

Midwestern State University Respiratory Care Program



PRECEPTOR TRAINING WORKSHOP



Class of 2022



The Purpose of this Presentation



- Commission on Accreditation For Respiratory Care
- Standard 2.13
 - In addition to the Key Personnel, there must be sufficient personnel resources to provide effective instruction and evaluation in all settings – didactic, laboratory, and clinical. In clinical rotations, the student to faculty ration cannot exceed 6:1 for *clinical instructors* and 2:1 for *clinical preceptors*.
- <https://coarc.com/>



My Objectives



- Clarify clinical site expectations for each rotation
- Define the role of the Preceptor during clinical rotations
- Develop skills to nurture critical thinking in the Respiratory Care Student
- Strengthen feedback process
- Define and review inter-rater reliability in the competency process
- Reintroduce our clinical documentation system, Trajecsys

Clinic Site Role and Responsibilities



- Select preceptor to be with students
 - Provides consistent instruction
- Match schedules to provide continuity of instruction
- Instruct students in policies and procedures of facility
 - Orientation to facility, ID badges, parking, food service
- Provide opportunities for students to complete selected competencies for clinical session

Role of the Preceptor



- **To teach**
 - Assist students in the application of skills and knowledge from classroom to real life situations
- **To mentor and coach**
 - Guide through steps of procedures
 - Provide immediate feedback to student on performance (what went right, how to do better)
 - Allow students to work independently with preceptor observation

Role of the Preceptor



- To evaluate
 - Provide daily evaluation of progress (Daily Evaluation)
 - Provide a summative evaluation to program on overall performance of student (Affective Evaluation)



MIDWESTERN STATE UNIVERSITY
 3410 TAFT BOULEVARD, WICHITA FALLS, TEXAS 76708-2099
 RESPIRATORY CARE DEPARTMENT (940) 397-4652/FAX (940) 397-4933

Respiratory Care Program

Thank you for providing the MSU Texas Respiratory Care students with an excellent clinical experience. Your time and effort contributes to the quality of respiratory care in the future. The clinical experience is for students to apply and improve their respiratory skills and knowledge. To help us identify the student's strengths and weaknesses, please take a few minutes to complete this evaluation. Thank you for your assistance.

Student Name: _____ Date: _____

Clinical Site: _____

Rating Scale: NS= Not Satisfactory NI= Needs Improvement S= Satisfactory P= Proficient

Rating Scale	NS	NI	S	P	Comments
Personal Qualities					
Maintains professional appearance					
Punctuality					
Attitude					
Works cooperatively with others and accepts criticism					
Performs tasks with enthusiasm					
Communication Skills					
Communicates with patient					
Reports significant data to appropriate individuals promptly					
Initiative					
Takes advantage of new clinical experiences					
Quality of Work					
Performs skills without the need for guidance or assistance in the following areas:					
Performs procedures correctly					
Safely					
In a timely manner					
Maintains the dignity and confidentiality of the patient					

Evaluator Name (please print): _____

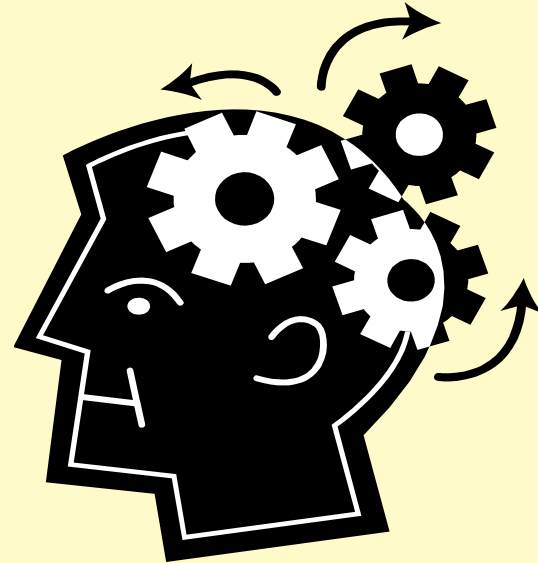
Evaluator's Signature: _____

Student's Comments: _____

Critical Thinking



- The realization that we often act without careful consideration of the implications and consequences of our actions can be the first step in our journey to become critical thinkers.



Critical Thinking



- Critical thinking is "a process which stresses an attitude of suspended judgment, incorporates logical inquiry and problem solving, and leads to an evaluative decision or action."

