2021-22 Respiratory Care
Annual Institutional Assessment
Report
On-Campus Respiratory Care Baccalaureate Program and
Degree Completion Bachelor of Science Program (On Line)

Mission, Objectives & Learning Outcomes Oregon Tech Mission:

Oregon Institute of Technology, an Oregon public university, offers innovative and rigorous applied degree completion programs in the areas of engineering, engineering technologies, health technologies, management, and the arts and sciences. To foster student and graduate success, the university provides an intimate, hands-on learning environment, focusing on application of theory to practice. Oregon Tech offers statewide educational opportunities for the emerging needs of Oregonians and provides information and technical expertise to state, national and international constituents.

On Campus Program Goals:

The Bachelor of Science Degree in Respiratory Care from Oregon Tech integrates therapeutic and diagnostic procedures and a general education core with course work in scientific and leadership principles. Registered Respiratory Therapists are physician extenders who, under medical direction, administer cardiopulmonary care, evaluate and assess pulmonary patients, and administer medications and diagnostic tests when appropriate. Their duties involve the use of the many latest advances in medical arts, sciences and technology. We assure a variety of educational experiences at Oregon Institute of Technology to not only graduate active working respiratory therapists, but to graduate professional leaders as well. This program is supported and accredited by Commission of Accreditation for Respiratory Care (CoARC) and the Northwest Regional Accreditation Agency.

On Line Program Goals:

The goals for on-line education for respiratory care are in line with the CoARC ambition of elevating currently working licensed and credentialed therapists to obtain a bachelor's degree. CoARC's specific 2021-22 goal is to recruit 80% of now working Associate Degree Respiratory Therapists into a Baccalaureate working therapist to assure equal opportunities as with other health care providers who

have elevated their practices with higher education. Here are our commitments to our students who choose to move forward obtaining each individuals degree completion goals:

- Provide an excellent experience in obtaining a bachelor degree offering extra credentials given by the NBRC and to assure job security/leverage within their profession.
- To facilitate education by communicating with on campus students as well as networking with others in their class learning regional differences in the career of respiratory care.
- In addition to higher level of patient quality care, we like to graduate leaders, managers, community works and educators. Our program offers learning opportunities in all of these areas.
- Offering alternative work environments such as rural health and mid-level providers for our students to be aware of as opportunities within communities.
- Encourage our students to graduate coursework as it will provide a spring board into a variety of opportunities within respiratory care that includes upward mobility.

Core Theme 1:

Applied Degree Programs Oregon Tech offers innovative and rigorous applied degree programs. The teaching and learning model at Oregon Tech prepare students to apply the knowledge gained in the on line classroom to the current workplace resulting in a higher quality employee.

Core Theme 2:

Oregon Tech fosters student and graduate success by providing an intimate, hands-on learning environment, which focuses on application of theory to practice. The teaching and support services facilitate continued students' personal and academic development.

Core Theme 3:

Statewide Online Educational Opportunities offers state and nationwide educational opportunities for the emerging needs of Oregon's citizens and Respiratory Care in general. To accomplish this, Oregon Tech provides innovative and rigorous applied degree programs to students across the state of Oregon, including high school programs, online degree programs, and partnership agreements with community colleges and universities.

Core Theme 4:

Public Service Oregon Tech will share information and technical expertise to state, national, and international constituents for Program Alignment to Oregon Tech Mission and Core Themes. The Respiratory Care Program aligns with the Oregon Institute of Technology Mission Statement and offers innovative as well as rigorous applied health technologies. This doesn't only include building current professionals in a growing career, but leaders to support the profession for many years into the future. We foster student and graduate success as we provide an intimate, hands-on learning environment and experience that focuses on application of theory to practice through didactic and lab courses that improves interfacing improved equipment with technologies each year. This is in-line with Oregon Techs offering with state and nationwide educational opportunities for the emerging needs of America's health care. The On-Line Respiratory Care Degree Completion Program has been highly regarded by

Oregon State Medical Centers as well as nationwide hospitals by filling high employment needs that keep significantly growing with quality graduates.

Accreditation:

The on-campus Respiratory Therapy Baccalaureate Degree Program is, and has been, accredited for many years during its existence; even in its infancy when the program was with Rogue Community College. This includes both CoARC and The NW Regional Accrediting agencies. Our standards have been recognized as high value education and job placement through accreditation with CoARC. We have been ranked within the top five programs in the United States, receiving multiple 'Distinguished Awards' for a well ran program for consecutive years, and we have just completed our site visit during the Spring of 2021 with the last accreditation done almost ten years prior (2011). This year there were a few minor recommendations that are being reconciled to the standards they are asking for. The Inter-Rater Reliability system while in clinical study and more community involvement with annual advisory board meetings are in the process of being resolved and reported to CoARC. Our students are continuing to be recognized for high pass rates, employer satisfaction and student satisfaction with their educational outcomes employed as an entry level employee after graduation which is a major component that CoARC is looking for. Our goals for our on-campus students are as follows:

- To be able to work and lead successfully in a team building environment within the health care industry.
- To provide the best Laboratory experience by using equipment that is currently used in the field of respiratory care.
- To provide may hours of clinical experience (over 1,000 hours) prior to graduation. Other than general and acute care skills, these clinical experiences also offer a variety of rotations that include diagnostics, home care, pulmonary rehabilitation, night studies, management/education and NICU.

The On-Line Respiratory Care Program is not currently accredited through CoARC, though we reserve the ability to do so. We do plan on working towards accreditation for the on-line program this year as it will benefit student head count by building bridge programs with other entities and like professions. There is speculation that perhaps this would be mandated in the near future anyway. The On-Line Respiratory Care Program is currently accredited through the Northwest Regional Accrediting Body. Our on- campus program has been highly successful evidenced by 100% employer and student satisfaction surveys mandated by CoARC for several years in a row. We further meet the Core Themes of Applied Degree Programs by being one of two programs in the Northwest regions that offers a Bachelor of Science Degree in Respiratory Care. As of January 2017, CoARC will not recognized any new Associate Degree Programs in Respiratory Care showing a need for higher education within this profession. Lane Community College has closed its Respiratory Care Program as a partial result to these changes. We are actively trying to work with Mount Hood Community College to create a partnership in continuing to vie for higher education yet meet the need in urban Oregon as well as the need in rural Oregon. We do place a 5-year limit for students to earn a Bachelor's Degree in Respiratory Care and revise curricular maps based on relevant changes to assure graduation can be met by everyone who enters this program. This is true for our On-Line program as well, but it is much more flexible with working schedules. Students are able to pick and choose the busiest schedule, or the minimal number of credits it takes to

be a part of the on-line program. With this stated, each student will need to complete the program within five-years of being accepted into either the on-campus or on-line programs. These on-line students are involved in education as well by working closely with our on- campus students each term by providing detailed experiences that on-campus students have only read about. This gives our on-line students an opportunity, not only to educate with on campus students about real life scenario's but interacts with them as they are to engage with on-line students about the scenario assignment presented to them each week. We have been heavily involved in recruiting for our program profession through seminars and city/county events as the job expectation growth is thought to almost double from during the 2014-24. The current survey for job growth expectations is 19% for 2019-29 as stated the Bureau of Labor and Statistics. CoARC partnering with the AARC and NBRC recognizes the set goal is to have 80% of the workforce acquiring a bachelor's degree by 2020.

Advisory Board: This is an area of focus that CoARC has wanted improvement in. This has been remedied by approaching the Oregon State Respiratory Care Society and an approach to retirement professional groups found in the community. The Respiratory Care Program Advisory Board met with the Medical Director, Dr. Michael Blumhardt and Advisory Board Chair, Kelly Angel, assure that our program and student needs are being met. Two students from each cohort, sophomore, junior and seniors met together as well as faculty and various hospital managers to discuss on going changes for the best education for our students within the career field meeting industrial standards. Covid 19 has been an obstacle in the past two years but our next intended advisory board meeting is August 23rd, 2021. Our program has been graduating classes for a few years now with the credentials of ACLS, PALS and BLS and are open to all of OIT students that has helped leverage new graduates for job entry level positions. This advisory board does not recognize the operations of on-line courses. Though the committee does not recognize the on-line program there has been conversation to work with managers, industry, and Oregon Tech's On-Line program for increasing student numbers and strengthening higher education standards in the local areas.

I. Introduction and History

This Respiratory Care Program is one of only two Bachelor Degree programs in the States of Oregon, Washington, Alaska, Hawaii, and California. There are emerging bachelor programs that are becoming more popular due to the demand for job security that some states are beginning to implement evidenced by higher credentials needed to practice in some states, including Oregon. This demand is also recognized as in line with the CoARC/AARC 2020 goals for 80% baccalaureate degree achievements. This program was initially an Associate Degree Program at Rogue Community College. The Respiratory Care Associate Program transitioned to Oregon Institute of Technology in September 2004 with 25 first year students enrolled and per cohort limitations. Since then, the Commission on Accreditation for Respiratory Care (CoARC) has allowed a maximum time before its next site visit in which we just now completed this year. They have found us to be within the top five performing Respiratory Care Programs in the nation for several years now, and has recognized that our board passing rate and employer satisfaction is at an all-time high. Initially in this transition, the program was taught on both the Rogue Community College campus and the Klamath Falls campus of Oregon Tech over a period of six years. In the fall of 2009, Oregon Tech enrolled the first class of bachelor's degree students on campus and began phasing out the associates degree with the last class of its kind graduating in June of 2010. At this time, we began our on-line program for currently working Registered Respiratory Therapists to

obtain their bachelor's to meet the goals of CoARC, The AARC and National Board for Respiratory Care (NBRC). We have seen a plateau of enrollment most likely due to burn out associated with Covid. When addressing this issue, there are plenty of articles that speak to on-line higher education medical professions showing a decline in enrollment for this very reason. The Respiratory Care Program has now moved to the Klamath Falls campus entirely including our on-line support staff. The first graduates of the BS program were in March, 2012. As the program has changed since this period, so have the current curriculum evolved to stay competitive in an always changing health care system. This curriculum assures that our on-line curricular map lines up with our on-campus courses as well.

