



2018-19 Respiratory Care Annual Institutional Assessment

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 therapist, 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 therapist to obtain a bachelor's degree. CoARC's specific 2020 goal is to recruit 80% of now working Associate Degree Respiratory Therapist 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 education. 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.
- Encourage our students to graduate coursework as it will provide a spring board into a variety of opportunities within respiratory care.

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:

Student and Graduate Success Oregon Tech foster 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 On Line Educational Opportunities Oregon Tech 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 by, not only building current professionals in a growing career, but leaders to support the profession for many years in 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 equipment and technologies each year. 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 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 in consecutive years, and with the latest accreditation done almost ten years ago (2011) with no flaws documented as well as given the maximum time between site visits by CoARC. Our students are recognized for high pass rates, employer satisfaction and student satisfaction with their educational outcomes employed as a job entry level employee after graduation. 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 many hours of clinical experience (over 1,000 hours) prior to graduation. Other than general and acute care skills, these clinical experiences also offers 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. There is speculation that perhaps this would be mandated in the near future. 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. CoARC, as of January, 2017 will not recognize 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 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. Students are able to pick and choose the busiest schedule, or the minimal amount of credits it takes to be a part of this 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 scenarios, but interacts with them as they are to engaging with on-line students about the scenario assignment presented to them each week. We have been heavily involved in recruiting for our profession through seminars and city/county events as the job expectation growth is thought to almost double from 12% during the 2014-24 survey to the now current job growth expectations 23% 2016-26 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: The Respiratory Care Program Advisory Board met with the Medical Director, Dr. Michael Blumhardt and Advisory Board Chair, Kelly Angel, to assure that our program and student needs were 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. This committee has met twice this year. Once in November of 2018 and again in March, 2019. Changes that were overseen by this committee in March of 2019 was to assure curriculum matches current practices as seen with other high performing colleges. This included an analysis of other bachelor programs that have done well by CoARC standards. Our program has graduated our first class with the credentials of ACLS, PALS and BLS that were 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 their 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 State 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 Associates 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. Since then, the Commission on Accreditation for Respiratory Care (CoARC) has allowed a maximum time before its next site visit. They have found us to be within the top five performing Respiratory Care Program 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 Therapist to obtain their bachelor's in that meet the goals of CoARC, The AARC and National Board for Respiratory Care (NBRC). 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 evolving 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:

Objectives and Student Learning Outcomes during the March, 2019 advisory board meeting, we continue to confirm that the September 2016 goals of the program purpose, objectives and outcomes that were reviewed and affirmed as a committee. 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. 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.



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 | 2017-18 | 2018-19 | 2019-20 |
|---|----------------|----------------|----------------|
| 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

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 RCP 387; Critical Care II.

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-line program is evaluated; RCP

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 program through RCP 353; Advanced Mechanical Ventilation.

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 RCP 375; Pediatric Care.

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.

| Program Student Learning Outcome | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|--|--|--|--|----------------|----------------|----------------|
| ESLO 1: Communication: Written and oral communication between health care providers that collaborate to the patients overall care. | RCP 100 Matriculation ● Discussions and On-Line | | | | | |
| ESLO 2: Inquiry and Analysis that includes critical thinking of a patients systemic approach, analysis of the data and decision making efforts. | | 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 389 Internat. Neonate ● Video assignment | | | |

| 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 | | |
| 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 353 Adv. Mech Ventilation ● Simulations | |
| 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 ● Power Point Presentation |

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

IV. Summary of 2018-19 Assessment Activities: The respiratory care faculty met in Fall 2018, to discuss assessment for the academic year 2019- 20 for . We have identified on-line course RCP 387, Critical Care II 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 #3: Ethical Reasoning Assignment Measured.

The Institutional Rubric is for Ethical Reasoning and is used to measure this assignment. Students are tasked with creating a video that contrast ethical differences using bedside manner for patient approaches for this ESLO assessment. This video assignment correlates with the ESLO #3 Institutional Rubric defined as, “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.” These video’s also have an embedded written documentation that addresses each of the criterias.

