Learning Objectives:

1. Define Inter-Rater Reliability.
2. Identify the purpose of completing inter-rater reliability training.
3. List 2 evaluations utilized to monitor student performance in the clinical site.
4. Describe how clinical skill competence is defined.
5. Describe the remediation process for students struggling with clinical skills.
6. Define FERPA.
7. Explain how student’s privacy will be protected in the clinical setting.
8. Identify program resources available in the clinical setting.
Inter-Rater Reliability: Definition

• Inter-Rater Reliability (IRR) refers to the amount of agreement between raters.

• The purpose of respiratory therapy instructors completing this training is to ensure that students are evaluated/graded the same across all clinical sites by multiple instructors.

• This training fulfills an accreditation requirement for the CoARC (Commission on Accreditation for Respiratory Care) and is required with changes in standards or program curriculum changes.

Evaluation of Students

• Clinical evaluations addressing knowledge, professionalism, skills, communication are completed 2 times each semester:
  – Halfway through the semester
  – End of the Semester

• Students will receive feedback from instructors after a portion of the semester, and have the opportunity to improve by the end of the semester.
Evaluation of Students

• The 2 following evaluations are completed for each student twice a semester:
  – DataArc: Daily Evaluation
  – DataArc: Affective Evaluation

• These are completed electronically in DataArc or on paper depending on the clinical site.

Evaluation of Students

• Honesty is vital when completing evaluations.
  – Students working their way through the program should not expect to see 5/5 on every item.

• Comments are encouraged (positive or negative).

• Comments are required anytime a student is scored less than 3/5 in any area, explaining why the student received a low score so they know where to improve.
Clinical Skill Competencies

• Skills are taught in the classroom / lab on campus and students demonstrate competency on the skill with a program instructor.

• Students must show lab competency BEFORE they are permitted to attempt the skill in the clinical setting.

• Instructors can verify any student’s current skill inventory by looking at the skill sheet carried to the clinical site.
  — The student can attempt skills signed/dated by a program instructor ONLY.

Clinical Skill Competencies

• Students are considered clinically competent when they can complete a clinical skill on their own, without any intervention/assistance from an RT.

• All students must achieve clinical competency on required skills prior to graduation from the program.

• Students should practice multiple times before they are considered competent on a skill.
Clinical Skill Competencies

• Clinical skill competencies are documented in DataArc.
  – The “Long Form” is utilized for each skill.

• A list of steps for each skill can be found in the DataArc system or in the Blue Kent State Reference Binder found in all clinical affiliates.

• Instructors will mark each step on the skill competency as “Satisfactory”, “Unsatisfactory”, “Not Observed”, or “Not Applicable” based on their hospital’s procedures.

• At the bottom of the skill competency, the drop-down box should be changed to “Satisfactory”.
  – “Minor - Unsatisfactory” is never used.
  – “Major - Unsatisfactory” is used for remediation (more on this shortly).

• Students need to practice a skill numerous times (under supervision) prior to being considered clinically competent on a skill.
Clinical Skill Competencies

• Instructors can ask students to re-demonstrate clinical competence at any point in the program.

• Students that cannot redemonstrate clinical competence should be referred for remediation through the Director of Clinical Education.

Clinical Skills Required for Graduation

<table>
<thead>
<tr>
<th>Required Skills</th>
<th>Required Skills</th>
<th>Required Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>DPI with Spacer</td>
<td>Closed Suctioning</td>
</tr>
<tr>
<td>Isolation Procedures</td>
<td>Incentive Spirometry</td>
<td>Nasotracheal Suctioning</td>
</tr>
<tr>
<td>Chest Assessment</td>
<td>Positive Expiratory Pressure</td>
<td>Intubation</td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td>EzPAP Therapy</td>
<td>Extubation</td>
</tr>
<tr>
<td>Nasal Cannula</td>
<td>CPT: Chest Vest</td>
<td>Trach Care</td>
</tr>
<tr>
<td>Non/Partial Rebreather</td>
<td>Acapella / Flutter Valve</td>
<td>CPAP/BiPAP (home machine)</td>
</tr>
<tr>
<td>Air Entrainment Mask</td>
<td>Arterial Blood Gas Stick</td>
<td>NIV Initiation</td>
</tr>
<tr>
<td>Large Volume Neb. Setup</td>
<td>Arterial Line Draw</td>
<td>NIV Check</td>
</tr>
<tr>
<td>Small Volume Nebulizer</td>
<td>Open Suctioning</td>
<td>Mech. Vent Check</td>
</tr>
<tr>
<td>MDI with Spacer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Remediation: Clinical Skills

• Students struggling with a clinical skill should be instructed 3 times in the clinical site and be permitted to practice with supervision.

• If a student is still struggling with this skill, the instructor will contact the Director of Clinical Education.

• A “Major Unsatisfactory” competency will be entered by the clinical instructor for the skill in DataArc. Comments are required to explain why the student is struggling.

Remediation: Clinical Skills

• The student and a program instructor will complete a learning contract on campus.

• The student will be re-instructed in the lab on campus.

• In the clinical setting, the student will only observe the skill until re-demonstration has been completed.

• Within 2 weeks, the student will re-demonstrate lab competency on campus with a program instructor.
Remediation: Clinical Skills

- Unsuccessful skill demonstration attempts will result in an “F” in the clinical course for the semester.

- Successful re-demonstration of the skill will allow the student to continue their clinical rotations and attempt this skill clinically again.

- Instructors will make every effort to identify problems early in the semester, but occasionally it may carry beyond finals week.

Student Privacy: FERPA


- Similar to a patient’s privacy rights, students receive similar rights unless they elect to waive them through the college and identify what can be released to whom.
Student Privacy: FERPA

• Grades, evaluations, or personal situations should not be discussed in a group (classroom or small clinical group)

Did You Know?

• Even if a student’s parents are paying for 100% of their child’s education, an instructor cannot even confirm if they have attended class unless the student has provided permission through Kent allowing this.

Student Privacy: FERPA

• How does this apply to clinical instructors?

  – Evaluations should be give to students individually in an area that other RTs or students cannot overhear discussion.

  – Avoid discussing other students, student issues, or grades with groups in the clinical setting.

  – Academic, background and health records will be released by the school on an as-needed basis.
Program Resources

- Blue Binder: Clinical Site Reference Binder
  - Contact Information for Program Personnel
  - Policies
  - List of clinical skills and what DataArc calls them
  - DataArc Skill Competencies
  - Backup Forms for DataArc
    - Logs, Evaluations

Program Resources

- Kent State: Respiratory Therapy Program Website
  - Most current information can always be found here
  - Student Handbook (revised and posted each January)
  - Policies and Procedures located here

www.kent.edu/ashtabula/rt

Click on “Student Resources”