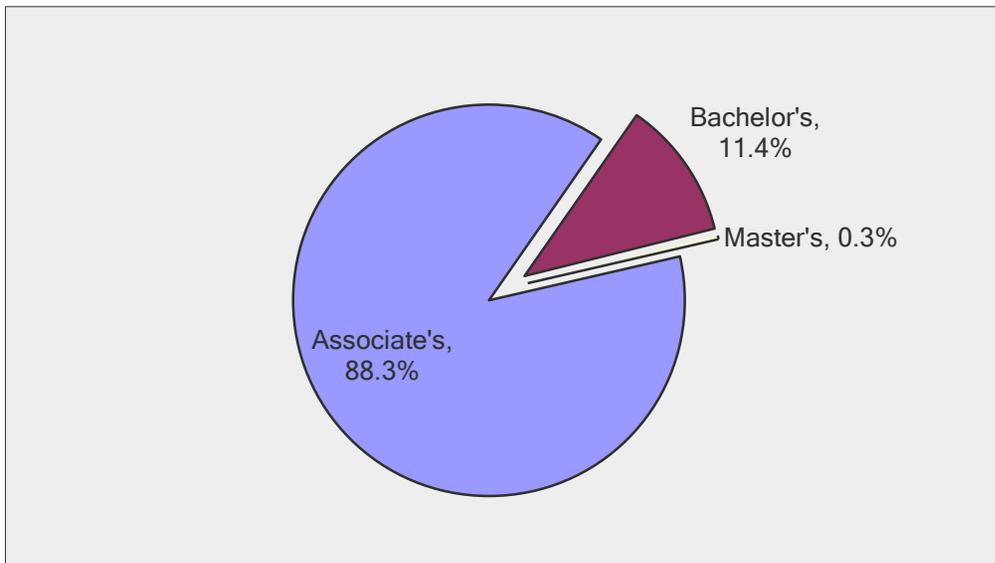


2011 CoARC Curriculum Information Survey

Please indicate the type of degree awarded by your institution upon completion of the program.

Answer Options	Response Percent	Response Count
Associate's	88.3%	264
Bachelor's	11.4%	34
Master's	0.3%	1
Comment		21
<i>answered question</i>		299
<i>skipped question</i>		0

Response Rate = 71.4% (299 of a total of 419 base RC programs)



2011 CoARC Curriculum Information Survey

Please indicate the state in which the degree is awarded.

Answer Options	Response Percent	Response Count
AL	1.3%	4
AK	0.0%	0
AZ	1.3%	4
AR	2.3%	7
CA	7.0%	21
CO	1.0%	3
CT	1.3%	4
DC	0.3%	1
DE	0.3%	1
FL	5.7%	17
GA	4.0%	12
HI	0.3%	1
ID	0.7%	2
IL	2.3%	7
IN	3.0%	9
IA	1.3%	4
KS	2.3%	7
KY	3.0%	9
LA	2.0%	6
ME	0.7%	2
MD	2.0%	6
MA	1.7%	5
MI	2.3%	7
MN	1.3%	4
MS	2.0%	6
MO	3.3%	10
MT	0.3%	1
NE	1.0%	3
NV	1.0%	3
NH	0.3%	1
NJ	1.0%	3
NM	1.7%	5
NY	1.3%	4
NC	4.0%	12
ND	0.3%	1
OH	4.3%	13
OK	1.3%	4
OR	1.0%	3
PA	6.7%	20
RI	0.7%	2
SC	1.7%	5
SD	0.3%	1
TN	3.0%	9
TX	9.0%	27
UT	1.0%	3

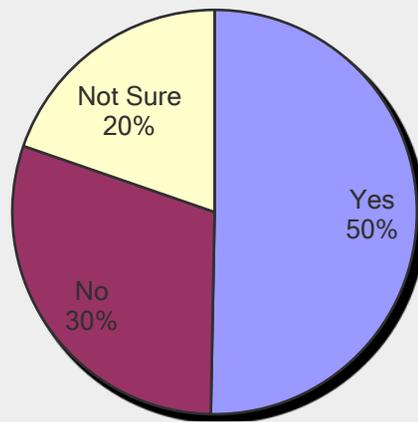
VT	0.3%	1
VA	2.0%	6
WA	1.0%	3
WV	1.3%	4
WI	2.0%	6
WY	0.0%	0
<i>answered question</i>		299
<i>skipped question</i>		0

2011 CoARC Curriculum Information Survey

Does your STATE mandate the number of credits allowed for awarding the degree?