The Institutional ESLO #3 Rubric that evaluates the Full Code Emergency Medicine Simulation meets each of these performance criteria’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. |
|--|--|--|--|--|
| Theory: Student demonstrates knowledge of different ethical theories and codes. | 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. | 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. | 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. | The student is able to apply ethical reasoning to novel situations and provide detailed support for their decisions, as well as | The student is able to make plausible ethical decisions and support them at a competent level. At this level, the student begins to generalize | 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. |

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| | refuting other possible decisions. | their reasoning to similar situations. | | |
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Table 3. ESLO#3 Institutional Rubric Ethical Reasoning.

The second half of the assignment also included a rubric to assure video production, creativity and effort; a sense of work ethic toward the project itself. The course assignment rubric for video production was measured by the following standard criteria:

| Criteria | 0 | +1 | +2 | +3 | +4 | +5 | Points |
|--|---|--|--|---|---|--|--------|
| Video Quality: including role playing, edits and audio. | Missing or feeble attempt. | Video all the way through with obvious mistakes. No role playing. Audio issues but not clear. | Video with subtle mistakes or few errors. An attempt at role playing but is weak. Clear audio mostly. | Video with obvious editing attempts. Audio clear. Role playing attempted. | Video edited well. Audio very clear. Role playing is convincing. A beginning of creativity or realistic. | Video well edited. Audio very clear. Role playing is passionate. The video is creative and realistic to the audience. Should include an abstract. | |
| Introduction: to the patient case. | None at all or minimal information. No Paper. | Patient findings and ethical theory is not clear. Patient scene acknowledged and introduced. No paper. | Somewhat clear on the need for ethical reasoning. Introduced self and case study. Paper does not meet standards. | Clear on ethical theory for the case study to be given. Introduces self and explains the reason for the scene created. Paper meets standard not well written. | Clear and thorough on ethical reasoning blending references into the patient case study introduction. Introduced self and case study and past experiences that chose the certain scene created. Paper meets standard and is well written. | Clear and thorough on ethical reasoning blending references into the patient case study introduction. Gives an example of witnessed non-ethical scenario(s). Shows the audience the importance of this demonstration. Introduces self and blends the references successfully into the scene created. Shares past experiences that compelled their created production. Paper done well and meets standards. | |
| The student exhibited | No noted ethical issues | Student showing some | Student showing some ethical | Student showing some realized ethical | Student shows great knowledge of | Student shows a systemic approach to assessment | |

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|---|---|---|--|---|---|---|--|
| scene contrast of ethical reasoning | skills or communications at all or only mentioned. | level on acknowledged ethical differences. | reasoning through communications examples. | differences with both communication and skills. | ethical differences and reasoning as well as favoring appropriate judgement with communications and skills. | that includes theory, recognition, reasoning, logic and judgement. The student is able to display this through scene I and II effectively through communication and evaluative skills. | |
| The student equipment knowledge and dexterity. | Does not mention equipment use, may only have it the background. | Identifies equipment used and the purpose for patient use. | Interacts with equipment identified. Describes purpose in full. | Interacts with equipment identified and changes parameters. Describes purpose in full. | Interacts with equipment explaining its functions. Able to set up and make changes to equipment. | Shows confidences in setting up equipment. Explaining the details of each modality of all equipment used. Able to make changes and explain the reasoning. Very precise on each approach defined along the way. | |
| Student interaction with the audience. | None at all or avoids questions by students. | Presentation somewhat organized with group involvement. | Presentation well organized with group participation. Made clear step-by-step process. | Presentation organized with equal group participation. Detailing actions. Awaits audience questions. | Presentation organized with equal group participation. Detailing actions. Addresses reasoning. Solicits audience questions. | Presentation organized with equal group participation. Detailing actions. Summarizes the case. Addresses reasoning. Solicits audience questions. What was learned by each action done. | |
| Student conclusion and debriefing of the patient case. | No conclusion or just a one liner to wrap up the case. No references. No Paper added. | Provides a clump together summary. A hurried conclusion. No references. No paper. | A full summary is provided to the audience. One reference given without blending views. Paper attempt but does not meet standards. | Debriefs the audience and gives a thorough summary of the case. Shows the contrast of scenes. One reference well blended into the conclusion. Paper done meet length. | Meets the debriefing standards. Well organized contrasting scene I and II Summarizes in detail the importance of this case of ethical reasoning. Two references blended well into the case study. Paper meets | Meets the debriefing standards. Blended two references into the scenes and also states additional references used. Clear on ethical theory and reasoning. Summarizes in detail the importance of this case and the contrast of scene I and II in an organized | |

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|--|--|--|--|--|--------------------------------|---|--|
| | | | | | standards and is well written. | fashion. Paper meets standards and is well written. | |
|--|--|--|--|--|--------------------------------|---|--|

Table 4. Video Production Assignment.