NCTE Committee on Critical Thinking and the Language Arts.



Attributes Of A Critical Thinker:



- asks pertinent questions
- is able to admit a lack of understanding of information
- has a sense of curiosity
- is interested in finding new solutions
- listens carefully to others and is able to give feedback
- looks for evidence to support assumption and beliefs
- is able to adjust opinions when new facts are found
- examines problems closely

Nurturing Critical Thinking



- Take time while performing procedures or treatments:
 - Ask: What if.....
 - What would happen next...
 - How would you proceed....
 - It's OK if student is not sure or not able to answer
 - ✦ Engages student
 - ✦ Promotes critical thinking skills

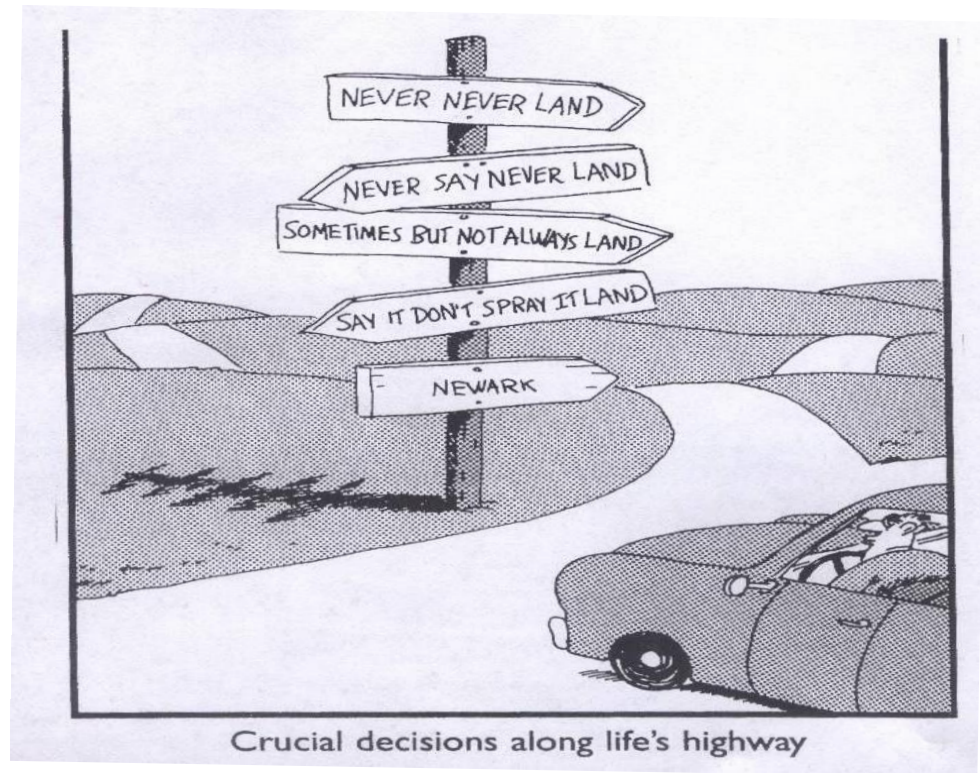
Take Time With the Students



Nurturing Critical Thinking



- Help them to learn the answers to make the right decision



Critical Thinking Situations



- **Technology**

- Equipment malfunction
- Alarms activated
- Equipment not set-up or not available in an emergency