II. Program Purpose:

The latest meeting objectives and Student Learning Outcomes during the November 2021-22 advisory board meetings continued to confirm that the September 2016 goals of the programs purpose, objectives and outcomes that were reviewed and affirmed as a committee remain the same until the next meeting. The goals and purposes for the On-Campus Respiratory Care Program are:

> "The Bachelor of Science Degree in Respiratory Care from Oregon Tech graduating students will be well integrated in theory, to build skills with laboratory experiences and to conclude with over 1,000 hours of clinical experience and bedside manner. The goal is to meet the demands in the State of Oregon and the region of the medical industry respiratory care positions needing to be fulfilled with confident knowledgeable respiratory care practitioners. Along the way we build professional and leaders that are highly desired in the medical arena."

The goals and purposes for the On-Line Respiratory Care Program are:

> "The purpose of the On-Line Respiratory Care Program, a Bachelor of Science Degree, is to offer continuing education in our profession, advancement or new options in our career and the bachelor's degree required for entry into master's degree programs. Many of the students go on to advanced degrees in business, education and more."

The purpose of the Respiratory Care Program, a Bachelor of Science Degree overall, is to provide for the regional needs for respiratory care practitioners prepared at an advanced level of a Registered Respiratory Therapist through higher education recognized by the National Board of Respiratory Care (NBRC). The secondary purpose is to meet the CoARC goals of recruiting associates to baccalaureate to elevate the profession in line with other like medical disciplines. The on-line program offers incentives by acquiring additional credentials through the NBRC strengthening or profession throughout the country. It is a unique opportunity to build leaders and educators to promote this profession to a higher standard of care within the healthcare industry. The On-Line Respiratory Care Program highlights two factors of our successful program that includes:

- Falls under the Best On-Line College in Oregon.

- Best Buy for Bachelors Health Professions as well as Most Affordable On-Line Respiratory Programs.

- Last year, Oregon Tech has been recognized with the esteemed title of a Polytechnic University. Our students are above the average at a hiring rate of 98% within 6 months of graduation (most are hired prior to graduation pending NBRC exams) and a starting wage of a national average of $65K per year.

Program Educational Objectives:

- Graduates will demonstrate professional behaviors consistent with employer expectations as advanced-level respiratory therapists (affective domain).

- Graduates will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their roles as advanced-level respiratory therapists (cognitive domain).
- Graduates will demonstrate technical proficiency in all the skills necessary to fulfill their roles as advanced-level respiratory therapists (psychomotor domain).

Expected Program Learning Outcomes Students in the program will demonstrate:

1. The ability to communicate effectively in oral, written and visual forms.
2. Knowledge of the respiratory care code of ethics and ethical and professional conduct.
3. The ability to function effectively in the health care setting as a member of the healthcare team.
4. Knowledge and application of mechanical ventilation and therapeutics.
5. Knowledge and application of cardiopulmonary diagnosis and monitoring.
6. Knowledge and application of cardiopulmonary pharmacology and pathophysiology.
7. Management of respiratory care plans for adult, neonatal and pediatric patients.

Three-Year Cycle for Assessment of Expected Student Program Learning Outcomes:

The following table shows the three-year plan for assessing individual student learning outcomes.

Program Student Learning Outcome	2021-22*	2022-23	2023-24
1. The ability to communicate effectively in oral, written and visual forms		●	
2. Knowledge of the respiratory care code of ethics and ethical and professional conduct.	●		
3. The ability to function effectively in the health care setting as a member of the healthcare team.	●		
4. Knowledge and application of mechanical ventilation and therapeutics.			●
5. Knowledge and application of cardiopulmonary diagnosis and monitoring.			●
6. Knowledge and application of cardiopulmonary pharmacology and pathophysiology.			●
7. Management of respiratory care plans for adult, neonatal and pediatric patients.		●	

Table 1. Respiratory Therapy Education Assessment Cycle. PSLO summarized in Appendix 1.

Institutional Essential Educational Objectives:

The Essential Student Learning Outcomes (ESLOs) support Oregon Tech's institutional Mission and Core Themes. The assessment structure is to have three pathways (foundation, essential practice, and capstone) for each of the six ESLOs.

The scaffolding assessment in essential learning is a process that is designed to integrate the desires of what employers are looking for in graduates for entry level jobs. It is also designed to for student growth, aside from the program needs, to allow students to interact successfully now and in their future career. Over the period in which the student is pursuing a program at Oregon Institute of Technology, there is a process in which the institution instills these learning objectives and are measured through an assignment or activity. The On-Line Respiratory Care Program cannot be assessed in the same way as our non-transfer on-campus students as many of their credits are transferred from other Associate Degree Respiratory Programs, general education and electives that are not included in Oregon Tech's scaffolding model.

Expected Essential Learning Outcomes Students at Oregon Institute of Technology should be able to demonstrate:

ESLO 1: Communication: OIT students will communicate effectively orally and in writing

Assessed in AAS program – General education content must include oral and written communications, psychology, and sociology. Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care. Assessed in students' communication courses transferred from previous colleges and/or through OIT courses as needed. Written communication is assessed in the BSRC program. Course on-campus RCP 451; Clinical Care II.

ESLO 2: Inquiry and Analysis: OIT students will engage in a process of inquiry and analysis.

Assessed in AAS program; Critical Thinking. Graduates must be competent in the evaluation of current scientific literature and graduates must be competent in problem solving strategies related to comprehensive patient care and on-going management of patients. Assessed in students' courses transferred from previous colleges and/or through OIT courses as needed. Inquiry and Analysis is assessed in the BSRT program; on-line and on-campus RCP 387; Critical Care II. On-line RCP 366

ESLO 3: Ethical Reasoning: OIT students will make and defend reasonable ethical judgments.

Assessed in AAS program, Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management. Assessment activity for the BRST on-campus program is evaluated in RCP 452 final NBRC exam.

ESLO 4: Teamwork: OIT students will collaborate effectively in teams or groups.

Assessed in AAS program, Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care. Assessed in students' SPE 221; Small Group and Team Communication course transferred from previous college and/or taken through OIT. Assessment activity is address in the BSRT program; RCP 366 Clinical Simulation.

ESLO 5: Quantitative Literacy – OIT students will demonstrate quantitative literacy.

Assessed in students' MATH 243, Introductory Statistics or MATH 361 Statistical Methods course transferred from previous college and/or taken through OIT. Assessed in the BRST on-campus program through RCP 442; Case Management. On-line RCP 366 Clinical Simulations

ESLO 6: Diverse Perspectives: The OIT student will explore diverse perspectives.

Assessed in AAS program, Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care. An important concept to communicate with healthcare providers and patients that have a variety of cultural and diverse backgrounds. With demographics changing with physicians that is becoming quite diverse, it is important to assure procedures are being performed according to guidelines. To assure the best quality patient outcomes and being sensitive to culture, religion and social status. This assessment activity will be addressed in-campus in RCP 442; Case Management.

Essential Learning Outcome Assessment Annual Cycle for On-Line Respiratory Therapy:

The following table shows the six essential learning outcomes cycle for assessing on-line individual students.

Essential Student Learning Outcome	2020-21	2021-22*	2022-23	2023-24	2024-25	2025-26
ESLO 1: Communication: Written and oral communication between health care providers that collaborate to the patient's overall care.			**RCP 451** **Clinical Care II** ● **Digital Charting**			**RCP 451** **Clinical Care II** ● **Digital Charting**
ESLO 2: Inquiry and Analysis that includes critical thinking of a patient's systemic approach, analysis of the data and decision-making efforts.	**RCP 387** **Crit Care II** ● **simulations**			**RCP 387** **Crit Care II** ● **simulations**		

ESLO 3: Ethical Decision Making. The student will demonstrate and contrast ethical reasoning, decision making and professional responsibility.		**RCP 452** **Clinical III** ● **NBRC Exam**			**RCP 100** **Matriculation** ● **Article response**	
Program Student Learning Outcome	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**
ESLO 4: Teamwork. The student will demonstrate the ability to work in a teambuilding environment in health care.			**RCP 366 Clinical Simulation** ● **Simulation Project**			**RCP 366 Clinical Simulation** ● **Simulation Project**
ESLO 5: Quantitative Literacy. The ability for the student to apply safe settings, interpret data and make clinical decisions for life saving devices based on mathematical computations.	**RCP 442 Case Management II** ● **Senior class Presentation Patient case study**			**RCP 442 Case Management II** ● **Senior class Presentation Patient case study**		
ESLO 6: Diverse Perspectives. Students will explore communication and patient management approaches with physicians, their peers, and patients in an ever-changing healthcare environment.		**RCP 375 Pediatric Care** ● **Video assignment**			**RCP 442 Case manage-ment** ● **Case Study presented.**	

Table 2. Respiratory Therapy Education Assessment Cycle. Assigned ESLO please see Appendix 2.

IV. Summary of 2021-22 Assessment Activities: The respiratory care faculty met in Fall 2021, to discuss assessment for the academic year 2021-22 for on-line course tagged as well as realizing the changes in schedule for the future. We have identified on-line course RCP 366, Clinical Simulations as the course to gather this information. As faculty, The Essential Student Learning Outcomes (ESLO) for the year were discussed and multiple places for on-line education where these are taught and measured in the curriculum were identified, as shown in Appendix A.

