (only two responses possible) A=Appropriate F=Inappropriate	A				F	N/A
13. Initiative and responsibility: Supervision not required.	A	B	C	D	F	N/A
14. Self confidence: Displays confidence to staff.	A	B	C	D	F	N/A
15. Self confidence: Displays confidence to patient.	A	B	C	D	F	N/A
OVERALL PERFORMANCE: AFFECTIVE	A	B	C	D	F	N/A

OVERALL PERFORMANCE	A	B	C	D	F	N/A
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**ATTENDANCE RECORD
FOR THIS ROTATION:**

Number of checkoffs completed this rotation _____.

Absent/Tardy	Date	Time Called	Reason	Comment
_____	_____	_____	_____	_____

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: _____

**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

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

COMMENTS for improvement in areas designated above:

**Missoula College - University of Montana
Respiratory Care Program
Student Clinical Adjunct Evaluation Form**

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

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

COMMENTS for improvement in areas designated above:

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, Plains 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 - PALPATATION & AUSCULTATION

	Upon Admission	Currently
General appearance		
Skin color		
Appearance of chest & tracheal position		
Respiratory pattern		
Sensorium		
Posture		
Pulse, rate & rhythm		
Chest percussion findings		
Auscultation of chest findings		
Heart sounds from auscultation		

VITAL SIGNS

	Upon Admission	Recently
Respiratory Rate		
Blood Pressure		
Temperature		
O ₂ Saturation (SpO ₂)		

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:

LAB AND DIAGNOSTIC TESTS:

Test Type	Normal Range	On admission	Most Recent
Red Blood Cells (RBC)			
Hemoglobin (Hb)			
Hematocrit (HCT)			
White Blood Cells (WBC)			
Neutrophils			
Eosinophils			
Bands			
Sodium (Na ⁺)			
Potassium (K ⁺)			
Chloride (Cl ⁻)			
Anion Gap			
Sputum Gram Stain (+ or -) or Acid Fast Bacillus			
Sputum culture results			
Urine Blood Urea Nitrogen, BUN			
Urine – Creatinine			
pH from ABG			
PaCO ₂ from ABG			
PaO ₂			
Calculated HCO ₃ ⁻			
SaO ₂ from ABG			
Oxygen Content –CaO ₂			
Carbon Monoxide (COHb) from ABG or separate study			
Other significant lab: Cardiac enzymes, sweat chlorides, tensilon (specify)			

PULMONARY FUNCTION STUDIES

	Normal Range	Pre Bronchodilator	Post Bronchodilator
Forced Vital Capacity			
FEV 1			
FEV1/FVC %			
Peak Flow			
FEF 25-75%			
Total Lung Capacity			
Diffusion Capacity			

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:

Aerosol or medication, Including dosage & frequency	Indications: specific for this patient, i.e, symptoms, diagnosis, history, CXR, lab, etc.	Outcomes: What findings indicate that the therapy is helping? (Improved or stablized peak flow, decreased wheezes, improved CXR, less O ₂ needs, less symptoms, etc.)

Airway Management & Pulmonary Hygiene

Identify airway management issues, ie., tracheal stoma or tracheostomy tube _____

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

Does the patient have an adequate cough? _____

Are you concerned about adeqate 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.

Medication name & route (oral or IV) not the dosage	Pharmacological need (why is it given?)

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).

EARLY PROGRESS NOTES

MOST RECENT PROGRESS NOTES

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: