



INSTRUCTIONAL PACKAGE

RES 152

Clinical Applications II

Effective Term
Fall/2019

INSTRUCTIONAL PACKAGE

Part I: Course Information

Effective Term: Fall (201910)

COURSE PREFIX: RES 152

COURSE TITLE: Clinical Applications I

CONTACT HOURS: 9 Clinical

CREDIT HOURS: 3

RATIONALE FOR THE COURSE:

RES 152 presents students with case studies while integrating clinical and classroom theory. As a student you will demonstrate the ability to apply current and previously acquired clinical skills to patients in current clinical rotations in a professional manner while applying course material to successfully pass respiratory credentialing exams. Students will demonstrate communication skills delivering an appropriate respiratory care plan.

COURSE DESCRIPTION:

This course includes practice of respiratory care procedures in the hospital setting.

PREREQUISITES/CO-REQUISITES:

Admission to the Respiratory Care Program. Required prerequisite courses must be completed with a grade of "C" or better.

REQUIRED MATERIALS:

Dana Oakes, Pocket Guide to Respiratory Care 9th ed. and ABG Pocket Guide 2nd ed.

Please visit the Bookstore online site for most current textbook information. Use the direct link below to find textbooks.

[BOOKSTORE](#).

Enter the semester, course prefix, number and section when prompted and you will be linked to the correct textbook.

ADDITIONAL REQUIREMENTS:

Scrubs, Shoes, Watch and Stethoscope

Optional: hemostats, scissors, and pocket pulse oximeter

TECHNICAL REQUIREMENTS:

Access to Desire2Learn (D2L), HGTC's student portal for course materials.

WaveNet and D2L email access.

DataArc account for clinical time clock, procedure checklist, and clinical assessment evaluations.

Prior to graduation, each student must take and pass a series of comprehensive secure NBRC respiratory care exam. The fees for the exams will be included in tuition costs.

- You must score 68% or greater on each of these exams.
- THIS FEE INCLUDES THE COST OF THE DATAARC SYSTEM.

July 2019

CLASSROOM ETIQUETTE:

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class begins. If you are monitoring for an emergency, please notify your professor prior to class and switch cell phone ringers to vibrate.

NETIQUETTE: is the term commonly used to refer to conventions adopted by Internet users on the web, mailing lists, public forums, and in live chat focused on online communications etiquette. For more information regarding Netiquette expectations for distance learning courses, please visit [Online Netiquette](#).

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class begins. If you are monitoring for an emergency, please notify your professor prior to class and switch cell phone ringers to vibrate.

It is recognized that personal communication devices, including smart phones, can play a fundamental role in both education and urgent personal connections (for example, a school calling about a sick child). For this reason, use of such devices is permitted in the classroom, with specific reservations:

1. Please set all devices to 'silent' or 'vibrate' during instructional time.
2. Use of devices during testing is NOT allowed.
3. Please limit use of devices to urgent personal connections and educational purposes directly related to the course material being discussed.
4. If you receive an urgent text/call during class that requires immediate attention, please quietly excuse yourself from the classroom to respond to the call.
5. Please refrain from using 'ear buds' or continually using the device as a learning distraction. Professor retains the right to disallow the use of such devices should the policy become a distraction.
6. When on experiential rotations, students are expected to abide by the policies of that institution.

Guiding Principal for Clinical Policies:

The clinical policies for the Respiratory Care Program are established to promote professionalism, ethical behavior and to promote patient safety with minimum disruption to the clinical facility. Course and program rules and regulations, as well as college ones, change as the need arises. Students are expected to follow current policies as directed.

Criminal Background:

Students may be required to submit to criminal background checks or drug screening before entering a clinical site. If for ANY reason a student is not allowed to attend all clinical sites for training, the student will be unable to complete the clinical course and will be dropped from the program.

1. Attendance:
 - a. It is the student's responsibility to be at their clinical assignment as scheduled. Clinical schedules will not be changed without approval of the Director of Clinical Education. All scheduled clinical time (whether in the hospital or outside of the hospital) is subject to all clinical policies.

- b. Clocking In & Out: It is the student's responsibility to accurately account for clinical time completed. Students are required to log in and out of Data Arc using ONLY approved Respiratory Department computers designated for Data Arc access.
- c. Students unable to report to clinic on any given day for any reason they must notify the Director of Clinical Education and the assigned hospital at least 30 minutes prior to the beginning of the shift. It is the student's responsibility to notify the hospital and Director of Clinical Education.

Grand Strand(843.780.3000)

Loris (843.716.8604) (843.716.8604)

Waccamaw (843.777.1156) (843.652.1025) (843.652.1846)

Conway (843.347.1565)

Seacoast (843.366.3604) (843.366.3605)

Georgetown (843.527.7400) (843.527.8064)

Apria (843.357.3520)

Clinical Faculty Contact Numbers

Jill Peavy: email jill.peavy@hgtc.edu

Sheri Tanner: email sheri.tanner@hgtc.edu Office (843.839.1102) Cell (770.896.0779)

2. Procedure for Excused Clinical Time

- a. If you are unable to attend or will be tardy for your clinical assignment, call 843-839-1102 and leave your name and reason for absence or tardy on the voice mail. The time you called is recorded by the machine. Immediately after you have left your message, notify the hospital and department of your circumstances. Both the Director of Clinical Education and the hospital must be notified 30 minutes prior to your scheduled shift.
- b. If you need to leave clinic for ANY reason, you must attempt to contact the Director of Clinical Education or Program Director. If you are unable to contact them, then have the shift supervisor (Not your clinical Instructor) call 843-839-1102 to leave a message on the voice mail that you have been given permission to leave clinic and the reason. Students are expected to be in clinic for the FULL time.
- c. Failure to notify the Director of Clinical Education and hospital as stated above will result in an unexcused tardy/absence and will lower the student's final clinical grade by 10 points on the first incident. The second incident will result in an "F" grade for the clinical course.
- d. (Rationale: All students are expected to communicate with the individual that is responsible for the clinical schedule and with the hospital supervisor. All students are expected to complete the FULL TIME for each rotation unless excused by the Director of Clinical Education or Program Director)

3. Allowable Missed Clinical Time

- a. Students are allowed to miss a maximum of 10% of the total clinical time that is scheduled for the semester. (Example: Clinic meets for 2 days per week for the semester; allowable time a student may miss a total of 2 days for the semester) The procedure for being excused must be followed. (Page 1, 2C)
- b. Any absence beyond the allowed time for the semester will result in an "F" grade. Under extenuating circumstances, the DCE may allow the student to miss up to a total of 20% of the

total hours. The student is responsible for documenting in writing to the DCE's satisfaction, the extenuating circumstances. The DCE is under NO obligation to accept the student's documentation or extend the student the additional 10% in allotted absences. The student should also understand that arriving to class late or leaving class early counts towards the allotted hours of time missed.

- c. Once the student exceeds the hours of absences, the student will be terminated from the course. Students withdrawn from a course due to excessive absences will receive a grade of Withdraw ("W") up to the 2/3 point of the semester. Thereafter, a Withdraw ("W") or Withdrew Failing ("WF") will be assigned dependent upon his/her academic status at the time of last date attended.
- d. Clinical attendance records are maintained in the Data Arc system and begin on the first day of class for both new and returning students, regardless when he/she registers during the five-day registration and add/drop period at the beginning of each term.
- e. The student's overall grade will be lowered by 5% for each incident beyond the first absence. The Program Director will have the final decision over determining whether the situation has extenuating circumstances and warrants a grade adjustment.
 - i. 1st absence – no penalty
 - ii. 2nd absence – 5% deduction from overall grade
 - iii. 3rd absence – Removal from course and "F" grade
- f. Deductions will still occur even with written documentation or clearance from your doctor.
- g. If documentation is present student is not required to makeup clinical time but will still incur grade deductions under the program directors or DCE discretion.
- h. Specialty Rotations: Students are responsible for attending at the assigned clinical time in specialty rotations. Failure to do so will result in a 26% reduction in the student's overall final grade.

4. Tardiness

- a. Students not clocked by the scheduled time as shown on the clinical schedule, are considered tardy.
 - i. If a student is later than 15 minutes, that constitutes 1 unexcused absence and the student will not be allowed to attend clinic for that day.
 - ii. Three (3) excused tardies are equal to 1 absence. An excused tardy will be deducted from the allowable time that can be missed. Each excused tardy beyond the allowable time that can be missed, will result in a 2.5% reduction in the student's overall final clinical grade.
- b. Failure of the student to follow the procedure for "Excused clinical time" will result in an unexcused tardy.
 - i. Two (2) unexcused tardies will be considered an unexcused absence within a semester and will lower the final grade by 10 points. Any additional unexcused tardy during the semester will constitute an unexcused absence. See (Page 1; 2.C.III) (Example: 2 unexcused tardies = 1 unexcused absence; 2 unexcused absences = "F" grade for the clinical course)

5. Consequences of Students being asked to leave Clinic

- a. Should a student be asked to leave ANY clinical rotation by their preceptor for ANY reason, the student will receive an unexcused absence and their final grade will be lowered by 10 points on the first event. The second unexcused absence will result in an "F" grade for the

course.

6. Dress Code
 - a. All students must be properly attired in clinic as determined by the HGTC dress code (Hospital dress code supersedes HGTC policies):
 - b. All Students
 - i. Clean "pewter" scrubs, properly fitted (Not tight fitting) (Scrubs must be monogrammed with HGTC logo and program name. Drawstrings should be tucked in pants, optional- only white undershirts are permitted)
 - c. Black or White, comfortable all leather, low cut shoes, closed back
 - d. Properly groomed appearance
 - e. Appropriate Hospital ID badge.
 - f. A legible HGTC Student picture ID badge visible at all times. HGTC insignia must be visible at all times.
 - g. Jewelry (optional) one ring per hand, one thin/narrow necklace less than 19" long.
 - h. Current DataArc packet and clinical objectives/policies.
 - i. Consequences of Dress code violation and being unprepared for Clinic
 - j. Students must adhere to the dress code and have a stethoscope, watch (with second hand or digital read-out), safety glasses and clinical pocket guide while in clinic. These items are essential in order to function effectively and safely in the clinical environment. Students who violate the dress code and who do not have required equipment in clinic are unprepared and will be given one (1) warning. Any future infraction will result in the student being dismissed from the clinical rotation and will be given an unexcused absence with a lowering of the final grade by 10 points. A third infraction will constitute a second unexcused absence, resulting in an "F" grade for the clinical course.
7. Required number of procedures for Graduation
 - a. Students will be required to complete a minimum number of documented procedures prior to graduation from their Respiratory Care Program. The requirements are listed on DataArc in the Daily Log section.
 - b. Preparation and Objectives for Clinical Rotations
8. In order for the student to receive effective clinical training, the program will provide clinical objectives to guide the student in becoming more clinically competent.
 - a. All students are required to read and understand the stated clinical objectives prior to starting ANY clinical rotation. All students are required to complete one (1) Rotation Reporting Form for each specialty rotation within 4 days after completing the rotation. Students should work diligently in accomplishing these objectives and take the initiative for their learning seeking out opportunities to improve their knowledge and skill with the direction of their assigned clinical instructor.
 - b. Rest and Alcohol use: To promote patient safety, all students should have adequate rest prior to the clinical assignment. Students must also refrain from alcohol use at least 8 hours prior to the clinical assignment.
9. Professional Clinical Conduct
 - a. Students should conduct themselves in professional and safe manner while in the hospital. The student will remain with the assigned clinical instructor until the end of the shift or until reassigned by the hospital supervisor or program faculty. Should at any time the student be instructed to leave the clinical site by the hospital preceptor, the student is responsible to

contact the program director immediately and coordinate a time to discuss the clinical incident with both the program & clinical director. Additionally, the student will not be allowed to return to clinic until the outcome of the faculty & student meeting is resolved.

- b. If at any time the student perceives that there is an unsafe or threatening environment in which they are unable to resolve, the student should politely request to be excused and report the circumstances to hospital supervisor and the program faculty.

10. DataArc Clinical Record Keeping System DataArc Website

a. INTRODUCTION

- i. DataArc is an Internet based clinical record keeping system. The reason for implementing a standard tracking and performance evaluation system is to provide you, the student, with a standard set of clinical objectives and performance evaluations. This helps to ensure that performance standards are high and consistent for all students.
- ii. What are the Students responsible for?

The Students will be responsible for:

- i. Using Only approved Respiratory Department computers designated for Data Arc Access for clocking in and out of their clinical rotations
 - iii. Submitting daily log forms and confirming that your clinical instructor has validated the form to
 - iv. Complete a minimum of 4 Clinical Site Evaluations per semester in order to receive credit on clinic grade.
 - v. Completing Preceptor Evaluations
 - vi. Surveys as requested by the program faculty
 - vii. Affective (Student) Evaluations
- b. Once at the DataArc web site you will need to enter your "log on name" and "password" to gain entry into the system. This is done as a safety mechanism so your data remains confidential.
 - c. What will you gain by using the Web Based Clinical Tracking Program? An up to date look at your clinical progress as you progress through each semester in the following areas:
 - d. Time Clock - Time clock records track the student's attendance and hours of clinical practice. Students should review their time reports on a frequent basis and report any errors to the program faculty.
 - e. Daily Log - tracks the student's number of observations and performances done on a daily basis in the clinical setting. At the end of your clinical training this can be printed and placed in your portfolio for future employers to see the number and variety of clinical procedures you have observed and performed.
 - f. Competency Evaluations - provides a complete listing of completed competencies. Each competency is referenced and follows Clinical Practice Guidelines when applicable to provide students and clinical faculty with current information. Competencies also provide the student with a series of knowledge questions that may be asked by the Clinical Instructor to confirm your understanding of the procedures performed.
 - g. Preceptor Evaluation- provides the student the opportunity to evaluate their clinical instructor they were assigned to. FDTC students are required to complete 1 evaluation for each day of clinic and submit a minimum of 4 Preceptor evaluations by the start of final exams. In the event of a negative preceptor encounter the student should complete an Evaluation Alert

evaluation.