Answer Options	Response Percent	Response Count
Yes	50.3%	146
No	30.0%	87
Not Sure	19.7%	57
<i>answered question</i>		290
<i>skipped question</i>		9

State Mandate of Credits



AVG # CREDITS CAPPED AT 73 FOR ASSOCIATES (n=127 valid responses)

AVG # CREDITS CAPPED AT 121 FOR BACHELOR'S (n=12 valid responses)

2011 CoARC Curriculum Information Survey

If your answer to Question #3 is YES, please indicate the maximum number of credits allowed for the degree?

Answer Options	Response Count
	147
<i>answered question</i>	147
<i>skipped question</i>	152

Number	Response Text
1	71
2	68
3	76
4	60-72
5	72
6	110
7	The state does mandate a minimum number of credits, not maximum.
8	70
9	73
10	71
11	72
12	76
13	76
14	72
15	72
16	62
17	120
18	76
19	72
20	60
21	72
22	70
23	76
24	72
25	76
26	70
27	71
28	changing
29	89
30	73
31	72
32	72
33	90 Minimum
34	76
35	74
36	76
37	84
38	78
39	72

40	120
41	78
42	72
43	120
44	80?
45	76
46	147
47	89
48	64
49	76
50	70
51	72
52	70
53	70
54	76
55	68
56	90
57	72
58	we have been asked to reduce the number of credits closer to 70
59	76
60	70
61	73
62	70
63	60
64	72
65	76
66	120
67	120
68	120
69	60
70	64
71	74
72	78
73	60
74	68
75	76
76	68
77	84
78	76
79	72
80	72
81	73
82	80
83	76
84	60
85	60
86	120
87	70
88	76
89	72
90	73

91		72
92		66
93		72
94		76
95		72
96		80
97		72
98		68
99		72
100		72
101	61 semester hours minimum	
102		62
103		80
104		68
105		89
106		72
107		65
108		78
109		76
110		97
111		76
112		72
113		76
114	No Maximum	
115	66 with exception	
116		72
117		80
118		76
119		60
120		70
121		76
122		70
123		84
124		75
125	currently 80, but want to change to	60
126		76
127		72
128		120-125
129		108
130		76
131		80
132		76
133		76
134		76
135		72
136		66
137		73
138		73
139		68
140	72 semester	
141		120
142		89

143
144
145
146
147

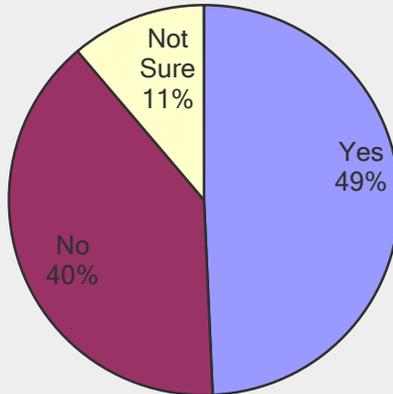
72
N/A
70
72
72

2011 CoARC Curriculum Information Survey

Does your INSTITUTION mandate the number of credits allowed for awarding the degree?

Answer Options	Response Percent	Response Count
Yes	49.3%	141
No	39.5%	113
Not Sure	11.2%	32
<i>answered question</i>		286
<i>skipped question</i>		13

Institution Mandate of Credits



2011 CoARC Curriculum Information Survey

If your answer to Question #5 is YES, please indicate the maximum number of credits allowed for the degree?

Answer Options	Response Count
	137
<i>answered question</i>	137
<i>skipped question</i>	162

Number	Response Text
1	71
2	68
3	71
4	76
5	60-72
6	72
7	110
8	70
9	71
10	88
11	72
12	72
13	72
14	64
15	72
16	89
17	120
18	76
19	78
20	72
21	62
22	72
23	60
24	92
25	76
26	113 Qtr.
27	60
28	70
29	71
30	changing

72, but since there are accreditation requirements we exceed this number of credits significantly. Also the institution has recently mandated an increase in general requirements which has contributed significantly to the number of credits required for graduation.

