PALM BEACH STATE COLLEGE
RESPIRATORY CARE
PROGRAM POLICIES AND STUDENT HANDBOOK
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This handbook was reviewed and approved by the Business Partnership Council, July 2015.
MISSION STATEMENT
The mission of the Palm Beach State College Respiratory Care Program is to hold as its highest priority an academic and professional environment of excellence. To this end, there is commitment to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs). Additionally, to promote lifelong learning where student, faculty and members of the health science professional community can refine skills and develop attitudes necessary to effectively meet the challenges of the dynamic health care environment realizing the best chance for success.

Fulfillment of the program’s mission is assessed by the degree to which the program achieves the following goals:

1.0 Provide an educational environment that promotes student success by:
   1.1 Providing appropriate instruction and educational opportunities in the classroom and clinical setting.
   1.2 Providing job placement assistance upon graduation.

2.0 Provide graduates with the knowledge to:
   2.1 Demonstrate clinical competence.
   2.2 Demonstrate problem solving and critical thinking skills.
   2.3 Provide appropriate patient care.
   2.4 Maintain a safe environment according to the AARC philosophy.
   2.5 Communicate effectively with patients and co-workers.
   2.6 Maintain the ethical and professional values outlined in the AARC Code of Ethics.

As part of our Mission the Respiratory Care Program has a

Non-Discrimination Policy

The Respiratory Care program will ensure that all programmatic activities including but not limited to: admission, attendance, didactic, laboratory, clinical placement and club activities are available to all on a non-discriminatory basis, without regard to race, sex, age, color, religion, ethnicity, sexual orientation, or veteran’s status. For additional information on the College’s Non-Discriminatory policy please refer to the College’s Student Handbook.

Rev. 6/15
Graduation from Palm Beach State College with an Associate of Science degree majoring in Respiratory Care signifies that the holder of that degree has been educated to competently practice Respiratory Care in all healthcare settings and enables the graduate to take the National Board for Respiratory Care (NBRC) Therapist Multiple-Choice (TMC) and Clinical Simulation examinations and to apply for licensure in the State of Florida. The education of a respiratory therapist requires assimilation of knowledge, acquisition of skills and development of judgment through patient care experiences in preparation to be able to a) be independent and, b) semi-autonomous and to c) make appropriate decisions required in practice. The practice of respiratory care emphasizes collaboration among physicians, nurses, respiratory therapists, other allied health care professionals, and the patient.

The curriculum leading to graduation from this program requires the students to engage diverse, complex, and specific experiences essential to the acquisition and practice of essential respiratory skills and functions. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being essential to the successful completion of the requirements of this degree, these functions are necessary to ensure the health and safety of patients, fellow candidates, faculty, and other healthcare providers.

The following essential abilities and behaviors are necessary to acquire and demonstrate competence in a discipline as complex as respiratory care. They are required for successful admission and continuance by candidates for the Associate of Science Degree majoring in Respiratory Care at Palm Beach State College, include but are not limited to the following abilities:

**Motor Skills**
Candidates should have sufficient motor function so that they are able to execute movements required to provide general care and treatment to patients in all health care settings (For example: For the safety and protection of the patients, the candidate must be able to perform basic life support, including CPR, and function in an emergency situation).

**Sensory/Observation**
A candidate must be able to acquire the information presented through demonstrations and experiences in the laboratory and clinical settings. He or she must be able to observe a patient accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when performing a respiratory assessment, intervention, and/or administering medications.
Communication
The candidate must communicate effectively and sensitively with other students, faculty, staff, patients, family, and other professionals. He or she must express his or her ideas and feelings clearly and demonstrate a willingness and ability to give and receive feedback. A candidate must be able to: convey or exchange information at a level allowing development of a health history; identify problems presented; explain alternative solutions; and give directions during treatment and post-treatment. The candidate must be able to communicate effectively in oral and written forms. The candidate must be able to process and communicate information on the patient’s status with accuracy in a timely manner to members of the health care team. The appropriate communication may also rely on the candidates’ ability to make a correct judgment in seeking a supervisor and consultation in a timely manner.

Cognitive
A candidate must be able to measure, calculate, reason, analyze, integrate, and synthesize in the contest of respiratory care. The candidate must be able to quickly read and comprehend extensive written material. He or she must be able to evaluate and apply information and engage in critical thinking in the classroom, laboratory, and clinical setting.

Behavioral/Emotional
A candidate must possess the emotional health required for the full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and families. In addition, he or she must be able to maintain mature, sensitive and effective relationships with patients, students, faculty, staff, and other professionals under all circumstances including highly stressful situations. The candidate must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The candidate must be able to experience empathy for the situation and circumstances of others and effectively communicate that empathy. The candidate must know that his or her values, attitudes, beliefs, emotions, and experiences affect his or her perceptions and relationships with others. The candidate must be able and willing to examine and change his or her behavior when it interferes with productive individual or team relationships. The candidate must possess skills and experience necessary for effective and harmonious relationships in diverse academic and working environments.

Professional Conduct
Candidates must possess the ability to reason morally and practice respiratory care in an Ethical Manner. Candidates must be willing to learn and abide by professional standards of practice. He or she must possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Candidates must be able to engage in patient care delivery in all settings and be able to deliver care to all patients’ populations including but not limited to children, adolescents, adults, developmentally disabled persons, medically compromised patients, and vulnerable adults.

Rev. 6/15
Evaluations
Regular on-going evaluations will be done by means of direct interaction and with supervision of the students in the classroom, laboratory, and clinical sites by any of the following: Program Director, Director of Clinical Education, Clinical Coordinators, Clinical Instructors, Preceptors, and Lab Assistants. Formal evaluations will be done at midterm as deemed necessary with the Program Director and the Director of Clinical Education as well as end of the semester evaluations by the clinical sites.

If and when a student does not meet expectations for the essential abilities and behaviors in which academic failure may result; the following will occur:

1. A verbal warning will be given and the problematic behavior will be documented and placed in the student’s academic file.

2. If a pattern of problematic behavior or a single, very serious lapse in the essential abilities and behaviors becomes evident; it will result in a written warning indicating that the student’s continuation in the program is in jeopardy.

As well as:

3. A Student Contract will be prepared that identifies what needs to be demonstrated in order to meet the essential behaviors and thus remain in the program.

4. The student will be given both the written warning and contract. After the students has read and signed the contract a copy will be place in the student’s academic file.

5. If the student does not uphold the contract, the student will be dismissed and academic failure will result.

Student’s Name_____________________ Student’s Signature____________________
Print

Date_______________ Witness_____________________________

Your signature indicates that you have read and agree to follow the above guidelines failure to do so may result in academic dismissal. A copy will be placed in your academic file.
Credentialing and Program Accreditation Information

Please refer to the following organizations websites for additional information on credentialing and program accreditation:

National Board for Respiratory Care Examinations http://www.nbrc.org/
State Credentials – Florida Department of Health http://www.doh.state.fl.us/
American Association for Respiratory Care http://www.aarc.org/
Commission on Accreditation for Respiratory Care http://www.coarc.com/
Florida Society for Respiratory Care www.fsrc.org
### SELECTIVE ADMISSIONS CRITERIA

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<td>Anatomy &amp; Physiology I Lab</td>
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<td>MAC1105</td>
<td>College Algebra</td>
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### FALL I

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<tr>
<td>RET 1272</td>
<td>Fundamentals of Respiratory Care I</td>
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<td>RET 1272L</td>
<td>Fundamentals of Respiratory Care I Lab</td>
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<td>RET 1874L</td>
<td>Clinical Internship I</td>
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*Total: 13*

### SPRING I

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<td>RET 1273</td>
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<td>Fund. of Resp. Care II Lab</td>
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<td>RET 1875L</td>
<td>Clinical Internship II</td>
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<td>Anatomy &amp; Physiology II</td>
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<td>Anatomy &amp; Physiology II Lab</td>
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*Total: 15*

### SUMMER I – SUMMER A (6 WEEKS)

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<td>RET 1876C</td>
<td>Clinical Internship III</td>
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<td>Humanities</td>
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*Total: 7*

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<tr>
<td>RET 2877L</td>
<td>Clinical Internship IV</td>
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<tr>
<td>CHM 1032</td>
<td>Principles of Chemistry (no lab required)</td>
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*Total: 12*

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<td>RET 2878L</td>
<td>Clinical Internship V</td>
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<td>MCB 2010</td>
<td>Microbiology</td>
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<td>PHY1001</td>
<td>Applied Physics</td>
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*Total: 16*

**Total Program Credits: 76**

(Please refer to the above and General Education requirements)

[http://www.palmbeachstate.edu/Programs](http://www.palmbeachstate.edu/Programs)

**NOTE:** ALL RET prefix, prerequisite and co-requisite courses MUST be completed with a “C” or better.

All RET prefix courses must be taken in sequence. Advanced placement for previous experience and/or academic preparation is considered through arrangement with the Program Director. Competency testing may be required for advanced placement or transfer requests at the discretion of the Program Director.
Textbook List
(Two Year Program)
Required

ISBN 9781616690106

ISBN 9780323096218

ISBN 9780323299688


ISBN 9781616691127


Wilkins, R. L., Stoller, J. K., & Kacmarek, R. M. (2016). Egan’s Fundamentals of Respiratory Care
(11th ed.). St. Louis, Missouri: Elsevier. ISBN 9780323341363

*Student Lab Kit

*DATAARC CD

Recommended

Older editions are available on Reserve at the Library – Eissey Campus

St. Louis, Missouri: Elsevier. ISBN 9780323320092


ISBN 9780323244794


Recommended

Oaks Bundle of Respiratory Care Pocket Guides – RespiratoryBooks.com
CLASSROOM ETIQUETTE
AND STUDENT BEHAVIOR
GUIDELINES

The purpose of this information is to assist students in understanding proper classroom behavior. The classroom should be a learning centered environment in which faculty and students are unhindered by disruptive behavior. Students are expected to maintain proper decorum in the classroom. Palm Beach State College is an institution of higher education that promotes the free exchange of ideas. However, students must adhere to the rules set forth by the instructor. Failure to comply with classroom rules may result in dismissal from the class and/or the College. Faculty have the authority to manage their classrooms to ensure an environment conducive to learning. Florida Statute Title XLVIII, Chapter 1006.61 and PBSC Board Rule 6Hx-18.3.35 state:

(1) Any person who accepts the privilege extended by the laws of this state of attendance at any public postsecondary educational institution shall, by attending such institution, be deemed to have given his or her consent to the policies of that institution, the State Board of Education, and the Board of Governors regarding the State University System, and the laws of this state. Such policies shall include prohibition against disruptive activities at public postsecondary educational institutions.

(2) After it has been determined that a student of a state institution of higher learning has participated in disruptive activities, such student may be immediately expelled from the institution for a minimum of 2 years.

Take responsibility for your education - There is a common myth among students that because they pay tuition they deserve to receive credit for the class. This is not true. In fact, students pay only a portion of the cost of their education; taxpayers pay the rest. Instructors are here to create a learning environment. Whether you learn depends on your willingness to listen, ask appropriate questions, and do the work necessary to pass the course. If your academic preparation from high school is weak or if you have been out of school for a period of time, you may have to work harder and seek more help in order to succeed.

Attend every class - You will find that students who attend every class, listen to the instructor and take good notes will be more likely to pass (with a higher grade). If you have an emergency or illness, contact your instructor ahead of time to let her/him know that you will be absent. A local study showed that students who missed the first class meeting were more likely later to withdraw or fail. Important note: if you miss a class it is your responsibility to meet with the instructor, outside of regular class time, to determine a plan to make up the missed work.

Get to class on time - Students who walk into the classroom late or leave early distract other students and disrupt the learning environment.

Do not have private conversations - The noise is distracting to other students.
Turn cellular phones off - It is very distracting to hear someone's phone go off in class. Texting in class is prohibited.

Do not dominate other students' opportunities to learn by asking too many questions - It's good to ask questions and make comments, but if you dominate the class time with too many questions and/or comments, the instructor and other students cannot participate in class discussions. When asking questions or making comments, keep them related to the discussion at hand.

Respect your instructor - Openly challenging the instructor's knowledge or authority in the classroom is not proper. If you take issue with the instructor's information or instructional methods, make sure that your comments are made without confrontation or antagonism. You may want to discuss your issues with her/him privately.

Instructors' classroom policies, procedures and teaching styles vary - Some instructors enforce attendance policies vigorously; other instructors are more lenient about attendance. Assignments and classroom activities are at the prerogative of the instructor. Each instructor has the freedom and authority to set the guidelines and policies for their classroom (within the overall policies of the college).

Your classmates deserve your respect and support - Others may have different ideas and opinions from yours, they may ask questions you perceive to be "stupid," but they deserve the same level of respect from you as you wish from them.

Come to class prepared - Students who forget common classroom supplies such as a pencil, paper, books, test materials, etc. usually waste class time. Students who have not completed their assigned homework many times ask questions that could have been answered through their assignments.

Turn in your work on time - It is important to plan ahead. Students who wait until the last minute to do their work usually make lower grades and are more likely to miss deadlines. Study and do your assignments every day. If a problem occurs at the last minute such as a computer malfunction, you will still be prepared.

Do not bring children to class - Children in classrooms are distracting to the instructor, other students, and you. You need to plan ahead for child care.

When having academic difficulty seek assistance - Your instructors are willing to assist you however, there are other ways to get help. The Student Learning Center (SLC) has tutors available for many courses. Student Services can assist you with course scheduling and career development. Specific courses, such as SLS1501 Strategies for College Success, are offered to help you succeed.

If you have questions or need assistance, please make an appointment to see your academic advisor or call 207-5340. She/he is willing to assist you so you can succeed.

Prepared by: Office of the Dean of Student Services – Eissey Campus
To receive an electronic copy of this document, send your email request to maclachv@palmbeachstate.edu
PROGRAM GRADING SCALE

GRADING SCALE  RET Courses – Classroom, Lab, and Clinical
    A =  92 -100
    B =  84 - 91
    C =  75 - 83
    D =  67 - 74
    F =   0 -  66

The Respiratory Program is a full-time, maximum 40 hours/week program. Students are in class on the days that they are not in clinic. Class hours are 8:30 am -2:30 pm and clinical hours may run between the hours of 6:30 am and 7:30 pm. Occasionally the student will be finished earlier or may have to stay later for a class, clinic assignment, or lab.

Students who earn a grade below 75% or a “C ” in any of the RET courses may be dismissed from the program.
PROGRAM POLICIES AND PROCEDURES
(REGARDLESS OF INSTRUCTION LOCATION)

CLASSROOM, CLINIC AND LABORATORY DEMEANOR
Students violating normal classroom decorum by acting in less than a professional manner during lecture, lab or clinic sessions will be asked to leave for the remainder of the session, this includes disturbance by cell phones. Continued violations may result in dismissal from the course.

*English* is the official language spoken in the classroom, laboratory, and clinical setting. Any student in violation of this policy will be reprimanded:
1. First Offense – Verbal warning
2. Second Offense – Ask to leave the area for the remaining time, will be considered absent, and a written reprimand will be placed in the student’s file.
3. Third Offense may result in dismissal from the course.

RULES FOR RESPIRATORY LAB TO INCLUDE ANY LABORATORY
1. Students must be supervised by an instructor in the lab.
2. Please, handle equipment with care at all times.
3. Students may only operate equipment for which they have instruction.
4. The lab is to be left neat and orderly at all times.
5. No Cell phones on during lab time.
6. **No smoking, eating or drinking in the lab area.**

TRANSPORTATION
Students must have reliable transportation to and from class, lab, and to and from the assigned clinical facility. No transportation is provided by the college or clinical facility.

REQUIREMENTS FOR CLINICAL EDUCATION
In order to register for clinical education courses and to continue on to successive clinical education courses, the student must meet the following requirements:
1. Be a full-time student in the Respiratory Care Program.
2. Have and maintain a cumulative grade point average of 2.0 or better and pass all clinical courses.
3. Successfully complete required number of clinical competencies.
4. Successfully complete the objectives of each clinical education course prior to entering subsequent clinical education courses.

CLINICAL EDUCATION ASSIGNMENTS
Students will attend many different clinical education sites for the two-year program. Students are discouraged from registering for a clinic where they are employed in the Respiratory Department.

1. Currently the clinical sites are:
   * Bethesda Medical Center
   * Boca Raton Community Hospital
   * Delray Medical Center

Updated 6/15
2. Students will observe Palm Beach State College holidays and breaks.

MEDICAL LIABILITY INSURANCE
Each student is required to purchase medical liability and accident insurance through the college, which has contracted with an independent insurance carrier. Insurance fees are included in registration fees. All registration fees must be paid before a student can be assigned to a clinic.

STATEMENT ON REPORTING ILLNESS/INCIDENTS
It is required that students report health issues/incidents to the Department Chair upon discovery so that proper precautions for the safety of the student and patients may be taken. In the event that a student leaves the program due to illness or exposure to a communicable disease his/her position within the program will not be jeopardized. At what point the student will resume his/her education will be determined by consultation between the student and the Department Chair, the seriousness of the illness and when in the semester the student left the program.

The hospital affiliates have agreed to make Emergency Room treatment available for minor injuries incurred by students while in the hospital for clinical experience. Treatment for minor injuries may be rendered by the Emergency Room Physician on duty. The student is responsible for any charges made by the physician in such a situation. **IT IS RECOMMENDED THAT STUDENTS MAINTAIN THEIR OWN HEALTH INSURANCE.** Students will be required to purchase Florida Consortium Accident Insurance as part of the laboratory fee for clinical education.

STUDENT CLINICAL SUPERVISION
Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified clinical preceptor as directed by the hospital department manager. Direct supervision is defined as that supervision provided by a qualified clinical preceptor who will remain with the student as they perform any treatment modalities on a patient.

After demonstrating competency, students may perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified clinical preceptor who will be on the floor or in the unit and immediately available to assist students, regardless of the level of student achievement.

Updated 6/15
CLINICAL EDUCATION CENTER RULES AND REGULATIONS

1. STUDENTS ARE SUBJECT TO ALL RULES AND REGULATIONS OF THE CLINICAL EDUCATION CENTER IN ADDITION TO PROGRAM AND COLLEGE RULES AND REGULATIONS.

2. Students MUST NOT analyze arterial blood gases unless directly supervised by a licensed therapist/certified competent by Lab Director.

3. All students' academic and clinical records are considered, by the Respiratory Care Program, to be confidential. Records are released only under guidelines of the Family Education Rights and Privacy Act (FERPA). Records may be reviewed by students at any time.

4. All patients with whom the student comes into contact will be treated with respect, dignity and with careful attention given to patient modesty. Treat every patient as if you were the one being cared for. All hospital and patient records are confidential in nature and students are expected to maintain confidentiality in a professional manner.

5. Each student is to perform non-technical duties as scheduled by the clinical coordinator.

6. A student should never leave a patient unattended, please note hospital policy for safe practices in patient supervision.

7. A student must receive permission from the Clinical Instructor and/or Palm Beach State College faculty member to leave a clinical assignment.

8. Clinical Differences - It is the intent and objective of the RESPIRATORY PROGRAM (college and affiliate hospitals) to be as uniform as possible with regard to activities for all students. Hospitals are individual and unique institutions and for this reason, there will be different policies and responsibilities at each clinical facility. Any questions which may arise concerning these differences will be gladly answered by college faculty.

9. Problems - Recognizing that the college and hospital affiliates conduct a joint effort in the education of Respiratory Therapists, any problem which may arise within the hospital area should be discussed with the Clinical Preceptor, Respiratory Supervisor, and/or Department Manager before involving the college in the discussion.

10. Students will, at all times, present themselves as professionals in the Clinical Education center.

11. Students will, at all times, be bathed and aware of body and oral hygiene and will report to clinic with clean shoes, hair and uniforms.

In addition to the previous rules and regulations, students are reminded of the following:

a. Report to clinical assignments in an alert condition.
b. Possess NO drugs or liquor, nor engage in their use while on clinical assignment. The clinical affiliation must comply with the State and Federal laws regarding drug and alcohol abuse.
c. Do not sleep during clinical assignment.
d. Do not engage in theft of any articles from the Clinical Affiliation. Students found guilty of theft will be immediately dismissed from the program.
e. Do not engage in immoral conduct while on clinical assignment.
f. Do not smoke in areas where it is prohibited.

Updated 6/15
g. Do not chew gum while on clinical assignment.
h. Do not eat in areas not specifically designated for that purpose.
i. Do not use the clinical affiliate's telephone for personal use.
j. Do not refuse to accept clinically-related assignment from the clinical instructor or to take
directions from an individual designated by the clinical affiliate.
k. Do not leave patients unattended while undergoing diagnostic procedures.
l. Do not accept any type of gratuity or "tip" from a patient or a patient's family.
m. Do not use language or manners unbecoming a professional.
n. Use medical items for which they were intended.
o. Do not enter into Airborne Precaution room without first being fit tested at your clinical
site. Please provide documentation to the DCE.

DRESS CODE FOR LECTURE, LAB, AND ALL CLINICAL ASSIGNMENTS
1. Students are required to present a professional appearance at all times. It is the patients’
right to be treated with dignity and care by clean individuals. It is therefore required that
each student practice good personal hygiene.
2. Students are required to wear an I.D. badge during clinical assignments. Panther cards
and holders provided at the campus bookstore will satisfy this requirement.
3. Students uniforms are subject to approval of program officials and consist of teal blue
colored scrub type uniforms with the official Palm Beach State College emblem
embroidered above the pocket and/or baby blue lab coats with the official Palm Beach
State College emblem embroidered above the pocket. All uniforms must be clean and
pressed.
4. Inappropriately fitting uniforms will not be permitted.
5. SHOES ARE TO BE CLEAN AND POLISHED AT ALL TIMES.
Students will wear plain white or black duty-style shoes. No high-heels, open-toed shoes,
sandals, or open-heeled clogs may be worn. Leather-type tennis shoes with NO COLOR
OR MARKINGS may be worn if they can be kept polished and clean AND HAVE BEEN
PURCHASED FOR CLINICAL USE ONLY.
6. Jewelry appropriate for clinical includes one set of post, stud earrings worn only in ears, a
wrist watch, and one ring on either hand. All other jewelry will be considered excessive
for clinical practice. Excessive make-up or strong scent is not permitted.
7. Fingernails should be clean and neatly trimmed. Pale pink or clear nail polish is
permitted and must be maintained in a fresh manner. Acrylic/gel/linen wrap nails are
prohibited.
8. Students will abide by the rules and regulations of the clinical education center regarding
beards. If worn, facial hair must be kept neatly trimmed and clean.
9. Hair should be clean and neat. Long hair must be worn up or tied back off the face and in
a manner not to be a nuisance to the patient or interfere with clinical performance.
10. All students must show up to lecture, lab, and clinical sites prepared. This includes but is
not limited to bringing appropriate textbooks, paperwork, watch with a second hand,
stethoscope, scissors, goggles, and black pen.
11. Students shall abide by the dress and grooming code of the clinical education center to
which he/she is assigned. STUDENTS REPORTING OUT OF UNIFORM WILL BE
SENT HOME and considered absent.

COMPETENCY BASED CLINICAL EDUCATION

Updated 6/15
1. Competency-based clinical education has been established for the students in the Respiratory care program. It is designed to permit accurate assessment of the knowledge, skills, and abilities of students in the clinical education component of the program. After completion of the prerequisite practice of respiratory therapies, the student indicates readiness for evaluation in a specific examination to the clinical preceptor in the assigned clinical education center.

2. The Competency Evaluating System is a standardized method of evaluating the performance and progress of students. Under this system the clinical education curriculum is divided into related groups of respiratory procedures. During a designated period of time the student works on the mastery of one or more unit areas.

3. **STUDENTS MAY WORK IN ANY UNIT DURING THE PROGRAM BUT MAY ONLY ATTEMPT COMPETENCY EVALUATIONS IN AREAS WHICH HAVE BEEN TESTED AND COMPLETED SUCCESSFULLY IN THE LABORATORY AT THE COLLEGE.**

4. Competency in a category of respiratory procedures is obtained by correctly performing the selected procedure.

5. Procedures performed by a student for competency evaluation may be selected by the evaluator or the student.

6. A student who does not satisfactorily perform in the competency evaluation may be permitted two additional attempts.

7. Evaluation of a procedure will be terminated and rescheduled if, during the evaluation, the designated performance areas are not acceptable. (It is required that a student review the procedure before attempting to re-challenge.)

8. Satisfactory score must be met on each procedure to be accepted as competent.

9. Competencies of seldom done procedures may be simulated in the last semester.

10. All competencies on the “Comp Worksheet” are required unless designated with an asterisk, which identifies it as an optional competency.

**DETERMINATION OF COMPETENCY**

Based on the belief that learning is a progression of behavioral changes, we have established a sequence of learning that will help each student attain and maintain clinical competency.

1. Didactic instruction - classroom teaching.
2. Laboratory - demonstration of procedures by instructor, practice by student.
3. Lab simulation
5. Competency evaluation exam.
6. Indirectly supervised patient therapy.

The student must demonstrate his/her skill and competency in a specified number of respiratory procedures. To be rated competent, the student must perform challenges with a satisfactory score in all areas. If a student fails to perform with at least a satisfactory score he/she shall be required to remediate. Additionally, all students must be rated competent in both professional and communication components that are assessed on a continuous basis throughout the program in all areas including lecture, lab, and the clinical setting. Failure to do so may result in failure of the course.

**STEPS TO FOLLOW IN THE EVENT OF A COMPETENCY EVALUATION FAILURE**

Updated 6/15
1. The clinical instructor and student will discuss reason(s) for first attempt failures. Second attempts may be made at the discretion of the clinical instructor. Before the student is permitted to repeat the challenge a third time, the following must occur:
   A. Student will review the text and audio-visual materials pertinent to that unit.
   B. The student will practice the procedure and gain additional experience.
2. After completing A and B above the student may request a re-evaluation of the procedure but must pass the re-evaluation with a satisfactory score in all areas to be judged competent for the procedure.
3. If the student fails the competency evaluation on the second attempt the Clinical Coordinator shall be advised of this situation. Overall academic and clinical status of the student shall be assessed jointly by the Department Chairperson and the Clinical Coordinator in consultation with the student. A plan of remedial work will be established and/or the students continuing in the program re-evaluated.