- h. Clinical Site Evaluation- provides the student the opportunity to evaluate the clinical site and the environment in which their learning took place. FDTC students are required to complete 1 Clinical Site Evaluation for each hospital attended per semester.
 - i. Students are required to complete a minimum of 4 Clinical Site Evaluations per semester in order to receive credit on clinic grade.
 - j. Affective (Student) Evaluations: For each day of clinic rotation, the student must have 1 Affective evaluation completed. For each evaluation not completed by the beginning of Final Exams, the student Affective evaluation portion of the clinical grade will be reduced by 5 points for each missing Affective evaluation. Students are required review each Affective Evaluation per clinic rotation in order to receive credit on clinic grade.
 - k. Action to be taken if clinical faculty do not Validate or complete the requested evaluations:
 - i. If a hospital staff member fails to validate a student's record or complete an evaluation after the initial request, the student will request 1 more time verbally or by written note. If the instructor still does not follow through the request within 2-3 days, the student will send a DataArc message to the DCE noting the date and instructors name of the validation and/or evaluation were requested. The student will not be penalized if they follow the above action.
 - l. Back-up procedures if DataArc cannot be accessed:
 - i. If for ANY reason DataArc cannot be accessed the student should complete a paper "Student Daily Log" and have the instructor sign to validate the record. The student must create a daily log in DataArc and submit the paper copy to the Director of Clinical Education (DCE) within 4 days of the occurrence in order to receive credit for the clinical day. If the student fails to submit the documentation by the end of the 4th day in which the incident occurred, the student will be considered absent and no credit will be given for any procedures done on that record. If the student is unable to complete the deadlines above due to extreme circumstances, they should notify the DCE to be given an extension. "Student Daily Log" forms may be downloaded from the college's WebCT web site under the Respiratory Resources section.
 - m. Failure to successfully Clock In or Out of Data Arc: Students who are unable to log into or out of Data Arc for any reason are required to notify the Director of Clinical Education immediately at 843-839-1102 and complete a paper log sheet.
 - n. Falsification of a DataArc record is viewed as "Academic dishonesty" and the college policies dealing with Academic dishonesty will be applied to this situation.
 - o. Sharing of passwords, entering data for someone other than yourself under their DataArc account is a violation of security. This behavior is unethical and constitutes a fraudulent representation of clinical records. The "Academic dishonesty" applies to these situations.
11. Telephone policy
- a. Hospital phones are not for personal use unless it is an emergency. All cell phones are to be turned to "Silent mode" while in the hospital. Personal use of phones cannot occur in the patient care areas. Hospital policies may supersede this guideline. Failure to adhere to this policy will result in the student being asked to leave clinic and be counted as an unexcused absence. See (page 2, 2G) for consequences of noncompliance.
12. Student Clinical Education and Hospital Employment
- a. Students may not be incorporated into the department work schedules to serve as staff, paid

or unpaid. The guiding principle is that student clinical activities are to be closely supervised in order to ensure that the activities are educational. This is not to say that a student may not assist a staff member in completing their work assignment, but the student cannot accept the staff member's entire workload and not be supervised. To use this practice as a part of clinical training is a direct violation of the Committee on Accreditation for Respiratory Care Standard Section V.C. which states, "All activities required in the program must be educational and students must not be substituted for staff." In addition, it is a violation of the Clinical Affiliate Agreement which states on page 4, the last paragraph "Students must not be substituted for paid personnel to conduct the work of the clinical facility. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction".

13. Students found working as a paid hospital employee's while receiving credit for clinic are violating the above principle and will have 26% deducted from their final clinical grade for the semester for each violation. This behavior is also viewed as "Academic dishonesty" because the clinical records are being falsified as a result of duplicated time.
14. Accident Occurring on or off Campus
 - a. Accidents involving Faculty, Staff and Student Workers (work-study, clinical student or students on a required internship):
 - b. All exposures of students to blood/body fluids are to be reported immediately to the Employee Health Coordinator or other individual as designated by the specific institution in which the students are exposed. The student will receive follow up care (first aid, evaluation and prophylaxis as indicated). Student will go to the emergency room at that facility. Post Exposure Protocol will be implemented within one hour following exposure to known or highly suspected HIV positive clients. The program director, department chair, and
 - c. An accident/illness involving faculty, staff or student worker must be reported immediately to the Human Resources Department (843.349.7134) before seeking medical treatment, if possible, so an accident/incident report can be completed and Worker's Compensation can be notified. In the event someone in Human Resources cannot be notified, the injured party may contact the College's Worker's Compensation insurance carrier, Compendium Services, to complete an accident/incident report and to receive clearance for treatment at 877.709.2667. If the incident is an emergency, please notify Human Resources as soon as the proper medical attention has been rendered for verification of workers' compensation coverage.
 - d. In any event, if an accident occurs, proper documentation needs to be completed. An accident report needs to be filled out stating the name of the injured party, the location of the accident, his/her identification number (social or H number), his/her address & phone number, the date & time of the accident, whether there were witnesses, and a brief description of what occurred. Attached is a copy of the Accident/Incident Report form. A copy of the report needs to be distributed to the following departments: Human Resources, the respective Supervisor, and the Dean/Provost of the specific campus.
 - e. If you need to go to the doctor's office, the following locations work in conjunction with our Worker's Compensation:

Doctor's Office Sites for Worker's Compensation

Doctors Care - Carolina Forest

Doctor's Office Sites for Worker's Compensation

200 Middleburg Dr
Myrtle Beach, SC 29579
Mon-Fri 8am-8pm
Sat/Sun 9am-5pm
843-903-6650

Doctors Care - North Myrtle Beach
1714 Hwy 17
Myrtle Beach, SC 29582
Every day 8am-8pm
843-361-0705

Doctors Care - Strand Medical
1220 21st Ave.
Myrtle Beach, SC
Every day 8am-8pm
843-626-9379

Doctors Care - Church Street (Hwy 501)
1113 Church St
Conway, SC
Every day 8am-8pm
843-248-6269

Doctors Care – Georgetown
1068 North Frazier St
Georgetown, SC 29440
Mon-Fri 8am-8pm
Sat/Sun 9am-5pm
843-545-7200