ESLO #3: Ethical Reasoning Video Quality Measured.

This assignment was targeted for both On-Line RCP 389, International Neonatology. This same assignment was used for on campus students to be measured in RCP 387, Critical Care II. These assignments did not differ as to assure consistency among students in both similar programs, both on-line and On-Campus. The assignments goal was to target a higher level of understanding Ethical Reasoning and being able to present to their peers their understanding of ethical reasoning and allowed for questions and answers at the end of each student’s presentations. This experience creating this video assignment supports the ELSO measurements of theory, recognition, logic, and judgement. The assignment is as follows:

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| <p>Respiratory Care RCP 389 International Neonatology Video Guidelines</p> <p><u>Content Instructions</u></p> <p>Introduction.This is an individual assignment that uses a rubric for grading standards.This is a presentation to be graded by your peers.This assignment will be done through role playing in the professional environment that displays the difference(s) between non-ethical and ethical approaches to patient care and fellow working cohorts.The introduction should be at least two-page document, no more than three, that is double spaced paper submitted into the video for all to see after the presenter has verbalized its contents.</p> <p>Scene I should show subtle areas of unethical behaviors.Choose any scenario you like and be creative.Please make this challenging where mannerisms are still used, but potentially unaware of actions and verbalizations that make it an unethical event.Whatever you deem to be unethical please display this in this scene but do not be over the top or obviously ridiculous as this is a graded exercise at the institutional level.Please keep it civil and serious and if you have questions, please let me know.With that stated, please keep your bloopers for the end as they are enjoyable if you choose to.</p> <p>Scene II will be revitalizing <u>scene I</u> , but with what you would consider more of an ethical approach.This is the area of differentiating between what some may see as ethical versus non-ethical situations.This is not to state that being well mannered is being the issue as mannerism should be used in scene I as well, but more of choice of actions and words that will make the difference.Again, bloopers should be kept in scene II as well for the end if you choose to do so.</p> <p>Conclusion.Please write a one to two paged double spaced paper to be submitted to the video as well as presented by the responsible student for this assignment.It should include a summarized theory as</p> |
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captured in the introduction as well as providing the rationale through resource findings and video creation/production. Summarize Scene I as the recognition of what these ethical judgements are concluded during the scene. Scene II should summarize and verbalized as to the logic of what ethical reasoning is and the differences in outcomes it can potentially make. Lastly, using a judgement that supports this claim; again through video experience, past experiences and resources that back your claim.

I. Introduction of Importance:

- a. Define ethical reasoning and its overall importance in social interactions. Please apply this same logic in professional careers as well.
- b. Please use references that include ethical and professional importance for the health care environment that blend with your overall theory. Keep in mind that we advocate for our patients and how ethical reasoning may impact them as well.
- c. Please be able to express why ethical behaviors are essential for quality care outcomes for patient hospital stays.
- d. Please introduce a few examples where ethical behaviors have created facility accountability; both as criminal and civil liabilities for hospital and individual health care providers.
- e. The introduction will be submitted to the video for the viewer to read as well as the presenter speaking directly into the camera and verbalizing its contents.

II. Scene I: Unethical Characteristics:

- a. Your creativeness can be anything you choose in the professional health care environment and should:
 1. Establish non ethical verbalization with patients and/or health care members that you would be working with.
 2. Establish a non-ethical approach to patient evaluation or therapy actions.
- b. Please be sure to use manners in this scenario as the role player is unaware of their unethical intention, but that does not mean they are ignorant on how to use mannerism in itself. This will assure that these videos are not too ridiculously out of hand. These unethical behaviors should be subtle yet fairly easy to point out. Remember, this is an institutional assessment for students.