ESLO and PSLO Assessed for On Line Students

V. ESLO #3: Ethical Decision Making On-Line.

Due to policy and procedure changes for Full Time faculty unable to teach online due to overload and policy and procedure changes of canceling courses generally being less than 10 students with occasional exceptions for graduation, these courses were not assessed this year. The few classes taught were by adjunct only.

VI. ESLO #6: Diverse Perspectives On-Line.

Due to policy and procedure changes for Full Time faculty unable to teach online due to overload and policy and procedure changes of canceling courses generally being less than 10 students with occasional exceptions for graduation, these courses were not assessed this year. The few classes taught were by adjunct only.

ESLO and PSLO Assessed for On Campus Students

VII. ESLO #3: Ethical Decision Making On-Campus

This assignment was evaluated in RCP 452; Clinical III that included 13 students to prepare for the NBRC exam that they will take in a few short weeks after graduation. As faculty, we discussed a 72% cut score that would be the criteria for passing the RRT. A lower cut score of 66% allows job entry level in some states and is recognized as the CRT credential. The RRT and CRT is a Therapist Multiple Choice with two cut scores. The lower allows for job entry level employment at a novice level, whereas the RRT is the desired credential, as it identifies the individual as competent in critical thinking. This upper cut score allows the individual to take a computer simulated exam that further propels the student from competent to excelling beyond competent. This, combined with clinical experience, will be expected to have upward mobility within the profession, thus earning the RRT credential. This exam is highly regarded by reputable physicians as specialist in pulmonologist assisted in the creation of these exams. These exams have been used annually for assessments as it is in-line with inquiry analysis based on the following Candidate Handbook statement:

CRT: “Professionals who earn the CRT credential have obtained sufficient clinical skills through the education program from which they graduated and sufficient knowledge mastery to provide competent respiratory care at entry into practice. Knowledge domains, include, but are not limited to evaluating patient information, troubleshooting devices, performing procedures, and implementing therapeutics. Most CRTs are employed in medical-practice settings such as inpatient hospitals; some CRTs are employed in outpatient clinics, free-standing diagnostic centers, and device manufacturing.”

RRT: “Compared to CRTs, RRTs have demonstrated a higher level of proficiency by achieving a higher score on the same examination taken by CRTs and through additional evaluation of knowledge about facilitating the care of patients with a variety of needs. Professionals who earn the RRT designation have obtained sufficient clinical skills through the education program from which they graduated and sufficient knowledge mastery to provide competent respiratory care. Knowledge domains, include, but are not limited to evaluating patient information, troubleshooting devices, performing procedures, and implementing therapeutics. Most RRTs are employed in medical-practice settings such as inpatient hospitals; some RRTs are employed in outpatient clinics, free-standing diagnostic centers, and device manufacturing.”

These are Senior students who were evaluated upon graduation. The grading rubric that was used is incorporated into the Detailed content set forth by our accrediting body shown below. The results are shown in the table 5 below:

Table #3.

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	**Ethics**	**Cognitive Level**			**Totals**
		Recall	**Application**	**Analysis**	
I. PATIENT DATA		**15**	**27**	**8**	**50**
A. Evaluate Data in the Patient Record		4	6	0	10
1. Patient history, for example, • history of present illness (HPI) • orders • medication reconciliation • progress notes • DNR status / advance directives • social, family, and medical history					
2. Physical examination relative to the cardiopulmonary system					

3. Lines, drains, and airways, for example, • chest tube • vascular lines • artificial airway					
4. Laboratory results, for example, • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers					
5. Blood gas analysis and / or hemoximetry (COoximetry) results					
6. Pulmonary function testing results, for example • spirometry • lung volumes • DLCO					
7. 6-minute walk test results					
8. Imaging study results, for example, • chest radiograph • CT scan • ultrasonography and / or echocardiography • PET scan • ventilation / perfusion scan					
9. Maternal and perinatal / neonatal history, for example, • APGAR scores • gestational age • L / S ratio					
10. Sleep study results, for example, • apnea-hypopnea index (AHI)					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	**Ethics**	**Cognitive Level**			**Totals**
		Recall	**Application**	**Analysis**	
11. Trends in monitoring results					
a. fluid balance					
b. vital signs					
c. intracranial pressure					

d. ventilator liberation parameters					
e. pulmonary mechanics					
f. noninvasive, for example, • pulse oximetry • capnography • transcutaneous					
g. cardiac evaluation / monitoring results, for example, • ECG • hemodynamic parameters					
12. Determination of a patient's pathophysiological state					
B. Perform Clinical Assessment		3	6	1	10
1. Interviewing a patient to assess					
a. level of consciousness and orientation, emotional state, and ability to cooperate					
b. level of pain					
c. shortness of breath, sputum production, and exercise tolerance					
d. smoking history					
e. environmental exposures					
f. activities of daily living					
g. learning needs, for example, • literacy • preferred learning style • social / cultural					
2. Performing inspection to assess					
a. general appearance					
b. characteristics of the airway, for example, • patency • Mallampati classification • tracheal shift					
c. cough, sputum amount and character					
d. status of a neonate, for example, • APGAR score • gestational age					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
e. skin integrity, for example, • pressure ulcers • stoma site					
3. Palpating to assess					
a. pulse, rhythm, intensity					
b. accessory muscle activity					
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and / or tracheal deviation					
4. Performing diagnostic chest percussion					
5. Auscultating to assess					
a. breath sounds					
b. heart sounds and rhythm					
c. blood pressure					
6. Reviewing a chest radiograph to assess					
a. quality of imaging, for example, • patient positioning • penetration • lung inflation					
b. presence and position of airways, lines, and drains					
c. presence of foreign bodies					
d. heart size and position					
e. presence of, or change in,					
(i) cardiopulmonary abnormalities, for example, • pneumothorax • consolidation • pleural effusion • pulmonary edema • pulmonary artery size					

(ii) diaphragm, mediastinum, and / or trachea					
C. Perform Procedures to Gather Clinical Information		4	7	1	12
1. 12-lead ECG					
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					
3. Peak flow					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity					
5. Blood gas sample collection					
6. Blood gas analysis and / or hemoximetry (COoximetry)					
7. Oxygen titration with exercise					
8. Cardiopulmonary calculations, for example, • $P(A\text{-}a)O_2$ • V_D / V_T • P / F • OI					
9. Hemodynamic monitoring					
10. Pulmonary compliance and airways resistance					
11. Plateau pressure					
12. Auto-PEEP determination					
13. Spontaneous breathing trial (SBT)					
14. Apnea monitoring					
15. Apnea test (brain death determination)					
16. Overnight pulse oximetry					
17. CPAP / NPPV titration during sleep					
18. Cuff management, for example, • tracheal • laryngeal					

19. Sputum induction					
20. Cardiopulmonary stress testing					
21. 6-minute walk test					
22. Spirometry outside or inside a pulmonary function laboratory					
23. DLCO inside a pulmonary function laboratory					
24. Lung volumes inside a pulmonary function laboratory					
25. Tests of respiratory muscle strength - MIP and MEP					
26. Therapeutic bronchoscopy					
D. Evaluate Procedure Results		2	4	4	10
1. 12-lead ECG					
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					
3. Peak flow					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	**Ethics**	**Cognitive Level**			**Totals**
		Recall	**Application**	**Analysis**	
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity					
5. Blood gas analysis and / or hemoximetry (COoximetry)					
6. Oxygen titration with exercise					
7. Cardiopulmonary calculations, for example, • $P(A\text{-}a)O_2$ • V_D / V_T • P / F • OI					
8. Hemodynamic monitoring					
9. Pulmonary compliance and airways resistance					
10. Plateau pressure					
11. Auto-PEEP					

12. Spontaneous breathing trial (SBT)					
13. Apnea monitoring					
14. Apnea test (brain death determination)					
15. Overnight pulse oximetry					
16. CPAP / NPPV titration during sleep					
17. Cuff status, for example, • laryngeal • tracheal					
18. Cardiopulmonary stress testing					
19. 6-minute walk test					
20. Spirometry outside or inside a pulmonary function laboratory					
21. DLCO inside a pulmonary function laboratory					
22. Lung volumes inside a pulmonary function laboratory					
23. Tests of respiratory muscle strength - MIP and MEP					
E. Recommend Diagnostic Procedures		2	4	2	8
1. Testing for tuberculosis					
2. Laboratory tests, for example, • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers					
3. Imaging studies					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
4. Bronchoscopy					
a. diagnostic					
b. therapeutic					
5. Bronchoalveolar lavage (BAL)					
6. Pulmonary function testing					
7. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					

8. Blood gas and/or hemoximetry (CO-oximetry)					
9. ECG					
10. Exhaled gas analysis, for example, • CO_2 • CO • FENO					
11. Hemodynamic monitoring					
12. Sleep studies					
13. Thoracentesis					
II. TROUBLESHOOTING AND QUALITY CONTROL OF DEVICES, AND INFECTION CONTROL		**8**	**9**	**3**	**20**
A. Assemble / Troubleshoot Devices		4	8	3	15
1. Medical gas delivery interfaces, for example, • mask • cannula • heated high-flow nasal cannula					
2. Long-term oxygen therapy					
3. Medical gas delivery, metering, and /or clinical analyzing devices, for example, • concentrator • liquid system • flowmeter • regulator • gas cylinder • blender • air compressor • gas analyzers					
4. CPAP / NPPV with patient interfaces					
5. Humidifiers					
6. Nebulizers					
7. Metered-dose inhalers, spacers, and valved holding chambers					