Part II: Student Learning Outcomes

1. Administer handwashing to a critical care patient.
2. Administer and follow infection control policies when delivering patient care.
3. Perform basic bedside patient assessment, HR, RR, Sat, Color level of dyspnea.
4. Perform mathematical calculations to evaluate: tank duration, equipment, patient flow, and basic ABG oxygenation/ventilation evaluation.
5. Administer oxygen therapy to a critical care patient.
6. Administer humidity aerosol therapy to a patient.
7. Administer incentive spirometry to a patient.
8. Assess a critical care patient including palpation; percussion; and auscultation; evaluation of radiograph, laboratory, and other diagnostic materials.
9. Perform a basic 12 lead EKG study.
10. Identify basic EKG rhythms & basic arrhythmia.
11. Perform proper skills for BLS certification.
12. Perform basic ABG evaluation.
13. Successfully participate in all Clinical Rotations
 - a. Oxygen Rotation
 - b. Treatment Rotation
 - c. ECG Rotation
14. Abide by all rules and regulations of the respiratory care program.

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

Module I Clinical Patient Assessment

Material Covered: Clinical Patient Assessment (Chart & Bedside)

- Infection control & handwashing
- Chart Review
- Laboratory Test
- Bedside Patient Assessment
- Assessment of Cardiovascular Function

Assessments:

- Case Study/Quizzes
- Skill Check
- Clinical Sheets

Learning Outcomes and Assessments:

1. Demonstrate knowledge of infection control policies.
2. Demonstration effective handwashing technique.
3. Assess patient chart for current and previous health history.
4. Assess sensorium.
5. Perform physical and visual bedside assessments by assessing the patient's vital signs, breathing patterns, respiratory rate and work of breathing, color, tone, and responsiveness. (HR,RR, SAT, Color and SOB)
6. Perform Inspection and evaluate: Palpation, percussion, auscultation, and evaluation.
7. Demonstrate the ability to perform blood pressure and know normal and abnormal values.

Module II

Material Covered:

- 12 Lead ECG set up
- Basic Chest X-Ray Interpretation
- CPR & AED

Assessments:

- Case Study/Quizzes
- Skill Check
- Lab Competency
- Clinical Sheets

Learning Outcomes and Assessments:

1. Demonstrate ability to perform basic 12 lead EKG
2. Interpret normal ECG readings, proper lead placement, and basic arrhythmias.
3. Summarize the CPR components.
4. Demonstrate how an Automatic External Defibrillator (AED) works.

ECG & STRESS TEST ROTATION OBJECTIVES

Student Preparation:

Prior to this rotation, the student is required review specific terms associated with the patient electrocardiogram acquisition, electrophysiology of the heart, 12 lead placement on chest, rhythm identification, NSR, tachycardia, bradycardia, PVC, Multi focal PVC, V-Tach, V-Fib, Asystole, Ischemia, Infarction

Over All Objective:

The overall objective of this rotation is to test the skills presented in the previously-taken didactic courses specifically related the aspects of modern ECG, Holter Monitoring and Stress testing as available in the clinical environment.

Objectives:

1. Assist and perform 12 lead EKG on patients.
2. Assist with or perform holter monitoring and cardiac stress testing on patients.
3. Identify normal sinus rhythm on ECG recordings.
4. Identify basic arrhythmias on ECG tracings to include at least sinus tachycardia, bradycardia, ventricular fibrillation, ventricular tachycardia, and asystole.
5. Trouble shoot ECG device for possible machine/operator problems on the ECG strip.
6. Monitor blood pressure and vital signs on stress test patients.
7. Perform an ECG on a patient with minimal supervision.

Module III

Material Covered: Medical Gas and Oxygen Therapy

Resources:

- Mosby's Respiratory Care Equipment, 9th Edition
- Egan's Fundamentals of Respiratory Care, 11th Edition
- Dana Oakes / Classmate Respiratory Simulations

Assessments:

- **Case Study / Tests /TMC Exam**
 - List and explain the Goals, Indications, Contra-indications and hazards of Medical Gas and Oxygen Therapy.
 - Interpret a Medical Gas and Oxygen Therapy case study and determine if the therapy ordered was indicated or contra-indicated.
- **Clinical Performance/ Skill Check Video following (DAS) Data Arc Sheet.**
- **Clinical Simulation**

Learning Outcomes: (Psychomotor-Skills)

1. List and explain the Goals, Indications, Contra-indications and hazards of Oxygen therapy.
2. Interpret an O₂ Therapy case study and determine if therapy was indicated or contra-indicated.
3. Perform medical gas therapy.

Oxygen Therapy Rotation

Student Preparation:

Prior to this rotation, the student will review the following concepts and terms associated with the patient administration, weaning and discontinuation of medical gases such as: O₂, NO, He/O₂. (Tank colors, gas property, analyze and adjust medical gas concentration, tank safety systems, tank sizes, bank systems and liquid O₂ systems, flow meters, duration of equipment flow and patient demand flow, regulators, reducing valves, blenders, high / low flow and fixed / variable O₂ devices. Normal patient VS and the various assessment ranges used to recommend appropriate treatment for patients who show signs of hypoxemia and hypoxia.

Over All Objective:

The overall objective of this rotation is to test the skills presented in the previously taken didactic courses specifically related to oxygen therapy and care of patients on this therapy as applicable to the clinical environment. It is the intent of the clinical experience to develop confidence and improvement on deficiencies.