CLINICAL EDUCATION CENTER VISITATION PROCEDURES
The Clinical Coordinator and Department Chairperson make regular visits to all Clinical Education Centers. The Clinical Coordinator is responsible for providing guidance and assistance to all parties involved in clinical education and for providing assurance that clinical education is consistent throughout the system.

In order to fulfill these responsibilities, the following have been established:

1. The schedule of clinical visits is posted to the program calendar.
2. Program calendars are distributed to all parties involved in clinical education.
3. The Clinical Coordinator shall review student files through Data Arc.
4. The Clinical Coordinator shall meet with the Clinical Preceptor and students to provide guidance and assistance as required, or requested by any party involved in the clinical education process.

CLINICAL TIME
The student must complete the clinical hours assigned by the Director of clinical Education and demonstrate proficient clinical competencies as outline in the syllabus each student receives at the beginning of each Clinical Internship. Included are class lectures and any activities incorporated into the clinical phase of the program. The designated clinical start times will be determined by the day shift schedule of each institution. During clinical two 10 minute breaks and one 30 minute lunch break will be allotted. Ideally, one hour of coordinated study will be spent daily in all affiliated hospitals. This study time will be omitted when in-services are held, conference with the director of clinical education, or when attending physicians lecture. Students MUST notify their instructor whenever leaving the hospital and are responsible for making sure that the instructor/preceptor has validated their clinical log. All missed time must be made up and will be scheduled with the director of clinical education. Students must clock in and out, clock sick days, through the Data Arc system.

HEALTH RECORDS
A Palm Beach State College Allied Health Medical Examination Form (including immunizations and titers) must be submitted prior to participation in the Clinical Internship. Students must provide proof of negative PPD or CXR, physician approval, Flu, Hep B record or declination for clinical practice. Health/Accident insurance is strongly recommended.

Updated 6/15
**CLINICAL PROCEDURES**

As a guideline, the student should not be assigned more than four respiratory care patients that receive routine procedures such as IPPB, CPT, aerosols, etc. No student will be assigned to do any procedure alone unless he/she has successfully completed the particular Procedure for Assessing Competence (PAC) for the assigned procedure. The student and the designated clinical instructors will be thoroughly in serviced through preceptor training as to the proper implementation of the PAC system of student evaluation by the director of clinical education who will ultimately be responsible for the process thereof.

The student is expected to keep records of all procedures performed via the Data Arc clinical tracking system (see Data Arc CD). Clinical logs will also be completed as outlined in the syllabus at the beginning of each semester. It is the student’s responsibility to complete and turn in the required clinical paperwork each semester as indicated in the syllabus.

Students will be made aware of clinical expectations by the director of clinical education before each clinical rotation. A conference with the director of clinical education and each individual student will be held during the clinical phase to advise him/her of progress being made. A mid-term formative evaluation on paper (a copy can be found in your student handbook) is highly recommended (at the students’ request) by the clinical site and should be reviewed by the student with the director of clinical education. A summative evaluation will be completed by the clinical site using the Data Arc system at the end of each clinical rotation.

**CLINICAL PATIENT REPORTS**

In performing procedures in respiratory care the student will be expected to review and research patient’s history to find what tests, diagnostic procedures, nursing care, etc. have been made in order to better understand the rationale behind the performance of the particular respiratory care procedure as well as the overall care of the patient. The student will in addition to the above, submit case study reports to the director of clinical education. The student shall have some knowledge or understanding of everything in this report that pertains directly or indirectly to respiratory care. At no time will the patients’ chart be photocopied or copied on a Facsimile (FAX) machine. See confidentiality statement.
Ethical Agreement

Palm Beach State College

Department of Respiratory Care

This agreement is both a contract and a code of conduct for the respiratory care student while in the clinical setting, lecture, lab, and any other time the respiratory care student is under the auspices of Palm Beach State College. These rules are designed to benefit Palm Beach State College Department of Respiratory Care and its students and faculty, as well as patients, hospital staff, and other individuals who are exposed to students during their enrollment.

Because the respiratory care program is a unique program at Palm Beach State College, expectations for behavior and attitude are held to a higher standard. Acceptance into this program does not automatically guarantee that each student will be able to perform in a manner befitting the respiratory care profession, because the respiratory care program involves the education and an evaluation of a student’s behavior and attitude (affective domain) under a variety of circumstances.

By signing this contract, the student agrees to its conditions and restraints on the student’s behavior. All students, while under the auspices of Palm Beach State College Respiratory Care Program, will behave in such a manner so that no persons shall be embarrassed, harassed, endangered or upset by the student’s behavior.

The appropriate communication channel for students always begins with the immediate faculty member, or Director of Clinical Education. Unresolved issues should then be referred to the Respiratory Care Program Director. If a resolution is not reached within the Respiratory Care Department, then the Academic Grievance Procedure, as stated in the Palm Beach State College Student Handbook, will be initiated.

In a question or conflict between an instructor or staff member and the student, regarding a student’s behavior or attitude, the benefit of the doubt will always go to the instructor.
This Ethical Agreement is made in accordance with the section entitled, “Student’s Rights and Responsibilities” as set forth in the Palm Beach State Student Handbook. All such provisions of the Palm Beach State College Student Handbook are hereby incorporated herein by reference and made part of this agreement.

1. Sexual harassment. For a complete description see Palm Beach State College Student Handbook.

2. Inappropriate language. No student shall use foul or vulgar language while in the lecture, lab or clinical settings.

3. Illicit substances. No student shall have in their possession, or be under the influence of any controlled substance or alcohol while in the lecture, lab or clinical settings except for those substances prescribed by a physician. Students shall not consume intoxicants to the extent that evidence of such consumption is apparent when attending lecture, lab or clinical settings. Students who appear intoxicated will be excused from the clinical, lecture or lab setting. See substance abuse policy.

4. Weapons. No student shall have in their possession any knives, guns, or other lethal weapon while in the lecture, lab or clinical setting. Personal protective devices, such as MACE, must be stored according to facility policy and restricted from clinical units.

5. Leaving the clinical area. No student will leave their assigned area unless authorized by the instructor.

6. Patient assessments. Students will perform chest assessments, respecting patient privacy within the scope of the module and clinical objectives and at the discretion of the clinical instructor. Assessment will be performed with patient permission and per the clinical facilities policy and procedure.

7. Inappropriate behavior. Students will not direct disrespectful or abusive behavior toward any lecturer, instructor, Palm Beach State College employee, Palm Beach State College student, patient, or employee of any clinical facility.
8. **Disputes.** In the event of a dispute or observed incident between a student and a clinical facility employee, students are to contact the designated clinical preceptor, who is the first link in the chain of command. Unresolved issues will be referred to the program Director of Clinical Education (DCE) or Program Director respectively. **Students are not to become involved in or attempt to resolve such conflicts independently.**

9. **Practicing respiratory care.** Florida Statutes Chapter 468, Rules 59R-70.008 allows respiratory care students to practice respiratory care while enrolled in approved schools of respiratory care. Respiratory care students may not practice respiratory care outside the clinical setting or without an instructor readily available. Observational experiences do not constitute respiratory care practice. “Stacking” of care will not be tolerated. Stacking is defined as delivery of two or more procedures to two or more patients simultaneously. See AARC “White Paper” on Concurrent Therapy.

10. **Confidentiality.** The undersigned hereby acknowledges his or her responsibility under Florida Law to keep confidential the identities and identifying information regarding any and all clients encountered in the clinical area. No student shall divulge the names of any patient or client, orally, or in writing, during group discussions, presentations, seminar projects, or other activities related to clinical experiences. The undersigned further agrees not to reveal to any person or persons, except authorized clinical staff, and associated personnel, any identifying information regarding any such patient or client.

11. **Medical Records.** The Palm Beach State College Respiratory Care Department Confidentiality Agreement, as set forth in the preceding paragraph extends to all patient records. In addition, photocopying or facsimile (FAX) of medical records and removing medical records from any clinical facility are strictly prohibited.

12. **Violations of this Agreement.** Any violation of the foregoing Ethical Agreement will result in the student’s dismissal from the clinical, lecture, or lab setting and referral to the appropriate person in accordance to the chain of communication as set forth in the Respiratory Care Student Handbook. In addition, the student may receive a failing grade based on the evaluation and a failure to meet course requirements.
13. Disciplinary action by the college. If a student is suspended or otherwise formally disciplined by Palm Beach State College, the student is subject to permanent dismissal from the Respiratory Care Program. At the termination of the disciplinary period, however, the student may petition the Respiratory Care Department for readmission. See readmission procedure.

Agreed to this __________________ day of __________________, 201__’

__________________________________________  __________________________
Student Signature     Witness Signature

__________________________________________  __________________________
Printed Student Name    Printed Witness Name
Grounds for Dismissal

The Grounds for Dismissal are listed below. A student can be suspended from the program at any time during their training for violation of any one of the grounds listed below:

1. Not achieving a grade of 75% “C” or higher in Respiratory and/or co-requisite coursework.
2. Insubordination and/or failure to follow instructions.
3. The conviction and/or known use of, distribution of, or possession of illegal drugs or controlled substances.
4. Failure to accomplish clinical assignments, objectives, or competencies.
5. Unprofessional or unethical conduct.
7. Dismissal from any clinical facility.

Please sign this form and have a college representative witness, to indicate that you are aware of these policies.

__________________________________________  _______________________________________
Student Signature                             Witness Signature

__________________________________________  _______________________________________
Print Name                                    Print Name

__________________________________________  _______________________________________
Date                                          Date

Rev. 3/14
The Health Science/EMS Safety Disciplinary Procedure will apply to all students who have been accepted, including provisional acceptance into the following programs:

- Dental Assisting (DA)
- Dental Hygiene (DH)
- Emergency Medical Technician (EMT-B)
- Emergency Medical Services (EMS)
- Health Information Management (HIM)
- Massage Therapy (MT)
- Medical Assisting (MA)
- Medical Information Coder/Biller (MC/B)
- Medical Transcription (MT)
- Nursing (RN)
- Paramedic (EMT-P)
- Patient Care Assistant (PCA)
- Practical Nursing (PN)
- Radiography (RT)
- Respiratory Care (RRT)
- Diagnostic Medical Sonography (DMS)
- Surgical Technology (ST)
- All Health Sciences Advanced Technical Certificate and Continuing Education programs

At the time of admission to the program, the student must sign an acknowledgement of receipt of the Health Science/EMS Disciplinary Process. Students will receive copy of signed acknowledgement.

Disciplinary action shall be progressive in nature. Upon the first violation, the student may receive a documented verbal warning unless the violation is serious enough to warrant more serious discipline at the first occurrence. Violations of the program’s code of conduct are categorized as either Group 1, 2, or 3 Offenses with Group 1 Offenses being less serious in nature resulting in corrective counseling to Group 3 Offenses may in certain cases warrant dismissal from the program. Violations of any group may result in recommendation for program dismissal.

The Health Science/EMS disciplinary/due process/appeal process governs for program violations rather than the PALM BEACH STATE COLLEGE general student handbook disciplinary procedures.

By signing this document, the student acknowledges s/he has read and agrees to abide by the process.

______________________________________
Student’s signature

______________________________________
Date
DISCIPLINARY PROCEDURE

Each Palm Beach State College student must follow the student code of conduct as published in the Palm Beach State College Student Handbook. In addition, all students enrolled in Health Sciences/EMS Programs must also follow the code of conduct and policies and procedures, as attached in this handbook.

The Disciplinary Process is a measure taken to develop and train Health Sciences and EMS students of the expectations while enrolled in the program and those which are expected in the employment setting. Disciplinary action will provide fair treatment for the student while protecting and maintaining the effective operations and academic integrity of the Health Sciences and EMS Programs.

1. Health Science and EMS students will be counseled or disciplined when he/she has violated the program rules, regulations or code of conduct or has demonstrated behavior and/or performance that do not meet the high standards expected of the program.

2. All counseling and discipline actions will be documented in writing by the responsible staff member(s) and the student. A copy of the documentation will be kept in the student’s file.

3. Any Group violation may result in recommendation for dismissal from the Health Science or EMS program. A summary of the outcome of program violations will be provided to the Dean of Student Services for student record.

Group 1 Offenses:

1. Use of inappropriate, indecent, and/or obscene language, use of any lewd, racial, ethnic or sexual statement or innuendo, and/or indecent gestures or conduct.
2. Non-observance of the Program Dress Code and required personal grooming standards. Any debate over appropriateness of the student’s attire shall be decided by the authorized instructor/preceptor, not the student.
3. Failure to follow chain of command.
4. Failure to act in a professional manner in all settings.
5. Absences without notification for designated lecture, lab, or clinical.
6. Arrive late to lecture, lab or clinical without prior notification.
7. Arrive late to any scheduled test/exam.
8. Smoke or chew tobacco while in classroom, lab, or clinical assignment.
9. Any conduct by act or omission deemed unacceptable or inappropriate to good order and discipline.

Group 2 Offenses:

1. Receive three separate documented verbal warnings from Group 1 or two documented verbal warnings of the same Group 1 offense.
2. Commit academic dishonesty by cheating, submission of fraudulent documentation, forgery, plagiarism or falsified reports.
3. Failure to report student(s) who knowingly help or are present when another student violates academic behavior standards.
4. Behave with intent to detract, disrupt, endanger or harass the education of another student or students.
5. Leave assigned area to include classroom, lab, or clinical setting without notifying instructor.
6. Perform duties and/or skills outside the scope of practice as student.
7. Unauthorized examination of a patient without an instructor or preceptor present.
8. Failure to adhere to OSHA Guidelines by not properly maintaining Body Substance Isolation (BSI) and/or proper utilization of Personal Protective Equipment (PPE).
9. Disrespectful, insolent, or abusive conduct directed at staff, instructors, guest speakers, visitors, or clinical staff. Any dispute between a student and clinical staff will be settled by program staff, not the student.
10. Use of electronic devices to include, but not limited to cellular telephones, IPOD, MP3 while in classroom, lab, or clinical without prior consent on an instructor. **All mobile phones and pagers must be set in the ‘off’ mode.**

**Group 3 Offenses:**

1. Receive three separate written reprimands from Group 1 or Group 2 or two written reprimands of the same offense in either group.
2. Fail to notify program director/manager within 72 hours of any arrests while enrolled in the program.
3. Fail to notify program director/manager of any status change in licensure required during enrollment in the program.
4. Possess, or be under the influence of, any controlled substances or alcohol while in the classroom, lab, or clinical settings, except for those substances prescribed by a physician and documented by prescription.
5. Failure to submit to drug screen by given deadline while enrolled in program.
6. Possess *any* guns, illegal knives, or other lethal weapons while in the classroom, lab, or clinical rescue settings.
7. Fraudulent and/or unauthorized use of the college name/logo.
8. Unauthorized use of college property.
9. Perform skills on which s/he has not yet be designated competent in skills lab and signed-off by instructor.
10. Failure to comply with Health Insurance Portability and Accountability Act (HIPAA).
11. Be dismissed from a clinical site without immediate notification to program clinical coordinator/director or program director/manager.
12. Dismissal from clinical site due to one following but not limited to:
   a. Compromise of patient safety
   b. Insubordination
   c. Abandonment of assignment
   d. Violation of clinical facility policy
13. Failure to adhere to program accreditation standards or state statute requirements.
14. Any conduct perceived to be sexual harassment or hostile work/learning environment.
15. Conduct which threatens or endangers the health or safety of others, assault, threat, extortion and physical altercation (fighting).
16. Misuse of college/program property to include intentional damage or destruction of property.
DUE PROCESS

1. A student’s violation of the program’s policies and procedures will be referred to the program director/manager or designee for review and subsequent action.

2. A careful investigation will be conducted by the director/manager or designee. This investigation can include but is not limited to gathering additional written documentation and/or conferring with appropriate College personnel or witnesses.

3. If after careful investigation, the director/manager or designee determines that the violation is not supported by the evidence presented, the violation will be deemed unfounded. No further action taken.

4. If the investigation reveals that a violation occurred, the student accused will be notified in writing of the charges and advised that s/he is required to attend an informal hearing with the program director/manager/designee.

5. During the informal hearing, the charges are read and explained to the student; the student will be asked to respond to the charges and whether s/he has questions.

6. If the student admits responsibility, the program director/manager or designee notifies the student of the sanctions. The student can either accept or reject the sanctions (documented verbal or written reprimands may not be rejected). If the student rejects the sanctions, a formal disciplinary hearing will be convened by the program director/manager or designee per the Health Sciences/EMS Appeal process. If the student accepts the sanction, s/he signs waiver accepting sanctions and waiving right to formal hearing.

7. If the student denies responsibility, written notice informing the student of time and place of formal hearing will be sent by certified letter to the address of record with return receipt.

8. All disciplinary proceedings are confidential to the extent allowable by law.

9. In the case of more than one student involved in the incident, the program director/manager or designee will determine if separate hearings will be held.

10. Pending the disciplinary hearing, the student may attend class and/or lab except in the case of temporary suspension.

11. The Program burden of proof shall be based on a preponderance of the evidence.

12. Resolution of any situation not outlined in this process will be at the discretion of the director/manager/or designee.

NOTICE OF FORMAL DISCIPLINARY HEARING

1. Notice of formal hearing provided in writing to student three (3) business days in advance of the hearing by written notification either in person or by certified mail with returned receipt.
2. Notice of formal hearing to provide the student with notice of:

- Charges filed;
- Results of student’s informal hearing (student’s rejection of charges of violating program code of conduct, or rejection of sanctions for accepted charges of violation);
- Hearings are open only to those involved in the process as determined by the program director/manager or designee;
- The right to face accusers at the formal hearing and direct questions to witnesses through the committee chair, and the right to present witnesses on his/her own behalf;
- The right to not testify against himself/herself; this right shall not be regarded as admission of responsibility. Should the student choose to ask questions of witnesses or otherwise pursue a defense, this will not equate to the student’s forfeiture of right to remain silent. Offering personal testimony in defense does negate the right to further remain silent;
- The right to admit or deny responsibility for the charges or accept sanctions at any point prior to the hearing;
- The hearing may be recorded and the College will notify all parties as the beginning of the hearing.

**Temporary Suspension**

A temporary suspension may be imposed when the program director/manager or designee determines that the student’s continued presence on campus or any college related activity or class constitutes an on-going danger to persons or property or ongoing disruption or threat to the educational process. A suspension will be imposed for all students who have been dismissed from their clinical site pending the outcome of the informal or formal hearing.

Notice of temporary suspension will be provided to the student verbally in order to become immediately effective. Within one business day of verbal notification, written notification will be delivered to the student’s college email address and within three (3) business days to the address of record.

**Formal Discipline Committee**

- Upon rejection of charge of violating the program code of conduct or accepting violation but rejection of the sanction to be imposed, the formal discipline committee will hear the case.
- The program director/manager or designee presents the charges, evidence and witnesses.
- The student accused provides their perspective, witnesses or documentation.
- At the conclusion of the fact-finding portion of the hearing, the participants are excused and in closed session, a decision is rendered by majority vote.
- Committee’s recommendation is provided to the program’s associate dean.
- The student is notified of final decision initially by student’s college email address within two (2) business days and in writing within seven (7) business days to the address of record by certified letter with return receipt.
Discipline Committee composition

The Health Sciences/ EMS Discipline Committee may be formed whenever there is a case to be heard or a standing committee for the academic year. The committee shall be composed of two (2) Health Science/EMS faculty, two (2) Health Science/EMS students and one (1) Health Science/EMS administrator not directly involved with the program.

Registered Nursing (RN) Academic Standards Committee (per National League for Nursing Accreditation Commission Standard # 1 Mission and Governance):

The RN Academic Standards Committee will be convened by the nursing director or designee for resolution of a student violation. The committee shall be composed of minimum (2) RN faculty and (1) nursing student.

Sanctions that may be imposed by the Health Sciences/EMS Programs include, but are not limited to:

- Dismissal—mandatory, immediate separation from the program with no promise for future readmission
- Suspension—mandatory immediate suspension from the program for a period of time as specified in the sanctions
- Disciplinary probation—notice that behavior in violation of code of conduct; subsequent violation may result in suspension or dismissal
- Disciplinary warning—notice the behavior is inappropriate and further issues will result in more permanent and formal sanctions
- Restitution—imposed for offenses involving damage to, destruction of, or misappropriation of property in which the student agrees to restitution which may mitigate further action
- Other—written apologies, revocation of privileges, counseling or community service

Appealing the Outcome of a Formal Hearing

A student who wishes to appeal the outcome of a formal disciplinary hearing should contact the supervising office of the Dean (Dean of Health Sciences for Lake Worth, Belle Glade programs and EMT at Palm Beach Gardens campus; Dean of Academic Affairs at Boca Raton and Palm Beach Gardens). Appeals will only be heard if the student can provide additional documentation or evidence that the hearing committee did not hear or see at the time of the hearing. The Dean of Health Sciences or Dean of Academic Affairs act as the President’s designee. The decision of the Dean is final and exhausts the student’s academic remedies.
Procedure
Respiratory Care Limited Access
Program Readmission

Students wishing consideration of readmission must petition in writing to the Department Chair/Program Director at least two months prior to the semester they wish to return. The following procedure is required:

1. At the time student does not successfully complete a sequenced course, the Department Chair/Program Director conducts an exit interview/counseling session with the student to document the reason(s) for leaving and develop an action plan for remediation.

2. At least two months prior to the beginning of the semester in which the student wishes to return, he/she must submit a request in writing to the Department Chair/Program Director. A copy of this letter is forwarded to the Registrar’s Office limited access admission’s counselor.

3. Students who withdraw ("W"), regardless of academic status, from the program must make application for re-admittance to the Respiratory Care Program one semester prior to requesting reentry to the program and no later than two years after dropping out.

4. Students who fail "F" or withdraw "W" must:
   a. Make application/written petition as described above.
   b. Be interviewed by a review panel selected by the Department Chair, composed of Business Partnership Council members, clinical instructors, faculty and other Palm Beach State College staff.

5. All students who reapply for admittance to the program may be required to take challenge exams (cognitive, psychomotor and/or clinical) prior to readmission to help determine the point at which the student may be allowed to re-enter the program.

6. If any clinical affiliate refuses to allow a student privileges for their clinical internship due to theft, misconduct (including violations of the Code of Ethics) or negligence that may lead to patient harm, the student will not be allowed to continue.

7. Students who have two academic failures in two separate attempts to complete the program will not be considered for readmission.

8. If medical conditions were involved, written verification of good health and ability to function safely in clinical situations is required.

9. Students who withdraw, regardless of academic status, have no guarantee of re-admittance to the program.

10. The student applicant will be notified in writing of the final program decision within 7-working days.

Rev. 6/15
PREGNANCY

Students who have declared pregnancy during clinical portions of their programs must have clear instructions from their physician as their ability to fully participate in such clinical and the physician must provide a list of any physical limitations, i.e., lifting, radiation exposure, fumes from cold sterilization agents or other chemicals, etc. Physician-directed limitations may require student withdrawal from the program.

Should students not be able to fully participate in their clinical rotations per physician instructions, a decision must be made whether they can meet all course objectives and continue in the program or withdraw and re-enter at a later time following pregnancy. Pregnancy is not a disability and therefore the declared pregnant student does not qualify for reasonable accommodation under the Americans’ with Disabilities Act (ADA).

GRIEVANCES

The Health Occupations Department adheres to the college policy concerning grievances, as stated in the Palm Beach State College Student Handbook. All grievances begin with the immediate course instructor and progress through the Program Manager and Health Occupations Associate Dean.
Student Accident (Education Training) Insurance Program

Palm Beach State College students who are enrolled in classes that may result in injury during training or clinical experience situations (e.g., in certain Criminal Justice, Allied Health, Public Safety and Trade & Industry programs) are responsible for all medical and/or personal expenses resulting from treatment of any such injury. However, to assist with this expense, all students in covered programs are covered by Student Accident (Education Training) Insurance coordinated by the College and paid for by the student as part of the course registration fee. This insurance coverage is in excess of any private insurance the student may have and is in effect only during classwork and/or training. If the student has their own private health insurance coverage, the College’s policy will pay for any out-of-pocket expenses not covered by the student’s own insurance, e.g., any deductible or co-payment. If the student has no private health insurance, the College’s policy will cover an accident fully up to its limit of $15,000. However, students returning to the College for agility tests, re-certifications, etc. are not eligible for this insurance.

If you are a student in a covered program who becomes injured while participating in classwork or training under that program, you should immediately inform your class supervisor or instructor of the accident. Your supervisor/instructor will then contact Security in order for them to complete a formal Accident – Incident Report. If you need any medical treatment for your injury, our policy allows for the first expense for treatment of the injury to be incurred up to 26 weeks after the accident. Upon deciding that you need medical treatment, or as soon as possible thereafter, you must inform your supervisor/instructor, who is responsible for obtaining and submitting the claim form, which both of you must complete and sign. The completed claim form must be submitted within 30 days of your first treatment to Fringe Benefit Coordinators, Inc., the administrator for the College’s program (address is shown at the top of the claim form). Be sure that you keep a copy of the completed claim form for your records. Following any medical treatment, your medical insurance carrier (if you have one) will send you an Explanation of Benefits (EOB) outlining what they have paid or will pay and what they will not pay. You must send the EOB to Fringe Benefit Coordinators, along with any bill you may receive from the medical service provider. A copy of the Accident – Incident Report prepared by Security must accompany the claim. You may contact Ginny Rizzo at rizzov@palmbeachstate.edu or (561) 868-4014 to obtain a copy of this report to send to Fringe Benefit Coordinators.