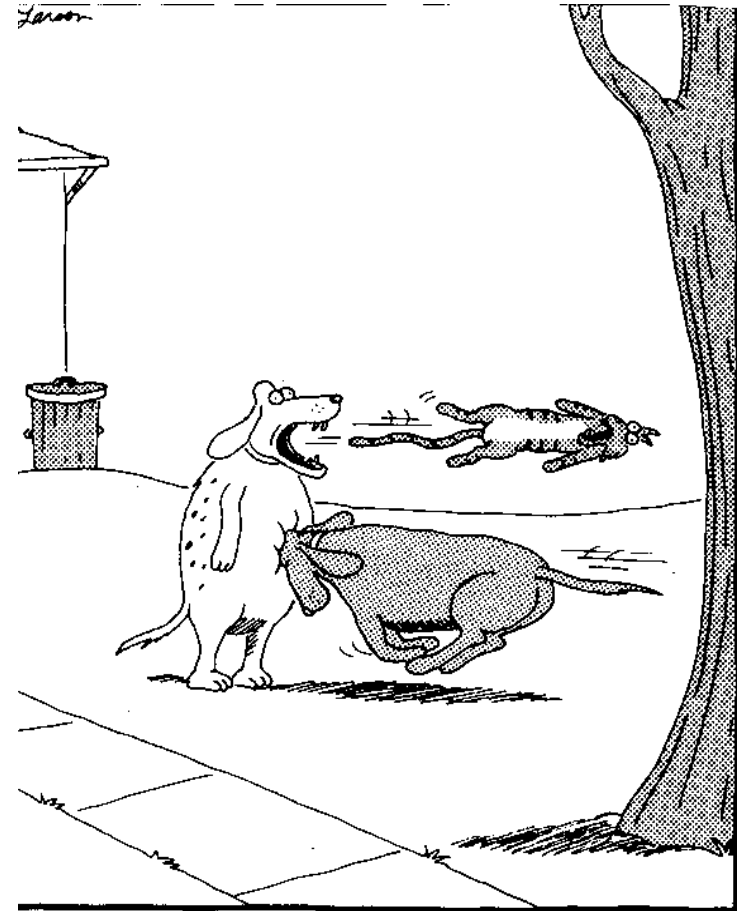


Critical Thinking Situations



- Patients

- Rare diseases
- Cardiac/Respiratory arrest
- Unexpected response to therapy



Fortunately for Sparky, Zeke knew the famous
“Rex maneuver.”

Critical Thinking Situations



- Other clinicians

- Problem with orders
- Questions from other staff
- Asking questions
- Making suggestions
- Prioritizing tasks



Adult Learners



- **Diverse**
 - Age, culture, life experiences
- **Learning Styles**
 - Visual
 - Auditory
 - Kinesthetic
- **Improved retention of knowledge**
 - See it, Hear it, Do it



Classroom → Lab → Clinic



What Students Want From Preceptors



- Preceptor to stay with them
- Let them do the work
- Ask critical thinking questions
- To be challenged



Student Pet Peeves About Their Preceptors

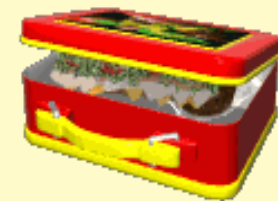


- Don't provide feedback
- Give feedback, but no follow-up
- All negative and no positive
- Evaluation doesn't match student performance
- No review of evaluation
- Student thinks they are doing good, but evaluation is poor

Providing Immediate Feedback



- After an observed performance with a patient interaction:
 - Give a “sandwich”
 - Positive, negative, positive
 - + What did they do right
 - - What was not right, how can it be better
 - + Their overall performance



Proctor Evaluations



- To evaluate
 - To identify strengths and weakness in our clinical preceptors
 - To provide opportunities to improve clinical experience for proctors as well as students
 - To provide feedback for clinical affiliates



MIDWESTERN STATE UNIVERSITY
Gunn College of Health Sciences and Human Services
Respiratory Care Program
Clinical Proctor Rating Scale

Name of Preceptor: _____

Facility: _____

Date: _____

Students: Please be honest in reacting to the following statements. Check the appropriate response.

Teaching Abilities	Excellent	Good	Fair	Poor
a. Knowledgeable				
b. Organized				
c. Clear				
d. Challenging				
e. Interesting				
f. Appropriate Expectations				
g. Sensitivity				
j. Availability				
k. Enthusiastic				
l. Fair				

COMMENTS: _____

STUDENT SIGNATURE (OPTIONAL): _____

What is Inter-Rater Reliability (IRR)



- The extent to which 2 or more raters agree.
- Dependent upon the raters to be consistent in their evaluation of behaviors or skills.
- Unbiased measurement of student competency.
- Addresses the consistency of the implementation of evaluation systems being utilized
- Imposes some level of objectivity
- Increases “confidence” that preceptors are following the guidelines in a like matter.