8. Dry-powder inhalers (DPI)					

9. Resuscitation equipment, for example, • self-inflating resuscitator • flow-inflating resuscitator • AED					
10. Mechanical ventilators					
11. Intubation equipment					
12. Artificial airways					
13. Suctioning equipment, for example, • regulator • canister • tubing • catheter					
14. Blood analyzers, for example, • hemoximetry (CO-oximetry) • point-of-care • blood gas					
15. Patient breathing circuits					
16. Hyperinflation devices					
17. Secretion clearance devices					
18. Heliox delivery device					
19. Portable spirometer					
20. Testing equipment in a pulmonary function laboratory					
21. Pleural drainage					
22. Noninvasive monitoring, for example, • pulse oximeter • capnometer • transcutaneous					
23. Bronchoscopes and light sources					
24. Hemodynamic monitoring					
a. pressure transducers					
b. catheters, for example, • arterial • pulmonary artery					
B. Ensure Infection Prevention		2	0	0	2
1. Adhering to infection prevention policies and procedures, for example, • Standard Precautions • donning/doffing • isolation					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
2. Adhering to disinfection policies and procedures					
3. Proper handling of biohazardous materials					
C. Perform Quality Control Procedures		2	1	0	3
1. Blood analyzers					
2. Gas analyzers					
3. Pulmonary function equipment for testing					
a. spirometry results					
b. lung volumes					
c. diffusing capacity (DLCO)					
4. Mechanical ventilators					
5. Noninvasive monitors					
III. INITIATION AND MODIFICATION OF INTERVENTIONS		**10**	**30**	**30**	**70**
A. Maintain a Patent Airway Including the Care of Artificial Airways		3	4	3	10
1. Proper positioning of a patient					
2. Recognition of a difficult airway					
3. Establishing and managing a patient's airway					
a. nasopharyngeal airway					
b. oropharyngeal airway					
c. esophagealtracheal tubes / supraglottic airways					
d. endotracheal tube					
e. tracheostomy tube					
f. laryngectomy tube					

g. speaking valves					
h. devices that assist with intubation, for example, • endotracheal tube exchanger • video laryngoscopy					
4. Performing tracheostomy care					
5. Exchanging artificial airways					
6. Maintaining adequate humidification					
7. Initiating protocols to prevent ventilator-associated infections					
8. Performing extubation					
B. Perform Airway Clearance and Lung Expansion Techniques		2	2	1	5
1. Postural drainage, percussion, or vibration					
2. Suctioning, for example, • nasotracheal • oropharyngeal					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
3. Mechanical devices, for example, • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation					
4. Assisted cough, for example, • huff • abdominal thrust					
5. Hyperinflation therapy					
6. Inspiratory muscle training					
C. Support Oxygenation and Ventilation		1	5	9	15
1. Initiating and adjusting oxygen therapy					
2. Minimizing hypoxemia, for example, • patient positioning • secretion removal					

3. Initiating and adjusting mask or nasal CPAP					
4. Initiating and adjusting mechanical ventilation settings					
a. continuous mechanical ventilation					
b. noninvasive ventilation					
c. high-frequency ventilation					
d. alarms					
5. Recognizing and correcting patient-ventilator dyssynchrony					
6. Utilizing ventilator graphics					
7. Performing lung recruitment maneuvers					
8. Liberating a patient from mechanical ventilation					
D. Administer Medications and Specialty Gases		1	3	0	4
1. Aerosolized preparations					
a. antimicrobials					
b. pulmonary vasodilators					
c. bronchodilators					
d. mucolytics / proteolytics					
e. steroids					
2. Endotracheal instillation					
3. Specialty gases, for example, • heliox • inhaled NO					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
E. Ensure Modifications are Made to the Respiratory Care Plan		1	7	10	18
1. Treatment termination, for example, • life-threatening adverse event					
2. Recommendations					
a. starting treatment based on patient response					
b. treatment of pneumothorax					
c. adjustment of fluid balance					

d. adjustment of electrolyte therapy					
e. insertion or change of artificial airway					
f. liberating from mechanical ventilation					
g. extubation					
h. discontinuing treatment based on patient response					
i. consultation from a physician specialist					
3. Recommendations for changes					
a. patient position					
b. oxygen therapy					
c. humidification					
d. airway clearance					
e. hyperinflation					
f. mechanical ventilation					
4. Recommendations for pharmacologic interventions					
a. bronchodilators					
b. anti-inflammatory drugs					
c. mucolytics and proteolytics					
d. aerosolized antibiotics					
e. inhaled pulmonary vasodilators					
f. cardiovascular					
g. antimicrobials					
h. sedatives and hypnotics					
i. analgesics					
j. narcotic antagonists					
k. benzodiazepine antagonists					
l. neuromuscular blocking agents					
m. diuretics					
n. surfactants					

o. changes to drug, dosage, administration frequency, mode, or concentration					

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
F. Utilize Evidence-Based Practice		0	2	4	6
1. Classification of disease severity					
2. Recommendations for changes in a therapeutic plan when indicated					
3. Application of guidelines, for example, • ARDSNet • NAEPP • GOLD					
G. Provide Respiratory Care in High-Risk Situations		0	2	3	5
1. Emergency					
a. cardiopulmonary emergencies, excluding CPR					
b. disaster management					
c. medical emergency team (MET) / rapid response team					
2. Interprofessional communication					
3. Patient transport					
a. land / air between hospitals					
b. within a hospital					
H. Assist a Physician / Provider in Performing Procedures		1	3	0	4
1. Intubation					
2. Bronchoscopy					
3. Specialized bronchoscopy, for example, • endobronchial ultrasound (EBUS) • navigational bronchoscopy (ENB)					
4. Thoracentesis					
5. Tracheotomy					
6. Chest tube insertion					
7. Insertion of arterial or venous catheters					
8. Moderate (conscious) sedation					
9. Cardioversion					

10. Withdrawal of life support					
I. Conduct Patient and Family Education		1	2	0	3
1. Safety and infection control					
2. Home care and related equipment					
3. Lifestyle changes, for example, • smoking cessation • exercise					
Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	**Ethics**	**Cognitive Level**			**Totals**
		Recall	**Application**	**Analysis**	
4. Pulmonary rehabilitation					
5. Disease / condition management, for example, • asthma • COPD • CF • tracheostomy care • ventilator dependent					
Totals	**3**	**33**	**66**	**41**	**140**

Additional Specifications			
Patient Type	**Target**	**Minimum**	**Maximum**
Pediatric – 1 month to 17 years of age	4	3	8
Neonatal – birth to 1 month of age	3	2	5
Adult or General	balance		
Total	140		

Patient Conditions

GENERAL	BARIATRIC
COPD	NEONATAL
ASTHMA	BRONCHIOLITIS

HEART FAILURE

POST-SURGICAL

GERIATRIC

CARDIOVASCULAR

INFECTIOUS DISEASE

PULMONARY VASCULAR DISEASE

TRAUMA

IMMUNOCOMPROMISED HOST

NEUROLOGIC

RDS

PEDIATRIC

DISORDERS OF PREMATURITY

PULMONARY EMBOLISM

SHOCK

NEUROMUSCULAR

PSYCHIATRIC

CONGENITAL DEFECTS

CYSTIC FIBROSIS

BURN/INHALATION INJURY

LUNG TRANSPLANTATION

APNEA

INTERSTITIAL LUNG DISEASE

DRUG OVERDOSE

TRAUMATIC BRAIN INJURY (TBI)

SEPSIS

LUNG CANCER

ESLO #3: Rubric Applied to On-Campus Outcomes upon graduation: (please see table 3).

Student	NBRC style multiple choice outcomes converted to percentage. Low Cut CRT: 86/140 High Cut RRT: 92/140	NBRC outcomes. Low Cut CRT: 61.4% High Cut RRT: 65.7	Overall Outcome
Finausulieti	Analysis: Application: Recall: Ethics:	N/A	**Has not taken yet**
Chris	Analysis: Application: Recall: Ethics:	N/A	**Has not taken yet**

CAMRYN	Analysis:25 Application:24 Recall:22 Ethics:33 Total:104/140	74%	**Pass RRT**
Hana	Analysis:24 Application:23 Recall:28 Ethics:29 Total:104/140	74%	**Pass RRT**
Olivia	Analysis:23 Application:32 Recall:30 Ethics:38 Total:123/140	87%	**Pass RRT**
Amber	Analysis: 28 Application:26 Recall:25 Ethics:16 Total:95/140	67%	**Pass RRT**
Morgan	Analysis:22 Application:24 Recall:26 Ethics:27 Total:99/140	70%	**Pass RRT**
Katelyn	Analysis:22 Application:24 Recall:21 Ethics:40 Total: 107/140	76%	**Pass RRT**
Jacob	Analysis:25 Application:26 Recall:22 Ethics:33 Total: 106/140	75%	**Pass RRT**
Sarah	Analysis:30 Application:24 Recall:21 Ethics:32 Total: 107/140	76%	**Pass RRT**
Mariko	Analysis:25 Application:22 Recall:21 Ethics:29 Total: 97/140	69%	**Pass RRT**

Amber	Analysis:22 Application:30 Recall:25 Ethics:35 Total: 112/140	80%	**Pass RRT**
Zachary	Analysis:26.75 Application:20 Recall:25 Ethics:35.25 Total: 107/140	76%	**Pass RRT**
Overall Results	Mean Points out of total potential 140 points per student is: 104.2	Mean Pass Rate class overall 74%	No Pass: 0 Pass CRT: 11 Pass RRT: 11

Table 5. NBRC TMC Exam.

Outcomes Description for the above Data ESLO #3 Ethical Decision Making:

Strengths: Upon Graduation, each student is mandated to sit for their registry examination RRT. The results above indicate that all 11 students who have attempted the examination passed their first time. One particular strength is a unanimous passing of each student who took the examination. The students in this particular case performed and passed the Ethics portion of the rubric used to evaluate the national board examination. These pass rates are consistent with a high performing student body and the notion that our faculty are indeed testing and preparing the students accordingly.