Details and other information regarding the College’s Student Accident (Education Training) Insurance program may be found at http://www.palmbeachstate.edu/safety/student-accident-insurance.aspx, including links to a Summary of Coverage, a Q & A and Claims Procedure, a listing of programs covered by this policy, the Hartford Insurance Company’s Certificate of Insurance and an Accident Claim Form. The Claim Form can also be accessed at http://www.fbc-inc.com. If you have any questions or comments regarding the Student Accident (Education Training) Insurance program, please contact Ginny Rizzo at rizzov@palmbeachstate.edu or (561) 868-4014. If you have any questions regarding the status of a claim, please contact Fringe Benefit Coordinators at (800) 654-1452.

10/02/2013
Application of Blood and Body Precautions to All Patients

Universal Precautions

Universal precautions include, but are not limited to the following procedures:

1. **HANDS** should always be washed before and after contact with patients. Hands shall be washed even after gloves have been used. If hands come in contact with blood, body fluids or human tissues they should be immediately washed with soap and water.

2. **GLOVES** shall be worn at all times when making patient contact and also when contact with contaminated surfaces is anticipated.

3. **GOWNS** shall be worn if blood spattering is likely and in accordance with clinical facility policy and procedure.

4. **MASKS** and **PROTECTIVE GOGGLES** shall be worn if aerosolization or splattering is likely to occur such as in most respiratory care procedures and many other procedures as well. Be safe and always protect yourself.

5. To minimize the need for emergency mouth-to-mouth resuscitation, filtered ventilation devices and resuscitation bags are strategically located in the clinical facility. The student MUST know how to access these devices.

6. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath or unnecessarily handled. They should be immediately discarded intact after use into an impervious needle disposal box (sharps). **ALL needle stick accidents, mucosal splashes or contamination of open wounds with blood fluids must be reported immediately.**

7. Blood spills must be cleaned up promptly with a disinfectant solution such as 1:10 dilution of bleach.

8. **ALL patient’s** blood specimens should be considered biohazardous.

9. **ALL collected** Laboratory specimens are to be sealed in a zipper lock plastic bag. **ALL body sites** are included.

10. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
Course Number and Title

RET 1272: FUNDAMENTALS OF RESPIRATORY CARE I

Catalog Description

This course introduces the student to the basic science, theories, and technologies used in RCP. Instruction emphasizes the esoteric knowledge required to perform respiratory care. The course includes physical principles, respiratory anatomy and physiology, arterial blood gas analysis, chest X-ray workshop, and respiratory pharmacology.

Module I: Basic Science (Chemistry, Physics)

Upon completion of this module, the student will be able to:

1. Identify the definition of a mathematical formula.
2. Interpret the function and origin of a mathematical constant.
3. Interpret conversion of temperature in degrees Fahrenheit to temperature in degrees Centigrade.
4. Recognize in general terms the composition of gases
5. Identify the definition of a mole.
6. Interpret the kinetic behavior of atoms and molecules in the three different states of matter.
8. Identify the unknown factor—such as the temperature, pressure or volume of a gas—using one of the four gas laws.
9. Interpret the conversion of temperature in degrees Centigrade to the temperature in Degrees Kelvin.
10. Identify the definition of standard temperature and pressure.
11. Recognize standard temperature and pressure.
12. Interpret Avogadro's Law.
13. Recognize the Ideal Gas Law.
14. Identify the gases found in the atmosphere.
15. Recognize the percentage of oxygen and carbon dioxide normally found in the atmosphere.
16. Interpret what is atmospheric pressure.
17. Recognize the definition of the partial pressure of a gas.
19. Interpret the calculation of the partial pressure of a gas.
20. Identify the calculation of the dry gas pressure of the air.
21. Identify the different factors that will determine how much of a given gas will dissolve in the blood.
22. Recognize Henry's Law.
23. Interpret the process of diffusion.

Module II: Cardiopulmonary Anatomy and Physiology (Thoracic)

Upon completion of this module the student will be able to:

1. Explain the origin and function of mucus.
2. Explain the origin and function of the lymphatic system.
3. Differentiate between the two circulatory systems of the lung.
4. Point out the general structure and function of the respiratory system.
5. Point out the general structure and function of the nose.
6. Explain the structure and function of the pharynx.
7. Explain the structure and function of the larynx.
8. Point out the structure and function of the trachea.
9. Point out the structure and function of the bronchi.
10. Explain the structure and function of the alveoli and lung surface.

11. Identify the structure and function of the thorax and muscles of breathing.
12. Define anatomical shunt.
13. Name the vessels responsible for shunts.
14. Discuss the electrical conduction of the heart.
15. Interpret Arterial, Venous, and Pulmonary Blood Pressures.
16. Discuss Cardiac stroke and minute volumes.
17. Research and prepare for oral presentation an assigned topic on cardiopulmonary disease, utilizing verbal/non-verbal communication skills.
18. Discuss Renal influences on the Cardio-Pulmonary system.

Module III: Pulmonary Function

Given a working pulmonary function testing apparatus, the student will:
1. Perform and interpret a simple pulmonary function.
2. Describe the significance of lung capacities.
3. Select the normal values for all the lung capacities.
4. Identify the tests and the procedure for identifying the following capacities:

   FRC       TLC
   RV        IC

5. Identify the normal values for the following volumes and capacities:

   TLC       IC       ERV       IRV
   RV        TV       VC        FRC

6. Identify the parameters indicative of restrictive abnormalities.
7. Identify the parameters indicative of obstructive abnormalities.
8. State the significance of the data obtained from the following tests:

   Diffusion Study (DLCO)   Forced Vital Capacity
   Nitrogen Washout         Maximum Voluntary Ventilation
   Helium Equilibration     

Module IV: Cardiopulmonary Physiology

Upon completion of this module the student will be able to:
1. List the ways oxygen is transported.
2. Define oxygen content and its importance.
3. Discuss the relationship of certain gas laws related to diffusion, partial pressure, and solubility of oxygen in the blood.
4. Perform necessary equations illustrating an understanding of the above mentioned gas relationships.
5. Discuss the variables of the equations and how they relate clinically.
7. Discuss the importance of hemoglobin.
8. Discuss the importance of the Oxyhemoglobin dissociation curve.
9. List the location and function of the central chemoreceptors.
10. List the gases or chemicals responsible for the stimulation of the central nervous system.
11. List and give the function of the carotid and aortic bodies.
12. Define and give the location of the peripheral chemoreceptors.
13. Define and give the location of the peripheral chemoreceptors.

Module V: Arterial Blood Gas

Upon completion of this module, the student will be able to:
1. List the ways oxygen is transported
2. Define oxygen content and its importance.
3. Discuss the relationship of certain gas laws with diffusion, partial pressure, and solubility of oxygen in the blood.
4. List the normal A-a difference of gas exchange.
5. Discuss the importance of hemoglobin.
6. Discuss the importance of the Oxyhemoglobin curve.
7. List ways carbon dioxide is transported and its importance.
8. Name the location and function of the central chemoreceptors.
9. List the gases or chemicals responsible for stimulation of the central nervous system.
10. List and give the function of the aortic and carotid bodies.
11. Define peripheral chemoreceptors.
12. State location of the peripheral chemoreceptors.
13. Explain the physiologic mechanisms responsible for the following four acid-base imbalances:
   a. respiratory acidosis
   b. respiratory alkalosis
   c. metabolic acidosis
   d. metabolic alkalosis
14. Given the appropriate data, interpret acid-base abnormalities.
15. Describe the following acid-base imbalance:
   a. compensated and uncompensated respiratory acidosis and alkalosis
   b. compensated and uncompensated metabolic acidosis and alkalosis
16. Explain renal function as it contributes to acid-base balance.
17. Describe the role of the respiratory system in acid-base homeostasis.
18. Calculate an approximate dosage of bicarbonate to be administered to a given patient.
19. Describe the diagnostic value of blood gas analysis.
20. Describe the various blood buffer systems.
21. Distinguish between the terms base deficit and base excess.
22. Explain normal arterial and venous acid-base status.
23. Differentiate between the terms:
   a. acidosis and acidaemia
   b. alkalosis and alkaemia
24. Describe the physiologic significance of the respiratory component regarding the acid-base
chemistry.
25. Understand the principles of acid-base chemistry including the Henderson-Hasselbach
26. Define the term physiologic compensation.
27. Describe the compensatory mechanisms.
28. Describe other laboratory values and interpret clinical lab data
29. Describe fluids and electrolytes

Module VI: Chest X-ray Workshop

Module VII: Math Review

Upon completion of this module, the student will be able to:
1. Use conversion of English to metric and metric to English and metric to SI Units.
2. Solve problems dealing with length, weights, volumes, and density.
3. Identify prefixes, suffixes, definitions and abbreviations.
4. Solve problems dealing with ratios.
5. Solve problems dealing with percentages and decimals.
6. Solve basic algebra equations.
7. Be able to apply problem-solving in clinical situations.

Module VIII: Respiratory Therapy Pharmacology

Upon completion of this module the student will be able to:
1. Define terms related to pharmacology.
2. List drug information sources.
3. List ways drugs are absorbed, and routes of administration.
4. Work interconversion system problems.
5. Solve drug calculation problems.
6. Recognize the basic respiratory pharmaceutical action sites and a physiology.
7. Name parts of the central nervous system and its functions.
8. Name parts of the peripheral nervous system and its functions.
9. Name chemical transmitters of both nervous systems.
10. Name other chemicals that indirectly affect the nervous system.
11. Name/discuss the effects of sympathomimetic drugs.
12. Name/discuss the effects of parasympatholytics drugs.
13. Name and discuss the effects of Xanthines.
14. Name and discuss the effects of mucolytics-drugs.
15. Name and discuss the effects of steroid drugs.
16. Name and discuss the effects of antiasthmatic drugs.
17. Name different types of skeletal muscle relaxants and stimulants.
18. List indications, contraindications and hazards of drugs discussed in class.

Created 9-2-97
Revised 5-15.NLL
PALM BEACH STATE COLLEGE
Detailed Course Outline

Course Number and Title

RET 1272L: FUNDAMENTALS OF RESPIRATORY CARE I LABORATORY

Catalog Description

The student practices the psychomotor skills necessary to gain competence and proficiency in the technological application of therapeutic and diagnostic modalities typical of respiratory care. Laboratory experience in aseptic technique, patient assessment, medical gas, humidity and aerosol delivery, bronchial hygiene and hyperinflation therapy.

Course Core Objectives:

Module I: Infection Control (Disinfection and Sterilization)
Upon completion of this module the student will be able to:
1. Define terms related to microbiology, disinfection and sterilization.
2. Differentiate between gram negative and gram positive organisms.
3. Distinguish between beta hemolytic and streptococcus and alpha hemolytic streptococcus.
4. State the common non-pathogenic microorganisms found in the respiratory tract.
5. Compare aerobes to anaerobes.
6. Discuss how pathogenic organisms affect us.
7. Differentiate between disinfection and sterilization.
8. Describe various forms of cold disinfection and sterilization.
9. Discuss various forms of physical sterilizing processes.
10. List the normal flora of the respiratory tract and skin; discuss the importance of both.
11. Discuss the disease encountered most often in respiratory therapy.
12. Classify various types of microorganisms and identify various types of symptoms produced.

Module II: Patient Assessment
Upon completion of this module the student will be able to:
1. Define the various types of breathing patterns and give examples of related pathological conditions.
2. Identify various abnormalities associated with vocal fremitus.
3. List physical conditions that may cause subcutaneous crepitus.
4. List conditions which may contribute to tracheal deviation.
5. Explain the need for respiratory therapy personnel to understand and perform physical assessment of the chest.
6. Identify terms and definitions relevant to chest physical examination.
7. Explain the general steps involved in chest physical examination by respiratory therapy personnel.
8. Identify the main points that should be covered during a patient interview, including the cardinal signs and symptoms of pulmonary disease.
9. Identify abnormal appearance and breathing function of the chest.
10. Differentiate among various conditions that may change the structural appearance of the chest.
11. Differentiate between normally and abnormally occurring breath sounds, according to specific areas of the chest.
12. Give examples of abnormal sounds that may be heard through a stethoscope and discuss their clinical significance.
13. Be able to produce a basic problem oriented medical report based on the SOAP format.

Module III: Medical Gas
Given an assortment of compressed gas cylinders, the student will:
1. Identify the contents of the cylinder using the cylinder color code and U.S.P. label.
2. Identify the following cylinder shoulder markings:
   a. Interstate Commerce Commission or Department of Transportation stamp
   b. Cylinder composition code
   c. Hydrostatic test dates and "specifications-passed" mark
   d. Manufacturer's mark
   e. Ownership serial number or mark
   f. Manufacturing country
   g. Service pressure
   h. Inspector's mark
3. Identify the following information on the cylinder label:
   a. Cylinder contents
   b. Hazards of use
   c. Concentration of contents
   d. Quantity of gas
   e. Purity of gas
   f. Manufacturer's name and address
4. Identify a cylinder valve with a pin-index connection system and one with a threaded-outlet connection system.
5. Identify the safety-relief outlet located on the cylinder valve.
6. Identify the following regulator components:
   a. Cylinder-connecting mechanism
      (1) Pin-Index type
      (2) Threaded Inlet-Outlet type
   b. Pressure gauge(s)
   c. Regulator type
      (1) Adjustable versus nonadjustable
      (2) Single-stage versus multistage
   d. Safety pressure-relief port(s)
   e. Gas outlet and inlet
   f. Regulator body
   g. Regulator bonnet
7. Connect and disconnect a pin-index type regulator and a threaded inlet/outlet type regulator to cylinders
8. Identify Bourdon flow regulator flowmeters and kinetic regulators and flowmeters.
9. Identify compensated flowmeters and flow regulators, and uncompensated flowmeters and flow regulators.
10. Attach a flow-regulating device to a DISS (diameter index safety system) outlet or a quick-
connect outlet.

11. Determine the flow gauge accuracy of compensated and uncompensated flowmeters and flow regulators when a downstream resistance to flow is applied.

12. Identify the major components of each analyzer.

13. Perform a routine maintenance check on the analyzer.

14. Check the calibration of oxygen analyzer.

15. Demonstrate the correct operation of the analyzer.

16. Use the analyzer to correctly measure the oxygen concentration from an oxygen delivery device.

**Give assortment of low and hi flow 02 delivery devices.**

17. Select and assemble the materials necessary for the application of any oxygen-delivery device to a fellow learner.

18. Interact with the laboratory partner "patient" in a professional manner.

19. Correctly apply oxygen-delivery devices to a laboratory partner.

20. When appropriate, analyze the oxygen-concentration capabilities delivered by the devices.

21. Determine what equipment adjustments should be made to oxygen-delivery devices in response to changes in "patient" minute volume.

**Module IV: Oxygen-Delivery Devices**

Given an assortment of low and high flow oxygen delivery devices, the student will:

1. Select and assemble the materials necessary for the application of any oxygen-delivery device to a fellow learner.

2. Interact with the laboratory partner "patient" in a professional manner.

3. Correctly apply oxygen-delivery devices to a laboratory partner.

4. When appropriate, analyze the oxygen-concentration capabilities delivered by the devices.

5. Determine what equipment adjustments should be made to oxygen-delivery devices in response to changes in "patient" minute volume.

**Module V: Humidifiers and Analyzers**

Given a variety of humidifiers and analyzers the student will:

1. Identify the following parts of common humidifiers:
   a. Gas inlet and outlet
   b. Water reservoir
   c. Immersion tube
   d. Diffuser grid
   e. Safety-relief valve (if appropriate)
   f. Mode-selector switch (if appropriate)
   g. Heating device (if appropriate)

2. Disassemble and reassemble the humidifiers.

3. Connect the humidifier to source gas or to an electrical outlet and observe for proper function.

4. Determine through continuous operation which of several humidifiers is the most efficient evaporator.

5. Identify the major components of each analyzer.

6. Perform a routine maintenance check on the analyzer.

7. Check the calibration of the oxygen analyzer to ensure sampling accuracy.
8. Demonstrate the correct operation of the analyzer.
9. Use the analyzer to correctly measure the oxygen concentration from an oxygen delivery device.

Module VI: Aerosol Generators and Humidifiers
Given a selection of jet type aerosol generators, and humidifiers the student will evaluate the function and capabilities of jet type aerosol generators and:

1. Identify the aerosol generators designed to produce the following therapeutic goals:
   a. Deliver medications
   b. Humidify dry gases
   c. Deposit droplets in the airway
   d. Humidify enclosures
2. Identify the following parts of each aerosol generator:
   a. Source-gas inlet and outlet
   b. Gas jet
   c. Immersion tube
   d. Water or medication reservoir
   e. Particle baffle
   f. Heating device (if appropriate)
   g. Air entrainment port or ports (if appropriate)
3. Disassemble and reassemble the aerosol generators.
4. Correctly assemble and fill and aerosol generator for use on a continuous or intermittent basis.
5. Determine, through continuous operation, the aerosol output per minute from each available aerosol generator.
6. Determine how air entrainment through aerosol generators affects aerosol output and deliverable oxygen concentration.
7. Identify the following parts of each generator:
   a. Gas inlet and outlet
   b. Transducer
   c. Fan or blower
   d. Medication cup or fluid reservoir
   e. Oxygen-enrichment port, if applicable
   f. Transducer cable, if applicable
8. Correctly assemble and fill an aerosol generator for use on a continuous or intermittent basis.
9. Correctly adapt an aerosol generator to deliver supplemental oxygen.
10. Determine, through continuous operation, the aerosol output per minute from each available aerosol generator.

Module VII: Airway Clearance Therapy
Given a laboratory partner "patient," the student will:

1. Select and assemble the materials necessary for the administration of Airway Clearance exercise. (Flutter, CPT/PD, High-Frequency Oscillation, Directed Cough)
2. Interact with a laboratory partner "patient" in a professional manner.
3. Instruct a laboratory partner "patient" in the performance of incentive breathing exercise.
4. Monitor and evaluate a laboratory partner "patient" before and after the incentive breathing exercise procedure.
5. Record "patient" and therapy information necessary for adequate charting.
6. Position a laboratory partner in order to drain the following lung segments:

   **Upper lobes**
   - Apical segment
   - Posterior segment
   - Anterior segment

   **Middle lobe**
   - Lateral segment
   - Medial segment

   **Lower lobes**
   - Anterior segment
   - Lateral segment
   - Superior segment
   - Posterior segment

7. Perform manual percussion and vibration in a correct manner.

**Module VIII: Lung Expansion Therapy**

Given a Bird Mark 7 or a Bennett PR-2, and a laboratory partner "patient" the student will:

1. Identify the following components of the device:
   a. Ambient pressure chamber
   b. Positive pressure chamber
   c. Center body
   d. Pressure manometer
   e. Gas inlet and outlet
   f. Inspiratory effort control lever
   g. Inspiratory effort control magnet and clutch plate
   h. Pressure control lever
   i. Pressure control magnet and clutch plate
   j. Flow rate control
   k. Air mix plunger
   l. Hand timer
   m. Mainstream breathing hose connection
   n. Inspiratory nebulizer line connection
   o. Air entrainment filter

2. Select and assemble the materials necessary for the administration of IPPB therapy to a patient.

3. Check the materials for working order.

4. Interact with the laboratory partner "patient" in a professional manner.

5. Safely administer an IPPB treatment to a laboratory partner "patient" and make machine adjustments when necessary to achieve therapeutic goals.

6. Monitor and evaluate the laboratory partner "patient" before, during, and after IPPB therapy.

7. Correctly terminate an IPPB treatment by returning materials to proper order and make the "patient" cough and expectorate.

8. Record patient and treatment information necessary for adequate charting.

Given various incentive spirometers, the student will:

10. Perform proper technique in using IS.

PEP Therapy Device
1. Student will assemble device and assure working order.
2. Interact with the laboratory partner "patient" in a professional manner.
3. Safely administer PEP therapy treatment to a laboratory partner "patient".
4. Monitor and evaluate the laboratory partner "patient" before, during, and after PEP therapy.
5. Record patient and treatment information necessary for adequate charting.

Course Core Outline:

Module I: Infection Control
1. Define terms and principles related to infection control and decontamination.
2. Explain Nosocomial infections.
3. Learn methods of decontamination.
4. Explain and perform universal precautions and its significance.

Module II: Patient Assessment Techniques
Unit I Patient Assessment
A. Location and Measurement of Pulse
B. Measurement of Respiratory Rate
C. Measurement of Blood Pressure
D. Physiologic Monitoring with Stress
E. Bedside Pulmonary Function Measurements
F. Auscultation of the Chest
G. Palpation and Percussion

Given a laboratory partner "patient," the student will:
1. Identify the location and palpate on a laboratory partner the following pulse points on arteries of the body:
   a. Carotid
   b. Radial
   c. Brachial
   d. Femoral
   e. Dorsalis pedis
2. Measure and record the pulse, respiratory rate, and blood pressure of a laboratory partner.
3. Discuss and demonstrate proper technique for auscultation, palpation, and percussion.

Module III: Medical Gas
Unit I Cylinders
A. Cylinder Markings
B. Valve Identification
C. Computation of Cylinder Content

Unit II Regulators and Flowmeters
A. Regulator Attachments
B. Regulator Components
C. Thorpe-Tube and Kinetic Flowmeter
D. Bourdon Gauge Flowmeter
Unit III Oxygen Analyzers
   A. Observation and Calibration
   B. Comparison and Discussion
   C. Oxygen Analysis

Module IV: Medical Gas Therapy
Unit I Oxygen-Delivery Devices
   A. Equipment Selection and Assembly
   B. Oxygen Capabilities of Various Setup
   C. Effect of Changes in Minute Volume on the Function of a Mask with Reservoir Bag.
   D. Patient Interaction and Equipment Application

Module V: Humidifiers and Analyzers
Unit I Humidifiers
   A. Observational Comparison
   B. Humidifier Operation
   C. Determination of Humidifier Efficiency
   D. Liter Flow Effect on Evaporative Rate

Unit II Oxygen Analyzers
   A. Observation and Calibration
   B. Comparison and Discussion
   C. Oxygen Analysis

Module VI: Aerosol Generators
Aerosol Generators
   A. Observational Comparison
   B. Nebulizer Operation
   C. Measurement of Aerosol Output
   D. Comparison of Aerosol
   E. Air Entrainment: Effect on Output
   F. Closed Systems Nebulizers
   G. Application of Aerosol Devices

Module VII: Airway Clearance Therapy
Unit I Flutter Valve
   A. Equipment Observation and Assembly
   B. Equipment and Patient Preparation
   C. Procedure Implementation and Termination

Unit II Chest Physical Therapy
   A. Equipment Observation and Assembly
   B. Manual Percussion
   C. Manual Vibration
   D. Mechanical Percussion and Vibration

Unit III High-Frequency Oscillation
   A. Equipment Observation and Assembly
B. Equipment and Patient Preparation
C. Procedure Implementation and Termination

**Module VIII: Lung Expansion Therapy**

Unit I Techniques of IPPB
A. Equipment Selection and Operational Check
B. Initial Patient Interaction and Monitoring
C. Procedure Implementation and Termination

Unit II Incentive Spirometry Techniques
A. Equipment
B. Patient Instruction and Goals
C. Procedure implementation and goals

Unit III PEP Device
A. Equipment
B. Patient Instruction and Goals
C. Procedure implementation and goals

Created 3-20-97
Revised 5-15 TXT
Course Number and Title

RET 1874L: Clinical Internship I

Catalog Description

This course provides an orientation to the clinical practice of respiratory care which is emphasized in this 8 hour per week, class/hospital based course. Organization of the patient chart, aseptic technique, sterilization techniques, patient assessment, pharmacology, application of skills (oxygen therapy, etc.) learned in RET1272L and time management are stressed in this clinical internship.

Course Core Objectives

1. Professional Growth and Interaction

Upon completion of this module, the student will be able to:
1. Explain the historical development of respiratory care.
2. Discuss the development and current roles of the:
   - American Association for Respiratory Care (AARC)
   - Florida Society for Respiratory Care (FSRC)
   - National Board for Respiratory Care (NBRC)
   - Committee on Accreditation for Respiratory Care (CoARC)
3. Discriminate between the roles and functions of:
   - Entry-level Respiratory Therapist
   - Advanced-level Respiratory Therapist
4. Explain the AARC Code of Ethics.
5. Discriminate between various categories of membership in the AARC.
6. Discuss the benefits of belonging to the AARC.
7. Patient and Family Communication
8. Ethical and Legal Implications of Practice

2. Medical Terminology

1. Word Building Rules (Prefixes and Suffixes)
2. Whole Body Terminology
3. Cardiovascular System
4. Respiratory System
5. Pharmacology

3. Patient Skills

1. Patient Encounter
2. Healthcare Issues
3. Interview
4. Computer Applications
5. SOAP Charting
6. Equipment Processing and Surveillance

4. Departmental Management
   1. Discuss basic concepts of management.
   2. Explain the managerial grid.
   3. Discuss the basic concepts of planning, organizing, coordinating, and controlling.
   4. Describe the concept of "management by objectives."
   5. Draw and explain an organizational chart of a typical department, including a medical director, department manager, supervisors, and staff.
   6. Identify the major source of employee and management problems.
   7. Describe an equitable grievance procedure.
   8. Describe communication in the formal and informal organization.

