UNIVERSITY OF SOUTH ALABAMA

PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS

CARDIORESPIRATORY CARE

CRC 440 Fall Clinical Check-offs

PRINT STUDENT NAME: _____

If found please call (251) 445-9284.

Revised 8/2/ 2017

UNIVERSITY OF SOUTH ALABAMA
PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE

Dear student:

NOTE: Performing the PFT procedures on a patient can add from 1 to 4 extra points based on quality and relative weight of the total number of steps.

Physician interaction is now weighted and will add points to your total score.

These check-offs are designed to check your knowledge and skill in performing procedures related to procedures performed in the pulmonary function lab, bronchoscopy lab, and heart catheterization lab.

You should have a brief time of observing a therapist perform these procedures then you should perform them with monitoring and feedback from the therapist. This should allow you time to practice accomplishing all the steps needed and getting the right technique – with patient safety and delivery of quality of care in mind at all times.

Once you are comfortable with performing the procedure AND when the therapist agrees that you are ready – at that time you should perform the procedure for evaluation. Completing the check-off is a measure of your competency. Once the check-off has been successfully completed, you should continue to perform these activities in your clinical rotation to begin getting proficient in doing them. Proficiency takes time and practice – so do these activities as many times as you can to increase your skills/knowledge/technique.

Turn in the check-off at the end of the semester according to the course syllabus deadline. Be sure all check-offs have your name at the top and your signature at the bottom.

Learn these procedures well, perform them with excellent technique, and provide the best patient care possible as you function as an integral part of the healthcare team.

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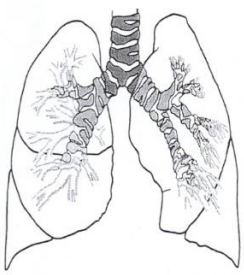

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DEPARTMENT OF CARDIORESPIRATORY CARE

Physician Interaction Form

Use this form to document any interaction you have with a physician. This could be a bedside discussion, lecture, patient rounds, case presentation, or observation/participation in a procedure. A minimum of 3 interactions are needed for the weight of this to be 90-100 pts, 2 interactions = 80 to 90 pts, 1 = 70 to 80 pts. Over 3 interactions starts adding extra credit to this packet

Date	Hospital	Print Physician's Name	Physician/RRT/RN Signature*	Describe the interaction (what was the topic, procedure, etc.) Include: How long was the event?

Location: Name of hospital, clinic, meeting, or name of sponsor.
Time: Give total time in minutes (minimum contact time is 5 minutes).

Student's Signature: _____ Print Name: _____

Comments: _____

_____

_____

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
CRC 441 Cardiopulmonary Diagnostics Practicum

Bronchoscopy

Student Name _____ Date _____

Rating Scale: 0 = inappropriate, incorrect, or omitted
1 = needs additional study and practice
2 = appropriate and correct
N/A = not applicable, not included in scoring

ITEM	**RATING**
A. Patient Preparation	* * * *
1. Verify orders, check identity	_____
2. Set up cart (specific to physician)	_____
3. Carefully label medications	_____
4. Aerosolize lidocaine	_____
5. Apply topical analgesia to nasopharynx, give other medications	_____
B. Cytology/microbiology	* * * *
1. Correctly uses brush.	_____
2. Properly makes smear on slide, applying fixative when necessary	_____
3. Labels slides	_____
C. Wash Fluid	* * * *
1. Removes mucous trap from suction line and seals it	_____
2. Divides contents of trap. Adds fixative to cytology specimen	_____
3. Properly labels specimens	_____
D. Bronchoalveolar lavage (BAL)	* * * *
1. Prepares saline syringes	_____
2. Properly injects and aspirates saline	_____
3. Restores suction to scope	_____
4. Prepares specimens for lab by dividing and adding fixative to cytology specimen	_____
5. Properly labels specimen	_____
E. Forceps biopsies	* * * *
1. Chooses proper instrument and assures proper function	_____
2. Correctly passes forceps through scope	_____
3. Advances forceps as directed, opens forceps and obtains specimen	_____
4. Properly removes forceps from scope	_____
6. Properly places specimen into formalin	_____
7. Rinses forceps	_____
8. Properly labels specimen	_____
F. Review procedure for cleaning and verifying scope integrity	_____
G. Discuss Navigational bronchoscopy “Super D” Superdimension	_____

Score _____ % Check one: _____ pass _____fail

Clinical instructor signature: _____

Student signature: _____

COMMENTS: _____

_____

_____

Document all bronchoscopy procedures **(minimum of 4 required):**

Date	Hospital	Code	Print attending therapist name	Attending therapist signature	Pulmonologist

Code - T for therapeutic, D for diagnostic, Add NB if Navigational bronchoscopy.
Add B if done at bedside

1 for biopsy, 2 for lavage, 3 for BAL, 4 for brush sample, 5 for removal of secretions or assessment of airway, 6 for observation/performance of scope cleaning procedure, 7 for needle biopsy, 8 for catheter/stent/other inserted device

Examples - TB56 = therapeutic bedside bronchoscopy to remove secretions and student observed cleaning of scope.