Weaknesses: Not all of our student sat for the examination. This adversely affects our annual reporting. In the future, a larger sample size of students would be desired.

Actions: We are able to evaluate the last five years for the first-time takers and try to intervene where we see consistent areas of low scores. This will allow us to reinforce these areas throughout the sophomore and junior years to recognize how more time or changes in approach to teaching certain cognitive domains of weakness.

Update: There is no change to administering this exam. This will be the year to evaluate the trends to strengthen our program to the needs of the NBRC credentialing exam(s).

Student Learning Summary: The students were aware of how this exam was organized as because they got to see previous data set that generated this report.

PSLO #2. Knowledge of the respiratory care code of ethics and ethical and professional conduct.

For this assignment, RCP 460 Advanced Life Support was used to establish a grading scheme that evaluated respiratory care code of ethics and ethical and professional conduct. RCP 460 includes training for Advanced Cardiac Life Support (ACLS). ACLS is designed for healthcare professionals who either direct or participate in the management of cardiopulmonary arrest or other cardiovascular emergencies and for personnel in emergency response. Each student is tested in a mega code to grade proper following and implementation of procedures, policies and ethics set forth by the American Heart Association (AHA). Each Student was taught and graded on these specific avenues.

- Demonstrate proficiency in providing BLS care, including prioritizing chest compressions and integrating use of an AED
- Recognize and manage respiratory arrest
- Recognize and manage cardiac arrest until termination of resuscitation or transfer of care, including post–cardiac arrest care

Definition: Ethical reasoning is the process of recognizing which decisions require ethical judgements, determining potential reasonable courses of action, finding support for potential courses of action, and then selecting the course of action best supported.

Rubric used to evaluate each student in the mega code.

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
Theory: Student demonstrates knowledge of different ethical theories and codes specifically foused upon Respiratory Care.	The student demonstrates a developed knowledge of different ethical theories and codes, and provides rationale for their preferred theory or code.	The student demonstrates a developed knowledge of different ethical theories and codes.	The student demonstrates a basic knowledge of different ethical theories or a code. Student understands the difference between ethics and law.	The student exhibits no knowledge of different ethical theories and codes. The student may confuse legal and moral codes.
Recognition: Student can recognize decisions requiring ethical judgments Relating to Respiratory Care.	The student is able to successfully recognize decisions requiring ethical judgments without prompting, and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
Logic: Student demonstrates knowledge of the logic of ethical reasoning in relation to Respiratory Care.	The student can formulate and test plausible moral principles* and apply them to a case to derive a course of action.	The student can formulate basic moral principles* and apply them to a case to derive a course of action.	The student can take an existing moral principle* (possibly from a code of ethics) and apply it to a case to derive a course of action.	The student exhibits no knowledge of the logic of ethical reasoning, and/or applies it improperly/inadequately.
Judgment: Student can make and support plausible ethical decisions in relations to Respiratory Care.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Chris

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Recognition: Student can recognize decisions requiring ethical judgments **Relating to respiratory Care**.	The student is able to successfully recognize decisions requiring ethical judgments without prompting and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
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Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Hana

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Recognition: Student can recognize decisions requiring ethical judgments **Relating to respiratory Care**.	The student is able to successfully recognize decisions requiring ethical judgments without prompting and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
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Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Amber C

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Amber A

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Fi

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Zach

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Olivia

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Morgan

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Sarah

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
Theory: Student demonstrates knowledge of different ethical theories and codes **specifically focused upon Respiratory Care**.	The student demonstrates a developed knowledge of different ethical theories and codes and provides rationale for their preferred theory or code.	The student demonstrates a developed knowledge of different ethical theories and codes.	The student demonstrates a basic knowledge of different ethical theories or a code. Student understands the difference between ethics and law.	The student exhibits no knowledge of different ethical theories and codes. The student may confuse legal and moral codes.
Recognition: Student can recognize decisions requiring ethical judgments **Relating to respiratory Care**.	The student is able to successfully recognize decisions requiring ethical judgments without prompting and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
Logic: Student demonstrates knowledge of the logic of ethical reasoning **in relation to Respiratory Care**.	The student can formulate and test plausible moral principles* and apply them to a case to derive a course of action.	The student can formulate basic moral principles* and apply them to a case to derive a course of action.	The student can take an existing moral principle* (possibly from a code of ethics) and apply it to a case to derive a course of action.	The student exhibits no knowledge of the logic of ethical reasoning, and/or applies it improperly/inadequately.
Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Camryn

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Recognition: Student can recognize decisions requiring ethical judgments **Relating to respiratory Care**.	The student is able to successfully recognize decisions requiring ethical judgments without prompting and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
Logic: Student demonstrates knowledge of the logic of ethical reasoning **in relation to Respiratory Care**.	The student can formulate and test plausible moral principles* and apply them to a case to derive a course of action.	The student can formulate basic moral principles* and apply them to a case to derive a course of action.	The student can take an existing moral principle* (possibly from a code of ethics) and apply it to a case to derive a course of action.	The student exhibits no knowledge of the logic of ethical reasoning, and/or applies it improperly/inadequately.
Judgment: Student can make and support plausible ethical decisions **in relations to Respiratory Care**.	The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as refuting other possible decisions.	The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize their reasoning to similar situations.	The student is able to make plausible ethical decisions, but their support may be rudimentary or underdeveloped.	The student does not make or support plausible ethical decisions.

Mariko

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Recognition: Student can recognize decisions requiring ethical judgments **Relating to respiratory Care**.	The student is able to successfully recognize decisions requiring ethical judgments without prompting and can clearly explain to others why they require ethical reasoning.	The student is able to successfully recognize decisions requiring ethical judgments without prompting.	The student is able to recognize decisions requiring ethical judgments with prompting.	The student is unable to recognize decisions requiring ethical judgments.
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Katelyn

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Jacob

Performance Criteria	High Proficiency (4) The work *meets listed requirements* for this criterion; little to no development needed.	Proficiency (3) The work *meets most requirements*; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in *multiple requirements.*	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in *most requirements.*
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Outcomes Description for the above Data PSLO #2: Knowledge of Respiratory Care Code of Ethics and Ethical and Professional conduct.

Strengths: The students were evaluated in Advanced Life Support 460, one week prior to graduation. Each student 13/13 were successful in receiving at the minimum Proficient in each mega code situation. Most students 12/13 received at least one score higher than strictly proficient which was highly proficient. These students passed this section of their evaluation, portrayed superior knowledge in a respiratory code of ethics, and upheld professional conduct.

Weaknesses: There was room for improvement. In the future, we will strive to receive straight 4's across the spectrum which will interpret every student to show high proficiency.

Actions: By exposing our students to real-life situations within the classroom particularly in life support classes the students will continue to work in groups of 5-6 per AHA guidelines. Each group will have a team leader, but every student will be expected to fully participate and function within their team.

Update: There will be no changes in the examination/assessment. However, the context in which we grade this particular outcome will begin incorporating new methods.

Student Learning Summary: The students were not aware this scoring system was being used or implemented. Upon further review our teaching strategies, clinical time, and student interaction are all showing positive outcomes. We will focus on the inferior areas highlighted in yellow in order to try and better our functionality in the healthcare setting and try to achieve across the board 4's (highly proficient) in all categories.

PSLO # 3. The ability to function effectively in the healthcare setting as a member of the healthcare team.

The faculty and hospital personnel conducted an assessment of this PSLO using a final critical care exam with each student individually, and by observing patient care in RCP 452 Clinical care III. Students were tested individually on their skills and abilities to function effectively in the healthcare setting as a member of the team. The students were observed in the hospital environment with real life patient interactions and team interactions. See table 4 below for grading rubric.

Interpretation of an effective team: An effective team is a one where the team members, including the patients, communicate with each other, as well as merging their observations, expertise, and decision-making responsibilities to optimize patients' care

Evaluation Method: The Rubric below was the method that was used to interpret each of our students in the real-time healthcare setting. The rubric follows the standard 1-4 scoring system 1 being poorly proficient and 4 being highly proficient.

Table 4:

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Contributes to a positive environment within the department (likable, friendly, helpful, loyal).	Exceptionally friendly, helpful, loyal, and always speaks with good purpose.	Consistently friendly, helpful, loyal, and usually relates well with personnel.	Usually friendly, relates well with other personnel the majority of the time.	Sometimes moody or unfriendly, does not always speak with good purpose.
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Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).	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.	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises.	Generally, displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise.	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict.
Has effective oral communication skills (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality.	Consistently communicates important information; regularly ensures confidentiality.	Usually communicates in a thorough manner; ensures confidentiality.	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality.

Amber A

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Amber C

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Finausulieti

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Chris F

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Zach S

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Morgan B

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Olivia B

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Hana R

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Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).	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.	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises.	Generally, displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise.	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict.
Has effective oral communication skills (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality.	Consistently communicates important information; regularly ensures confidentiality.	Usually communicates in a thorough manner; ensures confidentiality.	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality.

Jacob H

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
The ability to function effectively in the health care setting as a member of the healthcare team	Excellent team worker, effectively consults, integrates, and shares information with team members.	Very good team worker relates well to team members and usually consults and shares information.	Good team worker consults and shares information with team members when encouraged.	Poor team worker, rarely consults or shares with team members.
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Camryn

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Katelyn

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Sarah S

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Mariko B

Performance Criteria	High Proficiency (4) The work meets listed requirements for this criterion; little to no development needed.	Proficiency (3) The work meets most requirements; minor development would improve the work.	Some Proficiency (2) The work needs moderate development in multiple requirements.	Limited Proficiency (1) The work does not meet this criterion: it needs substantial development in most requirements
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Syllabi used for this class is outlined below.