III. Scene II: Correction of Unethical Characteristics:

- a. Repeat Scene I, or even edit scene I where these identified ethical interactions are corrected. This will point out your reasoning of each area that you feel needs to be corrected for appropriate changes from the 1st scene.
- b. Keep in mind as health care providers we advocate for the patient most of all.
- c. Keep in mind as health care providers that we expected to work independently as well as in a team building environment.

IV. Conclusion of Ethical Reasoning:

- a. This should summarize what the resource data has shown you as to the importance of ethical reasoning. This would include the theory of why ethical reasoning is important, if at all. Does it make a difference in care and interactions?
- b. Please walk the viewer through the differences in scenes I and II that assure that all points of ethical reasoning have been identified and how they were corrected. This is the recognition of ethical reasoning.

- c. Please express your experience or the impact you believe this may have had on you and others who assisted you in this video production on how you were able to express the logic of this exercise.
 - d. Please describe how your judgment for ethical reasoning in this exercise came about. Include any past work, academia experience or professional relationships that have helped to form a better judgement about ethical reasoning.
 - e. The conclusion will also be submitted to the video for the viewer to read as well as the presenter speaking directly into the camera and verbalizing its contents. This should include references used for this exercise. Please use at least two references on ethical reasoning to support your claims. **A Rubric for ethical reasoning will be sent and used for grading this assignment.**
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Video Instructions

I. Video clarity:

- a. Obvious attempts to edit for the best scene possible created is welcomed and will be graded accordingly.
- b. Please assure good visuals that include close ups, like for the use of equipment and patient evaluations.
- c. Please assure video that also captures the whole scene during general verbalization or communication.
- d. Please add detail to your room scene and patient environment for a realistic approach to production.

II. Audio Clarity:

- a. Obvious attempts to editing the audio for the best sound possible is appreciated as well and will be graded accordingly. Please assure that it is loud enough and with clarity. Avoid any white noise or barriers to sound gathering for this production.
- b. Avoid back ground noises unless using equipment or alarms giving a realistic approach to your scene(s). The idea is to make it sound as if we are truly in the hospital environment.
- c. Role play, practice and choreograph the scene to avoid words like “um” or “like” ETC. The end product should be fluent from beginning to end.

III. Satisfactory Production:

- a. Please speak directly to the camera/audience for your introduction as well as your conclusion mentioning references along the way. Be sure you use 1 to 2 minute pause for the written paper that can be read by the viewer that is embedded in your production at the end of the introduction and conclusion sections.
- b. Please wear appropriate attire (scrubs or professional clinical) to produce this video. Although, comparison video’s may also be used

between Scene I of a mild sloppy look versus Scene II looking sharp. Again, please keep it within reason.

c. Show this video to others prior to the due date to assure feedback can be given for choices to edit certain parts or roles. **A video Rubric will be given for grading criteria.**

IV. Bloopers:

a. Not mandatory.

1. A fun way to show the trend and evolution of your production coming together.
2. A good way to decompress stress with work, family sacrifices and academic life.

Please contact me with any questions you may have as you produce this video on ethical reasoning

Figure 1. Ethical Reasoning Instructions to be measured.

V. ESLO #3. Ethical Reasoning Outcomes for On-Line Respiratory Therapy:

This assignment was evaluated on-line in RCP 389; International Neonatology that included six weeks to create the video assignment and present. The measured items as described in Figure 1 using both Ethical Reasoning and Video Effort were converted once an overall grade was given after the assignment were completed by 9 total students. As faculty, we discussed an 80% cut score that would be the criteria for passing. The results are shown in the figure below:

ESLO 3: Ethical Reasoning Outcomes.