D12456 = diagnostic bronchoscopy with forceps biopsy, brushing, and lavage samples sent to the lab, student performed cleaning and quality check on scope integrity (leak)

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CARDIORESPIRATORY CARE
CRC 441 Cardiopulmonary Diagnostics Practicum

Cardiac Catheterization Lab

Student Name _____ Date _____

Attempt Number _____

Rating Scale: 0 = inappropriate, incorrect, or omitted
1 = needs additional study and practice
2 = appropriate and correct
N/A = not applicable, not included in scoring

ITEM	Rating
1. Review and discuss in procedure area:	* * * *
a. Fluoroscope, digital recording, table, and patient positioning	_____
b. Manifold set-up	_____
c. Conscious sedation agents and documentation	_____
d. Contrast medium	_____
e. Injector	_____
1. Supplies for catheterization	_____
2. Guide wires	_____
3. Balloons	_____
4. Stents	_____
5. Other supplies: _____	_____
2. Review and discuss in control room:	* * * *
a. Pressure waveforms	_____
b. Monitoring vital signs	_____
c. Views and coronary anatomy	_____
3. Discuss procedures:	* * * *
a. Diagnostic left and right heart catheterization	_____
b. Sterile technique in the catheterization lab	_____
c. Interventions	* * * *
1. PTCA	_____
2. Stents	_____
3. Other procedures: _____	
_____	
_____	
_____	
_____	_____

Score = (xə34) x 100 = _____ % Check one: _____ pass _____fail

Clinical instructor signature: _____

Student signature: _____

COMMENTS:

_____

_____

_____

_____

Catheterization Lab Log Document your time/experiences in cath lab procedures. Ask the staff to help you fill this out.

Date	Procedure: LV angiography, PTCA, stent placement, R&L heart cath, pullback, EP study, IVUS, laser, etc.	Hospital / Physician's name	Cath lab preceptor

Notes, etc.

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PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE

PFT Instrumentation / Equipment / Infection control / Safety

Student Name _____ Date: _____

Rating Scale: 0 = inappropriate, incorrect, or omitted
1 = needs additional study and practice
2 = completed appropriately and correct
N/A = not applicable

Item	**Rating**
1. Calibrate and record results for checking mass flow sensor using 3 liter syringe Recognize/discuss unacceptable results.	_____
2. Calibrate and record results for checking plethysmography system. Recognize/discuss unacceptable results.	_____
3. Calibrate and record results for checking analyzers used for nitrogen washout. Recognize/discuss unacceptable results.	_____
4. Calibrate and record results for checking IOS system Recognize/discuss unacceptable results.	_____
5. Check the function of the ECG machine. Recognize/discuss unacceptable results	_____
6. Check the function of the pulse oximeter. Recognize/discuss unacceptable results.	_____
7. Check compliance with infection control measures in PFT lab (i.e. use of filters, handwashing protocol, equipment processing, gloves and other PPE, etc.). Recognize/discuss unacceptable results	_____
8. Check compliance with safety measures in the PFT lab for patients and for lab Personnel (fall prevention, cylinder safety, electrical safety, prevention of needle sticks, other hazards) Recognize/discuss unacceptable results.	_____

90% proficiency required to pass: Score = $\frac{x}{16} \times 100$ = _____% = _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

_____

UNIVERSITY OF SOUTH ALABAMA

PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of PFT: Spirometry

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing.	_____
2. Introduce yourself, perform handwashing, identify patient.	_____
3. Enter correct data into PFT system to produce correct predicted values and to record proper, accurate demographic information.	_____
4. Explain procedure to patient.	_____
5. Perform FVC maneuver and coach patient for optimal performance Evaluate effort and make corrections as needed to obtain best recording.	_____
6. Repeat FVC maneuver with coaching for optimal performance. Obtain three Acceptable, reproducible recordings if possible (repeat attempts based on reasonable limit or a maximum of eight times.)	_____
7. Select best test and check for quality using ATS criteria for guidance for each attempt and between the best recording and next best recording. Select the three tests to be used for final report.	_____
8. Make appropriate comments regarding patient cooperation/performance.	_____
9. Interpret patient results to describe normal, obstructive, or restrictive patterns.	_____
10. Determine if patient should be tested using pre/post bronchodilator protocol.	_____
11. Extra credit awarded for testing patient (add 1 to 4 points to total- or enter N/A)	_____

90% proficiency required to pass: Score = _____ out of 20 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