5. Hospital Clinical Orientation
   1. Clinical Paperwork
   2. Dress Rehearsal
   3. Clinical Rotation
   4. Data Arc Training

6. Hospital Clinical Orientation Rotation
   - As assigned

7. Clinical Internship I Objectives
   All Objectives must be completed.
   1. Locate and become familiar with departmental policies and procedures.
   2. Apply medical terminology to the practice of RC give examples.
   3. Describe the scope of practice of the RC Department.
   4. Delineate the responsibilities of a department manager and supervisory staff.
   5. Describe the role of other staff members within the department.
   6. Locate and describe 02 shut off valves and bulk cylinder storage.
   7. Calculate cylinder duration for O2 cylinders and discuss department policy.
   8. Explain patient confidentiality and your hospital’s HIPPA policy.
   9. Discuss how computers are used to document medical records of patients.
  10. Develop and discuss your patient assessment skills.
  11. Identify and oxygen delivery and aerosol generators used by your preceptor.
  12. Discuss pharmacologic agents used by your preceptor and why?
  13. Describe differences of nosocomial infections and iatrogenic problems.
  14. How are bio-hazardous materials handled at the clinical facility?
  15. Observe/performance of and describe appropriate agents and techniques for disinfection/sterilization of respiratory equipment.
  16. How is effectiveness monitored for sterilization procedures?
17. Discuss hospital protocols for the various isolation procedures (i.e. SARS, Avian Flu, TB).
18. Explain universal precautions and its significance.
19. Describe how you developed your communication skills with patients and staff.
20. Observe and describe lung expansion therapy.
21. Observe and explain bronchial hygiene therapy.
22. Observe, participate and describe the roles of a Code/CPR/Rapid Response Team.
23. Observe/participate and describe patient and family health management/ smoking cessation while address patients learning needs.
24. Introduce self and discuss role of case manager as it relates to patient care.
25. Describe the hospital’s Disaster Preparedness Procedure.
26. Discuss quality improvement programs and respiratory care protocols and how they are monitored and used to improve health care outcomes.
27. Learn and enjoy your clinical experience.

Created 3/20/97
Reviewed 6/15 NLL
The 1st semester is a clinical semester. The student is orienting to the clinical affiliates through observations and close supervision. This requires the student to spend eight (8) hours per week on Tuesday in clinic for a minimum of five (5) weeks. This rotation is scheduled to begin the last week of October, after introductory information is given and the majority of lab competencies have been completed.

After the student has been deemed competent in the laboratory setting, the student may perform procedures under DIRECT supervision of the clinical preceptor. A laboratory schedule will be provided the first clinical day.

- All clinical objectives must be met
- Daily Face sheet and Clinical Preceptor/Student Communication form must be completed and signed by student and preceptor.

**Clinical Plan for This Rotation**

**1st – 4th Week**
Student is orienting to the clinical affiliate through observation and close supervision. No Clinical Logs/SOAP charts are expected at this time. PAC’s for Cold Chemical Disinfection and Sterilization are required. Clinical preceptors should be able to answer student questions concerning the orientation process at their facility. The student should become familiar with the physical plant of the RCP department and be familiar with the equipment used in performing RCP procedures. Charting procedures should be well understood. Oxygen rounds and observation of clinical procedure are an emphasis in order to get the student into the staffing and work pattern as soon as possible. Daily clinical preceptor – student communication form needs to be completed.

**5th Week**
Students will continue with the orientation process. Objectives need to be completed by the end of this week. Stragglers should be strongly encouraged to complete. Affective Domain Evaluation will be completed by the Department Manager or their designee.

**6th Week**
Students will review Affective Domain Evaluations and will complete clinical instructor/preceptor evaluations and hospital evaluations. Final evaluation and review of student will be performed by the DCE and/or Program Director.

*** By the end of this semester if there are any deficiencies within the clinical or laboratory setting the student may be asked to repeat the semester at the discretion of the Program Director or his/her faculty designee.

Rev. 6/15
Course Number and Title

RET 1273: FUNDAMENTALS OF RESPIRATORY CARE II

Catalog Description

This course presents further instruction in the basic science, theories, and technologies within the respiratory care profession. Units of instruction include arterial blood gas and arterial line analysis, airway management, mechanical ventilation, and cardio-pulmonary diseases. Research methods are emphasized.

Course Core Objectives

Module I: Arterial Blood Gas/Arterial Line/Instrumentation/Pulse Oximetry/Capnography

Upon completion of this module the student will:

1. Explain the physiologic mechanisms responsible for the following four acid-base imbalances:
   a. respiratory acidosis
   b. respiratory alkalosis
   c. metabolic acidosis
   d. metabolic alkalosis
2. Given the appropriate data, interpret acid-base abnormalities.
3. Describe the following acid-base imbalance:
   a. compensated and uncompensated respiratory acidosis and alkalosis
   b. compensated and uncompensated metabolic acidosis and alkalosis
4. Explain renal function as it contributes to acid-base balance.
5. Describe the role of the respiratory system in acid-base homeostasis.
6. Describe the diagnostic value of blood gas analysis.
7. Describe the various blood buffer systems.
8. Distinguish between the terms base deficit and base excess.
9. Explain normal arterial and venous acid-base status.
10. Differentiate between the terms:
    a. acidosis and acidemia
    b. alkalosis and alkalemia
11. Describe the physiologic significance of the respiratory component regarding the acid-base chemistry.
12. Define the term physiologic compensation.
13. Describe the compensatory mechanisms.
14. Explain the theory of electrode function: Clark Severinghaus and Sanz electrodes.
15. Describe the sequencing of ABG instrumentation calibration and quality control.
16. Define Calibration constants and variables.
17. Describe Levy-Jennings Graph
18. Describe hemoximetry and normal vs. abnormal values and interpretation
19. Describe pulse oximetry indications and evaluation including 6 minute walk test and overnight pulse oximetry
20. Define capnography, indications and normal vs. abnormal values

**Module II: Airway Management**

Upon completion of this module the student will be able to:

1. Identify the equipment needed for both nasal and oral tracheal intubation.
2. List the indications for tracheal intubation.
3. Describe the method of holding a laryngoscope.
4. Explain the positioning of the patient's head and neck for manual resuscitation and tracheal intubation.
5. Discuss the technique of exposing the glottis and inserting the endotracheal tube into the trachea.
6. Discuss the role of the clinician in airway management.
7. Identify major structures of the upper airway.
8. Differentiate between structures surrounding the larynx.
9. Identify structures of the larynx as viewed through a laryngoscope.
10. Point out the possible effects of anatomic structures and abnormalities and their effects on intubation and airway maintenance. (i.e. macrogllossia, etc.)
11. Distinguish between primary causes of airway obstruction.
12. Explain how anatomic structures of the nasopharynx can cause airway obstruction.
13. Discuss how anatomic structures of the oropharynx can cause airway obstruction.
14. Explain why the hypopharynx is frequently the site of airway obstruction.
15. Defend the fact that airway obstruction from anatomic structures frequently occurs in the unconscious patient.
16. Describe types of objects that can cause airway obstruction.
17. Discuss how trauma causes airway obstruction.
18. Give examples of how mucus and other body fluids can cause airway obstruction.
19. Explain why smooth muscle spasm is frequently a cause of airway obstruction.
20. Contrast various signs of airway obstruction.
21. Give examples of how circumstantial evidence can be used to diagnose airway obstruction in the unconscious patient.
22. Explain the rationale for making decisions regarding methods to correct airway obstruction.
23. Point out potential hazards from using an oropharyngeal airway.
24. Differentiate between the routes for tracheal intubation based on clinical assessment of the patient.
25. Give examples of potential hazards that can occur with the use of tracheal tubes and cuffs.
26. Explain the indications for performing a tracheotomy.
27. Differentiate between the potential hazards associated with a tracheostomy.
28. Identify and indicate use for specialty endotracheal and tracheal tubes and adjuncts for tubes. (i.e. King tubes, Passy Muir valves, LMA, Combitubes)
29. Explain Rapid Sequence Intubation indications, common medications, and procedure.

**Module III: Research Methods**

Upon completion of this module the student will be able to:

1. Recognize a clinical case and related disease with researchable components.
2. Describe findings and clinical significance
3. Report research data and findings in acceptable formats.
4. Research history of mechanical ventilation and newer models of ventilators and their
corresponding modes of ventilation.

Module IV: Respiratory Diseases

Upon completion of this module the student will be able to:

1. List etiology of acute and chronic respiratory diseases.
2. Identify clinical manifestations of respiratory diseases.
3. Distinguish the differences between restrictive and obstructive diseases.
4. List the pathophysiology’s of various respiratory diseases.
5. List the most common restrictive disease encountered in respiratory therapy.
6. List the most common obstructive disease encountered in respiratory therapy.

Module V: Mechanical Ventilation

Upon completion of this module the student will be able to:

1. Identify the cardiovascular parameters to be monitored on a ventilator patient.
2. Identify the machine parameters which require monitoring.
3. Describe the purpose for monitoring clinical signs of a ventilator patient.
4. Identify indications and contraindications for continuous ventilatory support.
5. Select ventilatory support procedures and equipment appropriate to therapeutic objectives and patient condition.
6. Evaluate assembly and operation of continuous ventilatory support systems.
7. Select procedure for initiation of continuous ventilatory support.
8. Evaluate effectiveness of continuous ventilatory support.
9. Select modifications of continuous ventilatory support based on direct observation of patient.
10. Select modification of continuous ventilatory support based on interpretation of data.
11. Identify complications of hazards of continuous ventilatory support.

Course Core Outline

Module I: Arterial Blood Gas/Arterial Line/Instrumentation/Pulse Oximetry

To present the student with theoretical and applied physiology of oxygen and carbon dioxide transport and acid-base balance in respiratory, including the basic concept of arterial blood analysis and its relationship to respiratory care. To enable the student to do basic blood gas interpretations and identify various compensatory factors as they relate to blood gas analysis. Discuss pulse oximetry and its use in respiratory care.

Unit I Arterial Blood Gases

A. Acid-Base Balance
   1. buffer systems
      a. respiratory
      b. renal
2. Compensatory Mechanisms
   a. respiratory (CO₂)
   b. renal (HCO₃)
3. Acid-Base Status
   a. respiratory
   b. metabolic
   c. combined status

B. Blood Gas Analysis
   1. Calibration & Quality Control
      a. Accrediting Agencies
      b. Controls
   2. Electrode Theory
      a. Clark Electrode
      b. Severinghaus Electrode
      c. Sanz Electrode

C. Pulse Oximetry
D. Capnography

Module II: Airway Management

To acquaint the student with the most common forms of airway obstruction with emphasis on the clinical management of patients with endotracheal or tracheostomy tubes, and discuss suctioning techniques and practices.

Unit I Goals of Airway Obstruction

A. Prevention or By-Pass of Upper Airway Obstruction
B. Protection of the Lower Respiratory Tract
C. Assistance with the Removal of Secretions
D. Administration of Prolonged Ventilation
E. Reduction of Anatomical Deadspace
F. Manual Resuscitation Devices and Adjuncts

Unit II Various Types of Artificial Airways

A. Pharyngeal Airways
B. Nasopharyngeal & Oropharyngeal Airways
C. Endotracheal and Tracheostomy Tubes and Specialty Tubes
D. LMA’s and Combitubes
E. Esophageal Obturator
F. Therapeutic Considerations & Complications
G. Extubation Considerations

Unit III Airway Clearance

A. Coughing
B. Tracheal Aspiration
Module III: Research Methods

Module IV: Respiratory Diseases

To provide the student with an introduction to the etiology, pathophysiology and clinical manifestations of acute and chronic respiratory diseases.

Unit I Airway Obstruction

A. Types of Obstruction
B. Location of Obstruction
C. Acute Airway Obstruction
D. Chronic Airway Obstruction

Unit II Restrictive Lung Disease

A. Fibrosis
B. Asbestosis
C. Silicosis
D. Pneumoconioses
E. Cystic Fibrosis
F. Sarcoidosis
G. Kyphoscoliosis

Unit III Obstructive Lung Disease

A. Bronchitis
B. Chronic Bronchitis
C. Sleep Apnea
D. Bronchiectasis
E. Pneumonia
F. Tuberculosis
G. Fungal Infections
H. Asthma
I. Emphysema

Unit IV Other Diseases

A. Flail Chest
B. Pneumothorax
C. Lung Cancer
D. Acute Respiratory Distress Syndrome
E. Pleural Effusion
F. Pulmonary Edema
G. Pulmonary Embolism and Infarction
H. Lung Abscess
I. Myasthenia Gravis
Module V: Mechanical Ventilation

To provide the student with information to understand the basic concepts of ventilation therapy including ample introductory information regarding the rationale, indications, and contraindications for continuous therapy.

Unit I Mechanical Ventilation

A. Goals of Mechanical Ventilation
   1. To decrease work of breathing
   2. To ventilate patient's lungs
   3. Improved Oxygenation

B. Therapeutic Considerations
   1. Cardiovascular effects
   2. Infection control
   3. Spontaneous breathing
   4. Accidental disconnection
   5. Closed system

C. Hazards of Mechanical Ventilation
   1. Pulmonary circulation
   2. Decreased cardiac output
   3. Systemic circulation
   4. Cerebral circulation
   5. Pneumothorax
   6. Decreased Lung Compliance
   7. Gastrointestinal Distention and Bleeding

Unit II Maintaining Mechanical Ventilation

A. Patient Assessment
   1. Arterial Blood Gas Measurement
   2. Alveolar-Arterial Gradient
   3. Renal Output
   4. Patient Position
   5. Compliance Measurements
   6. Airway Resistance Measurements
   7. Infection control (VAP's)

Unit III Changes in Mechanical Ventilation

A. Changes in PaCO2
   1. Decrease of increase minute ventilation
   2. Addition or Reduction in Mechanical Deadspace

B. Changes in PaO2
   1. Increase of Decrease in Inspired Oxygen Concentration
   2. Increase or Decrease in PEEP
C. Modes of Mechanical Ventilation
   1. SIMV (IMV)- pressure and volume
   2. Assist Control-pressure and volume
   3. PEEP or CPAP
   4. Pressure Support
   5. Advanced modes of mechanical ventilation

Created 3-21-97
Revised 5-15/NLL
Course Number and Title
RET 1273L: FUNDAMENTALS OF RESPIRATORY CARE II LABORATORY

Catalog Description
The student practices the psychomotor skills necessary to gain competence and proficiency in the further application of therapeutic and diagnostic modalities typical of respiratory care. Laboratory experience in airway management, arterial blood gas analysis, and intensive care mechanical ventilation and monitoring.

Course Core Objectives

Module I: Arterial Blood/A-lines and Pulse Oximetry -- Sample and Safety Techniques

Behavioral Objectives: Given the equipment necessary for drawing an arterial blood gas sample on a training arm, the student will:

1. Aseptically assemble and prepare the equipment.
2. Select the most ideal puncture site for the situation.
3. Perform a modified Allen test
4. Demonstrate correct puncture technique to include:
   a. angle of puncture
   b. position of bevel
5. Apply pressure to the puncture site for the appropriate length of time.
6. Prepare the sample for transportation to the analyzer to include:
   a. removal of air bubbles from the syringe
   b. safety capping of the syringe
   c. proper labeling of sample
   d. proper handling and disposal of syringe
7. Demonstrate the proper method for obtaining an indwelling catheter arterial blood sample from a three-way stopcock connector.
8. Place pulse oximeter and set alarms appropriately

Module II: Artificial Airways

Unit A

Objectives: Given a standard endotracheal tube, the student will.

1. Compare different artificial airways and identify the following parts when appropriate:
   a. cuff
   b. Murphy eye
   c. 15mm adaptor
   d. pilot balloon
   e. inner and outer cannulas
f. fenestration
g. tube markings
   (1) brand name
   (2) internal and external diameter
   (3) radiopaque line
   (4) depth markings
   (5) oral or nasal
   (6) mark of Standards Committee for anesthesia equipment
   (7) mark indicating tube material is nontoxic.

2. Determine airway resistance changes through various-sized endotracheal or tracheostomy tubes.
3. Perform endotracheal intubation and rapid sequence intubation on practice manikins.
4. Perform tracheostomy care on practice manikins

Unit B Airway Maintenance

Objectives: Given equipment necessary to suction a training manikin, the student will:

1. Select and assemble all equipment necessary to perform airway suctioning.
2. Aseptically perform the suctioning procedure on an intubated manikin or a laboratory partner.

Unit C Artificial Airways - Intubation/Extubation

Objectives: Given the equipment necessary to intubate a training manikin, the student will:

1. Select and assemble all the equipment necessary to perform endotracheal intubation.
2. Properly use a GlideScope
3. Safely perform an endotracheal intubation procedure on an intubation manikin.
4. Select and assemble all equipment necessary to perform extubation.
5. Perform an extubation procedure on an intubated manikin.

Unit D Manual Resuscitators

Objectives: Given a self-inflating manual resuscitator, the student will:

1. Identify the following parts of the manual resuscitators:
   a. Patient connection
   b. Oxygen-inlet connection
   c. Air-entrainment ports
   d. Movable valves
   e. Exhalation port
2. Disassemble and reassemble the bag for use.
3. Determine which bag will allow spontaneous ventilation from the bag.
4. Measure the volumes delivered when using the one-hand or two-hand stroke technique.
5. Analyze the oxygen concentrations delivered at specified oxygen liter flows
7. Perform artificial ventilation with a manual resuscitator and mask on a laboratory manikin.

8. Given a non-self-inflating resuscitation bag, the learner will:
   a. Identify the following parts
      (1) Patient connection  
      (2) Oxygen-inlet connection  
      (3) Exhalation port  
      (4) Tailpiece
   b. Assemble the bag for use during resuscitation.
   c. Determine whether spontaneous ventilations can be removed from the resuscitator bag.
   d. Identify capacity of resuscitator bag.
   e. Analyze the oxygen concentrations delivered at specified liter flows.
   f. Determine how patient ventilation is affected by total occlusion of the tailpiece.
   g. Perform artificial ventilation with the manual resuscitator and mask on a laboratory partner.

Module III: Mechanical Ventilation

Unit A Servo 900C

Objectives: Given an Servo 900C with circuit and lung analog, the student will:
1. Locate and identify all external controls, alarms, and tubing connections.
2. Assemble the breathing circuit and prepare the ventilator for continuous use.
3. Check the equipment for proper working order.
4. Determine the compliance factor of the tubing circuit.
5. Determine the changes that affect the monitoring systems.
6. Determine the effect of ventilator control alterations on the delivered oxygen concentrations of the Servo 900C.
7. Determine the effects of changes in the patient's compliance or resistance on ventilator function.
8. Determine the effects of changes in tubing continuity on ventilator function.

Unit B State of the Art Ventilators

Objectives: Given a state-of-the-art ventilator, the student will:
1. Locate and identify all external controls, alarms, and tubing connections.
2. Assemble the breathing circuit and prepare the ventilator for continuous use.
3. Check the equipment for proper working order.
4. Determine the compliance factor of the tubing circuit.
5. Determine what changes affect the monitoring systems.
6. Determine what effect ventilator control alterations have on the ventilators' delivered oxygen concentrations.
7. Determine what effects changes in the patient's compliance or resistance have on ventilator function.
8. Determine what effects changes in tubing continuity have on ventilator function.
Unit C Adjunctive Therapy

Objectives: Given the equipment necessary for PEEP and CPAP, the student will:
1. Institute PEEP using a mechanical ventilator, test lung, and any additional equipment necessary.
2. Compare the ventilation of a test lung before and after the institution of PEEP.
3. Determine what control adjustments must be made when instituting PEEP.
4. Determine what effects tubing disruptions have on the administration of PEEP.
5. Institute CPAP on a lung analog.

Unit E Bedside Calculations

Objectives: Given the equipment necessary to simulate the patient-ventilator connection, the student will:
1. Measure and record the peak and plateau pressures required to ventilate a lung analog with known volumes.
2. Alter the airway resistance and lung-thorax compliance of a lung analog with altered airway resistance or lung-thorax compliance.
3. Complete a bedside assessment and complete ventilator flow sheet at various modes and settings.
4. Calculate the major values of clinical importance derived from a blood gas sample and state how they are applied to patient care.

Course Core Outline

Module I: Arterial Blood - Sample Techniques

Unit 1: Arterial Blood Technique
   A. Arterial Puncture Technique
      1. Technique and procedure
   B. Sampling from an Indwelling Catheter

Module IV: Artificial Airways

Unit A: Artificial Airways
   1. Observational Comparisons
   2. Airway Observation
   3. Interrelationship of Tube Size, Gas Flow, and Ventilatory Pressure
Unit B: Trach Care and Cuff Pressure Monitoring

Unit C: Suctioning Procedure

Course Core Outline (Cont'd.)

Unit D: Manual Resuscitators
   1. Observation Comparison
   2. Resuscitator Components
3. Volume Measurement
4. Oxygen Capabilities
   a. Effect of liter flow
   b. Effect of bag refill time
   c. Effect of compression rate
   d. Effect of volume delivered
   e. Special adaptions

Unit C: Artificial Airways
1. Oral Endotracheal Intubation/Extubation
2. Securing Tubes

Module V: Servo 900C

Unit A: Servo 900C
1. Component Identification
2. Ventilator Assembly and Equipment Check
3. Measurement of Tubing Compression Factor
4. Investigation of Patient Monitors
5. Effect of Control Manipulation on Oxygen Concentration
6. Effect of Tubing Disruptions on Machine Operation
7. Effects of Lung Compliance and Airway Resistance on Machine Operation
8. Humidification

Unit B: State of the Art Ventilators

Siemens Servo I
1. Component Identification
2. Ventilator Assembly and Equipment Check
3. Measurement of Tubing Compression Factor
4. Investigation of Patient Monitors
5. Effect of Control Manipulation on Oxygen Concentration
6. Effect of Tubing Disruptions on Machine Operation
7. Effect of Lung Compliance and Airway Resistance on Machine Operation
8. Humidification

Viasys Avea
1. Component Identification
2. Ventilator Assembly and Equipment Check
3. Measurement of Tubing Compression Factor
4. Investigation of Patient Monitors
5. Effect of Control Manipulation on Oxygen Concentration
6. Effect of Tubing Disruptions on Machine Operation
7. Effect of Lung Compliance and Airway Resistance on Machine Operation
8. Humidification

Covidien PB840
1. Component Identification
2. Ventilator Assembly and Equipment Check
3. Measurement of Tubing Compression Factor
4. Investigation of Patient Monitors
5. Effect of Control Manipulation on Oxygen Concentration
6. Effect of Tubing Disruptions on Machine Operation
8. Humidification

Unit C: Adjunctive Therapy

**PEEP/CPAP**
1. General Observation
2. Application of PEEP
3. Effect on Tubing Disruption on PEEP

**Intermittent Mandatory Ventilation**
1. Assembly and Investigation
2. Application

**Assist Control**
1. Assembly and Investigation
2. Application

**Mandatory Minute Ventilation**
1. Assembly and Investigation
2. Application

**Pressure Support/Inspiratory Assist**
1. Assembly and Investigation
2. Application

**Other**
1. Assembly and Investigation
2. Application

Unit E: Bedside Calculations

**Effective Dynamic and Static Compliance**
1. Curve Measurement Technique
2. Effect of Compliance and Airway Resistance Changes

**Raw Determination**
1. Curve Measurement Technique
2. Effect of Compliance and Airway Resistance Changes

Created 9-2-97
Revised 5-15/NLL
Course Number and Title

RET 1875L: CLINICAL INTERNSHIP II

Catalog Description

Direct patient contact in the performance of respiratory care is emphasized within this 24-hour/week, hospital-based course. Direct application of medical gas and aerosol delivery, patient assessment and reporting, hyperinflation therapy and bronchial hygiene are included.

Course Core Objectives

1. Gain hands on experience on all floor therapy modalities.
2. Participate in general patient care.
3. Participate in chest assessment
4. Perform oxygen rounds, set-ups, new starts and transports.
5. Identify indications for supplemental humidity.
6. Review aerosolized drug doses for bronchodilator therapy.
7. Perform Lung Expansion Therapy
8. Perform Airway Clearance Therapy
9. Observe PFT’s and Special Diagnostic Procedures

The following clinical objectives must be completed and discussed in a written paragraph format. This must be completed in your own words. Cutting and pasting from any source will result in a failing grade/0 points earned.

Special Diagnostic/PFT Objectives

1. Define lung volumes and capacities
2. Define pulmonary mechanics-spirometry
3. Define diffusion capacity
4. Discuss the reasons for performing pulmonary function testing
5. Describe the organization of and equipment used for pulmonary function testing
6. Evaluate how infection control is performed and maintained in pulmonary function testing
7. Describe principles for direct and indirect measurement of lung volumes and capacities.
8. Interpret test results including brochoprovocation testing and pulmonary stress testing
9. Define hyperbaric oxygen therapy
10. Describe physiologic effects of hyperbaric oxygen therapy
11. Describe methods of administration for hyperbarics
12. Describe complications and hazards of hyperbaric oxygen therapy
13. List indications for hyperbaric oxygen therapy
14. Describe point of care blood gas testing
15. Describe techniques for point of care testing
16. Describe quality control for point of care testing
17. Compare and contrast point of care testing with central lab blood gas testing
18. Define and describe bronchoscopy
19. Compare rigid to flexible fiberoptic bronchoscopy
20. List indications and therapeutic application of bronchoscopy
21. List complications of fiberoptic bronchoscopy
22. Describe the RCP’s role in set-up, assisting and charting special diagnostic procedures
23. List medications and their actions as it pertains to fiberoptic bronchoscopy
CLINICAL PLAN – RET 1875L
Palm Beach State College Respiratory Care Program

2nd Semester – RET 1875L Clinical Internship II
The second clinical semester requires that the student spend twelve (12) hours on Monday and Wednesday for a total of (24 hours per week) for the duration of the semester (14 weeks for approximately 300 hours).
The following are required of the student:
- Clocking in and out through the DATAARC system
- Weekly clinical logs and SOAP chart
- Completing required Adult Floor Care Competencies
- Compete two (2) Case study’s appropriate for student level
- Complete 15 physician contacts
- Carry Drug Flash Cards
- Must earn a “3’ or higher in all areas on clinical evaluation
- Daily Face sheet and Clinical Preceptor/Student Communication Form completed and signed by student at preceptor.