Reality of Using Multiple Evaluators



- Differences in education, experience, and values
- Varied levels of knowledge and experience with student evaluation;
- No leverage to force adherence to guidelines

- Inter-Rater Reliability assesses the consistency of how rating system is used if all students are not being evaluated by the same instructor

“Signing the Bottom Line”



- Did the student perform the procedure well enough to not need direct supervision?
 - Yes = Satisfactory
 - No → Why?
 - ✦ Minor Unsatisfactory (little details)
 - ✦ Major Unsatisfactory (**BIG** details)
 - We all have to agree on “Good Enough” and agree on the occurrence/nonoccurrence of key behaviors—this agreement ensures that evaluation of desirable behaviors remain consistent.

Syllabus



- Course description
- Instructor information
- Attendance/tardiness, missed clinic days, weather
 - Clinic Policies and Procedures
 - Student Handbook



Syllabus



- Competencies to be completed
- Task analysis
- Care plans
- Case studies
- Evaluation
- Grades



Competencies



- Ensuring inter-rater reliability:
 - Tools
 - Documentation
 - Identifying discrepancies
- Examples:
 - [Hand washing](#)
 - [Pediatric MDI](#)



Competencies – Clinic Practicum I



- Hand washing
- Isolation Procedures
- Vital Signs
- Oxygen Therapy (Use of at least one oxygen delivery device)
- Aerosol and Humidity Therapy (Use of at least one device)
- Aerosol Drug Administration (metered dose inhalers, dry powder inhalers and small volume nebulizer)
- Incentive Spirometry
- Intermittent Positive Pressure Breathing (or EZ-Pap)*
- Chest Physiotherapy
- Mucous Clearance Adjuncts
- CPR (completed during Summer II, copy of card uploaded to Castlebranch)

Competencies – Clinical Practicum II



- Endotracheal/In-line Suctioning
- Intubation
- Extubation
- Nasotracheal Suctioning
- In-line SVN/MDI
- Tracheostomy Care
- Securing Endotracheal Tube/Cuff Management
- Set-up Mechanical Ventilation
- Routine Ventilator Check
- Weaning
- Noninvasive ventilator setup
- Noninvasive ventilator check
- Spontaneous Breathing Trial
- Manual ventilation during transport
- ABG sampling
- Arterial Line Sampling

Skills/Observations – Clinical Practicum III



- Nasal Cannula
- Pulse Oximetry
- Small Volume Nebulizers
- MDI
- CPT
- ET Tube
- Bulb Suction
- T-Piece Ventilation
- Bag/Mask Ventilation
- Infant CPR
- Nasal CPAP Set-up
- Ventilator Setup
- Routine Ventilator Check
- Ventilator Parameter Change
- Capillary Blood Gas

Skills/Observations- Clinical Practicum IV and V



- **A minimum of 12 listed competencies should be completed as part of Clinical Practicum IV and V:**
- Observe/perform Pulmonary Function Testing (spirometry-clinic and/or bedside, peak flow, diffusion, plethysmography)
- Perform Hemodynamic Monitoring
- Perform Arterial Line Sampling
- Perform Pulmonary Artery Pressure Measurement
- Perform Thermodilution Cardiac Output Measurement
- Perform Bronchoscopy Assisting *
- Perform Electrocardiography
- Observe Metabolic Assessment*
- Observe Stress Testing*
- Observe Lung Scan*
- Observe CAT Scan
- Observe MRI
- Observe Cardiac Catheterization
- Observe Echocardiography
- Observe and/or perform Hyperbaric Oxygen Therapy

Care Plans

- Students rotating through the ICU, CVICU, CCU and NICU settings will be required to complete a minimum of one care plan per day.
- Care plans provide for an individualized assessment of the patient as well as development of critical thinking skills.



Care Plan Example



Clinical Portfolio Care Plan (Example)

Date: 2/12/09

Location: SJMC

Patient data:

Subjective: (Hx) Pt is a 34 y/o post MVA w/head injury (2/2/09) status 9 days on vent., ARDS, CT right side, sepsis.

Currently sedated on ventilator.