Oregon Institute of Technology
RCP 452 Clinical III
Senior Spring Externship
Syllabus

Course Description

Externship is designed to successfully build organization of a workload providing optimal quality patient care. This final term of clinical practicums is to observe the ability to work well in a hospital environment communicating effectively with all members that the student clinician comes in contact with. The student clinician should be able to display professionalism and competence in respiratory care that is need for job entry level. All required competencies have been met in all areas of care that repetition at the externship site will further build skill experience. The ability to function in a teambuilding environment is essential for success in this course. Students must complete three previous terms (nine months) of clinical experience in both adult and neonatal respiratory care, to include cross-disciplinary communication and management of mechanical ventilation, hemodynamics, oxygen, and aerosol therapy, advanced cardiac life support, newborn resuscitation in the obstetrical unit, emergency room and pulmonary physiology laboratory. This term requires advanced levels of competence in mechanical ventilation and patient management in adult critical care units. Students need to be under the direct yet limited supervision of qualified respiratory therapists and physicians.

Prerequisites

Successful completion of Junior year didactic instruction, Introduction to Clinicals RCP 350, Clinical I RCP 450, and Clinical II RCP 451.

Philosophical Emphasis

To provide the student clinician with an array of respiratory care learning experiences. To allow the student to provide hands on care that will help build confidence and skills that will be required in becoming a valuable respiratory care provider. All students should be involved as guided by their mentors to implement safe quality care to patients. Work on independence with minimal needs of your mentors. Be proactive in your clinical education and engage with others to learn all that you can.

Instructor

Michael Gilinsky, MSAH, RRT, RRT-ACCS, RRT-NPS.
Office Phone: (541)885-0720; Cell Phone (541)601-8516.
Email address: Michael.gilinsky@oit.edu.
Office hours by appointment only via ZOOM per OIT guidelines due to Covid.

Due to the number of emails, I do receive and the amount of traveling I do I am not always able to check my emails 24/7, emails will not be responded to right away in some cases. If you need to get a hold of me, call me or text me. Emails on weekends may not be checked and it may take hours if not

days to get back to you in these cases. In the event of heavy email traffic, a triage method will be used with students, faculty, and clinical sites taking priority.

Course and learning Objectives

The senior respiratory clinician will:

1. Attend all scheduled shifts on time and prepared. The supervisor/manager will have the right to send any student home who is not on time or prepared.

2. Participate in report by giving and receiving confidential information about patient updates.

3. Become familiar with hospital Policies and Procedures as well as the Mission Statement and Core Values.

4. Become familiar with the respiratory care job description for an entry level practitioner.

5. Become familiar with different medical equipment not used prior. For example, this could be different ventilators and BiPAP/CPAP equipment made by different medical equipment companies.

6. Hone-in the student's communication. Report to the Clinical Director each week by email letting me know about your positives and negatives experiences for the week. This should include at least two paragraphs (4 – 6 sentences each). This participation accounts for part of your grade. Each weekly report missed will account in one dropped grade. Due by Sunday of each week. No late reports will be accepted.

7. Assure the student shows completion of Trajecsys after each shift. This not only helps students document their clinical skills, it simulates charting in the hospital as well.

8. Assure each student has the skills to properly clock in and clock out. This simulates real life experiences as it relates to timecards. These are required before and at the end of each shift. It will be your responsibility to turn these into your clinical director by the end of the term and complete your evaluation by appointment. No late papers accepted.

9. Have fun and enjoy your experience. You are paying for your experience, get as much as you can out of it.

10. Train and teach each student in Advanced care including ACLS training in week 11, and possibly PALS depending on what the instructor has planned. The ACLS and PALS instructor will be Sarah Fitzpatrick. This training will ensue the last week of the term.

11. Assist the student in becoming familiar with NBRC prep by Taking one practice NBRC exam in week 11 and then examining it afterwards. Date and time TBA. Your score will be tallied out of points possible. 12. Assure the student attends Clinical extern orientation so that the student is successful during their externship.

Textbook and Resources:

Suggested but not required: Dana Oakes or like student clinical handbook for respiratory care. Use all text books acquired throughout the program for reference.

Recommended: Comprehensive Respiratory Therapy Exam Preparation Guide fourth edition

Submitted Work

Will include time stamps, trajecsys and will be evaluated a whole grade for each missed. Weekly contact as mentioned above is to be continued and graded accordingly. Write with educational standards. One practice exam made by the NBRC.

Assignments:

Week 1: Mandatory Orientation Wednesday, March 31. Due to Covid, this will be ZOOM.

Weeks 2-10, weekly communication. Week 11: Turn in binders. Tuesday June 8th.

Week 11: ACLS training 6/9 and 6/10. For ALCS training, I would like you to sign in to trajecsys.

Week 11: Take final NBRC exam Tuesday June 8th.

Assignment:	Total points
Trajecsys Daily Log 100 Daily evaluation	100
Trajecsys Time Card	100 Each one missed is a letter grade drop.
More	than 2= failed grade
NBRC exam	NBRC Version B 100 points possible
Weekly reports to Clinical Director	All=no dropped grade. Missing 1= dropped letter grade. Missing 2= two dropped letters grades.
Final Site evaluation	25
Final Evaluation by coworkers and manager	150
Final Binder	25

Grading

At mid and end of the term the clinical director will inquire of the student's status and how they are performing during externship. The simple question will be asked, "If you could, would you hire this student once they have graduated?" This would include a response that supports their answer. The manager will determine the grade for you under the following hiring criteria:

- "A" Absolutely. 150 points
- "B" Yes, but with few issues to be worked with. 120 points
- "C" Yes, but many areas need addressing through further orientation. 90 points
- "D" Not sure, question's ability to do what is required. 50 points
- "F" Absolutely Not. 0 points

This will be based on feedback that the manager gets back from charge person(s), mentors, nurses, and physicians as well as empirical observation of the student. It is also based on meeting the policy and procedures required of the facility, the RCP 452 syllabus, needed time sheet, and Trajecsys entries. The student respiratory program handbook applies to action taken during any needed intervention and has to comply with the affiliation agreement between OIT and the given participating medical facility.

Clinical grading as stated below and the O.I.T. student handbook will apply. Your mid and final term evaluation will also have an impact on the grading system. Since this is somewhat subjective it will be graded along a rubric's matrix. The highest grade received will be contingent in all areas of responsibilities. For example: you as a student may be well received, knowledgeable, and skillful, but if you have not had a document signed, fully filled out, time missing, or missing trajecsys information your grade will be adversely affected.

All of the hospital clinical standards must be met in order to pass this course. Failure to meet these guidelines may cause the grade to drop a letter grade. One example would be incomplete competencies or occasional poor evaluations. An example of a failed grade would be consistent poor evaluations, not being active as a student, or having a poor attitude towards your classmates, facility that you are hosted at, or faculty. More severe breaches as described in the student handbook could result in instant failing or expulsion from the clinical site. One example would be patient safety or personal safety.

Americans with Disabilities Act:

If you believe you need an academic adjustment for any type of disability, please let me know. Students with visual or hearing impairment are advised to select seating in the classroom favoring optimal visual or auditory access to the classroom activities. You may also speak with the Support Services office at Oregon Institute of Technology: (541)885-1031.

Accreditation: This program is accredited by the Commission on Accreditation of Allied Health Programs (CAAHP) in collaboration with the Committee on Accreditation for Respiratory Care (CoARC). Inquiries regarding accreditation should be directed to: https://www.coarc.com/Contact.aspx.

RCP 452 Clinical III

Outcomes Description for the above Data PSLO #3:

Strengths: In the student's externship, the students have shown to produce results that were no less than fully proficient. This relays to: The work meets most requirements; minor development would improve the work. Being a graduating student, this shows that each student is able to function effectively within the healthcare setting while being evaluated by a preceptor or the instructor. There was a total of 13 students evaluated within the class and 11/13 received perfect scores of 4 in each category. A score of 4 is determinate of highly proficient which interprets as: The work meets listed requirements for this criterion; little to no development needed. The 2/13 scored a mixture of 3's and 4's. These are all interpreted as good/positive results for our students who getting ready to graduate.

Weaknesses: There's always room for improvement. One opportunity that I see is trying to get all students with a score of 4 across the board. I firmly believe that the 2 that did score a mixture of 3's and 4's, just needed more repetition, and time with patient care.

Actions: By exposing our students to real-life situations within the classroom particularly in life support classes we will work in groups of 5. Each group will have a tam leader, but every student will be expected to fully participate and function within their team.

Update: There will be no changes in the examination/assessment. However, the context in which we grade this particular outcome will begin incorporating new methods.

Student Learning Summary: The students were not aware this scoring system was being used or implemented. Upon further review our teaching strategies, clinical time, and student interaction are all showing positive outcomes. We will focus on the areas highlighted in yellow in order to try and better our functionality in the healthcare setting and try to achieve across the board 4's in all categories. Students performed well in this area of evaluation.