31	
32	73
33	72
34	73
35	72
36	90 MINIMUM
37	76
38	74
39	74
40	120
41	69
42	78
43	120
44	128
45	72
46	89
47	64
48	62 minimum no maximum
49	76
50	110
51	93
52	76
53	100
54	60
55	130SH
56	72
57	76
58	70
59	73
60	112 qtr hrs
61	70
62	60
63	72
64	78
65	120
66	120

67	60
68	86
69	64
70	129
71	78
72	80
73	72
	But encourages us to keep it reasonably for AA degree
74	130
75	133 Quarter Hours
76	76
77	84
78	67
79	71
80	99
81	73
82	99.5
83	120
84	70
85	92
86	62
87	72
88	78
89	64
90	75
91	76
92	73
93	78
94	68
95	75
96	110 quarter hours
97	72
98	124
99	63
100	85
101	68
102	72
103	65
104	60
105	112
106	60-65
107	76
108	97
109	76
110	2016
111	71
112	No Maximum
113	follow state rules
114	72
115	

116	120
117	60
118	70
119	Follows ADHE
120	72
121	76
122	108
123	89
124	80
125	72
126	71
127	120
128	72 semester
129	120
130	89
131	74
132	89
	60 Semester units minimum; no upper limit.
133	70
134	122
135	126 minimum
136	There is a minimum of 125. No firm maximum.
137	

2011 CoARC Curriculum Information Survey

What is the minimum number of clock hours required for completion of the clinical portion of your program?

Answer Options	Response Count	253 valid responses	
	268	Avg:	869 hrs
<i>answered question</i>	268	Mode:	800 hrs
<i>skipped question</i>	31	Min:	240 hrs
		Max:	2140 hrs

Number	Response Text
1	870
2	960
3	780
4	720
5	1100
6	832
7	1152
8	840
9	1200
10	816
11	700
12	1200
13	840
14	960
15	800
16	960
17	585
18	1000
19	788
20	756
21	700
22	840
23	No minimum
24	856
25	800
26	600
27	780
28	800
29	Classroom, Clinical, Total??
30	768
31	1008
32	900
33	1200
34	860 hours
35	928
36	1050
37	532
38	840
39	840
40	600

41	1400
42	1100
43	660
44	771
45	600
46	760
47	690
48	720
49	685
50	768
51	600
52	1064
53	800
54	800
55	800
56	880
57	1400
58	960
59 45?	
60	900
61	640
62	810
63	480
64	640
65	1000
66 750 hrs	
67	2128
68	63
69	750
70	1125
71	852
72	720
73	656
74	500
75	553
76	1000
77	506
78	1080
79	1000
80	700
81	880
82	900
83	656
84	600
85	960
86	900
87	1200
88	605
89	810
90	800
91	988
92	800

93	900
94	978
95	725
96	960
97	712
98	800
99	1000
100	1008
101	1100
102	700
103	864
104	950
105	756
106	594
107	500
108	900
109	1028hours
110	800
111	380
112	832
113	1008
114	696
115	756
116	approx 800
117	960
118	820
119	1250
120	650
121	960
122	n/a
123	2140
124	910
125	944
126	577
127	980
128	1000
129	832
130	750
131	1080
132	850
133	2085
134	950
135	864
136	800
137	800
138	415
139	NA
140	1300
141	630
142	300
143	1044
144	855

145	900
146	682
147	600
148	500
149	936
150	783
151	480
152	1000
153	800
154	1104
155	1008
156	960
157	1000
158	575
159	45 clock hours per credit. We have 540 clinical hours.
160	na
161	960
162	1922
163	800
164	1300
165	we don't go by clock hours.
166	670
167	720
168	1092
169	1376 clock / 14 contact
170	750
171	900
172	875-900
173	1048
174	1000
175	900
176	980
177	1000
178	720
179	780
180	1120
181	820
182	835 hours
183	915
184	1150
185	800
186	900 hours
187	1344
188	48
189	600
190	50
191	810
192	850
193	1100
194	840
195	1865
196	640