| Student | Ethical Reasoning Points and converted percentage. | Video Production Points and converted percentage. | Outcome |
|-----------|--|---|---------|
| Student 1 | Theory: 4 Recognition: 3 Logic: 3 Judgement: 4 87 | 88 | Pass |
| Student 2 | Theory:4 Recognition: 4 Logic: 3 Judgement: 3 87 | 92 | Pass |
| Student 3 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 3 90 | 70 | Pass |
| Student 4 | Theory: 4 Recognition: 4 Logic: 3 Judgement: 4 91 | 94 | Pass |

| | | | |
|----------------|---|--------------|----------------|
| Student 5 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 100 | 98 | Pass |
| Student 6 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 93 | 96 | Pass |
| Student 7 | Theory: 4 Recognition: 3 Logic: 3 Judgement: 3 81 | 70 | Pass |
| Student 8 | Theory: 4 Recognition: 3 Logic: 3 Judgement: 3 81 | 76 | Pass |
| Student 9 | Theory: 4 Recognition: 4 Logic: 3 Judgement: 3 87 | 88 | Pass |
| Overall Result | Average Mean | Average Mean | 100% Pass Rate |

Figure 1. Video Assignment. Please see appendix B-1.

Program Observation and Assessment for ESLO 3: Ethical Reasoning:

Strengths: The nature of this assignment was more than just reading a scenario and applying the four criteria that addresses the scenario. The strength of this assignment is that a student who is currently working can create a bedside incident that has been seen as an unethical event that they had witnessed before. The student not only has to re-create this incident but also contrast the correct approach to ethical reasoning if the same situation arises. This allows a deeper opportunity for learning to actually create the subtle unethical scene but to recreate the seen to be seen as ethical. This also includes a paper that describes the theory, recognition, logic and judgement. This project was able to be viewed and graded by the rubric as the student presented and supported each of the criteria that was laid out before the student. As the evaluator, this was more informative to me for rationalizing the outcomes.

Weaknesses: Students were wondering why this assignment was given to them in this course. It was definitely different than the flow of the course. The justification is that ethical reasoning should be applied in all manner of health care be it bedside manner, communication in an interdisciplinary environment or simply how we should interact with out peers. Most students were uncomfortable performing this video though many of them enjoyed the outcomes. I believe this this evident on the quality scale of each video given.

Actions: Continue to improve the video production for ESLO assessment as well as the assignment(s) tagged to them. May consider applying a given scenario to reads through; or a script to apply themselves to. This would give the evaluator a point of reference that are equally agreed upon.

Update: The update for ESLO's are implemented recently. As far as Program Outcomes, this was given in the last cycle to improve the approach of ethical reasoning. I believe this change in assessment for this program has accomplished that.

Student Learning Summary: Each student not only had to write a document that addresses each ethical reasoning criteria to be embedded into the video for evaluators to view, but performing the video to support their documentation gave the student a sense of commitment by playing out the parts of an ethical scenario that they each created for themselves based on experiences.

VI. ESLO #3. Ethical Reasoning Outcomes for On-Line Respiratory Therapy:

This assignment was evaluated on-campus in RCP 387; Critical Care II and included six weeks to create the video assignment and present. The measured items as described in Figure 1 using both Ethical Reasoning and Video Effort were converted once an overall grade was given after the assignment were completed by 11 total students. As faculty, we discussed an 80% cut score that would be the criteria for passing. The results are shown in the figure below:

ESLO 3: Ethical Reasoning Outcomes.

| Student | Ethical Reasoning Points and converted percentage. | Video Production Points and converted percentage. | Outcome |
|-----------|---|---|---------|
| Student 1 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 98 | 98 | Pass |
| Student 2 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 100 | 100 | Pass |
| Student 3 | Theory: 3 Recognition: 3 Logic: 4 Judgement: 4 84 | 86 | Pass |
| Student 4 | Theory: 4 Recognition: 3 Logic: 3 Judgement: 4 87 | 88 | Pass |
| Student 5 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 100 | 90 No embedded paper otherwise excellent | Pass |

| | | | | |
|----------------|---|----|--------------|----------------|
| Student 6 | Theory: 3 Recognition: 4 Logic: 3 Judgement: 4 | 90 | 86 | Pass |
| Student 7 | Theory: 4 Recognition: 3 Logic: 4 Judgement: 4 | 88 | 84 | Pass |
| Student 8 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 | 92 | 92 | |
| Student 9 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 | 98 | 96 | |
| Student 10 | Theory: 4 Recognition: 4 Logic: 4 Judgement: 4 | 94 | 96 | |
| Student 11 | Theory: 4 Recognition: 3 Logic: 3 Judgement: 4 | 84 | 78 | Pass |
| Overall Result | Average Mean | | Average Mean | 100% Pass Rate |

Figure 2. Video Assignment. Please see appendix B-2.

