Midwestern State University
Respiratory Care Program

PRECEPTOR TRAINING WORKSHOP
Class of 2017
The Purpose of this Presentation

- Commission on Accreditation For Respiratory Care
- Standard 3.07
  - The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

My Objectives

- Clarify clinical site expectations for each rotation
- Define the role of the Preceptor during clinical rotations
- Nurture critical thinking in the Respiratory Care student
- Strengthen feedback process
- Define Inter-Rater Reliability
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)
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 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
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
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.

Kathy Rye, EdD, CoARC Commissioner, Webinar
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

Kathy Rye, EdD CoARC Commissioner, Webinar
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

- 1. Basic Life Support (completed in lab on campus)
- 2. Hand washing
- 3. Isolation Procedures
- 4. Charge documentation
- 5. Vital Signs
- 6. Patient Assessment
- 7. Chest Assessment
- 8. X-ray Interpretation
- 9. Oxygen Therapy (Use of at least one oxygen delivery device)
- 10. Pulse Oximetry
- 11. Transport with Oxygen
- 12. Aerosol and Humidity Therapy (Use of at least one device)
- 13. Aerosol Drug Administration (metered dose inhalers, dry powder inhalers and small volume nebulizer)
- 14. Incentive Spirometry
- 15. Intermittent Positive Pressure Breathing*
- 16. Chest Physiotherapy
- 17. Positive Expiratory Pressure Mask Therapy*
- 18. Flutter valve therapy*
Competencies – Clinical Practicum II

- 1. Endotracheal/In-line Suctioning
- 2. Intubation
- 3. Extubation
- 4. Nasotracheal Suctioning
- 5. In-line SVN/MDI
- 6. Tracheostomy Care
- 7. Securing Endotracheal Tube/Cuff Management
- 8. Set-up Mechanical Ventilation
- 9. Routine Ventilator Check
- 10. Weaning
- 11. Noninvasive ventilator setup
- 12. Noninvasive ventilator check
- 13. Spontaneous Breathing Trial
- 14. Manual ventilation during transport
- 15. ABG sampling
- 16. Arterial Line Sampling
Competencies – Clinical Practicum III

1. Chest assessment
2. Patient assessment
3. X-Ray Interpretation
4. Nasal CPAP
5. Oxygen Hood
6. Nasal Cannula
7. Pulse Oximetry
8. Transcutaneous Monitoring
9. MDI via Manual Resuscitator
10. SVN via Blow-by
11. In-line MDI
12. In-line SVN
13. CPT
15. Setup and Ventilation via Mask

16. Newborn Assessment/Resuscitation
17. Neonatal CPR
18. Infant Apnea Monitoring
19. Bulb Suctioning
20. ET Suctioning
21. NT Suctioning
22. In-Line Suctioning
23. Ventilator Setup
24. Routine Vent Check
25. Vent Parameter Check
26. Vent Circuit Change
27. Surfactant Replacement Therapy
28. Neonate Capillary Gas Sampling
Competencies - Clinical Practicum IV and V

A minimum of 12 listed competencies should be completed as part of Clinical Practicum IV and V:

1. Perform an Intubation
2. Observe/perform Pulmonary Function Testing (spirometry-clinic and/or bedside, peak flow, diffusion, plethysmography)
3. Perform Hemodynamic Monitoring
4. Perform Arterial Line Sampling
5. Perform Pulmonary Artery Pressure Measurement
6. Perform Thermodilution Cardiac Output Measurement
7. Perform Bronchoscopy Assisting *
8. Perform Electrocardiography
9. Observe Metabolic Assessment*
10. Observe Stress Testing*
11. Observe Lung Scan*
12. Observe CAT Scan
13. Observe MRI
14. Observe Cardiac Catheterization
15. Observe Echocardiography
16. Observe and/or perform Hyperbaric Oxygen Therapy
Care Plans

- Students rotating through the ICU, CVICU and CCU 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

Subjective: (Ht) 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: 24
BP: 107/78
Temp: 99
Sat: 95%

HEENT
Head: ICP line
Eyes: FEERLA
Ears: clear
Nose: not done
Throat: not done

Neck: no masses, trachea midline

Thorax: Chest tube on right no drainage
Heart (palp): 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

Medications:
- Xopenex 1.25 and Atrovent Q6

Assessment:
- Currently stable on vent. Pneumothorax 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
  - Sterile technique all procedures, oral care, HOB 30 degrees
- Airway trauma
- Weaning O2
- Chest tube (removal)
- Repeat pneumo
- CXR daily, check breath sounds Q1, low ventilating pressures
- Site infection
  - 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), III 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

- New computerized documentation system Spring 2018 for 1st year students (Seniors are on DataArc)

- Each student has access

- Required:
  - Clock In/Out
  - Daily logs
  - Competencies (optional)
  - We will expand this next semester 😊

- Registration and training information will be released as well this summer! Full implementation planned for Fall 2018 for both classes.
Faculty

- Jennifer Anderson, Ed.D., RRT-NPS, Program Chair
  - 940-397-4656 office

- Tammy Kurszewski, MEd, RRT-ACCS, Clinical Chair
  - 940-397-4546 office

- Randy Case, MA, RRT-NPS, Assistant Professor
  - 940-397-4653 office

- Erica Judie, MA, RRT-ACCS, Assistant Professor
  - 940-397-4642 office

- Mary Sue Owen, MS, RRT-NPS, RRT-ACCS, AE-C, Assistant Professor
  - 940-397-4654 office

- Tara Campbell, BSRC, RRT
  - 832-623-0225 cell
College of Health Science and Human Services
Respiratory Care Department

- Christina Nugent, Administrative Assistant
  - 940-397-4652

- Amanda Shirey, Administrative Assistant
  - 940-397-4939
  - Fax 940-397-4933

Address:
3410 Taft Blvd
Wichita Falls, Texas 76308-2099

Website:  [http://hs2.mwsu.edu/respiratory/index.asp](http://hs2.mwsu.edu/respiratory/index.asp)