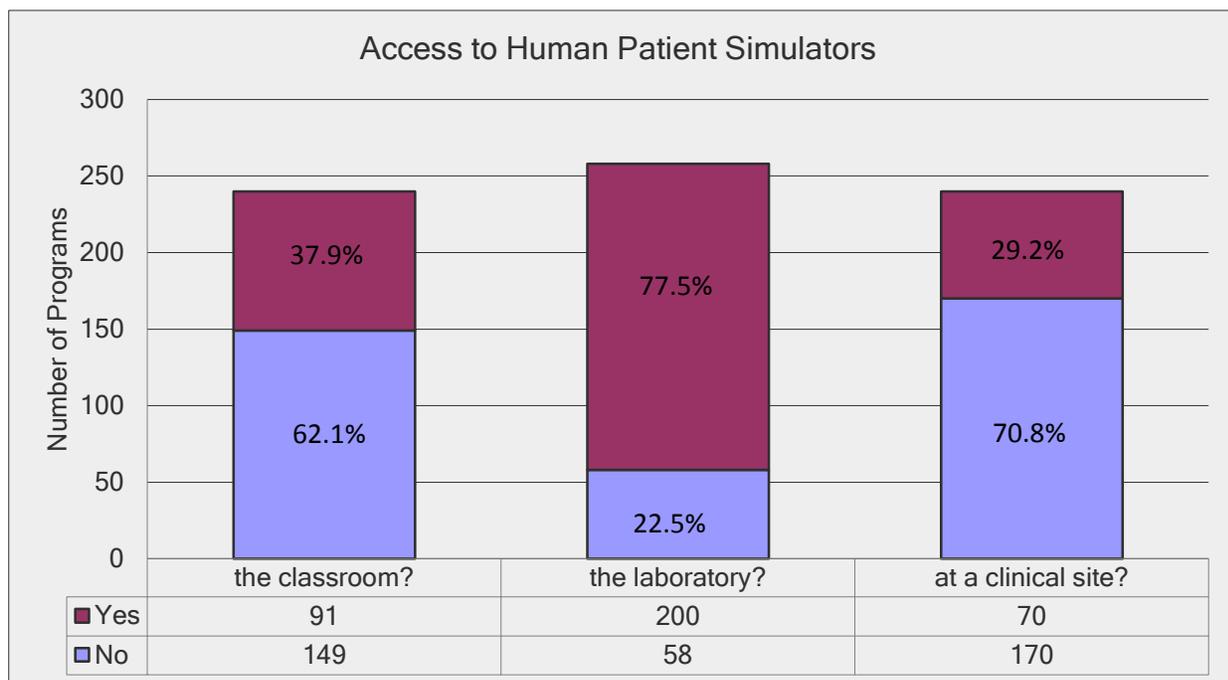
197	900
198	840
199	1088
200	928
201	2077
202	660
203	600 hrs
204	1080 hours
205	750
206	480
207	1000
208	800
209	600
210	825
211	800
212	540
213	960
214	960
215	680
216	960
217	700
218	650
219	750
220	380
221	720
222	466
223	2
224	810
225	54
226	880
227	800
228	10 credit hours
229	850
230	768
231	240
232	900
233	468
234	912
235	720
236	1024
237	720
238	700
239	1000
240	756
241	900
242	950
243	900
244	864
245	900
246	768
247	810
248	810

249	prfoiency based not clock hours	
250		912
251		765
252		1000
253		1000
254		766
255		720
256		1080
257		1072
258		800
259		640
260		32.85
261		1000
262		900
263		800
264		1248
265		1000
266		1100
267	approx 1000	
268		624

2011 CoARC Curriculum Information Survey

Do your students have access to Human Patient Simulators in...(Please note: This question is not in reference to computerized clinical simulations exams.)

Answer Options	Yes	No	Response Count
the classroom?	91	149	240
the laboratory?	200	58	258
at a clinical site?	70	170	240
	<i>answered question</i>		259
	<i>skipped question</i>		40



2011 CoARC Curriculum Information Survey

If any of your answers to Question #8 is YES, please describe the course content where patient simulation is used (e.g., airway management)?

Answer Options	Response Count
	214
<i>wereed question</i>	214
<i>kipped question</i>	83