VIII. ESLO #6: Diverse Perspectives On-Campus

This assignment was evaluated on-campus in RCP 442; Case Management III. It is a course involving three sequences to provide a thorough, evidence-based medicine introduction, followed by an actual case study performed while in the clinical environment their senior year. This senior project gives the audience a chance to evaluate each individual student's professionalism of presentation and a thorough examination on a chosen disease process by reputable references. Lastly, the case study is the empirical evidence that is acquired during the student's involvement with the patient, realizing sensitive information by HIPPA Laws. This case study involves a physical evaluation of the patient including a subjective, background, objective, assessment and plan. Further evidence collected is diagnostic and lab results. The student will then show a competent approach to patient care by intervention plans that include equipment interface using calculations for set parameters. Further calculations are used based on return values from equipment and lab results such as arterial blood gases. These return values will prompt the student to make the appropriate adjustments by using calculations between equipment parameters, return values and lab diagnostic outcomes. **Furthermore, the student work closely with a diverse group of interdisciplinary professionals such as but not limited to Doctors, Nurses, and Tech's.**

Once this patient has had a full investigation utilizing their resources in a diverse environment, that revealed findings pertinent to respiratory care, interventions have been enacted and changes made, if any, based on return values, diagnostics and lab draws. The respiratory care student must now be able to package and organized these events and data to submit to the physician who may or may not agree with the decisions made depending on diagnosis and how the patient presents. This communication has a traditional approach that is both interactive to develop the capacity to understand the interrelationships between multiple perspectives, professional in the best patient quality of care given.

Lastly, the student must design a final case study through out the term that is professional, researched, and reviewed. The student will then present their project to the rest of their cohort, the professor, and to a select board of faculty, hospital personnel, and Medical Doctors.

Definition of Diverse Perspectives: The goal of Diverse Perspectives is to develop the capacity to understand the interrelationships between multiple perspectives, such as personal, social, cultural, disciplinary, environmental, gendered, economic, local, and global.

Student	Video Presentation supported by evidence base medicine document utilizing multiple perspectives from healthcare professionals.	Evidence based medicine based on policy and procedure outcomes.	Overall Outcome (Grade)
Chris	Practice	Capstone	Pass (A)
Olivia	Capstone	Practice	Pass (A)
Jacob	Foundation	Practice	Pass (A)
Fi	Practice	Capstone	Pass (B)
Hana	Capstone	Capstone	Pass (A)
Mariko	Practice	Practice	Pass (B)
Amber A	Capstone	Capstone	Pass (A)
Amber C	Practice	Capstone	Pass (A)
Morgan	Practice	Capstone	Pass (B)
Katelyn	Capstone	Capstone	Pass (A)
Zach	Practice	Practice	Pass (A)
Sarah	Capstone	Capstone	Pass (A)
Camryn	Practice	Foundation	Pass (A)
Overall Results	**Average**	**Excelled**	100% Pass

Table 6. Evidenced Based Medicine video Presentation RCP442 Including Diverse Perspectives.

Primary Grading Rubric used for RCP 442:

Case Study Presentation Rubric with the application of perspectives from various healthcare professionals

RCP 442

Students Name: Topic/Title:

Date: Score:

Criteria	Level 4 (25-21)	Level 3 (20-16)	Level 2 (15-6)	Level 1 (5-0)
Knowledge / Understanding	-knowledge of issue is exceptionally accurate and is explained clearly and effectively during explanation using details, diverse perspectives, and little reliance on notes	- issue is accurately explained and uses many details and various sources including a diverse perspective for the presentation with some reliance on notes	- issue is explained with some accuracy but need more details and more variety, lacks in diverse' perspective sources and less reliance on notes	-issue needs to use more accurate information and details or examples -heavy reliance on notes during presentation
Thinking /Inquiry of case evidence and presentation of evidence	-exceptional critical comments and analysis of issue / interpretations / impact / effect / using details, insight, evidence from clinical and diverse perspectives including comprehensive thought. Clearly follows guidelines.	-proficient critical comments and analysis of issue /interpretations and impact using many details, diverse perspectives, evidence, and some insight. Follows guidelines mostly.	-some critical comments given to issue and effects - more details, insight and critical thought needed. Somewhat follows guidelines. Lack the use of diverse perspectives.	-lack of critical or analytical thought in comments and little to no insight used. Guidelines not followed.
Communication	-exceptional delivery and timing of information -exceptional discussion initiated and maintained to further student learning	-proficient delivery and timing of information -proficient discussion started and maintained	-delivery and timing of information needs to be smoother (too much reading) -more active interaction and discussion	-poor delivery and timing of information -discussion needs to be more controlled and dynamic
Application	- discussion questions are exceptionally insightful - presenters make critical conclusions and connections in feedback and answering questions - PowerPoint is exceptionally detailed, organized, logical and includes images, clear and large font	- discussion questions are insightful - presenters make clear conclusions and connections in feedback and answering questions - PowerPoint is detailed, organized, logical and includes images, clear and large font	- discussion questions are clear but need more insightful - presenters need to make clearer conclusions and connections - PowerPoint is somewhat organized and includes some images	- weak discussion questions that that lacked any insight - weak conclusions and connections - PowerPoint needs to be more organized and logical
Comments				

Syllabi outlined below to interpret class assignments and requirements:

Oregon Institute of Technology

Respiratory Care Program

RCP-442 Case Management Credentials III

Syllabus Winter 2022

Course Description:

The next sequence of this course is the continued development of Scholarly research and discussion in conjunction with current clinical cases. The student is to ensure that their research criteria include using sources from diverse Perspectives from all ideas and discussions. Each student will continue research and development of a senior project which entails the field of respiratory care. They will also research and become familiar with scholarly articles and discuss them with their peers. This includes research, literature review, interviews, and at the end of the term a formal presentation to their peers and the instructor. Each student will also develop his/her test taking skills by using their Kettering tokens which should be purchased this term.

The design of this course is intended to help the student gather useful skills in developing senior projects, research and develop a sense of teamwork and knowledge using perspectives from a variety of sources. It is also intended to help each student prepare for the national board examination credentialing examinations.

Prerequisites:

Successful completion of RCP441

Philosophical Emphasis:

To help each student hone and develop their research skills, literature review skills, and use their critical thinking skills. The student will use data collection skills with respect to HIPPA Laws in order to create a case study that is both realistic and relates to the field of respiratory care.

To help each student develop skills that will help them pass the NBRC with the emphasis of an RRT credential upon graduation.

Instructor and Director of Clinical Education:

Michael Gilinsky, MAH, CRT, RRT, RRT-ACCS, RRT-NPS

Assistant professor, Respiratory care

michael.gilinsky@oit.edu, Cell 541-601-8516

Office hours by appointment per Covid Policy, open door policy applies. ZOOM anytime

Office Dow 212

Course Objectives and learning outcomes:

The senior respiratory care student will:

1. Attend their scheduled RCP 442 class each Wednesday on ZOOM at 0900 and be on-time to help prepare the student for industry department meetings.
2. Participate in active research and respect HIPPA Laws in regard to your case presentation to help better understand evidence-based medicine and prevent an unlawful breach of information.
3. Active communication with mentors, preceptors, MD's, Techs, Supervisors, RNs, and any other team member that will be involved in the patient's case.
4. Gather and interpret data such as diagnostics, H+P, lab tests, medications, pre and post outcomes to formalize end of term student presentations.
5. Choose an interesting case with the bases revolving around respiratory care.
6. Communicate with accurate medical terminology effectively in group discussion and in your presentation to prepare for hospital formality.
7. Read departmental policies and procedures for the bases of treatment then cross reference these techniques with others so that each student has an idea of variations in scope of practice.
8. Turn in and present presentation at the end of the term to an audience at Oregon Tech which will help prepare the student for hospital collaboration, new ideas and perspectives, and making and evidence based medical decisions.
9. Become familiar with Kettering tokens and utilize Kettering tokens to help the student become familiar with passing the clinical simulation examinations set forth by the NBRC.
10. Develop the student NBRC test taking skills with Practice clinical simulations.

Textbook and Resources:

All respiratory textbooks from the program. These serve as excellent references to discussion.

Required:

Purchase 6 Kettering tokens from Kettering's website.

https://www.ketteringseminars.com/practice/PurchaseTokens.aspx?etype=19

Week	Date assigned and Due	Assignment overview	Points
1+2	1/16/2022	Create and design your case study Topic and Abstract. In addition, design 5 questions based around your Topic and Abstract.	10
	1/16	Discussion	24
	1/9	Kettering token 1	10
3+4	1/30/2022	Create and Design your Introduction. In addition, create 5 questions that surround it.	10
	1/30	Discussion	10
	1/23	Kettering Token 2	10
	1/30	Kettering Token 3	23
5+6	2/13/2022	Creation and design of your Case presentation. In addition, create 5 questions that surround it.	20
	2/13	Discussion	23
	2/6	Kettering Token 4	10
	2/13	Kettering Token 5	10
7+8	2/27	Creation and design of your Case Discussion. I addition, create 5 questions that pertain to the imaging, Pathology, and diagnosis.	10
	2/27	Discussion	27
	2/20	Kettering 6	10
	2/27	Kettering 7	10
9+10	3/6	Create and submit Conclusion with questions by 3/6.	10
	3/9	Zoom meeting and swapping of case presentations	
	3/6	Kettering Token 8	10
	3/12	Kettering Token 9	10

11	3/18	Partner submits answers to creator to be graded. Final Kettering	100 10
Total Points			357

1. To pass this class the student must stay on task each week and use previously shown research skills to complete their project.
2. Complete all assignments in a timely manner.
3. The student must attend all scheduled meetings unless otherwise specified by the instructor.
4. **Each unexcused missed scheduled meeting will count as a letter grade drop.**
5. **All late assignment will be docked 50% of the total points and you will only have one week to turn in the late assignment unless communication with instructor is clear**.
6. All assignments should be turned in via canvas.
7. Assignment descriptions and useful materials will be available in week 1 module which will include:
    - Case Study Outline
    - Guidelines to the writing of a case study.

This syllabus is subject to change and adjustments by the instructor due to spontaneous learning opportunities. Assignment points may increase, or Decrease based upon the progress made throughout the course.