Clinical Plan by the Week

1st – 3rd Week
Clinical preceptors should review with the students and answer student questions concerning the physical plant of the RCP department and the equipment used in performing RCP procedures. Charting procedures should be well understood. Staff responses to each student can be evaluated at this early point and each student advised if there are any potential problems present. Observation of and direct supervision of RCP Adult Floor Therapy procedures should be performed during this time frame.

4th Week
At least one PAC should have been completed by now. Student should begin working on first clinical preceptor approved case study. Remind students about obtaining physician contact time.

5th - 8th Week
PAC’s should be completed by the 8th week of the clinical rotation. First case study is due at the end of the 8th week. Any student who has not done so needs to be informed and motivated to do so. A paper copy of the Midterm Affective Domain Evaluation will be completed by the Department Manager or their designee by the end of the 8th week. Please give to the student to bring to their midterm counseling session next week.

9th Week
The semester is well under way. Any student who has completed all of their Adult Floor Therapy PAC’s may be allowed to perform without direct supervision (act with the authority of a staff technician). Midterm counseling will be performed by the DCE and/or Program Director during this time. Students should complete their 2 day Pulmonary Lab rotations should be completed during this time. Required Adult Diagnostic Competencies need to be completed during this time.

Rev. 6/15
10th – 13th Week
All students should be performing freely as “floor technicians”. Clinical time should be caught-up and documented. Stragglers should be consulted and strongly motivated to complete all requirements ASAP. Student should begin working on second clinical preceptor approved case study.
Students may perform with direct supervision:
  o Arterial Blood Gases
  o Patient Suctioning
  o Bag Valve Mask Ventilation

14th Week
Review of clinical experience and preparation into the clinical expectations in the next semester can be done now. Second case study is due at the end of the 14th week. Final Affective Domain Evaluation will be completed by the Department Manager or their designee by the end of the 14th week through DATAARC.

15th Week
Students will review Affective Domain Evaluations and will complete clinical preceptor evaluations and hospital evaluations. Final evaluation and review of each student will be performed by the DCE and/or Program Director.

***The student must remain with the patient for the duration of the therapy. The clinical preceptor must be within a reasonable range if assistance is needed by the student.
Course Number and Title

RET 1876C: CLINICAL INTERNSHIP III

Catalog Description

This course emphasizes the application of respiratory care theory and technology used within the intensive care area. The student experiences adult critical care observation in this 24-hour/week hospital based course along with didactic course work to include mechanical ventilation techniques as they apply to disease states, ventilator graphics, weaning and discontinuation of mechanical ventilation.

Course Core Objectives:

Clinical Site:

ABG lab rotation:

1. Review the policy and procedure for ABG puncture and arterial line draw and analyzation. Identify information to be included on requisition.

2. Identify equipment to be used. (Brand, self-filling, needle gauge, etc.)

3. Observe/perform ABG puncture and arterial line draw with supervision and independently completing Dataarc competency.

4. Identify appropriate sites for arterial puncture.

5. Identify contraindications of arterial puncture as related to each site. List situations to be aware of prior to puncture.

6. Prepare sample for transport to lab.

7. Observe ABG analyzation.

8. Explain the significance of quality control in ABG lab. Observe Q.C. run and documentation.

Orientation and Observation in Adult Critical Care:

1. Read policy/procedure manual relative to ICU.

2. Focus on equipment identification in ICU using Mosby’s as a reference.

3. Review Dataarc competencies for ventilator set-up, ventilator circuit change, and ventilator check.

4. Identify roles and duties of key ICU personal.
5. Describe protocol for initiation of mechanical ventilation.

6. Review and become familiar with ventilator "Flow Sheet."

7. Observe ventilator checks.

8. Observe ventilator set-up.

9. Observe Non-invasive Mechanical Ventilation

10. Describe sedation vacations

11. Review and bring to class a ventilator flow sheet.

12. Review ventilator classification in Mosby’s.

13. Continue with ABG puncture, interpretation, instrumentation.

Didactic:

1. Review of Mechanical Ventilation

2. Noninvasive Mechanical Ventilation

3. Mechanical Ventilation and Disease States
   A. Mechanical Ventilation and COPD
   B. Mechanical Ventilation and Asthma
   C. Mechanical Ventilation and CHF
   D. Mechanical Ventilation and ARDS
   E. Mechanical Ventilation and Head Trauma

4. Mechanical Ventilator Graphics

5. Weaning and Discontinuation of Mechanical Ventilation

Course Core Outline

Module I   Review of Mechanical Ventilation and Arterial Blood Gas Competencies

Module II  Weaning and Discontinuing Mechanical Ventilation

Module III Mechanical Ventilator Graphics

Module IV  Noninvasive Mechanical Ventilation

Module V   Mechanical Ventilation and Disease States

Created 9-3-97
Revised 04-15/NLL
This semester consists of six (6) weeks with the student logging approximately 24 hours per week of clinical (including clinically oriented lectures and workshops) on Tuesday and Thursday. The total third semester clinical time should be approximately 120 hours.

The following are required of the student:
- Clocking in and out through the DATAARC system
- Daily clinical logs and SOAP chart
- Completing required ABG Sampling and Arterial Line Sampling Competencies (found in Adult Diagnostic Competencies)
- Compete one (1) Case study’s appropriate for student level
- Complete 15 physician contacts
- Complete PFT objectives
- Carry Drug Flash Cards
- Must earn a “3” or higher in all areas on clinical evaluation
- Daily Face Sheet and Clinical Preceptor/Student Communication Form must be completed and signed by student and preceptor.

It is appropriate for the student to rotate to the Pulmonary Lab for PFT/Diagnostics &/or ABG procedures if the ICU areas are “slow”

* If the student is rotated to the Pulmonary Lab all required Adult Diagnostic Competencies need to be completed during this time.

**1**st Week
Student is orienting to the Adult Critical Care through observation and close supervision. Clinical preceptors should be able to answer student questions concerning the orientation process, charting procedures and the equipment used in performing RCP critical care procedures at their facility. The student should become familiar with the ICU policy and procedure manual and any therapist driven protocols. Daily clinical preceptor – student communication form needs to be completed along with daily clinical log and SOAP chart.

**2**nd – **4**th Week
Student should begin working on clinical instructor/preceptor approved case study. Both required PAC’s should be obtained during this time. Students should work on improving critical care skills and adult ventilator management under the direct supervision of the clinical preceptor.

**5**th Week
Review of clinical experience and preparation into the clinical expectations in the next semester can be done now. Case study is due at the end of the 5th week. Affective
Domain Evaluation will be completed by the Department Manager or their designee by the end of the 5th week through DATAARC.

6th Week
Students will review Affective Domain Evaluations and will complete clinical instructor/preceptor evaluations and hospital evaluations. Final evaluation and review of the student will be performed by the DCE and/or Program Director.

- During this rotation students are not allowed to perform any critical care procedures except under the direct supervision of the clinical preceptor.
- Any adult floor therapy procedures that the student has previously been evaluated as competent may be performed in the Adult Critical Care unit.
- Physician contact points and clinical assignments are subject to reevaluation by the DCE and or Program Director. Students may be rotated to additional affiliate hospitals due to changes in patient mix, or to complete other clinical assignments.
Course Number and Title
RET 2280C: FUNDAMENTALS OF RESPIRATORY CARE THERAPY III

Catalog Description
This course includes instruction on clinical decision making and patient care management, hemodynamics, fluid and electrolytes, advanced EKG’s, cardiovascular pharmacology, nutrition, exercise testing and bronchoscopy.

Course Core Objectives

I. Module I
   A. Clinical Decision Making and Ethical Considerations - the R.C. student will:
      1. Understand algorithm for use in decision making for major chronic conditions typical within Respiratory Care.
      2. Describe the multiple diagnostic methods used to make clinical decisions.
      3. Explain Ethical Considerations used to make clinical decisions.
      4. Complete clinical simulations utilizing information gathering decision making.
   B. Patient Care Management and Patient Education- the R.C. student will:
      1. Understand and perform physical assessments.
      2. Conduct patient interview using proper questioning techniques/learning needs.
      3. Describe the functions within discharge planning and patient education and RCP's practitioner’s role.
   C. Special Topics, Research and Review
      1. Medical Imaging Review and Safety
      2. Understand Aging Population, Pressure effects on the cardiopulmonary system.
      3. Will be able to Research and present on topic covered during this course.

II. Module II
   A. Critical Care Monitoring - the R.C. student will:
      1. Hemodynamics
         a. Explain methods used to insert catheter’s and monitor hemodynamic pressures
         b. Determine how hemodynamic pressures diagnose cardiac pathologies
         c. Discuss case study information critiquing hemodynamic findings

III. Module III
   A. Electrocardiogram testing/Analysis - the R.C. student will:
      1. Describe the cardiac anatomy and physiology as it relates to ECG's.
      2. Discuss and perform proper placement of ECG leads.
      3. Identify common dysrhythmias.
      4. Understanding of Stress testing and diagnostics and MI.
      5. Working in groups research and present on assigned rhythms.

IV. Module IV
   A. Advanced Cardiopulmonary Pharmacology - the R.C. student will:
      1. Prescribe the correct cardiac drug for cardiac pathologies.
2. Differentiate between Neuromuscular blocking agents.
3. Determine which cardiopulmonary drugs to use in lieu of others.

V. Module V: ACLS

A. Advanced Cardiopulmonary Pathophysiology - the R.C. student will:
   1. Differentially diagnose obstructive restrictive, Neuromuscular and Vascular
   2. Determine therapies for above disease entities.
B. Advanced Cardiac Life Support Provider Course ACLS
   (American Heart Association)
   1. Evaluate and manage the first 10 minutes of a witnessed adult ventricular fibrillation arrest.
   2. Manage the patient alone for performing basic life support and defibrillation.
   3. Direct the orchestration of other rescuers in the resuscitation efforts.
   4. Manage the patient in the post resuscitative period.

VI. Module VI
   A. Exercise Testing
   B. Nutritional Analysis

VII. Module VI
   A. Bronchoscopy/Chest tubes
   B. Resume Writing Workshop

Course Core Outline

I. Module I
   A. Clinical Decision Making/Patient Care Management
      1. Assessment
         a. Patient interview
         b. Physical assessment
      2. Decision Making
         a. Diagnosis
         b. Treatment
      3. Discharge Planning
      4. Special Topics and Research

II. Module II
   A. Critical Care Monitoring
      1. Hemodynamics
      2. Clinical laboratory

III. Module III
   A. Electrocardiograms
      1. Testing
      2. Analysis
IV. Module IV
   A. Advanced Cardiopulmonary Pharmacology
      1. Cardiac drugs
      2. Neuromuscular blocking agents

V. Module V:
   A. ACLS
      1. Overview of Advanced Cardiac Life Support
      2. Primary and secondary ABCD survey
      3. Universal Algorithm
      4. Case-based skill stations for:
         Respiratory arrest
         Electrical Therapy
         EKG dysrhythmia
         Bradycardia
         Ventricular Fibrillation/Pulse less V-Tach
         Asystole
         Tachyarrhythmias-stable vs. unstable

VI. Module VI
   A. Exercise Testing
      a. Analysis
      b. Interpretation
   B. Nutritional Assessment
      a. Analysis
      b. Interpretation

VII. Module VII:
     A. Bronchoscopy/Chest
     B. Resume Writing Workshop

Created 9/03/97
Revised 05-15/NLL
Course Number and Title
RET 2877L: CLINICAL INTERNSHIP IV

Catalog Description
This hospital-based course provides experience and training for departmental management and advanced clinical training in critical care monitoring, advanced research/case study and critical patient transport. A primary focus of training is clinical decision-making presented in a patient-case management format.

Course Core Objectives
Module I Critical Care Monitoring and Competency
Upon completion of this module the student will be able to:
1. Recognize the major types of monitors and the technical characteristics of each type.
2. List four steps in examining an ECG tracing.
3. List the direct patient observations necessary before beginning a respiratory therapy treatment.
4. Understand the particular maintenance according to a schedule specific to monitor type.
5. Troubleshoot for problems in monitor reliability.
6. Interpret ventilator graphics after initiating Mechanical ventilation and formulate a plan to optimize patient and ventilator.
7. Complete all competencies as assigned per student handbook.

Module II Research/Case Study
Upon completion of this module the student will be able to:
1. Recognize and assess a clinical problem and be able to research and discuss appropriate treatment plans.
2. Assess clinical data and determine potential for a positive or negative outcome.
3. Recognize the importance of sedation protocols.

Module III Patient Transport
Upon completion of this module the student will be able to:
1. Participate in land/air patient transport.
2. Function in the RT role during intra-hospital transports.
3. Be a competent assistant to the rapid response team.

Created 9-3-97
Revised 5-15/NLL
4th Semester – RET 2877L Clinical Internship IV

The fourth clinical semester requires that the student spend twelve (12) hours on Monday and Wednesday for a total of (24 hours per week) for the duration of the semester (14 weeks for approximately 300 hours).

The following are required of the student:

- Clocking in and out through the DATAARC system
- Weekly clinical logs and SOAP chart
- Completing required Adult Critical Care Competencies
- Completing required Adult Diagnostic Competencies if not completed in RET 1876C.
- Compete two (2) case study’s appropriate for student level
- Complete 25 physician contacts
- Carry Drug Flash Cards
- Must earn a “3” or higher in all areas on clinical evaluation
- Daily Face Sheet and Clinical Preceptor/Student Communication Form must be completed and signed by student and preceptor.

1st Week – 7th Week

Clinical preceptors should be able to answer student questions concerning the orientation process, charting procedures and the equipment used in performing RCP critical care procedures at their facility. The student should become familiar with the ICU policy and procedure manual and any therapist driven protocols. Daily clinical preceptor – student communication form needs to be completed along with daily clinical log and SOAP chart.

Students should be working on all of the Adult Critical Care PAC’s and 90% should be completed by the 8th week of the semester (procedures unavailable at a clinical site will be evaluated by the clinical instructor on a case by case basis). Student should begin working on first clinical preceptor approved case study due the 8th week of clinical. Remind students about obtaining physician contact time.

A paper copy of the Midterm Affective Domain Evaluation will be completed by the Department Manager or their designee by the end of the 8th week. Please give to the student to bring to their midterm counseling session next week.

8th Week

The semester is well under way. Any student who has completed at least 90% of their Adult Critical Care PAC’s may be allowed to perform without direct supervision (the preceptor should be within a reasonable range should the student require assistance).

Students should be functioning on their own with a maximum of 2 ventilator patients and additional treatments in the unit. Student should be able and willing to assist the preceptor with other patients as needed.

Midterm counseling will be performed by the DCE and/or Program Director during this time.

Rev. 6/15
9th Week – 13th Week
Student should begin working on second clinical preceptor approved case study.

14th Week
Review of clinical experience and preparation into the clinical expectations in the next semester can be done now. Second case study is due at the end of the 14th week. Final Affective Domain Evaluation will be completed by the Department Manager or their designee by the end of the 14th week through DATAARC.

15th Week
Students will review Affective Domain Evaluations and will complete clinical preceptor evaluations and hospital evaluations. Final evaluation and review of each student will be performed by the DCE and/or Program Director.
Course Number and Title

RET 2534C: FUNDAMENTALS OF RESPIRATORY CARE THERAPY IV

Catalog Description

This course identifies the advanced clinical of the Respiratory Care Profession Clinical Lectures on advanced cardiopulmonary monitoring/diagnostic techniques. Clinical exercise testing, and neonatal/pediatrics are included. Instruction emphasizes clinical decision making.

Course Core Objectives

I. Module I
   A. Neonatal/Pediatrics - the R.C. student will:
      1. Explain fetal circulation
      2. Describe the anatomy and physiology of neonate.
      3. Discuss assessment techniques, diagnostic procedures and determine therapies.
      4. Give differential diagnosis of Neonatal/Pediatric Pathologies
      5. Research and orally present Neonatal/Pediatric disease paper
      6. Understand Mechanical Ventilation of both the Neonate/Pediatric patient population

   B. Neonatal Resuscitation Provider Course
      (American Academy of Pediatrics/American Heart Association)
      1. Understand types of equipment needed for all deliveries
      2. Discuss the initial steps in resuscitation of the neonate
      3. Explain the evaluation, decision action cycle
      4. Discuss special considerations for meconium staining
      5. Discuss the airway and endotracheal intubation techniques
      6. List Neonatal Pharmacologic agents and the indications for use
      7. Demonstrate competency in performing neonatal resuscitation in the laboratory setting using proper sequence of the ABCs of neonatal resuscitation
      8. Achieve a passing score on the written evaluation

   C. Pediatric Advanced Life Support Provider Course (AHA PALS)
      1. Recognize the signs and symptoms of the infant or child at risk of cardiopulmonary arrest and understand strategies for prevention.
      2. Perform a rapid cardiopulmonary assessment of an infant or child at risk for respiratory failure, cardiac arrest, or shock.
      3. Perform the sequences of basic life support-i.e., CPR and foreign body airway obstruction management in infants and children according to current standards.
      4. Understand bag-valve-mask devices and use one properly.
      5. Identify oxygen delivery devices and airway adjuncts and demonstrate their use.
      6. Know the advantages and disadvantages of endotracheal intubation of infants and children including proper equipment sizes for each age group.
      7. Perform endotracheal intubation
      8. Identify common problems with airway adjuncts.
10. Know how to place a nasogastric tube in the child requiring airway management.
11. Demonstrate and understanding of peripheral versus central intravenous lines and the preferred sites including intra osseous.
12. Know the alternative to establishing IV access to administer medications.
13. Know the fluid management during the initial few minutes of the crisis.
14. Demonstrate an understanding of the pharmacologic actions, dose, indications, adverse reactions and use of sodium bicarbonate, epinephrine, atropine, glucose and calcium chloride.
15. Know how to manage an infant who is born outside the routine delivery setting to include airway, cardiac, and thermal considerations.
16. Understand the important principles of post-resuscitation stabilization.
17. Identify the proper steps for preparing a patient for transport to a tertiary care facility.
18. Demonstrate a proficiency in resuscitation of infants and children working as a team demonstrating appropriate decision making and management with reassessment after each therapeutic intervention.

III. Module III
A. Rehabilitation - the R.C. student will:
   1. List goals of rehabilitation programs.
   2. Become acquainted with equipment and techniques for implementing program.
   3. Assess the benefits patients experience in rehab programs.

Module IV   Home Care/Convalescent Care

Upon completion of this module the student will be able to:

1. Identify components that make home care a specialty.
2. Outline a plan to care for the patient with cardiopulmonary disease in the home setting.
3. Identify causes of pulmonary emergencies in the home and describe a plan to be used in the event of an emergency.
4. Identify professional and community services required by the home patient.
5. Explain the need for education as part of the home care plan.
6. Identify sources of abuse of pulmonary rehabilitation, out-patient, and home care programs.
7. Explain the need for a multi-disciplined health care team in home health care.
8. Discuss the economic potential of home care over hospital based care.

IV. Module IV
A. Selected topics to become familiar with the goals, implementation and evaluation of patient response with the following:
   1. Sleep disorders
   2. Home Respiratory Care/Equipment
   3. Alternative Care Sites/SNFs/Physician office
Course Core Outline

I. Module I
   A. Neonatal/Pediatric
      1. Assessment
      2. Diagnosis
      3. Treatment
      4. Disease states
      5. Mechanical Ventilation
   B. Neonatal Resuscitation Provider Course
      1. Overview of the delivery room
      2. Initial Steps of Resuscitation
      3. Resuscitation Equipment
      4. Chest compressions
      5. Endotracheal Intubation
      6. Medications

II. Module II: PALS
   1. Overview of Pediatric Advanced Life Support
   2. Recognition of Respiratory Failure and Shock and Preventing
   3. Skills stations for:
      Basic Life Support review
      Advanced Airway Management
      Vascular Access, Fluids, Medications
      Rhythm Disturbances
   4. Case-based presentations for integration of skills attained
   5. Newborn Resuscitation in the Emergency Department
   6. Teaching stations for:
      Newborn Resuscitation
      Respiratory Failure
      Shock
      Cardiopulmonary Arrest/Rhythm Disturbances
   7. Post resuscitation stabilization and transport considerations

III. Module III: Rehabilitation
    1. Goals
    2. Implementation
    3. Evaluation

IV. Module IV: Home Care
    1. List goals of home care programs.
    2. Become acquainted with equipment and techniques for implementing program.
    3. Assess the benefits that patients experience.

IV. Module IV
   A. Selected Topics
      1. Sleep disorders

Created 9-03-97
Revised 5-15 NLL
Course Number and Title

RET 2878L: CLINICAL INTERNSHIP V

Catalog Description

This clinical course provides a continuation and solidification of the adult critical care experience. Rotations through pediatric and neonatal units are included. Students are expected to be able to perform as multi-disciplined team members within patient-case management. Additional rotations in hospitals and alternative settings including emergency, diagnostic, rehabilitation, sleep labs and rural rotations are offered. Clinical reviews are presented to prepare students for successful completion of the national registry exam upon graduation.

Course Core Objectives

Module I  Final Adult Critical Care
1. Complete final critical care rotation and competencies as assigned.

Module II  Neonatal/Pediatrics

Upon completion of this module the student will be able to:
1. Discuss physiologic considerations of respiratory care in neonatal/pediatrics.
2. Explain fetal circulation.
3. Describe the anatomy and physiology of the neonate.
4. Describe what is meant by the term "high-risk infant."
5. Explain the aspiration syndrome in the neonate.
7. Describe ventilation methods used in neonatal respiratory care.
8. Describe congenital abnormalities typically treated in respiratory care.
9. Discuss psychological considerations of dealing with neonates/pediatric patients and their parents.
10. Differentiate between the terms "birth weight" and "gestational age."
11. Perform under supervision in all areas of Pediatrics including but not limited to floor therapy, critical care and emergency medicine.

Module III  Pulmonary Rehabilitation

Upon completion of this module the student will be able to:

1. Describe the social and economic impact of Chronic Pulmonary Disease.
2. Define rehabilitation and list the goals of rehabilitation.
3. Outline a plan to care for the patient with chronic pulmonary disease in outpatient or clinical setting.
4. Identify disorders which warrant a pulmonary rehabilitation program.
5. Explain how counseling for the patient and family can help with adjustment.
6. Discuss the improvement in quality of life of a patient who has passed through a rehabilitation program.
Module IV  
**Advanced Pulmonary Function and Exercise Testing**

Upon completion of this module the student will be able to:

1. Describe the theory of helium wash-in tests.
2. Describe the theory of nitrogen wash-out tests.
3. Compare FRC results by body plethysmography to FRC by helium.
4. Explain the advantages of flow-loop studies compared to flow-time.
5. Describe the objectives of tests to evaluate gas distribution.
6. Describe the objectives of tests to evaluate gas diffusion.
8. Interpret mixed-gas pulmonary functions.
9. Describe the objectives of an exercise test.
10. Point out the contraindications of performing PFTs and exercise tests.
11. Interpret the results of an exercise test.
12. Recognize the basic components of the exercise prescription.

Module V  
**Sleep Medicine**

Upon completion of this module the student will be able to:

1. Observe patient set-up of sleep study.
2. Describe the normal stages of sleep.
3. Explain sleep-disordered breathing.

Module VI  
**Emergency Medicine**

Upon completion of this module the student will be able to:

1. Utilize clinical skills and knowledge in the assessment and treatment of emergency patients.
2. Broaden you critical thinking and communication skills.

Module VII  
**Rural Hospital**

Upon completion of this module the student will be able to:

1. Participate under the supervision of a therapist in all areas of the facility.
2. Reinforce all clinical, knowledge, communication and professional skills.

The following clinical objectives must be completed and discussed in a written paragraph format. **This must be completed in your own words. Cutting and pasting from any source will result in a failing grade/0 points earned.**

**NICU Objectives**

1. Discuss perinatal considerations such as gestational age and gestational size.
2. Describe fetal development.
3. Explain various fetal screening techniques and why they are used.
4. Discuss perinatal complications.
5. Discuss, in detail, the fetal circulation and the importance of that system.
6. Discuss the circulatory changes that should take place at birth.
7. Discuss age classification (fetus, newborn, neonate, infant, child, and adolescent).
8. Discuss pulmonary maturity/RDS predictors.
10. Describe the following cardiac anomalies and symptoms and treatment:
    • Tetralogy of Fallot
    • Coarctation of the Aorta
    • Transposition of the great vessels
    • Atrial septal defect
    • Patent Ductus Arteriosus

11. Describe the following respiratory diseases and treatment:
    • Respiratory Distress Syndrome Type I
    • Transient Tachypnea of the Newborn
    • Meconium Aspiration
    • Bronchopulmonary Dysplasia

12. Attend/observe vaginal, C-section births, meconium complicated births.
13. Describe maternal history for intrapartum risk factors.
14. Discuss APGAR scoring.
15. Discuss Dubowitz and Silverman Anderson Scoring.
16. Observe and discuss blood gas sampling from UAC, radial line, UVC, radial puncture, capillary, and cord/scalp.
17. Review patient records for labs, etc.
18. Observe/assist and discuss patient admission-neonate-weight, length, head circumference, vital signs, etc.
19. Review and discuss radiographs.
20. Observe/assist delivery of therapeutics, equipment set-up for O2 delivery; environmental equipment.
21. Set-up and test (off patient) mechanical ventilator, resuscitation equipment, suction equipment, oxygen analyzers and blenders.
22. Observe and describe quality assurance/calibration of blood gas instruments, Co-oximeter.
23. Observe and describe IV access, fluid administration.
24. Observe and describe all physiologic monitoring.
25. Observe/assist and describe Discharge Planning.