Objectives:

1. Identify the various cylinder colors, shoulder stamps and labels and interpret them accurately.
2. Identify the various storage locations of cylinders in the hospital. They should know the laws governing storage of cylinders.
3. The student should be able to safely transport cylinders from place to place using the proper equipment and body mechanics.
4. Understanding and identification for each safety system must be complete. They should be able to connect and disconnect hardware easily and without delay.
5. Identify various parts of the regulator, and know the difference between a preset, an adjustable, and a multistage regulator. The student should also know the various safety pressure relief valves.
6. The student must be able to apply a regulator to a cylinder with ease and without delay. They should take precautions to keep dirt out of the regulator.
7. The student should be able to pressurize and decompress a regulator without damage to the device and be able to remove and store the regulator properly.
8. The student must be able to identify the various parts of a flow meter and know the difference between compensated and uncompensated. They must be able to test a flow meter for compensation.

9. Should be able to connect a flow meter to a gas source, humidifiers and other gas administration equipment devices.
10. The student must be able to assess patient and equipment to determine if it is a high or low flow system and is delivering correct O₂ percentage.
11. The student must be able to correct the situation if there is evidence the system does not meet or exceed patient's peak inspiratory flow.

Part III: Grading and Assessment

EVALUATION OF REQUIRED COURSE MEASURES/ARTIFACTS*

Students' performance will be assessed and the weight associated with the various measures/artifacts are listed below.

Competencies

Handwashing

Patient Assessment

Oxygen Assessment

Incentive Spirometry

Nebulizer Setup

EVALUATION*

Clinical Documentation	25%
Case Studies/Affective Evaluations	25%
Clinical Competencies	20%
Final Exam	30%
	<hr/>
	100%

Late Assignments:

- A maximum of one (1) scheduled exam may be made up at the discretion of the course instructor. Any subsequently missed exams will receive a grade of 0.
- Makeup examinations will be taken in the testing center on campus or a location designated by the instructor.
- A 10% overall deduction will be applied to the makeup examination score for missed examinations unless faculty are notified in advance (more than 12 hours) or medical documentation is provided.
- Late homework assignments will have a deduction of ten points of the total assignment grade.
- Quizzes cannot be made up if you are absent from class a grade of zero (0) will be assigned.
- Each student must demonstrate safety and competence in required laboratory skill check assessments and laboratory competency practical examinations. Each course with a laboratory component includes skill check assessments that must be mastered within the course.
- Each student must demonstrate safety and competence in required laboratory skill check assessments and laboratory competency practical examinations. Each course with a laboratory component includes skill check assessments that must be mastered within the course.
- All Data Arc documentation will be accepted up to 10 days after the due date. Data Arc documentation will not be accepted after the 10 courtesy period and a grade of zero (0) will be

assigned to that particular Data portion of the overall grade.

Data Arc

Data Arc is a database-tracking system that monitors and collects information of students' clinical performance. Clinical evaluation forms and check-offs can now be completed online and directly sent to the students' instructors for review. Each therapist has a login and password that allows him or her to enter the system. In addition, each facility has a generic login that allows a therapist to enter data even if he or she is not in the system. It is preferred that all evaluators have an individualized login/password. Below are instructions:

1. Go to Data Arc Website
2. Mouse over Allied Health, Click on Respiratory Care
3. Type the log in and password provided
4. You should now be on the Clinical Instructor/student page navigation page
5. The light blue box at the top of the page, click on the desired evaluation
6. For Clinical Instructors Select "Add"
7. Complete evaluation

Lab Competency and Skill Check Assessment:

The student is required to successfully complete each skill check assessment for the course prior to the final laboratory competency practical examination or per the instructor's schedule. Three attempts can be made to pass the lab competencies and skill check. The course instructor will announce the due date of the skill check assessments in the course calendar informational sheet.

Summary Performance Evaluation

The following will be used to evaluate the clinical/lab performance:

Satisfactory – Completion of first attempt (85-100%) Performed procedure accurately or was able to correct performance without injury to the patient or decreasing effect of therapy being given.

Each competency and skill check are considered a pass/fail. If a student makes less than 85% on the first attempt. The student may repeat the competency/skill check two additional times after the first attempt.

Unsatisfactory performance – Completion of first attempt (less than <85%). Requires remediation under the following categories.

- The psychomotor portion of the performance evaluation is a pass/fail grading criterion. After a student's second attempt, if the student does not pass the physical portion with an 85% or greater. Failure of the physical portion of the course will result in failure of the course.
- Failure to complete a critical skill after the second attempt within the psychomotor evaluation will also result as a failure of the course.

Emphasized Clinical Tasks by Semester Note: Emphasized Clinical Tasks are those procedures the students are learning to perform and will be evaluated on during the semester. Students are expected to perform all procedures that they have been "Checked Off" on with minimum supervision.