Americans with Disabilities Act:

If you have a physical, learning, sensory or psychological disability and require accommodations, please let me know as soon as possible. You will need to register with and, in most cases, provide documentation of your disability-to-Disability Services. Please contact Dacarie Robertson, Specialist of Disability Services at (541) 851-5227. Disability Services is located in the Learning Resource Center, room 229.Oregon Tech faculty and staff is committed to creating and maintaining a safe and equitable learning environment for the Oregon Tech community. Pursuant to U.S. Department of Education requirements, all Oregon Tech faculty, and staff (other than designated confidential staff) must report any information they become aware of regarding gender-based bias, sexual harassment, sexual assault, sexual misconduct, relationship violence, or stalking involving a student to the University Title IX Coordinator. In addition, Oregon law requires a mandatory report to the Oregon Department of Human Services of any physical or emotional abuse of a child or other protected person, including elders and people with disabilities, or when a child or other protected person is perceived to be in danger of physical or emotional abuse. If you are the victim of sexual or physical abuse and wish to speak with confidential staff to explore your options confidentially you may: contact the Integrated Student Health Center and ask to speak to Counseling Staff (541-885-1800); visit the Confidential Advocate in the Women's Resource Center (College Union Room 225C) during drop-in hours; and/or report an incident using Oregon Tech's Anonymous Safe Campus

Incident Report form on the Title IX site at http://www.oit.edu/title-ix, and select the "Report an Incident" button. For more information about your options, please visit http://www.oit.edu/title-ix. Thank you.

Accreditation:

This program is accredited by the Commission on Accreditation of Allied Health Programs (CAAHP) in collaboration with the Committee on Accreditation for Respiratory Care (CoARC). Inquiries regarding accreditation should be directed to: The Committee on Accreditation for Respiratory Care (CoARC), P.O Box 54867 Hurst TX. 76054-4876, (800)874-5616.

ESLO #6 Results:

Strengths: All students showed a consistent organized approach to this senior project and appeared that instructions were followed very well as well as cohorts working together to critique each other's work. Students mostly showed the correct calculations and were able to define the equations in what it meant for patient intervention given the many different case studies presented. These presentations garnered great interactions during the Q&A session at the end. The audience not only included cohorts and under classmen, but it included hospital staff and managers too, making it a more vibrant discussion. Each student showed the ability to present and effectively communicate the content of their case study backed by evidence-based medicine cited by reputable references and a diverse perspective of individuals which include but is not limited to Medical Doctors, Nurses, Tech's, Supervisors, Managers. Lastly, for the grading of the rubric, a mean average of 92 was accomplished by the cohort which shows that they indeed utilized multiple ideas, theories, and discussions from a diverse group of individuals in the medical industry.

Weaknesses: The assessment outcomes could have been better communicated by the instructor. The instructor could have given better detail on the expectations in regard to the specifics discussed in the rubric.

Actions: This is a course where assessments are done frequently and will continue to use this in the future for this assessment cycle among others as it covers a wide range of essential institutional assessments. To assure that the instructor teaching this in the future give a clearer guideline and Syllabus for the assignment although it exists.

Update: The update for this ESLO were implemented in the last cycle and will be continued for use this model in the future.

Student Learning Summary: The students were able to put together what they applied in their courses throughout the program and clinical experiences. In an organized fashion, they were able to present a case study to an audience of professionals and gather information from a diverse group of individuals. This is an important skill as students will soon graduate and have to continue presenting to an interdisciplinary team while doing "patient rounding" in the medical facilities. These patient rounds will include the collection of data, interpreting the data through calculations and communicating to the team about the approach for continued patient care.

The Tagged Courses for Assessment 2021-2022

Appendix A-1

Student Learning Outcomes-Course Matrix 2021-2022: ESLO #3: Ethical Decision involving the NBRC and graded by the institution are flagged in RCP 452, Clinical III for on-campus. ESLO #6: Diverse Perspectives was evaluated in RCP 442. Courses that are shaded in green below indicate that the ESLO above is taught in the course, students demonstrate skills or knowledge in the ESLO, and students receive feedback on their performance on the ESLO by the instructor and NBRC as attached in this document.

F = Foundation **E = Essential Practice** **C = Capstone**

Freshman	Sophomore	Junior	Senior
FALL	**FALL**	**FALL**	**FALL**
BIO 231 Anat & Phys I	**BIO 336 Essentials of Pathology**	**RCP 337 Pulmonary Pathology**	**RCP 441 Case Management Credentials I (P)**
CHE 101/104 Elementary Chemistry	**CHE 360 Clinical Pharmacology**	**RCP 351 Mechanical Ventilation I**	**RCP 450 Clinical Care I (P)**
Math 111 or 243 College Algebra or Statistics	**RCP 100 Respiratory Matriculation**	**RCP 388 Advanced Neonatology**	
WRI 121 English Composition I	**RCP 231 Pulmonary Physiology**		
WINTER	**WINTER**	**WINTER**	**WINTER**
BIO 232 Anat & Phys II	**BIO 105 Microbiology**	**RCP 352 Mechanical Ventilation II**	**RCP 442 Case Management Credentials II (F)**

PSY 201 or 202 or 203 Psychology Series	RCP 235 Arterial Blood Gas Interpretations	RCP 386 Critical Care I	RCP 451 Clinical Care II (C)
HUM Humanities Elective	RCP 236 Cardiopulmonary Dynamics	RCP 389 International Neonatology	RCP 366 Clinical Simulations (C) *On-Line
SOC Social Science Elective	RCP 241 Gas Therapeutics		
WRI 122 English Composition II			
SPRING	SPRING	SPRING	SPRING
BIO 233 Anat & Phys III	RCP 221 Introduction to Patient Assessment	RCP 326 Disaster Preparedness	RCP 452 Clinical Care III
BIO 200 Medical Terminology	RCP 223 Emergent Chest Radiograph Interpretation	RCP 335 Exercise Physiology and Education	
SPE 111 Public Speaking	RCP 252 Cardiopulmonary Pharmacology	RCP 353 Advanced Mechanical Ventilation III	
HUM Humanities Elective	RCP 336 Hyperinflation Therapies	RCP 387 Critical Care II	
SOC Social Science Elective	SPE 321 Group and Team Communications		
SUMMER	SUMMER	SUMMER	SUMMER
COM 205 Intercultural		RCP 350	

Communication		**Introduction to Clinicals**	
WRI 227 Technical Writing		**RCP 366 Clinical Simulations**	
MATH Elective		**RCP 440 Case Management Credentials I**	
HUM Humanities Elective			
SOC Social Science Elective			

Appendix A-2

Student Learning Outcomes-Course Matrix 2021-2022: The courses below are where these skills are taught and measured for PSLO #3: The ability to function effectively in the healthcare setting as a member of the healthcare team in RCP 452. PSLO #2 Knowledge of the respiratory care code of ethics was evaluated in RCP 460. Courses that are shaded in purple below indicate where this PSLO was evaluated in the course, students demonstrate skills or knowledge in the PSLO, and student receive feedback on their performance on the by instructor and audience that experienced these presentations.

F = Foundation **E = Essential Practice** **C = Capstone**

Freshman	Sophomore	Junior	Senior
FALL	FALL	FALL	FALL
BIO 231 Anat & Phys I	BIO 336 Essentials of Pathology	RCP 337 Pulmonary Pathology	RCP 441 Case Management Credentials I
CHE 101/104 Elementary Chemistry	CHE 360 Clinical Pharmacology	RCP 351 Mechanical Ventilation I	RCP 450 Clinical Care I
Math 111 or 243 College Algebra or Statistics	RCP 100 Respiratory Matriculation	RCP 388 Advanced Neonatology	RCP 441 Case Management Credentials II (F)
WRI 121 English Composition I	RCP 231 Pulmonary Physiology		
WINTER	WINTER	WINTER	WINTER
BIO 232 Anat & Phys II	BIO 105 Microbiology	RCP 352 Mechanical Ventilation II	RCP 442 Case Management Credentials II
PSY 201 or 202 or 203 Psychology Series	RCP 235 Arterial Blood Gas Interpretations	RCP 386 Critical Care I	RCP 451 Clinical Care II
HUM Humanities Elective	RCP 236 Cardiopulmonary Dynamics	RCP 375 Pediatric Care	RCP 366 Clinical Simulations (C) On-Line

SOC Social Science Elective	RCP 241 Gas Therapeutics		RCP 441 Case Management Credentials II (C) On-Campus
WRI 122 English Composition II			
SPRING	SPRING	SPRING	SPRING
BIO 233 Anat & Phys III	RCP 221 Introduction to Patient Assessment	RCP 326 Disaster Preparedness	RCP 452 Clinical Care III
BIO 200 Medical Terminology	RCP 223 Emergent Chest Radiograph Interpretation	RCP 335 Exercise Physiology and Education	RCP 460 Advanced Life Support
SPE 111 Public Speaking	RCP 252 Cardiopulmonary Pharmacology	RCP 353 Advanced Mechanical Ventilation III	
HUM Humanities Elective	RCP 336 Hyperinflation Therapies	RCP 387 Critical Care II	
SOC Social Science Elective	SPE 321 Group and Team Communications		
SUMMER	SUMMER	SUMMER	SUMMER
COM 205 Intercultural Communication		RCP 350 Introduction to Clinicals	
WRI 227 Technical Writing		RCP 366 Clinical Simulations	
MATH Elective			RCP 440 Case Management Credentials I

			(P)
HUM Humanities Elective			
SOC Social Science Elective			

Results for Appendix A-1 and A-2 are kept confidential in the office the program director. National Board Respiratory Care test results are kept confidential to protect each student's national examination results and are only entrusted to the respiratory program directors. National Summary results are available in the program directors office if needed.