**Intubation Objectives**

1. Describe ways to displace the tongue to improve gas exchange in the semi-conscious and unconscious patient
2. Describe indications, medications and hazards of Rapid Sequence intubation
3. List indications and complications of oral and nasopharyngeal airways
4. Describe the indications and complications of LMA’s and Combitubes
5. Describe specialty tubes used in intubation and indications for use
6. List difficult airway scenarios for intubation and recommendations for each
7. Identify all the ways to confirm proper placement of and endotracheal tube
8. Identify airway risks for the intubated patient and strategies and equipment for prevention

Created 9-3-97
Revised 5-15 NLL
5th Semester – RET 2878L Clinical Internship V

The fifth clinical semester requires that the student spend approximately twelve (12) hours on Tuesday and Thursday for a total of (24 hours per week) for approximately the first seven (7) weeks of the semester in adult critical care. The remaining approximate seven (7) weeks may include Tuesday, Thursday and Friday for a total of (16-36 hours a week) in specialty rotations. The total number of weeks will be approximately 14 weeks for approximately 300 hours.

The following are required of the student:

- Clocking in and out through the DATAARC system
- Weekly clinical logs and SOAP chart
- Completing required Adult Critical Care Competencies
- Completing required Adult Diagnostic Competencies
- Compete one (1) Adult Critical Care case study’s appropriate for student level
- Complete one (1) Neonatal Intensive Care case study and one (1) Pediatric (1) Intensive Care case study
- Complete 25 physician contacts
- Carry Drug Flash Cards
- Must earn a “3’ or higher in all areas on clinical evaluation
- Daily Face Sheet and Clinical Preceptor/Student Communication Form must completed and signed by student and preceptor.

*This is the last of the Adult ICU rotations. Students should be functioning on their own with a maximum of 2 ventilator patients and additional treatments in the unit. Student should be able and willing to assist the preceptor with other patients as needed.

1st Week – 7th Week

Clinical preceptors should be able to answer student questions concerning the orientation process, charting procedures and the equipment used in performing RCP critical care procedures at their facility. The student should become familiar with the ICU policy and procedure manual and any therapist driven protocols. Daily clinical preceptor – student communication form needs to be completed along with daily clinical log and SOAP chart.

All of the Adult Critical Care and Adult Diagnostic PAC’s should have been completed by now any last minute items that were unavailable at the student’s last clinical site should be obtained as soon as possible. Student should begin working on their clinical preceptor approved case study. Remind students about obtaining physician contact time. Final Affective Domain Evaluation will be completed by the Department Manager or their designee by the end of the rotation through DATAARC.

Final evaluation and review of each student will be performed by the DCE and/or Program Director.
8th Week – 14th Week
The eighth week begins the specialty rotations through neonatal intensive care, pediatric intensive care, pediatrics, emergency room, sleep lab, pulmonary diagnostics, rural rotation and other rotations as needed. Students will review Affective Domain Evaluations and will complete clinical preceptor evaluations, hospital evaluations and program evaluations as assigned.

*The required PAC’s for Neonatal and Pediatrics are attached. The other specialty rotations do not require PAC’s. The students will continue with completing daily clinical logs and soap charts for the neonatal and pediatric rotations only as assigned.

** Daily Face Sheet and Clinical Preceptor/Student Communication Form must completed and signed by student and preceptor for all clinical activities.
Program Clinical Affiliates

Bethesda Memorial Hospital
2815 South Seacrest Blvd.
Boynton Beach, FL 33434
561-737-7733

Boca Raton Regional Hospital
800 Meadows Road
Boca Raton, FL 33486
561-395-7100

Delray Medical Center
5352 Linton Blvd.
Delray Beach, FL 33484
561-637-5347

Good Samaritan Medical Center
P.O. Box 3166
West Palm Beach, FL 33402
561-650-6408

JFK Medical Center
5301 South Congress Avenue
Atlantis, FL 33462
561-321-7000

Jupiter Hospital
1210 S. Old Dixie Highway
Jupiter, FL 33458
561-263-2234

Kindred Hospital– The Palm Beaches
5555 West Blue Heron Boulevard
Riviera Beach, FL 33418
561-840-0754

Lake Side Medical Center
39200 Hooker Hwy.
Belle, Glade, FL 33430
561-996-6571

Palm Beach Gardens Medical Center
3360 Burns Road
Palm Beach Gardens, FL 33410
561-694-7134

Rev. 6/15
Palms West Hospital  
13001 Southern Blvd.  
Loxahatchee, Fl  33470  
561-798-6008  

St. Mary’s Medical Center  
P.O. Box 24620  
West Palm Beach, FL 33416  
561-881-2851  

Wellington Medical Center  
10101 W. Forrest Hills Blvd.  
Wellington, FL 33414  
561-798-8520  

West Boca Medical Center  
21644 SR 7 (Hwy 441)  
Boca Raton, FL 33428  
561- 488-8000
RESPIRATORY CARE
CLINICAL ASSIGNMENT POLICY

Primary Objective

The primary objective desired, when designating clinical rotation assignments, is to ensure that all the students get a wide variety of clinical exposure.

Factors that are taken into consideration:
- Rotation through at least four clinical affiliates.
- Size of the clinical facility and the number of students they can accommodate.
- Exposure to adult floor therapy, trauma, cardiac services, bronchoscopy, PFT’s, ICU, NICU, PICU, pediatrics, ER, pulmonary rehab, stress testing, sleep and EKG etc.
- Class scheduling (course conflicts)
- Alternative placement

In order to assure an unbiased clinical rotation, if a student or immediate family member is employed at one of our clinical sites, the student will NOT be placed at that facility.

Factors that are NOT taken into consideration when scheduling:
- Student preference
- Student work schedule
- Student residence location

Students are allowed to submit a schedule request for any reason, but it is reiterated that they are not guaranteed to be honored. Class sizes are increased and it would be unreasonable to try to please each student in their schedule request and in order to preserve equity, we do not attempt to do so. The students are told, during the mandatory open house counseling session, that the program is a full-time commitment, and we will not attempt to schedule according to the student’s preference of clinical sites.

Final Specialty Rotations:
Opportunities for student scheduling of specialty rotations at the end of the final term, second year are possible based on:
- NICU, PICU, and Diagnostics require a Friday clinical day. This allows the student to schedule around a work day.
- Giving the student the opportunity to attend a desired site not previously attended.
- To provide the student with the opportunity for potential job recruitment.

*** Students will be appropriately supervised during their clinical rotation with either Direct or Indirect Supervision depending on competency level and course clinical plan.
*** Students at NO time will be substituted for clinical staff and may NOT receive any form of compensation for work they perform during programmatic clinical coursework.
DATA ARC RESPONSIBILITIES

STUDENT
1. Time Clock
2. Daily Logs
3. Letting the Preceptor know when you are ready to be checked off on your competencies

PRECEPTOR
1. Sign off Daily Logs
2. Student competencies

DEPARTMENT MANAGER/CLINICAL CORINATOR
1. Evaluations
DataArc is a Biomedical Education Database Service with the following functions:

- **Time Clock** tracks students' time during laboratory, clinical internship or training rotations. The time clock is password protected for each student and can be programmed to identify the computer used to enter data.

- **Tracking Daily Procedures** Database program is capable of tracking students’ observation and performance of profession specific procedures. Students can enter the database to record activities performed on a given day or shift. This helps ensure that the student learns procedures in a linear fashion by first observing procedures, performing procedures under supervision, and finally performing the procedure for competency evaluation. Instructors can validate the information at the time of submission or at a later time by using the search criteria. Instructors can track student activities for any time interval identified in the search criteria (e.g. daily, weekly, monthly, by semester). In addition summative reports can be generated and used for evaluation or printed out by the student for use in a graduate portfolio.

- **Competency Evaluations** are evaluations of profession specific procedures. The system includes evaluation forms for each of the procedures that the student is required to master. Instructors can track student progress in completing competencies as they progress through the professional respiratory care program. Search options allow reports specific to individual students for a variety of time intervals. As with Daily Procedures summative competency reports can be generated and used for evaluation or printed out by the student for use in graduate portfolio.

- **Automated Survey System** that allows data input through the Internet and both data retrieval and statistical reports from the same internet site. Participants are provided with the URL, login, and password that gives them access to the surveys. Faculty can use the reporting function to provide automated data reports and statistical analysis. The system also sorts and collates the typed comments in an easy to analyze format.

- **Student training and required PAC’s.** A complete in service training session will be conducted by the Director of Clinical Education at the beginning of the first semester. All requirements for clinical competencies will be outlined in the syllabus for the specific clinical internship.
Data Arc Policy

1. All clinical face sheets and logs must be signed by the student’s preceptor. If they are not signed off they will be returned to the student and the student will receive 10% reduction in grade for each day late including that day and each day thereafter.

2. Students will then enter their clinical logs into the Data Arc system where they will be later validated by your clinical instructor after they have been reviewed and verified for authenticity. The student will receive 10% reduction in grade for each day late including that day and each day thereafter.

3. Competencies completed will be listed on the face sheet and individually signed off by the student’s preceptor using full signature and credentials. The student will receive 10% reduction in grade for each day late including that day and each day thereafter.

4. Please have the preceptor enter the competency into Data Arc where it will later be checked and verified as valid by the clinical instructor.

5. All students will continue to clock in and out using Data Arc failure to do so may result in the student being considered absent and having to make-up the day.
Daily Clinical Policies

Clinical Time
The student MUST complete a total of approximately 1000 hours of clinical time in the Affiliate hospitals. Included are clinical class lectures and any activities incorporated into the clinical phase of the program. The designated clinic start times will be determined by the day shift schedule of each institution. It is recognized that some students may need to have more creative scheduling due to certain co-requisite requirements. Any such arrangements will be done only through the cooperation of the Program Faculty, Hospital Staff and the student concerned. During clinical’s two 15 minute breaks and a 30 minute lunch break will be allotted. One hour of coordinated study will be spent daily in all affiliated hospitals. This study time will be omitted when in-services are held, conference with the Director of Clinical Education (DCE) or clinical adjunct designee, or when attending physician lectures. Students must notify their clinical instructor whenever leaving the hospital and are responsible for making sure that the instructor/preceptor has signed off on their clinical logs. ALL missed time must be made up unless legitimate excuse is accepted and arranged by the DCE or Program Director.

Clinical Procedures
As a guideline, the student SHOULD NOT be assigned more than FIVE respiratory therapy patients that receive routine procedures such as IPPB, CPT, Aerosol, etc. and no more than TWO critical care patients. The student may assist with other patients as needed. No student will be assigned to do any procedure alone unless he/she has successfully completed that particular Procedure for Assessing Competence (PAC) for the assigned procedure. The student and the designated clinical preceptors will be thoroughly in serviced as to the proper implementation of the PAC system through DATAARC by the DCE who will be ultimately responsible for the process there of.
DATAARC will be used for all record keeping regarding all procedures performed. The student will record all procedures performed for that day and the clinical preceptor will review the record with the student prior to electronically signing.
This form is not an evaluation of clinical practice but serves as a record for documenting the number of times a procedure was observed, performed with assistance, or performed on own and to evaluate student progress. Procedures should be observed and performed with assistance a minimum of three times prior to completing the PAC. Once completed, only then, will the student then be allowed to perform the procedure on their own.
DATAARC keeps a tally of all procedures and this information will be reviewed by the DCE and/or clinical adjunct designee and each individual student will be held during the clinical phase to advise him/her of progress being made. A final conference with the student and the DCE and/or clinical adjunct designee and/or program director will be made before the student rotates to another affiliate hospital.

Clinical Logs and SOAP Chart
One daily clinical log and SOAP chart will be completed by the student per week. This should be done during the one hour of coordinated study that will be spent daily in all affiliated
hospitals. They must be reviewed and signed off by the clinical preceptor prior to being turned in for a clinical grade.

**Clinical Patient Case Study**

In performing procedures in respiratory therapeutics the student will be expected to review and research patient’s history to find what tests, diagnostic procedures, nursing care comments, etc. have been made in order to better understand the rationale behind the performance of the particular respiratory therapy procedure. The student shall have some knowledge or understanding of everything in this report that pertains directly or indirectly to respiratory care. At no time will the patients’ charts be photocopied or copied or transmitted on a Facsimile (FAX) machine (HIPPA).

Rev. 6/15
Procedure for Assessing Competence (PAC)

The Evaluator’s Role
The evaluator must perform at least two different roles. These roles involve clinical instruction and evaluation. As instructors, we provide direct clinical supervision and facilitate learning. As evaluators our role as instructor is significantly reduced. Therefore, the student feels that they have mastered a procedure they will schedule and evaluation session, the evaluator must make the assumption that the student is fully prepared to demonstrate mastery **without assistance of any kind**. If it becomes necessary for the evaluator to intervene wither to safeguard the patient’s welfare or to expedite completion of the procedure, the student must practice and repeat the evaluation session.

The Student’s Role
Before each formal evaluation session, the student should:
1. Review the appropriate evaluation PAC.
2. After reviewing the PAC, meet with the preceptor to discuss any points of confusion.
3. Practice the performance elements with a fellow student until you feel confident that you can perform the procedure perfectly and without assistance.
4. Meet with your preceptor and schedule and evaluation session.
5. Review, if possible, the patients’ chart prior to the scheduled evaluation session.
6. Be prepared, ensure all necessary equipment is readily available.

The evaluator will tell you when to begin the procedure and will provide assistance if requests or if he/she judges it to be necessary. The type and amount of assistance provided will be considered in your overall evaluation.

The Director of Clinical Education’s Role (DCE)
The DCE will coordinate the student’s activities within the affiliate hospitals. In conjunction with the preceptors/evaluators the DCE will evaluate the student’s progress and act as mediator between the hospital and the college in regards to clinical education. The DCE will maintain records and attend to the needs of student and the preceptor alike as benefits the program and the goals of the clinical experience. In order to function in this capacity, the DCE will maintain a close relationship with the program director, the medical director and department managers.

Laboratory Phase
This is a pre-clinical evaluation. Following instruction, the student will be evaluated on performance of procedure in a laboratory setting. After successfully completing the Laboratory Phase evaluation, the student is ready to perform the procedure in a clinical setting with supervision.
Clinical Phase of Evaluation

The clinical phase of evaluation is done in the clinical setting. The evaluations should be scheduled after the student has had a sufficient number of opportunities to practice performing the procedure with supervision. Successful completion is evidence that the student is ready to perform the procedure with little or no supervision (although the student may be supervised at any time). It is the responsibility of the student to schedule their final evaluation. The student maybe asked to demonstrate proficiency on any procedure at any time thought-out the program.

Attempts

The student may attempt a PAC more than once, if necessary. However, it is recommended that they practice the procedure often enough to guarantee success in the evaluation session. If a student does not pass an evaluation they cannot schedule a reevaluation for the same clinical day. Note: If the evaluator determines that additional practice and reevaluation is required following the students second attempt, the student will not be permitted to schedule at third attempt until the student has scheduled and completed a conference with the DCE.

Scoring and Comments

Since we are all working in the medical field, and any mistakes that are made can affect the well being of the patient, we expect the student to make a perfect score. As the student performs each of the performance elements which make up a clinical procedure, the evaluator will mark: Satisfactory, Unsatisfactory, Not Observed or Not Applicable. Additionally, the evaluator will provide a Summary Performance Evaluation and mark Satisfactory, Unsatisfactory, Not Observed or Not Applicable. The evaluator will provide additional feedback in the “Comments” section of the evaluation form.

Rev. 6/15
ADULT FLOOR CARE
COMPETENCIES (25 Required)
RET 1875L

GENERAL
• Basic Life Support
• Hand Washing
• Isolation Procedures
• Charges (Observation)

PATIENT DATA
• Vital Signs
• Chest Assessment
• Patient Assessment
• X-Ray Interpretation

OXYGEN THERAPY – (5 Required)
• Nasal Cannula
• Simple Mask
• Partial Rebreather
• Non-Rebreather
• Air Entrainment Mask
• Pulse Oximetry
• Transport with Oxygen

AEROSOL AND HUMIDITY THERAPY - (2 Required)
• Face Tent
• Face Mask
• Trach Collar
• T-Piece
• Ultrasonic Nebulizer

AEROSOL DRUG ADMINISTRATION - (2 Required)
• Metered Dose Inhaler
• Dry Powder Inhaler
• Small Volume Nebulizer

HYPERINFLATION THERAPY – (2 Required)
• Incentive Spirometry
• Intermittent Positive Pressure Breathing/EZ-PAP

BRONCHIAL HYGIENE- (4 Required)
• Chest Physiotherapy
• Coughing
• Breathing Exercises
• Mucous Clearance Adjuncts/Flutter Valve
• MetaNeb
• Intrapulmonary Percussive Ventilation

Preceptor – Print Name _____________________________ Initial’s_________
DIAGNOSTIC
COMPETENCIES (3)
RET 1876C

Date and Preceptor’s Initial’s

PULMONARY FUNCTION TESTING
- Peak Flow - REQUIRED
- Bedside Spirometry – (Recommended)
- Spirometry (Observation)
- Methacholine Challenge (Observation)
- Nitrogen Washout/ Helium Dilution Diffusion Study (Observation)
- Plethysmography (Observation)
- Pulmonary Function Test Quality Assurance (Observation)

ARTERIAL BLOOD GASES
- ABG Sampling - REQUIRED
- ABG Analysis (Observation)
- ABG Analyzer Quality Assurance (Observation)

HEMODYNAMIC MONITORING
- Arterial Line Sampling - REQUIRED
- Pulmonary Artery Line Sampling (Observation)
- Pulmonary Artery Pressure Measurement (Observation)
- Thermodilution Cardiac Output Measurement (Observation)

PULMONARY TESTING
- Bronchoscopy Assisting (Observation may be Performed with assistance)
- Metabolic Assessment (Observation)
- Six Minute Walk Test (Observation)
- Stress Testing (Observation)
- Adult Sleep Studies (Observation)

RADIOLOGY TESTING
- Lung Scan (Observation)
- Computed Tomography Scan (Observation)
- Magnetic Resonance Imaging (Observation)

CARDIOLOGY TESTING
- Electrocardiography (Recommended)
- Cardiac Catheterization (Observation)
- Echocardiography (Observation)
- Holter Monitoring (Recommended)

Preceptor – Print Name _____________________________ Initial’s ________
ADULT CRITICAL CARE
COMPETENCIES (26)
RET 2877L

Date and Preceptor’s Initial’s

RESUSCITATION
- Setup and Ventilation via Endotracheal Tube (Ex. Patient coming from OR)
- Setup and Ventilation via Mask (BVM ventilation/intubation/vent set-up)
- CPR Airway and Ventilation
- Adult CPR Compressions

SUCTION PROCEDURES
- Endotracheal Suctioning
- Nasotracheal Suctioning
- Tracheal Suctioning
- In-Line Suctioning

ENDOTRACHEAL TUBE/ TRACHEOSTOMY CARE
- Securing Artificial Airway
- Tracheostomy Care
- Cuff Management
- Heat/Moisture Exchanger
- Intubation (Possible OR Rotation, Not Required)
- Extubation

AEROSOL DRUG ADMINISTRATION
- In-Line Metered Dose Inhaler
- In-Line Small volume Nebulizer

VENTILATORY CARE
- Ventilator Setup (New patient set-up or for cleaning equipment and set-up)
- Routine Ventilator Check
- Ventilator Parameter Change
- Ventilator Circuit Change (On a patient)
- Ventilator Graphics Analysis
- Capnography (Recommended, Not Required)

WEANING FROM MECHANICAL VENTILATION
- Weaning Parameters
- Weaning

NONINVASIVE POSITIVE PRESSURE VENTILATION
- Noninvasive Ventilator Setup
- Noninvasive Ventilator Check

OXYGEN ADMINISTRATION
- High Flow Nasal Cannula (HFNC) 10-60 LPM

PATIENT TRANSPORTS
- Manual Ventilation during Transport
- Transport Ventilation Setup

Preceptor – Print Name _____________________________ Initial’s ________
ADULT CRITICAL CARE COMPETENCIES
Spring RET 2878L
(Any 15 of your choice in addition to anything not completed in RET 2877L)

RESUSCITATION
• Setup and Ventilation via Endotracheal Tube (Ex. Patient coming from OR)
• Setup and Ventilation via Mask (BVM ventilation/intubation/vent set-up)
• CPR Airway and Ventilation
• Adult CPR Compressions

SUCTION PROCEDURES
• Endotracheal Suctioning
• Nasotracheal Suctioning
• Tracheal Suctioning
• In-Line Suctioning

ENDOTRACHEAL TUBE/ TRACHEOSTOMY CARE
• Securing Artificial Airway
• Tracheostomy Care
• Cuff Management
• Heat/Moisture Exchanger
• Intubation (Possible OR Rotation, Not Required)
• Extubation

AEROSOL DRUG ADMINISTRATION
• In-Line Metered Dose Inhaler
• In-Line Small volume Nebulizer

VENTILATORY CARE
• Ventilator Setup (New patient set-up or for cleaning equipment and set-up)
• Routine Ventilator Check
• Ventilator Parameter Change
• Ventilator Circuit Change (On a patient)
• Ventilator Graphics Analysis
• Capnography

WEANING FROM MECHANICAL VENTILATION
• Weaning Parameters
• Weaning

NONINVASIVE POSITIVE PRESSURE VENTILATION
• Noninvasive Ventilator Setup
• Noninvasive Ventilator Check

OXYGEN ADMINISTRATION
• High Flow Nasal Cannula (HFNC) 10-60 LPM

PATIENT TRANSPORTS
• Manual Ventilation during Transport
• Transport Ventilation Setup

PATIENT DIAGNOSTICS
• Arterial Blood Gas Sampling
• Arterial Line Sampling

Preceptor – Print Name _____________________________ Initial’s ________
NEONATAL CRITICAL CARE
COMPETENCIES (10 Required)

Date and Preceptor’s Initials

PATIENT DATA (All Required)
  • Vital Signs
  • Chest Assessment
  • Patient Assessment
  • X-Ray Interpretation

OXYGEN THERAPY (2 Required)
  • Nasal CPAP
  • Oxygen hood
  • Nasal Cannula
  • Pulse Oximetry
  • Transcutaneous Monitoring

AEROSOL DRUG ADMINISTRATION (1 Required)
  • Metered Dose Inhaler via Manual Resuscitator
  • Small Volume Nebulizer via Blowby
  • In-Line Metered Dose Inhaler
  • In-Line Small Volume Nebulizer

BRONCHIAL HYGIENE (Recommended/Observation)
  • Chest Physiotherapy

RESUSCITATION (Recommended/Observation)
  • Manuel Ventilation via Endotracheal Tube
  • Setup and Ventilation via Mask
  • Newborn Assessment/ Resuscitation
  • Neonatal CPR
  • Infant Apnea Monitoring

SUCTION PROCEDURES (1 Required)
  • Bulb Suctioning
  • Endotracheal Suctioning
  • Nasotracheal Suctioning
  • In-Line Suctioning

ENDOTRACHEAL TUBE/TRACHEOSTOMY CARE (Recommended/Observation)
  • Securing Artificial Airway
  • Tracheostomy Care
  • Extubation

VENTILATORY CARE (2 Required)
  • Ventilator Setup
  • Routine Ventilator Check
  • Ventilator Parameter Change
  • Ventilator Circuit Change
  • Surfactant Replacement Administration

WEANING FROM MECHANICAL VENTILATION (Recommended/Observation)
  • Weaning

PATIENT TRANSPORTS (Recommended/Observation)
  • Manual Ventilation during Transport
  • Transport Ventilation Setup

BLOOD GAS (Recommended/Observation)
  • Arterial Blood Gas Sampling
  • Capillary Blood Gas Sampling

Preceptor – Print Name _____________________________ Initial’s _______
PEDIATRIC CRITICAL CARE COMPETENCIES

OXYGEN THERAPY
- Oxygen hood

AEROSOL AND HUMIDITY THERAPY
- Aerosol Trach Collar
- Tracheal HME with Oxygen Adaptor

RESUSCITATION
- Setup and Ventilation via Endotracheal Tube
- Infant Setup and Ventilation via Mask
- Pediatric CPR Airway and Ventilation
- Pediatric CPR Compressions

SUCTION PROCEDURES
- Bulb Suctioning
- Endotracheal Suctioning
- Nasotracheal Suctioning
- Tracheal Suctioning
- In-Line Suctioning

ENDOTRACHEAL TUBE/TRACHEOSTOMY CARE (Recommended/Observation)
- Securing Artificial Airway
- Tracheostomy Care
- Cuff Management
- Extubation

AEROSOL DRUG ADMINISTRATION
- In-Line Metered Dose Inhaler
- In-Line Small Volume Nebulizer
- Small Particle Aerosol Generator
- Seimens 300 Ultrasonic Nebulizer

VENTILATORY CARE
- Ventilator Setup
- Routine Ventilator Check
- Ventilator Parameter Change
- Ventilator Circuit Change

WEANING FORM MECHANICAL VENTILATION
- Weaning

NONINVASIVE POSITIVE PRESSURE VENTILATION (Recommended/Observation)
- Noninvasive Ventilator Setup
- Noninvasive Ventilator Check

PATIENT TRANSPORTS
- Manual Ventilation during Transport
- Transport Ventilation Setup

Preceptor – Print Name _____________________________ Initial’s_________
PEDIATRIC FLOOR CARE
COMPETENCIES
(6 Required)

Date and Preceptor’s Initial’s

GENERAL (Recommended/Observation)
• Basic Life Support

PATIENT DATA (4 Required)
• Vital Signs
• Chest Assessment
• Patient Assessment
• X-Ray Interpretation

OXYGEN THERAPY (1 Required)
• Oxygen hood
• Nasal Cannula
• Simple Mask
• Non-Rebreather
• Air Entrainment Mask
• Pulse Oximetry
• Transport with Oxygen

AEROSOL AND HUMIDITY THERAPY (Recommended/Observation)
• Aerosol/Oxygen Tent
• Aerosol Face Mask
• Ultrasonic Nebulizer
• Tracheal HME with Oxygen Adaptor

AEROSOL DRUG ADMINISTRATION (1 Required)
• Metered Dose Inhaler via Mask or Mouthpiece
• Dry Powder Inhaler
• Small Volume Nebulizer via Mask, Mouthpiece, or Blowby

HYPERINFLATION THERAPY (Recommended/Observation)
• Incentive Spirometry

BRONCHIAL HYGIENE (Recommended/Observation)
• Chest Physiotherapy
• Mucous Clearance Adjuncts
• Intrapulmonary Percussive Ventilation

Preceptor – Print Name _____________________________ Initial’s_________
Minimum acceptable points for each field experience are 15 points. 1 point for each 15 minutes of physician contact in the clinical setting. Large Group Formal Educational Meetings may be assigned in addition to the minimum requirements.