Semester	Class	Course	Emphasized Clinical Tasks	Tasks that may be performed with minimum supervision
Fall	Freshmen	RES 152	Handwashing, Chart Review, Patient Assessment, O2 Therapy, Tanks, Incentive Spirometry, Aerosol / Humidity Therapy, CPR	
	Seniors	RES 253	Mechanical Ventilation, Vent Graphics, NIPPV, Intubation, Home Care, PFT/Interpretation	O2 Therapy, Lung Inflation / IS, Aerosol/Humidity Therapy, Mucus Clearance (P&PD, Flutter Valve), CPR, ECG, ABG analysis, Airway care/Sxn, Mechanical Ventilation, PFT/Interpretation
Spring	Freshmen	RES 154	Medication Aerosol, Lung Inflation Therapy (Easy PAP/ IPPB), Aerosol / Humidity Therapy, Mucus Clearance (P&PD, Flutter Valve), PFT/Spirometry, ABG's, SXN, CPR, ECG	Handwashing, Chart Review, Patient Assessment, O2 Therapy, Tanks, Lung Inflation / IS, Aerosol / Humidity Therapy, CPR
	Seniors	RES 254	Adult Ventilator Care, Cardiac Catheterization, Nep/PEDS, Sleep Lab, Emer. Dept., CPR	O2 Therapy, Lung Inflation / IS, Aerosol/Humidity Therapy, Mucus Clearance (P&PD, Flutter Valve), CPR, ECG, ABG analysis, Airway care/Sxn, Mechanical Ventilation, PFT/Interpretation
Summer	Freshman	RES 249	ABG analysis, Airway care/Suctioning, Mechanical Ventilation Set Up, ACLS	O2 Therapy, Lung Inflation Therapy (Easy PAP/ IPPB), Incentive Spirometry, Aerosol/Humidity Therapy, Mucus Clearance (P&PD, Flutter Valve), CPR, ECG, ABG analysis, Airway care/Suctioning

Clinical Competency Performance Criteria

July 2019

Data Arc clinical assessment sheets are available diagnostic competency and are required to evaluate students psychomotor, cognitive and effective evaluation.

Affective Evaluations

Affective evaluations are the third part of the clinical evaluation process. They represent the instructors' overall view of the student's ability to communicate, confidence and independence, initiative and cooperation, maturity, professional ethics, organization and theory application. Points for the observed level of performance are assigned. Guidelines for outstanding behavior are outlined in the Student Handbook, Policies and Procedures of the Respiratory Care program.

5= Exceptional. Ready for clinical application with minimal supervision. Always arrives on time and prepared. Always exhibits concern for the dignity and welfare for patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively. Demonstrates a superior understanding of the concepts, facts, and theories specific to the situation. Can perform the skill with confidence, without error and greatly exceeding standards. Seldom requires assistance. Plans ahead, always works efficiently and manages time wisely.

4= Above Average. Regularly arrives on time and prepared. Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises. Demonstrates a complete and thorough understanding of the concepts, facts, and theories specific to the situation. Can perform the skill with confidence and above the expected standards. Requires minimal assistance. Completes assigned tasks in a timely fashion, and seldom needs direction.

3= Acceptable. Rarely absent but informs appropriate personnel; is seldom late or unprepared, but notifies appropriate personnel. Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise. Demonstrates a general knowledge of the concepts, facts, and theories specific to the situation. Carries out the skill without significant error and meets the accepted standards most of the time. Requires occasional assistance. Completes assigned tasks, needs occasional direction.

2= Below Average. Is periodically late or unprepared. Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict. Demonstrates an incomplete understanding of the concepts, facts, and theories specific to the situation. Makes non-critical errors when performing the skill and barely meets the expected standards. Inconsistent in completing tasks and needs help in prioritizing work. Requires frequent prompting or assistance.

1 = Unacceptable. Absent repeatedly and neglects to inform appropriate personnel; student is frequently late and unprepared. Is negligent or inconsiderate of patients or team member's dignity or welfare; or demonstrates conflict of interest; or provokes conflict. Demonstrates no understanding of the concepts, facts, and theories specific to the situation. Cannot perform the skill or is in danger of harming the patient. Needs constant assistance. Rarely completes assigned tasks, wastes time and needs constant assistance and direction.

N/A Not Applicable- Objective not applicable to this clinical setting

N/O Not Observed-Objective Not Observed to the extent that a rating is appropriate

*designated safety criteria elements that the student must receive a 4 to pass the course regardless of the average score

designated behavioral foundational elements in clinical practice that the student must receive a 4 to pass the course regardless of the average score

GRADING SYSTEM:

State the College's or departmental grading system as delineated in the Catalog. Please note the College adheres to a 10 point grading scale A = 100 – 90, B = 89- 80, C = 79 – 70, D = 69 – 60, F = 59 and below. You must have your Dean's approval if changes in the scale are made.

Grades earned in courses impact academic progression and financial aid status. Before withdrawing from a course, be sure to talk with your instructor and financial aid counselor about the implications of that course of action. Ds, Fs, Ws, WFs and Is also negatively impact academic progression and financial aid status.

A grade of "C" or better must be achieved in all required respiratory care program courses for a student to progress through the program. A final grade of less than 75% is not passing in the Respiratory Care Program and does not meet the requirements for progression within the program. This policy is different than the Horry Georgetown Technical College Grading Policy.