Objective:

Initial Impression: No apparent distress, resting quietly on ventilator

Vital Signs

HR: 112
RR: 26
BP: 107/58
Temp: 99
Sat: 95%

HEENT

Head: ICP line
Eyes: PEERLA
Ears: clear
Nose: not done
Throat: not done

Neck: no masses, trachea midline

Thorax: Chest tube on right no drainage

Heart (pulse): regular

Lungs: diminished, scattered crackles

Abdomen: soft and flat

Extremities: no edema, multiple abrasions healing

CXR: pneumothorax resolved, CT in place, bilateral infiltrates, heart normal size

Meds: Xopenex 1.25 and Atrovent Q6

Assessment:

Currently stable on vent. Pneumo resolved

Plan:

Wean O2 cautiously keep sats >92%. Remove CT if critical care team agrees

Expected length of Plan:

24 hours, re-evaluate tomorrow

Problems and planned interventions:

Mechanical ventilation:

Barotrauma
Accidental Disconnect
Vent. Associated Pneumonia

Keep peak pressures low, PPlats <30
Set alarms appropriately
Sterile technique all procedures, oral care, HOB
30 degrees

Airway trauma
Weaning O2
Chest tube (removal)
Repeat pneumo

Careful suction technique
Check sats and vitals

Site infection

CXR daily, check breath sounds Q1, low
ventilating pressures
Dressing change Q shift

Bronchodilators:

Reaction (increased BP, HR)

Check vital pre/post Tx

Outcomes:

Oxygen weaned to safe level over the next 48 hours (<60%)
Chest tube removed and breath sounds normal, ventilating pressures low
Patient continues to improve

Task Analysis and Case Study



- **Task Analysis:**

- Each student must complete a task analysis on 3 procedures commonly performed as part of Clinical Practicum I. Includes:
 - Indications/contraindications
 - Hazards
 - Outcomes
 - Monitoring
 - Steps to performance

- **Case Study:**

- Each student will turn in a case study as part of Clinical Practicum I, II (as a team) and IV
- Allow time to work on case study during clinical
- It may be necessary for student to take additional time to complete
- Students present Case Studies to our Medical Director at the conclusion of the practicum

Case Study Format



- **Patient data**
 - A. Name, initials only
 - B. Age C. Sex
- **Admitting data**
 - Admitting chief complaint
 - Pertinent hx-medical, social, occupational
 - Current working diagnosis
- **Present chest examination**
 - Observations of setting and general appearance
 - Inspection, auscultation, percussion and palpitation
 - Radiologic
- **Vital Signs**
 - HR/Rhythm
 - Ventilatory status
 - BP and Temperature
- **Present lines and tubes**
- **Clinical lab data**
 - RBC, Hgb, Hematocrit, WBC, ABG
 - Platelets, clotting studies
 - Electrolytes, sputum culture & sensitivity
 - BUN, Creatinine, Glucose, Urinalysis
- **Pertinent medications**
 - Respiratory
 - Cardiovascular
 - Antibiotic
 - Other - Analgesics, Antacids, Anticoagulants, Antihistamines, Decongestants, Anti-inflammatory, Antipyretics, Diuretics, Narcotics

Case Study Format (con't)



- Evaluation of major organ systems other than drugs
 - Heart, neurological, liver, kidneys, GI
- Major diagnostic procedures and results
- Rationale for initial treatment
- Major complications since admission
- Rationale for current treatment
- Rationale for current respiratory care
- Reasonable short term plan for the patient
- Narrative summary of the important aspects of the patient's illness

Trajecsys



- Computerized Documentation System – Implemented in Spring 2018.
- Each student has access
- Required:
 - Clock In/Out
 - Daily logs
 - Competencies (optional)
 - We will expand this next year, fingers crossed 😊
- We plan for a re-introduction and education as staffing stabilizes. Hopefully this year!



Faculty



- Jennifer Anderson, Ed.D., RRT-NPS, Program Chair
 - 940-397-4656 office
- Tammy Kurszewski, D.H.Sc., RRT-ACCS, Clinical Chair
 - 940-397-4546 office
- Randy Case, Ph.D., RRT-NPS, Assistant Professor
 - 940-397-4653 office
- Erica Judie, D.H.Sc., RRT-ACCS, Assistant Professor
 - 940-397-4642 office
- Jessica Fino, Ed.D., RRT, Assistant Professor
 - 940-397-4584 office

College of Health Science and Human Services Respiratory Care Department



- Mary Sue Owen, MS, RRT-NPS, RRT-ACCS, RPFT, AE-C, Assistant Professor
 - 940-397-4654 office
- Mickie Loggins, Administrative Assistant
 - 940-397-4939 office
 - 940-397-4933 fax

Address:

Centennial Hall, Suite 420
3410 Taft Blvd
Wichita Falls, Texas 76308-2099

Website: <https://msutexas.edu/academics/hs2/respiratory/index.php>