I. Patient Focused Physician Interaction: Interaction experience with a physician related to the management of the respiratory care of patients (4 points per hour):

   Assist Physician
   - Bronchoscopy
   - Resuscitation
   - Intubation
   - Tracheostomy
   - Chest Tube Insertion

   Determine appropriate respiratory care
   - Respiratory Therapy Consults (performance evaluation)
   - Ventilator Management (performance evaluation)

II. Physician Tutorial: Interaction experience with a physician related to discussion of some aspect of respiratory care without patient interaction (3 points per hour):

   - Review of research article
   - Discussion of respiratory procedures

III. Small Group: Formal and informal presentations (2 points per hour):

IV. Physician’s Rounds
   - Pulmonary Conferences
   - Medical Director Meetings with students
   - Case Presentations
   - Physician lectures

V. Large Group: Formal educational experiences (1 point per hour):

   Professional Conference

Rev.6/15
Minimum acceptable points for each field experience are 25 points. 1 point for each 15 minutes of physician contact in the clinical setting. Large Group Formal Educational Meetings may be assigned in addition to the minimum requirements.

I. Patient Focused Physician Interaction: Interaction experience with a physician related to the management of the respiratory care of patients (4 points per hour):

- Assist Physician
  - Bronchoscopy
  - Resuscitation
  - Intubation
  - Tracheostomy
  - Chest Tube Insertion

- Determine appropriate respiratory care
  - Respiratory Therapy Consults (performance evaluation)
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- Pulmonary Conferences
- Medical Director Meetings with students
- Case Presentations
- Physician lectures

V. Large Group: Formal educational experiences (1 point per hour):

- Professional Conference
NAME:_________________________ DATE:____________________________

CLINICAL SITE:_______________COURSE:  1874  1875  1876  2877  2878

THERAPIST ASSIGNED TO:___________________CLINIC TIMES_____a.m. to____ p. m.

AREA ASSIGNED: (Mark the areas assigned during daily clinical experience)

Adult Floor Care____ Adult ICU____ Trauma____ NeuroICU____ NBICU____ PICU____
Pedi Floor Care____ Skills Lab____ MD Rounds____ Hyperbaric____ PFT____ Subacute____
Physiologic Monitoring____ Other____

PROCEDURES PERFORMED/OBSERVED: (Indicate the number of procedures performed in each category)

1.02 Rounds____  2.02 Therapy____  3.CMV____  4.CPR____  5.Aerosol Rounds____  6.ABG____
7.IPPB____  8.IS____  9. PEP Therapy____  10.CPT____  11Flutter Valve____  12. SAN Therapy____
18. Other ____

PHYSICIAN CONTACT:

1.NAME____________________________ TOPIC___________________ DURATION____
2.NAME____________________________ TOPIC___________________ DURATION____

PRECEPTOR FEEDBACK TO STUDENT: (To include constructive criticism as a formative tool to aid the student in meeting overall objectives of this clinical rotation)

_________________________________________________________________________
Preceptor Signature

PERSONAL ASSESSMENT OF DAILY ACTIVITIES: (Objectives on reverse side)
PALM BEACH STATE COLLEGE
RESPIRATORY CARE PROGRAM
Daily Clinical Preceptor – Student Communication Form

Name: ______________________  Date: __________

Clinical Site/Rotation: ______________________

Student is on target for clinical level/autonomy per program handbook: _____Y _____N

Clinical Skill Level (strength and area in need of improvement):
__________________________________________________________________________
__________________________________________________________________________

Interpersonal/Communication Skill Level (strength and area in need of improvement):
__________________________________________________________________________
__________________________________________________________________________

Appearance/Dependability/Reliability (strength and area in need of improvement):
__________________________________________________________________________

Remediation Plan:
__________________________________________________________________________
__________________________________________________________________________

Student Response:
__________________________________________________________________________
__________________________________________________________________________

I (the student) am satisfied with frequency of evaluations and opportunities for remediation: _____Y _____N

Student Printed Name

Student Signature

Clinical Preceptor Printed Name/Initials

Clinical Preceptor Signature
CLINICAL INTERNSHIP II LOG

Student:_________ Date:_____ Clinical Time: Start_____ Stop_____ 

PATIENT INFORMATION:

Age: _____ Height______ Sex____ Weight____ Lbs____ Kg____ IBW____

RESPIRATORY CARE PLANNING PROCESS:

Admitting Diagnosis:____________________________________________________

Current Diagnosis:____________________________________________________

Respiratory Care Order as Written:_______________________________________

____________________________________________________________________

Indication for the Order:_______________________________________________

____________________________________________________________________

If Medications are Ordered:

Drug (Generic and Trade Name):

Method of Administration:

Classification:

Dosage:

Action:

Indication:

Adverse Reactions:

What are the Objectives of the therapy and the expected outcomes?
How will you monitor to see if the objectives are met and outcomes achieved?

Questions and Calculations (Always include units)

1. Is there any application of Fick’s Law of Diffusion here? Discuss

2. Oxygen Therapy:
   a. Device -
   b. Low Flow or High Flow?
   c. FIO2?
   d. PIO2?
   e. PAO2?

   f. Estimate of expected PaO2 for this FIO2?

   g. Measured PaO2? Explain any difference between expected and measured.
h. A-a gradient

i. P/F ratio

3. Completely discuss ABG’s:

Acid-base status and probable cause:

Compensation? Correction? How?

Interpretation of Oxygenation status (PaO2, SaO2, SpO2, CaO2, DQ2)

4. What FIO2 would you choose to give your patient an 80 PaO2? (Use Isoshunt lines or formulas.)

5. Discuss patients chest film and relate to clinical findings.
<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
<th>Assessment</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>VITAL SIGNS: RR</td>
<td>HR</td>
<td>BP</td>
<td></td>
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<tr>
<td>Temp.</td>
<td>On antipyretic agent?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CHEST ASSESSMENT:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Insp.</td>
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<tr>
<td>Palp.</td>
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<td>Perc.</td>
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<tr>
<td>Ausc.</td>
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<tr>
<td>RADIOGRAPHY</td>
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<tr>
<td>BEDSIDE SPL.</td>
<td>PEFR</td>
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<tr>
<td>SVC</td>
<td>FVC</td>
<td>NIF</td>
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<tr>
<td>Cough:</td>
<td>Strong</td>
<td>Weak</td>
<td></td>
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<tr>
<td>SPUTUM PRODUCTION:</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>SPUTUM CHAR.</td>
<td></td>
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<tr>
<td>ABG:</td>
<td>pH</td>
<td>Paco₂</td>
<td>HCO₃⁻</td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Diagram:**

- **Anterior**
- **Posterior**

**Pt. name:**

**Age**  
**Male**  
**Female**

**Date**  
**Time**

**Admitting diagnosis:**

**Therapist:**

**Hospital:**

**Present Plan**

**Plan Modifications**
INSTRUCTIONS FOR USE OF THE CRITICAL CARE CLINICAL INTERNSHIP LOG

INTRODUCTION

Proper monitoring and assessment of the critically ill patient is absolutely necessary for the Advanced Respiratory Care Practitioner. Communication between health care professionals, continuity of care, and appropriate interventions can best be achieved by gathering as much pertinent data regarding your patient as possible. The goal of this log is to help you gather information necessary for you to develop a global understanding of your patient's condition. By striving for this goal the respiratory care student should have more meaningful discussions with their preceptor, critical care nurses, and the patient's physician, thereby positively impacting patient care. An understanding of the pathophysiology involved must be demonstrated (i.e., Heart Failure and Pulmonary Edema, Hypertension, CAD, MI, ARDS, etc.). The student must know the appropriate indications, dosage, and mechanism of action for all respiratory and cardiovascular pharmacologic agents.

Events Leading to Mechanical Ventilation:

It is important for the student to have a clear understanding and be able to describe the events that required their patient to be intubated and mechanically ventilated. If non-invasive positive pressure ventilation is used criterion for initiation must be described.

Initial Mechanical Ventilator Settings:

Based on the data collected above completely discuss the rationale for these settings.

Current Mechanical ventilator Settings:

If changes have been made discuss the following;

- Basis for the change
- Inspiratory Time
- Expiratory Time
- Total Cycle Time
- I:E Ratio
- Peak Inspiratory Pressures
- Plateau Pressures
- Mean Airway Pressure
- Auto-PEEP
- Potential Physiologic Changes
If the patient is being weaned, discuss criterion used.

The student shall demonstrate understanding of the following:

*Why discontinuation and weaning strategies are important.*

*When should ventilator discontinuation be considered?*

- Underlying disease stable and improving
- PaO2/FIO2 > 200
- PEEP < 10 cm H2O
- Reliable respiratory drive
- Stable cardiovascular status with minimal inotropes and pressors

**Criteria to predict discontinuation success**

- **Mechanical Factors:**
  - MV < 15 L/Min
  - MIF < -25 cm H2O
  - VC > 10 ml/kg
  - f/VT < 105

- **Patient Assessment**
  - Lack of the following:
    - Dyspnea
    - Accessory muscle use
    - Abdominal paradox
    - Agitation/anxiety/tachycardia

- **Management of the not-yet-ready-to-be-discontinued patient on the ventilator**

- **Comparison of different approaches**

- **Other considerations for weaning (position, feedings, gastric distension, etc.)**

Is the patient being weaned from mechanical ventilation? Why?

Completely discuss the rationale.

Is the patient to be extubated? Why or why not?

Discuss.

Completely discuss your physical assessment of this patient.

Refer to appropriate chapters in:

- Wilkins - Clinical Assessment in Respiratory Care
- Egan’s - Fundamentals of Respiratory Care
- Oakes - Clinical Practitioners Pocket Guide to Respiratory Care

Make sure you discuss clinical indicators of perfusion.
Completely discuss their Chest X-ray:

Do these findings correlate with your physical assessment?
How might these be expressed physiologically?
Is there anything you would recommend to help normalize these?

Vital signs:

Refer to the same textbooks as above.
Explain importance of your findings (i.e., increased temp., increases metabolic rate increasing O2 consumption).

EKG Findings:

Describe the rhythm.
Discuss how it might effect cardiac function.
Could it alter hemodynamics?
What would you look for clinically?

Hemodynamics:

Defined as the forces involved in circulating blood round the body.
Non-invasive should have been covered in Vital signs.
Discuss your findings from invasive monitoring. Significance of, therapy for, etc.
If no PA catheter but you know thy have LV failure, mitral stenosis, etc., what would you expect to see if had PA catheter?

Arterial Blood Gas Results:

Interpretation
Significance to this patient
How to correct?
Include units and FIO2.

SpO2 and ETCO2:

Significance?
Correlation to ABG’s?
Discuss.

Other Laboratory Data:

Include units.
Interpret data
BUN and Cr – common screening test for renal function (>20 mg/dL indicate
Decreased filtration and thereby retention of urea leading to increased BUN. Other conditions such as shock and heart failure, in which there is decreased renal perfusion and thereby decreased filtration, also cause an elevated urea level. Diet (protein intake), the state of hydration, and various hormones that affect protein metabolism also influence BUN.

This is just one example.

Intake and Output:

This is very important information in the critically ill patient. Please provide me with the latest 24 hour data and then for the shift that you were on. Please also breakdown components of I and O.

Nutrition:

"Patients on mechanical ventilation are under significant physiologic stress and are at risk for deterioration of nutritional status. The patient's nutritional state is vitally important to outcome because it is fundamentally associated with overall pulmonary status, immune competence, and the patient's ability to mount an overall stress response. Caloric requirements and nutritional needs are not easily anticipated clinically or accurately predicted by conventional equations. Complications occur from both under- and overfeeding, and the clinical consequences of Inappropriate feeding are not always readily discernable at the bedside by the health care practitioner. Indirect calorimetry, therefore, becomes a useful tool for designing nutrition support regimens that precisely meet caloric requirements."

Please begin asking questions regarding your patient's nutritional support and report here. When nutritional assessment is covered, please give more detail.

Pharmacologic Agents:

Respiratory: Drug, Indications, Dosage, Desired affect, Mechanism of action, adverse Rxs.

Cardiovascular: Drug, indication, dosage, mechanism of action, adverse Rxs.

Other: Diuretics, sedatives, narcotics, etc.

Summary:

Give a brief summary of your patient. Where they have been, where they are (current status), and where they are going (what is the care plan).

ALWAYS INCLUDE UNITS AND ON THE CALCULATED DATA GIVE MEANING TO THE NUMBERS
CRITICAL CARE CLINICAL INTERNSHIP LOG

Student: _______________ Date: ___________ Clinical Time: Start ___ Stop ___

PATIENT INFORMATION:

Age: ___ Height ___ Sex ___ Weight lbs ___ Kg ___ Ideal Body Weight (IBW) ___

Admitting Diagnosis:

Current Diagnosis:

Events Leading to Mechanical Ventilation:

Initial Mechanical Ventilator Settings:

Current Mechanical Ventilator Settings (Always Discuss Graphics)

If the patient is being weaned, discuss criterion used.
Is the patient being liberated from mechanical ventilation? Why?

Is the patient to be extubated? Why or why not?

Completely discuss your physical assessment of this patient.

Completely discuss their Chest X-ray.

Vital Signs:

EKG Findings:
Hemodynamics:

Arterial Blood Gas Data:

SpO2 and ETCO2:

Other Laboratory Data:

Intake and Output:

Nutrition:
Pharmacologic Agents:
Respiratory:

Cardiovascular:

Other:

Your Summary:

**PRECEPTOR FEEDBACK TO STUDENT** (Very important constructive criticism to serve as a formative tool to aid the student in meeting overall objectives of this clinical rotation).

Preceptor Signature_________________ Student Signature_________________
Calculations:
Alveolar PO2
P(A-a)O2
a/A ratio
P/F ratio
CaO2
C(a-v)O2
% Shunt (calculated or estimated)
FIO2 for a desired PaO2 of 90 mmHg
Corrected Tidal Volume
Static Compliance
Dynamic Compliance
Airway Resistance
RSBI

Incorporate the calculated data where applicable.
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<td>Admitting Diagnosis</td>
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### Artificial Airway

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### Mechanical Data

| TIME | MODE | SAT RATE | SET VT | FIO2 | PS | HI DIA | RISE TIME | EXH SENS | PEAK FLOW | V/F | PS | ENS | I/E | WAVE FORM | INIT | VT | REPE FIO2 | CENT PORT | PEAK PORT | FLOW PORT | RISE PRESS | FLOOD PRESS | PULSE PRESS | STAT COMP | MAN SHORT | VE | SPORT LONG VT | SPORT SHORT VT | TOTAL VT | EP | RR | SpO2 | ClO2 | SV02 | ROX | TEMP | HIGH | LOW | HIGH HR | CLIN INIT |
|------|------|----------|--------|------|----|-------|-----------|----------|-----------|-----|----|-----|-----|-----------|------|----|----------|-----------|-----------|-----------|-----------|-----------|-----------|-------|-----|----------|-----------|---------|-----|-----|-------|------|------|-----|------|------|-----|-------|---------|

### Patient Data

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<th>COMMENTS</th>
<th>TIME</th>
<th>PH</th>
<th>PCO2</th>
<th>PO2</th>
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### Equipment Changes

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### Weaning Parameters

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### Alarms

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Note: The table contains data for mechanical, patient, and equipment changes, along with alarms and weaning parameters. The specific values are not legible due to the image quality.
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<th>HR</th>
<th>BP</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BS</th>
<th>Secretion:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETT size:</th>
<th>Tube Secure:</th>
<th>cm</th>
<th>side</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vent. Settings:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vent. Changes:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PIP</th>
<th>P mean</th>
<th>Compliance</th>
<th>P plat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABG:</th>
<th>20___</th>
<th>ABG:</th>
<th>20___</th>
</tr>
</thead>
<tbody>
<tr>
<td>pH</td>
<td>7.35-7.45</td>
<td>pH</td>
<td>7.35-7.45</td>
</tr>
<tr>
<td>Pco2</td>
<td>35-45</td>
<td>Pco2</td>
<td>35-45</td>
</tr>
<tr>
<td>PaO2</td>
<td>80-100</td>
<td>PaO2</td>
<td>80-100</td>
</tr>
<tr>
<td>HCO3</td>
<td>22-28</td>
<td>HCO3</td>
<td>22-28</td>
</tr>
<tr>
<td>BE</td>
<td>+2 to -2</td>
<td>BE</td>
<td>+2 to -2</td>
</tr>
<tr>
<td>FiO2</td>
<td>SAT</td>
<td>FiO2</td>
<td>SAT</td>
</tr>
<tr>
<td>Hb</td>
<td>SpO2</td>
<td>Hb</td>
<td>SpO2</td>
</tr>
<tr>
<td></td>
<td>12-18g/dL</td>
<td>Hb</td>
<td>SpO2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAB DATA:</th>
<th>20___</th>
<th>Complete Blood Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Chemistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Na</td>
<td>135-145 mEq/L</td>
<td>WBC</td>
</tr>
<tr>
<td>K</td>
<td>3.5-5.0 mEq/L</td>
<td>RBC</td>
</tr>
<tr>
<td>Cl</td>
<td>95-110 mEq/l</td>
<td>Hct</td>
</tr>
<tr>
<td>Ca</td>
<td>25-33 mEq/L</td>
<td>Platelet</td>
</tr>
<tr>
<td>BUN</td>
<td>6-22 mg/dl</td>
<td>****</td>
</tr>
<tr>
<td>Creatinine</td>
<td>0.6-1.3 mg/dl</td>
<td>***</td>
</tr>
<tr>
<td>Tot. Protein</td>
<td>6.3-7.9 g/dl</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Albumin</td>
<td>3.5-5.0 g/dl</td>
<td>MRSA</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>150-220 mg/dl</td>
<td>Bacteria</td>
</tr>
<tr>
<td>Glucos</td>
<td>70-110 mg/dl</td>
<td>Culture</td>
</tr>
<tr>
<td>Intake</td>
<td>Output</td>
<td>Net</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest X-ray</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weaning:</th>
<th>Extubation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Immediate history leading to hospital admittance

Admitting diagnosis

History
  occupational
  family/social
  smoking
  medical (pre-existing conditions)/surgical (previous surgeries)

Physical examination-DO NOT ABBREVIATE, i.e., WD, WN, WF in NAD
  general appearance & extremities-presence of cyanosis, edema, clubbing, reflexes
  vital signs (temperature, respiratory rate, pulse, BP-you may use T, P, R, BP)
  review of systems (ROS)
    respiratory-IPPV
      cardiac-rate, rhythm, sounds, perfusion, qualitative pulses, capillary refill, neck veins
      mental status-alertness, confusion, obtunded, etc
      renal-urine output status-foley catheter or other
      hepatic-palpate abdomen over liver
    general impression by primary physician

Laboratory/diagnostic data (on admission, changes during hospital stay)
  Chest radiograph/CT/MRI-list remarks and impression
  Hematology-list values, interpretation, and your rationale why abnormal
  Chemistry-list values, interpretation, and your rationale why abnormal
  ABGs-list values, vent settings, interpret acid base status and oxygenation status
  EKG-list any abnormalities and interpret
  Sputum analysis-list abnormalities and source of infection/abnormality
  Urinalysis-list results and interpret

Course of hospital stay (chronologically) to include:
  vital signs, hemodynamic pressures
  ventilator settings/ABGs/results of weaning parameters
  drugs and dosages administered
  significant changes in patient status (weaned, extubated, coded, trached, etc.)

Ultimate outcome
  discharged (home, SNF, rehab facility)
  expiration (post-mortem results if available)

Conclusions-Personal view

List of Medications/dosages/route of administration/indications for this particular patient

Disease states (in paragraph form, give a brief synopsis of any/all disease states affecting your patient)

Terms (a glossary should add clarity of terminology)
Evaluation of Palm Beach State College
Respiratory Care Program Students

Regular on-going evaluations will be done by means of direct interaction and with supervision of the students in the classroom, laboratory, and clinical sites by any of the following: Program Director, Director of Clinical Education (DCE), Clinical Instructors, Clinical Preceptors, and Lab Assistants. Formal evaluations will be done at Midterm, at the end of the semester, and as deemed necessary by the Program Director or the DCE. Finally, end of the semester evaluations will be performed by the clinical sites.

If a student does not meet expectations for the essential abilities and behaviors in which academic failure may result; the following will occur:

1. A verbal warning will be given and the problematic behavior will be documented and placed in the student's academic file.

2. If a pattern of problematic behavior or a single, very serious lapse in the essential abilities and behaviors becomes evident; it will result in a written warning indicating that the student’s continuation in the program is in jeopardy.

As well as:

3. A Student Contract will be prepared that identifies what needs to be demonstrated in order to meet the essential behaviors and thus remain in the program.

4. The student will be given both the written warning and contract. After the student has read and signed the contract a copy will be placed in the student’s academic file.

5. If the student does not uphold the contract, the student will be dismissed and academic failure will result.

Student’s Name ___________________________       Student’s Signature_______________________

Date _______________                Witness__________________________________________________

Your signature indicates that you have read and agree to the follow the above guidelines and failure to do so may result in academic dismissal. Please retain a copy for your records and a copy will be placed in your academic file.
Name: _________________________ Date: ____________

Student is on target for academic level per program handbook: _____ Y _____ N

Current Grade in Course:

First Year
Fall  RET 1272_______  RET 1272L_______  RET 1874L_______
Spring  RET 1273_______  RET 1273L_______  RET 1875L_______
Summer  RET 1876C_______

Second Year
Fall  RET 2280C_______  RET 2877L_______
Spring  RET 2534C_______  RET 2878L_______

Areas of Concern:

☐ Attendance – O Absence O Tardy O Late from Break O Leaving early
☐ Communication
☐ Dress Code
☐ Professionalism
☐ Unethical Behavior
☐ Grades
☐ Skill Competency

Recommended Action Plan:

☐ Extra time with Student Instructor
☐ Student Learning Center/Language Lab
☐ Work with Mentor
☐ Join Study Group
☐ Utilize Library Resources
☐ Meet with Faculty Advisor
☐ Withdrawal from Course

*Failure to follow through with recommendations may result in inability to progress in program.

I (the student) am satisfied with frequency of evaluations and opportunities for remediation: _____ Y _____ N

Student Printed Name ____________________________ Faculty Printed Name ____________________________

Student Signature ____________________________ Faculty Signature ____________________________
PALM BEACH STATE COLLEGE
RESPIRATORY CARE PROGRAM
Remediation Form

Student Name _________________________________________ Date _____________
Course: _______________________ Instructor ___________________________

Dear Student:
This information should help in your efforts to successfully complete this course.
Please contact me in person (by appointment) or in writing if you have questions,
concerns, or comments.

Your current grade/status is ______; based on:
Test scores ________ Assignment grades ________
Quiz scores ________ Lab evaluations ________
Participation ________ Affective Domain ________
Clinical Competencies _____ Attendance ________
Other ___________________________________________________

Comments:
You are progressing well.
Your performance is improving; continue your efforts.
Your progress is weak.
You lack focus and organization.
Your test scores are jeopardizing your grade.
You are in danger of failing this course.
Your interpersonal skills are lacking.
Other: _______________________________________________

Recommendations:
Improve your study skills.
Improve your test taking skills.
Seek assistance to improve your interpersonal skills and communication.
Your vocabulary/math/critical thinking skills are weak.
See me for suggestions.

Remediation:

Consult with me by _________________; see syllabus for office hours.

Your signature indicates that you are satisfied with the above remediation opportunity.