GRADING SCALE:

100-90 =	A
89-80 =	B
79-75 =	C
74-69 =	D
68-0 =	F

The Add/Drop Period is the first 5 days of the semester for **full term** classes. Add/Drop periods are shorter for accelerated format courses. Please refer to the academic calendar for deadlines for add/drop ([ACADEMIC CALENDAR](#)). You must attend at least one meeting of all of your classes during that period. If you do not, you will be dropped from the course(s) and your Financial Aid will be reduced accordingly.

Part IV: Attendance

Horry-Georgetown Technical College maintains a general attendance policy requiring students to be present for a minimum of 80 percent (80%) of their classes in order to receive credit for any course. Due to the varied nature of courses taught at the college, some faculty may require up to 90 percent (90%) attendance. Pursuant to 34 Code of Federal Regulations 228.22 - Return to Title IV Funds, once a student has missed over 20% of the course or has missed two (2) consecutive weeks, the faculty is obligated to withdraw the student and a student may not be permitted to reenroll. **Instructors define absentee limits for their class at the beginning of each term; please refer to the Instructor Course Information Sheet.**

Part V: Student Resources

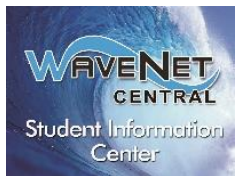


The Student Success and Tutoring Center (SSTC)

The SSTC offers to all students the following **free** resources:

- 1. Academic coaches** for most subject areas, **Writing Center Support**, and **college success skills**.
- 2. On-line student success and academic support resources.**

Visit the SSTC website: [Student Success & Tutoring Center](#) and visit the student services tab in your WaveNet account to schedule appointments using TutorTrac. For more information, call: SSTC Conway, 349-7872; SSTC Grand Strand, 477-2113; and SSTC Georgetown, 520-1455 or go to the [Online Resource Center](#) to access on-demand resources any time.



Student Information Center: WaveNet Central (WNC)

WNC offers to all students the following **free** resources:

1. **Getting around HGTC:** General information and guidance for enrollment!
2. Use the [Online Resource Center \(ORC\)](#) for COMPASS support, technology education, and online tools.
3. **Drop-in technology support or scheduled training** in the Center or in class.
4. **In-person workshops, online tutorials and more services** are available.

Visit the WNC website: [Wavenet Central](#). Live Chat and Center locations are posted on the website. Or please call one of the following locations: WNC Conway, 349-5182; WNC Grand Strand, 477-2076; and WNC Georgetown, 520-1473.

Disability Services:

HGTC is committed to providing an accessible environment for students with disabilities. Inquiries may be directed to Beth Havens, Director of Student Development on the Conway Campus Jaime Davis, Counselor/Advisor on the Georgetown Campus or Kristin Griffin, Counselor on the Grand Strand Campus. These individuals will review documentation of the student's disability and, in a confidential setting with the student, develop an educational accommodation plan.

Note: It is the student's responsibility to self-identify as needing accommodations and to provide acceptable documentation. After a student has self-identified and submitted documentation of a disability, accommodations may be determined, accepted, and provided.

Statement of Equal Opportunity/Non-Discrimination Statement

Horry-Georgetown Technical College prohibits discrimination and harassment, including sexual harassment and abuse, on the basis of race, color, sex, national or ethnic origin, age, religion, disability, marital or family status, veteran status, political ideas, sexual orientation, gender identity, or pregnancy, childbirth, or related medical conditions, including, but not limited to, lactation in educational programs and/or activities.

Inquiries regarding the non-discrimination policies: Students and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs, Dr. Melissa Batten, VP Student Affairs, Title IX Coordinator, Building 1100, Room 107A, Conway Campus, PO Box 261966, Conway, SC 29528-6066, 843-349-5228, Melissa.Batten@hgtc.edu. Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources, Jacquelyne Snyder, VP Human Resources, Section 504, Title II, and Title IX Coordinator, Building 200, Room 212A, Conway

Title IX Requirements

All students (as well as other persons) at Horry-Georgetown Technical College are protected by Title IX—regardless of their sex, sexual orientation, gender identity, part- or full-time status, disability, race, or national origin—in all aspects of educational programs and activities. Any student, or other member of the college community, who believes that he/she is or has been a victim of sexual harassment or sexual violence may file a report with the college’s Chief Student Services Officer, campus law enforcement, or with the college’s Title IX Coordinator, or designee.

*Faculty and Staff are required to report incidents to the Title IX Coordinators when involving students. The only HGTC employees exempt from mandatory reporting are licensed mental health professionals (only as part of their job description such as counseling services).

<p>Inquiries regarding the non-discrimination policies:</p>	
<p>Student and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs.</p>	<p>Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources.</p>
<p>Dr. Melissa Batten, VP Student Affairs <i>Title IX Coordinator</i></p> <p>Building 1100, Room 107A, Conway Campus PO Box 261966, Conway, SC 29528-6066 843-349-5228 Melissa.Batten@hgtc.edu</p>	<p>Jacquelyne Snyder, VP Human Resources <i>Section 504, Title II, and Title IX Coordinator</i></p> <p>Building 200, Room 212A, Conway Campus PO Box 261966, Conway, SC 29528-6066 843-349-5212 Jacquelyne.Snyder@hgtc.edu</p>