UNIVERSITY OF SOUTH ALABAMA
PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of PFT: Maximum Voluntary Ventilation (MVV)

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing	_____
2. Introduce yourself, perform handwashing, identify patient	_____
3. Enter correct data into PFT system to produce correct predicted values and to record proper, accurate demographic information	_____
4. Explain procedure to patient	_____
5. Perform MVV maneuver and coach patient for optimal performance Evaluate effort and make corrections as needed to obtain best recording	_____
6. Check for quality using ATS criteria for guidance	_____
7. Interpret patient results and discuss implications	_____
8. Extra credit awarded for testing patient (add 1 to 4 points to total- or enter N/A)	_____

90% proficiency required to pass: Score = _____ out of 14 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

_____

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DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of PFT: Lung volume measurement by Plethysmography

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing	_____
2. Introduce yourself, perform handwashing, identify patient	_____
3. Enter correct data into PFT system to produce correct predicted values and to record proper, accurate demographic information	_____
4. Explain procedure to patient	_____
5. Perform SVC, airway resistance and FRC measurements. Coach patient for optimal performance.	_____
6. Evaluate effort and make corrections as needed to obtain best recording. Check-correct loops showing VTG and resistance. Coach patient for optimal performance	_____
7. Repeat SVC, airway resistance, and VTG/ FRC measurements. Check/correct loops showing VTG and resistance. Coach patient for optimal performance	_____
8. Obtain two acceptable, reproducible recordings if possible using ATS criteria for guidance	_____
9. Interpret patient results to describe normal, obstructive, or restrictive patterns. If obstructive, evaluate possible evidence of air trapping and hyperinflation	_____
10. Extra credit awarded for testing patient (add 1 to 4 points to total- or enter N/A)	_____

90% proficiency required to pass: Score = _____ out of 18 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

UNIVERSITY OF SOUTH ALABAMA

PAT CAPPS COVEY COLLEGE OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of PFT: Lung volume measurement by Nitrogen washout

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing	_____
2. Introduce yourself, perform handwashing, identify patient	_____
3. Enter correct data into PFT system to produce correct predicted values and to record proper, accurate demographic information	_____
4. Explain procedure to patient	_____
5. Perform SVC and FRC measurements. Coach patient for optimal performance.	_____
6. Obtain one acceptable, reproducible recordings if possible using ATS criteria for guidance	_____
7. Interpret patient results to describe normal, obstructive, or restrictive patterns. If obstructive, evaluate possible evidence of air trapping and hyperinflation	_____
8. Extra credit awarded for testing patient (add 1 to 4 points to total- or enter N/A)	_____

90% proficiency required to pass: Score = _____ out of 14 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

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DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of PFT: Evaluation of gas transfer using DLCO

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing	_____
2. Introduce yourself, perform handwashing, identify patient	_____
3. Enter correct data into PFT system to produce correct predicted values and to record proper, accurate demographic information	_____
4. Explain procedure to patient. Allow machine calibration to occur prior to testing	_____
5. Perform DLCO test. Coach patient for optimal performance.	_____
6. Evaluate recording for correct procedure and performance using ATS criteria for guidance. Allow four minutes between testing. Allow machine to recalibrate prior to testing.	_____
7. Perform DLCO test. Coach patient for optimal performance. Evaluate recording for correct procedure and performance using ATS criteria for guidance.	_____
8. Determine if a third test is needed based on quality assessment of first two recordings Repeat for a third time if necessary after four-minute wait and recalibration	_____
9. Select the best two tests using ATS criteria for guidance. Interpret patient results to describe normal, obstructive disease (chronic bronchitis versus emphysema), or restrictive disease (with or without poor diffusion)	_____
10. Extra credit awarded for testing patient (add 1 to 4 points to total- or enter N/A)	_____

90% proficiency required to pass: Score = _____ out of 18 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____

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DEPARTMENT OF CARDIORESPIRATORY CARE

Clinical Competency Checklist
Performance of Electrocardiogram recording

Student Name _____ Date : _____

Rating Scale: 0 = inappropriate, incorrect, or omitted 1 = needs additional study and practice
2 = completed appropriately and correct N/A = not applicable

Item	**Rating**
1. Verify physician order for testing	_____
2. Introduce yourself, perform handwashing, identify patient	_____
3. Enter correct data into electrocardiogram machine to produce correct report	_____
4. Attach ECG electrodes to proper positions on the chest wall. Respect patient privacy and dignity	_____
5. Record ECG. Observe tracing and correct issues with artifact or other problems and obtain an acceptable ECG recording if possible	_____
6. Remove ECG electrodes and transmit ECG to proper location	_____

90% proficiency required to pass: Score = _____ out of 12 _____ pass _____ fail

Student's Signature: _____

Ratings evaluated by (Therapist signature, credential): _____

Comments: _____