Student Signature ______________________________________________
<table>
<thead>
<tr>
<th>CLINICAL AFFECTIVE EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Evaluations are intended to be completed at the end of each clinical area or unit rotation and again at the end of the clinical course</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Clinical Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 Professional appearance (cleanliness, grooming and proper attire).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always exceptionally neat and well groomed. Always wears appropriate attire.</td>
</tr>
<tr>
<td>Appearance is consistently appropriate and wears appropriate attire.</td>
</tr>
<tr>
<td>Appearance is occasionally less than appropriate</td>
</tr>
<tr>
<td>Appearance is rarely appropriate.</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependability/Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Absent</td>
</tr>
<tr>
<td>Rarely absent but informs appropriate personnel</td>
</tr>
<tr>
<td>Absent repeatedly and neglects to inform appropriate personnel</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Arrives to work prepared and on time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always arrives on time and prepared</td>
</tr>
<tr>
<td>Regularly arrives on time and prepared</td>
</tr>
<tr>
<td>Is seldom late or unprepared, but notifies appropriate personnel</td>
</tr>
<tr>
<td>Is periodically late or unprepared</td>
</tr>
<tr>
<td>Is frequently late and unprepared</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is always dependable and skillfully completes tasks</td>
</tr>
<tr>
<td>Is very dependable and completes tasks</td>
</tr>
<tr>
<td>Is dependable and accomplishes tasks with minor assistance</td>
</tr>
<tr>
<td>Somewhat dependable and is inconsistent in completing tasks</td>
</tr>
<tr>
<td>Is rarely dependable and has difficulty completing tasks</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal Relations / Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Functions effectively as a member of the healthcare team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent team worker, effectively consults, integrates and shares information with team members</td>
</tr>
<tr>
<td>Very good team worker, relates well to team members and usually consults and shares information</td>
</tr>
<tr>
<td>Good team worker, consults and shares information with team members when encouraged</td>
</tr>
<tr>
<td>Poor team worker, rarely consults or shares information with team members</td>
</tr>
<tr>
<td>Not a team player, doesn't know when to consult or share information with team members</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Contributes to a positive environment within the department (likable, friendly, helpful, loyal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptionally friendly, helpful, loyal and always speaks with good purpose</td>
</tr>
<tr>
<td>Consistently friendly, helpful, loyal and usually relates well with other personnel</td>
</tr>
<tr>
<td>Usually friendly, relates well with other personnel the majority of the time</td>
</tr>
<tr>
<td>Sometimes moody or unfriendly, does not always speak with good purpose</td>
</tr>
<tr>
<td>Unable to get along with others or makes no attempt, sometimes creates friction</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement</td>
</tr>
<tr>
<td>Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time</td>
</tr>
<tr>
<td>Usually accepts guidance or direction, frequently improves behavior</td>
</tr>
<tr>
<td>Sometimes willing to accept direction, rarely modifies behavior</td>
</tr>
<tr>
<td>Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior</td>
</tr>
<tr>
<td>Not Observed</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>8 1</td>
</tr>
<tr>
<td>8 2</td>
</tr>
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<td>8 3</td>
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<tr>
<td>8 4</td>
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<tr>
<td>8 5</td>
</tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9</th>
<th>Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 1</td>
<td>Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively.</td>
</tr>
<tr>
<td>9 2</td>
<td>Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises.</td>
</tr>
<tr>
<td>9 3</td>
<td>Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise.</td>
</tr>
<tr>
<td>9 4</td>
<td>Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict.</td>
</tr>
<tr>
<td>9 5</td>
<td>Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict.</td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10</th>
<th>Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 1</td>
<td>Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality.</td>
</tr>
<tr>
<td>10 2</td>
<td>Consistently communicates important information; regularly ensures confidentiality.</td>
</tr>
<tr>
<td>10 3</td>
<td>Usually communicates in a thorough manner; ensures confidentiality.</td>
</tr>
<tr>
<td>10 4</td>
<td>Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality.</td>
</tr>
<tr>
<td>10 5</td>
<td>Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality.</td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of Work</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 1</td>
<td>Plans ahead, always works efficiently and manages time wisely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 2</td>
<td>Completes assigned tasks in a timely fashion, and seldom needs direction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 3</td>
<td>Completes assigned tasks, needs occasional direction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 4</td>
<td>Inconsistent in completing tasks and needs help in prioritizing work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 5</td>
<td>Rarely completes assigned tasks, wastes time and needs constant assist. and direction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12</th>
<th>Is self-directed and responsible for his/her actions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 1</td>
<td>Is self-directed and manages work responsibly.</td>
</tr>
<tr>
<td>12 2</td>
<td>Needs minimal amount of supervision and accepts responsibility.</td>
</tr>
<tr>
<td>12 3</td>
<td>Needs normal amount of supervision and usually accepts responsibility.</td>
</tr>
<tr>
<td>12 4</td>
<td>Requires frequent direction and has difficulty assuming responsibility.</td>
</tr>
<tr>
<td>12 5</td>
<td>Requires constant supervision and dodges responsibility.</td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13</th>
<th>Confident in abilities, exercises good judgement and maintains composure in stressful situations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 1</td>
<td>Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations.</td>
</tr>
<tr>
<td>13 2</td>
<td>Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations.</td>
</tr>
<tr>
<td>13 3</td>
<td>Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful situations.</td>
</tr>
<tr>
<td>13 4</td>
<td>Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care.</td>
</tr>
<tr>
<td>13 5</td>
<td>Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care.</td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th>Participates in educational activities that enhance clinical performance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 1</td>
<td>Readily initiates learning activities and participates willingly in learning activities.</td>
</tr>
<tr>
<td>14 2</td>
<td>Sometimes initiates learning activities and participates willingly in learning activities.</td>
</tr>
<tr>
<td>14 3</td>
<td>Participates willingly in learning activities.</td>
</tr>
<tr>
<td>14 4</td>
<td>Participates willingly in learning activities when prompted.</td>
</tr>
<tr>
<td>14 5</td>
<td>Participates only with encouragement from Instructor or Supervisor.</td>
</tr>
<tr>
<td></td>
<td>Not Observed</td>
</tr>
</tbody>
</table>

**Please write any additional summative comments for this studenthere:**

**Overall Comment Box:**
Palm Beach State College
Respiratory Care Program
Grievance/Problem Resolution Form

Student:__________________ Student #______________________ Date:_________

Course:________________________Faculty:_______________________________

Date and Time of Student/Faculty Conference:_____________________________

Statement of Problem/Suggested Resolution:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Faculty Response:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Resolution:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________                                            _________________________
Student Signature                                                             Faculty Signature
FLOOR THERAPY RUBRIC

Patient information – 5 points

Admitting diagnosis – 5 points

Current diagnosis – 5 points

Order - 5 points

Indication – 5 points

Medications – 15 points

Objectives and outcomes – 10 points

How monitoring will occur – 5 points

Fick’s law calculation – 5 points

O2 therapy – 15 points

ABG’s – 10 points

FIO2 – 10 points

CXR - 5 points
Critical Care Clinical Log
Grade Rubric 100 Points

Patient information – 5 points
Admitting diagnosis – 3 points
Current diagnosis – 5 points
Events leading to mechanical ventilation – 5 points
Initial mechanical ventilator settings – 5 points
Current mechanical ventilator settings – 5 points
Discuss graphics – 3 points
Is the patient is being weaned? – 1 point
Discuss criterion used – 2 points
Is the patient being liberated from mechanical ventilation? – 1 point
Why or why not? – 1 point
Is the patient to be extubated? – 1 point
Why or why not? – 1 point
Completely discuss your physical assessment of this patient – 5 points
Discuss chest x-ray results (include tube and line placement) – 5 points
Vital signs – 2 points
EKG findings – 1 point
Hemodynamics data and what it means – 2 points
ABG data include patients settings, what it means, and what you are going to do about it – 8 points
Spo2 and ETCO2 – 1 point
Other lab data – 2 points
Intake and output – 2 points
Nutrition – 1 point
Respiratory drugs (include dosage, frequency, indications, and contraindications) – 5 points
Cardiovascular drugs (include dosage, frequency, indications for this patient, and major contraindications) – 5 points
Other drugs your patient is on (include dosage, frequency, indications for this patients, and major contraindications) – 5 points
Your COMPLETE summary of what’s happening with this patient – 5 points
Calculations – 13 points

(Lowered 1 letter grade for late work * see syllabus)
Critical Care Clinical Log
Grade Rubric 100 Points

Patient information – 5 points
Admitting diagnosis – 3 points
Current diagnosis – 5 points
Events leading to mechanical ventilation – 5 points
Initial mechanical ventilator settings – 5 points
Current mechanical ventilator settings – 5 points
Discuss graphics – 3 points
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patient, and major contraindications) – 5 points
Other drugs your patient is on (include dosage, frequency, indications
for this patients, and major contraindications) – 5 points
Your COMPLETE summary of what’s happening with this patient – 5
points
Calculations – 13 points

(Lowered 1 letter grade for late work * see syllabus)
SOAP Charting Rubric
50 points

Subjective data – 5 points
Patient information – 5 points
Objective Data – 20 points
Assessment (why you are treating this patient today based on your above findings) – 10 points
Plan (what is the plan for this patient today) – 5 points
Plan modifications (any changes to your plan) – 5 points

(Lowered 1 letter grade for late work * see syllabus)
Case Study 100 points

Name ______________________

Immediate history leading to hospital admittance 5 pts. ______

Admitting diagnosis 5 pts. ______

History 10 pts. _____

Physical Exam 10 pts. ______

Laboratory/diagnostic data (on admission and during hospital stay) 10 pts. ______

Course of hospital stay (chronologically) 15 pts. ________

Ultimate outcome 5 pts ______

Conclusions – Personal view 10 pts. ________

List of medications 10 pts. ________

Disease states (in paragraph form synopsis) 10 pts. ______

Terms 5 pts. _____

Anonymity 5 pts. ______
**Research Paper Feedback Form**

**Name of writer:**

**Title of paper:**

**Content**

**This paper:**
Has a clearly stated thesis, theme, or controlling idea

Has a clear organization and structure

Develops the theme with details and supporting evidence

**Presentation**

**This writer:**
Conveys a particular voice intended for a specific audience

Uses appropriate word-choice and style

Includes no mechanical errors

**Research**

Sources are varied

Sources are accurate and reliable

Source material is correctly incorporated into the paper

Citations follow precisely the format required by the course

Bibliography page is accurate and complete

**Total:**

**General comments:**
Research Paper Feedback Form

Description of the Criteria

The criteria under Content and Presentation are the same as on the standard Writing Feedback Form. Different for the Research Paper are the criteria listed under Research and described below.

Sources are varied

Material is taken from many different locations (books, periodicals, scholarly journals, reference works, on-line databases, the Internet, newspapers), not just from a few. A range of research procedures were explored (reports, interviews, biographies, government documents, almanacs, atlases, bibliographies, indexes, experiments, surveys, interviews, observations).

Sources are accurate and reliable

Primary sources are used instead of secondary sources
Sources are authoritative, written by reputable authorities in the field and published in academically reliable sources, not obscure sources or those devoted to sensationalism
Sources are up-to-date
The assumptions and biases of the source are clearly stated
The information used is significant and relevant to the topic.

Source material is correctly integrated into the paper

All quoted material is cited
All paraphrased material is cited.
Information not accepted as “common knowledge” is cited
Quoted material within the body of the text is correctly punctuated (the parenthetical citation following the quotation marks, the period following the parentheses; brackets, ellipses, “sic” are used correctly)
Short quotations fit the grammar of the sentence in which they appear
Quoted material that is longer and set off from the text is properly introduced, with a clear indication of why it is included
The paper is the work of an individual author and not a string of quotations bound together; quotations are not used as a way to avoid writing
There is no plagiarism, no use of information, material, or quotations from another source that is not cited

Citations follow precisely the format required by the course
The paper adheres to the citation format required by the course (MLA, APA, CBE, Chicago style) as stated by the instructor and syllabus

Bibliography page is accurate and complete
The requirements and guidelines of the course’s chosen format are met.
All punctuation and mechanics are correct (book titles underlined, essay titles in quotation marks, a period at the end of the bibliographic information. The difference between “Works Cited” and “References” is shown.
Oral Presentation Feedback Form

Name of speaker:

Content

This speech:

Has a clearly stated thesis, theme, or controlling idea 1 2 3 4
Has a clear organization and structure 1 2 3 4
Develops the theme with details and supporting evidence 1 2 3 4

Presentation:

This presenter:

Speaks in a volume proper for the room and audience 1 2 3 4
Speaks at an interesting and appropriate pace 1 2 3 4
Has vocal variety so that a monotone does not develop 1 2 3 4
Speaks with clear pronunciation and articulation 1 2 3 4
Uses no verbal fillers 1 2 3 4
Uses appropriate gestures 1 2 3 4
 Maintains eye contact with the members of the audience 1 2 3 4
Maintains an appropriate posture and stance 1 2 3 4
Has a professional appearance in dress and style 1 2 3 4

I really liked:

You may want to consider:
Oral Presentation Feedback Form

Description of the Criteria

1 = needs much more work; fulfills only some of the conditions below, demonstrates little understanding of them
2 = just adequate; fulfills many of the conditions below but not always, demonstrates a general understanding of them
3 = good; consistently fulfills the conditions, demonstrates a capable and necessary understanding
4 = outstanding, exemplary; shows a refined awareness and application of the conditions, an ability to master and adapt them; demonstrates a superior understanding

The speech:

Has a clearly stated thesis, theme, or controlling idea
The topic is narrowed sufficiently and made appropriate for the length of the speech, neither so broad that it can’t be handled in the allotted time, nor so narrow that the speech will wander into unrelated material
The thesis is presented in a way that engages the interest of the listeners.
The thesis is appropriate for the needs, values, and interests of the specific audience.

Has a clear organization and structure

The speech begins with an introduction that interests the audience—a “hook,” something that immediately captures the listener’s attention.
The thesis is broken into specific sub-topics that are clearly identified to the audience
The sub-topics are arranged logically in a clear order (simple to complex, time sequence, spatial sequence, order of importance).
Signal points or important points are highlighted or repeated.
The speech uses effective transitions, verbal links that guide the listener from sub-topic to sub-topic.
The speech has an obvious conclusion; it doesn’t just arbitrarily “stop” but indicates clearly to the audience that the speech has completed the task it set up in the introduction.
A simple “thank you” is used effectively at the end.
The presentation meets the time requirements.

Develops the theme with details and supporting evidence

The speech moves from general knowledge to specific details.
All claims made are supported with evidence—statistics, examples, testimony, personal experience.
A range of developmental strategies are used (definition, description, narration,
illustration, anecdotes, comparison and contrast).
Full and creative advantage is taken of the *classroom facilities*—the lectern, the seating, the atmosphere and makeup of the room, props, lighting. Names, dates, and *important information* are written clearly on the board or on a handout. *Visual aids* are used effectively—the chalkboard, charts, maps, overheads, hand-outs, slides, photographs, videotapes, audiotapes, the computer. A control and understanding of *media* is shown.
The speech is informative but also *persuasive*, convincing the listener of the speaker’s thesis.

**The presenter:**

*Speaks in a volume proper for the room and audience*

The back of the room is addressed as much as the front
The voice adjusts for the *acoustics* of the room or outside noise
The voice is firm and clearly audible

*Speaks at an interesting and appropriate pace*

The speech is *not spoken too fast*, too breathlessly, “over in an instant”
There are slight pauses between major parts of the speech
The speech does not drift, wander, or suddenly halt, as if the speaker is groping for something to say
The speaker has clear *awareness and control* of the pace, slowing over important or difficult points, moving more quickly over familiar material
The pace is *natural*, not overly formal
Careful attention is paid to the *allotted time* given for the speech; the presentation is neither too short nor too long

*Has vocal variety so that a monotone does not develop*

The voice demonstrates *inflection and emphasis*—not a uniform monotone
Important points are spoken more emphatically; the voice *varies* for the kind of material presented
The speech is not read from a prepared text or memorized word for word. Instead it is *spoken from an outline*—thus making the talk more natural, and avoiding the panic when skipping a line or forgetting a phrase
*Enthusiasm* and *interest* in the subject is communicated, a belief in the significance of the material being presented

*Speaks with clear pronunciation and articulation*

The speaker learns correct *pronunciation* of words *before* the speech and uses them during the presentation
Words are *enunciated* clearly and precisely
No use of slurred words and phrases (gonna, wanna, d’you, yeah)
Uses no verbal fillers
The speaker avoids verbal fillers (uh, er, you know, O.K., um, like, ugh)

Uses appropriate gestures
The speaker is animated and conveys interest in the subject using appropriate facial and hand gestures (smiles, hand motions for emphasis)
Through these gestures and facial expressions, the speaker communicates enthusiasm for the subject
Constant and distracting motions are avoided (shuffling of feet, pushing back hair)

Maintains eye contact with the members of the audience
The speaker is not “buried in her notes”—she looks directly at the class often
The speaker looks at every person in the class, including the far right and left sides as well as the center or the instructor

Maintains an appropriate posture and stance
The posture is erect but natural, not too stiff.
The speaker is well-positioned in the classroom, standing at the best spot for maximum effect
The speaker uses the space of the classroom to advantage (moving closer to the audience to stress major points or to show visual material)

Has a professional appearance in dress and style
Appearance and dress are neat and pleasant, not careless, not distracting; nothing about the dress takes an audience’s attention away from the speech (loud colors, slogan or pictured t-shirts and sweatshirts)
Respect is shown for the subject and the audience.
The speaker demonstrates self-control, indicating maturity. There is no giggling, no gum-chewing. A serious approach to the work is maintained
The speaker knows the material thoroughly enough to appear confident and in control

General comments:
Points to include:
The overall response to or dominant impression of the speech (interesting, informative, convincing, exciting, inspiring)
What was liked most about the speech
How the audience seemed to react
The primary strengths of the speech
The parts that need the most work
General support and advice
Check Chart (2 points)
- Verify orders
- Patient information

Knock on Door (1 point)
Introduce Self (1 point)
Identify Patient (1 point)
- Check armband
  Name
  MR#

Subjective Data (ex. at least 2) (5 points)
- How’s your breathing doing today?
- Do you use treatments or oxygen at home?
- Smoking History
- Any other pertinent data

Wash Hands and Standard Precautions (1 point)
- Glove
- Gown
- Mask

Objective Data (verbally explain findings) (14 points)
Patient Assessment, Reassess and Changes made
- Breath sounds
- Heart rate
- Respiratory rate
- Color
- Work of breathing
- SPO2
- LOC
Therapist Recommendation Appropriate (15 points)

- O2 Therapy
  - Nasal Cannula
  - Air Entrainment Device
  - Partial/Non-Rebreather
- Bronchodilator Therapy
  - Nebulizer
  - Hyperinflation
- Hyperinflation
  - IS
  - IPPB
  - EZPAP
- Pulmonary Toilet
  - Flutter Valve
  - Accapella
  - PEP Therapy
  - Purse lip breathing
  - Directed cough
  - Diaphragmatic breathing
  - CPT/PD

Reassess Care Plan/Monitor Patient (3 points)

Assure patient comfort and safety (5 points)

- Replace O2
- Access to call bell
- Bedrails up
- Needs meet (cups, tissues, blanket, ice, etc.)
- Thanking patient

Wash hands/Document (2 points)
# MEDICAL EXAMINATION
Respiratory Care Program
Second Year

Student must hand deliver completed form with signatures to: (Insert Program Contact)

<table>
<thead>
<tr>
<th>Student ID #</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Telephone 1:</td>
</tr>
<tr>
<td>Address:</td>
<td>Telephone 2:</td>
</tr>
<tr>
<td>City:</td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip:</td>
</tr>
</tbody>
</table>

## Required Testing and/or Immunizations:

<table>
<thead>
<tr>
<th>PPD (6 months or less)</th>
<th>Reader's Initials: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(tuberculosis test)</td>
<td>Date read: ____________________</td>
</tr>
<tr>
<td><strong>Chest x-ray report (taken within past 2 years)</strong></td>
<td>If positive PPD:</td>
</tr>
<tr>
<td></td>
<td>required as a follow-up for positive PPD results</td>
</tr>
<tr>
<td><strong>CXR negative of active disease with in the last 2 years:</strong></td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Influenza Immunization</th>
<th>Required October – May of the academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vaccination Date: ____________________</td>
</tr>
<tr>
<td></td>
<td>Influenza Vaccination Declination Form</td>
</tr>
<tr>
<td></td>
<td>Date: ____________________ (provided by Palm Beach State College)</td>
</tr>
</tbody>
</table>

**Declination of the influenza vaccination may inhibit the ability to place a student at a clinical site.**

## Physical Examination:

I believe to the best of my knowledge that this individual is free from any physical or mental defect or disease that might impair their ability to perform in the healthcare field.  
Yes □ No □

If no, please explain __________________________

Student is capable of lifting ______ 50____ pounds.  
Yes □ No □

Signature of Health Care Provider (MD, DO, ARNP, or PA)  
License #: __________________________  
Date: __________________

Provider Printed Name: __________________________  
Address: __________________________  
City/Zip: __________________________  
Telephone: __________________________
AGREEMENT TO TERMS

READ THE FOLLOWING STATEMENT BEFORE SIGNING

I have received the Palm Beach State College Respiratory Care Program Student Handbook and it has been explained to me. I agree to reread the handbook and affirm that I will be responsible for all the data therein. I am aware of its content and have an understanding of all that is required of me and I agree to abide by all of the rules, policies and procedures of the program.

I am aware that in order to continue in the Respiratory Program, I must maintain satisfactory progress (as outlined in the Handbook) and maintain a “C” average in each Respiratory Course.

I am also aware that this handbook is intended as a guide and that the policies and procedures described herein may be changed without notice.

After reading and studying this handbook, remove this page and submit to one of your Respiratory Instructors or the Department Chair.

__________________
Student Signature

__________________
Print Name

__________________
Date
Palm Beach State College
Respiratory Care Program

Essential Qualifications of Candidates for Admission, Continuance, & Graduation

Student’s Name ___________________ Student’s Signature ___________________

Print

Date ________________ Witness ______________________________

Your signature indicates that you have read and agree to follow the above guidelines failure to do so may result in academic dismissal. A copy will be placed in your academic file.
PALM BEACH STATE COLLEGE
HEALTH SCIENCE//EMS
DISCIPLINARY PROCEDURE

The Health Science/EMS Safety Disciplinary Procedure will apply to all students who have been accepted, including provisional acceptance into the following programs:

- Dental Assisting (DA)
- Dental Hygiene (DH)
- Emergency Medical Technician (EMT-B)
- Emergency Medical Services (EMS)
- Health Information Management (HIM)
- Massage Therapy (MT)
- Medical Assisting (MA)
- Medical Information Coder/Biller (MC/B)
- Medical Transcription (MT)
- Nursing (RN)
- Paramedic (EMT-P)
- Patient Care Assistant (PCA)
- Practical Nursing (PN)
- Radiography (RT)
- Respiratory Care (RRT)
- Diagnostic Medical Sonography (DMS)
- Surgical Technology (ST)
- All Health Sciences Advanced Technical Certificate and Continuing Education programs

At the time of admission to the program, the student must sign an acknowledgement of receipt of the Health Science/EMS Disciplinary Process. Students will receive copy of signed acknowledgement.

Disciplinary action shall be progressive in nature. Upon the first violation, the student may receive a documented verbal warning unless the violation is serious enough to warrant more serious discipline at the first occurrence. Violations of the program’s code of conduct are categorized as either Group 1, 2, or 3 Offenses with Group 1 Offenses being less serious in nature resulting in corrective counseling to Group 3 Offenses may in certain cases warrant dismissal from the program. Violations of any group may result in recommendation for program dismissal.

The Health Science/EMS disciplinary/due process/appeal process governs for program violations rather than the PALM BEACH STATE COLLEGE general student handbook disciplinary procedures.

By signing this document, the student acknowledges s/he has read and agrees to abide by the process.

__________________________________________________________________
Student’s signature

Date

Effective: 11/7/2006
Reviewed: 7/07
Revised: 1/08, 4/09
Approved By: College attorney, April 28, 2009
Grounds for Dismissal

The Grounds for Dismissal are listed below. A student can be suspended from the program at any time during their training for violation of any one of the grounds listed below:

1. Not achieving a grade of 75% “C” or higher in Respiratory and/or co-requisite coursework.
2. Insubordination and/or failure to follow instructions.
3. The conviction and/or known use of, distribution of, or possession of illegal drugs or controlled substances.
4. Failure to accomplish clinical assignments, objectives, or competencies.
5. Unprofessional or unethical conduct.
7. Dismissal from any clinical facility.

Please sign this form and have a college representative witness, to indicate that you are aware of these policies.

__________________________      _______________________
Student Signature       Witness Signature

__________________________     _______________________
Print Name        Print Name

_________________________     _______________________
Date         Date

Rev. 3/14
Palm Beach State College
Respiratory Care Program

ETHICAL AGREEMENT

Agreed to this ____________________ day of ___________________, 201__

__________________________________  __________________________
Student Signature     Witness Signature
ESSENTIAL QUALIFICATIONS OF CANDIDATES FOR
ADMISSION, CONTINUANCE, & GRADUATION

Student’s Name _______________________ Student’s Signature _______________________
Print

Date _______________ Witness ____________________________

Your signature indicates that you have read and agree to follow the above guidelines
failure to do so may result in academic dismissal. A copy will be placed in your academic
file.
Evaluation of Palm Beach State College
Respiratory Care Program Students

Regular on-going evaluations will be done by means of direct interaction and with supervision of the students in the classroom, laboratory, and clinical sites by any of the following: Program Director, Director of Clinical Education (DCE), Clinical Instructors, Clinical Preceptors, and Lab Assistants. Formal evaluations will be done at Midterm, at the end of the semester, and as deemed necessary by the Program Director or the DCE. Finally, end of the semester evaluations will be performed by the clinical sites.

If a student does not meet expectations for the essential abilities and behaviors in which academic failure may result; the following will occur:

1. A verbal warning will be given and the problematic behavior will be documented and placed in the student’s academic file.

2. If a pattern of problematic behavior or a single, very serious lapse in the essential abilities and behaviors becomes evident; it will result in a written warning indicating that the student’s continuation in the program is in jeopardy.

As well as:

3. A Student Contract will be prepared that identifies what needs to be demonstrated in order to meet the essential behaviors and thus remain in the program.

4. The student will be given both the written warning and contract. After the student has read and signed the contract a copy will be placed in the student’s academic file.

5. If the student does not uphold the contract, the student will be dismissed and academic failure will result.

Student’s Name ___________________________       Student’s Signature_______________________

Date _______________                Witness__________________________________________________

Your signature indicates that you have read and agree to the follow the above guidelines and failure to do so may result in academic dismissal. Please retain a copy for your records and a copy will be placed in your academic file.
PLEASE PRINT

STUDENT’S NAME: ________________________________________________

STUDENT ID#: ________________________________________________

DATE OF BIRTH: ________________________________________________

ADDRESS: ____________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

CELL PHONE: ____________________________________________________

E-MAIL ADDRESS: (NOT PBSC) _______________________________________

WORK PLACE: ____________________________________________________

WORK PHONE: ____________________________________________________

EMERGENCY CONTACT: ___________________________________________

EMERGENCY CONTACT’S PHONE NUMBER: ___________________________

EMERGENCY CONTACT’S ALTERNATE NUMBER: _______________________

IT IS YOUR RESPONSIBILITY TO CONTACT THE DEPARTMENT IF ANY OF
THE ABOVE INFORMATION CHANGES.