Program Observation and Assessment for ESLO 3: Ethical Reasoning:

Strengths: This assignment was based given to Juniors who were starting clinical the following term (Summer 2019). What better time to evaluate students in an environment that requires a high standard of ethical reasoning all the time. These students were using a point of reference throughout their didactics and laboratory tenure to evaluate what has been taught throughout this time prior to a year long clinical trial for their Senior year. Students enjoyed doing this assignment though initially reluctant for some. Once finished, all students stated that this was a well worth assignment.

Weaknesses: Students were curious as to why we were doing this assignment in this course. They were justified by the direct care to patients that they will be giving to a variety of patients. It was also communicated that ethical reasoning in health care teambuilding result in better outcomes for patients.

Actions: First time that this activity was done as well as recently implemented ESLO. No actions required.

Update: The update for ESLO's are implemented recently. As far as Program Outcomes, this was given in the last cycle to improve the approach of ethical reasoning. I believe this change in assessment for this program has accomplished that.

Student Learning Summary: Each student not only had to write a document that addresses each ethical reasoning criteria to be embedded into the video for evaluators to view, but performing the video to support their documentation gave the student a sense of commitment by playing out the parts of an ethical scenario that they each created for themselves based on experiences. Another note made was that the video production rubric coincided in respects to the effort that was put in each one. My conclusion that there is also a correlation between ethical reasoning and work ethic with accountability.

Appendix A-1

Student Learning Outcomes-Course Matrix 2019-2020 **PSLO #2:** . Knowledge of the respiratory care code of ethics and ethical and professional conduct. Courses that are shaded below indicate that the PSLO above is taught in the course, students demonstrate skills or knowledge in the PSLO, and students receive feedback on their performance on the SLO.

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 (F) | 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 | |
| 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 389 International Neonatology | |
| 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 Communication | | RCP 350 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 2018-2019 **PSLO #3** . . The ability to function effectively in the health care setting as a member of the healthcare team. Courses that are shaded below indicate that the PSLO above is taught in the course, students demonstrate skills or knowledge in the PSLO, and students receive feedback on their performance on the SLO.

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 | |
| WRI 121 English Composition I | RCP 231 Pulmonary Physiology | | |
| WINTER | WINTER | WINTER | WINTER |
| BIO 232 | BIO 105 | RCP 352 | RCP 442 |

| | | | |
|--|---|--|---|
| Anat & Phys II | Microbiology | Mechanical Ventilation II | 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 389 International Neonatology | |
| 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 | RCP 442 Case Management Credentials II |
| 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 RCP 442 Case Management Credentials II | |
| HUM Humanities Elective | | | |
| SOC Social Science Elective | | | |

Appendix A-3

Student Learning Outcomes-Course Matrix 2018-2019 **ESLO #3**: Inquiry and Analysis. Courses that are shaded below indicate that the ESLO above is taught in the course, students demonstrate skills or knowledge in the PSLO, and students receive feedback on their performance on the SLO.

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 | |
| WRI 121 English Composition I | RCP 231 Pulmonary Physiology | | |
| WINTER | WINTER | WINTER | WINTER |
| BIO 232 | BIO 105 | RCP 352 | RCP 442 |

| | | | |
|--|---|--|--------------------------------|
| Anat & Phys II | Microbiology | Mechanical Ventilation II | 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 389 International Neonatology | |
| 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 Communication | | RCP 350 Introduction to Clinicals | |

| | | | |
|--|--|---|--|
| WRI 227 Technical Writing | | RCP 366 Clinical Simulations | |
| MATH Elective | | RCP 440 RCP 442 Case Management Credentials II | |
| HUM Humanities Elective | | | |
| SOC Social Science Elective | | | |

Appendix B-1

On-Line Learning Video Links to ESLO assignment. Video's to be archived.

Appendix B-2

On Campus Video Links to ESLO assignment. Video's to be archived.