Number	Response Text
1	airway management, neonatal, pediatric, adult advanced resuscitation techniques to include defibrillation, IV access, ventilator labs; including graphic display analysis
2	Patient assessment, identifying and treating disease, mock codes.
3	ACLS, PALS, NRP, rapid response team scenarios and ventilator management.
4	Airway Management. Ventilator Care. Patient Assessment
5	Intubation, IV, CPR All in our Techniques and Procedures courses. We also have an new more complex simulators that have just (this month) been deliverd so we have not yet integrated them into our teaching.
6	Airway management, CPR, mechanical ventilation and patient assessment
7	Simulators are used from the outset, each semester progressing from simple vital signs and patient interaction to airway and ventilator management and other acute care situations
8	We have an HPS lab at another campus and we have some mobile HPS options. Mechanical ventilation, airway management, pharmacology, EKG interpretation, patient assessment, CPR, are some of the key areas in which we use HPS.
9	emergency response, airway management, CPR training, ventilator management
10	Airway management, ACLS prep, PALS prep, Patient Assessment, Basic Patient Care Skills
11	Patient assessment, oxygen delivery devices, various procedures and therapies, providing mechanical ventilation.
12	Assessment[] Oxygen Therapy[] Bronchial Hygiene[] Lung Expansion
13	Airway Management, Advanced Patient Assessment, Cardiac monitoring/changes
14	airway management[]
14	ACLS
15	All Laboratory courses
16	We are just beginning to use simulation. We currently do ACLS and PALS. Patient assessment and airway management are slated for next semester.
17	airway management[] suctioning[] intubation[] mechanical ventilation

18	Airway management, emergency care, simulated arrests, ventilator management, hemodynamics, basic patient assessment, vital signs, chest physical examination, EKG recognition, neonatal assessment and monitoring
19	Basic Clinical Therapeutics, Patient Assessment, Airway Management, Cardiopulmonary Stabilization, Mechanical Ventilation.
20	Vital signs, intubation, extubation, suctioning, trach care, BLS/ACLS, ABG
21	intubation & airway mgmt, ventilator mgmt, patient assessment, disease mgmt, pediatrics, neonatal medicine, hemodynamics, IABP monitoring, bronchial hygiene, pharmacology - All patient management in acute and sub acute situations.
22	Airway management, mechanical ventilation, team building, team communication, ACLS
23	Cardiopulmonary Disease - Assessment[] Airway Management[] Mechanical Ventilation[] Hemodynamic Monitoring[] Mock Code[] Vital Signs
24	RESP 128: Clinical Simulation II [] RESP 228: Clinical Simulation II
25	Airway mgt, ACLS, Chest assessment, Placement to O2masks, suctioning. Tube holding, Neo births
26	airway management, childbirth, neonatal assessment, patient assessment, CPR, therapy modification, intubation.
27	theoretically the students have access in the nursing laboratory, but practically there are various barriers.
28	We have access but the simulator is in another building and scheduling has been an issue. We are hoping to complete a health science building in which the simulator would be used more frequently by the respiratory students.
29	Airway Management, BLS, lung compliance and resistance, mechanical ventilation.
30	Used in Advanced Cardiovascular Life Support and Pediatric Advanced Life Support testing.
31	airway trainers, ABG puncture arms, breath sounds chest.
32	Airway management, mechanical ventilation, breath sounds, assessment techniques,
33	Airway management[] Patient assessment[] Oxygen therapy[] Breath sounds
34	Airway management[] Mechanical ventilation[] Patient assessment
35	Airway Management, mechanical ventilation, drawing ABG,s, infant intubation, breath sounds, ACLS, EKG, patient care (positioning, communication skills)
36	Simulation will be used for almost all competencies including pre-clinical.
37	Neb, CPT, PFT, ABG sticks, Airway management, ventilator management. Breathsounds-lifeform auscultation trainer[] Airway Management- intubation, extubation, trach care, etc. [] CPR[]
38	Arterial blood gas draws

39	Some clinical sites have patient simulators for critical care and ACLS practice
40	ACLS, Patient Assessment, EKG, Hemodynamic Monitoring, Airway Management
41	for explanation and student practice in classroom: airway management, bedside assessment, placement of BiPap, aerosol treatments, patient interviews,
42	Patient assessment, cardiac rhythms, intubation/ventilation, emergency care, disease management scenario
43	Patient assessment, Airway management, Mechanical ventilation, BiPAP application, Code Blue scenarios
44	O2 delivery and setup, medication delivery, airway management, suctioning, mechanical ventilation, ACLS scenarios. It is NOT used for task training or testing. We try to create a realistic and safe place to fail.
45	sim man lab for intubation and appropriate rate/depth of ventilation, CPR, assessment (pulse, Heart sounds, lung sounds, BP, talking to "pts",,
46	We have access to medi simulators and sim man and a state of the art simulation lab. We are in the process of developing our curriculum for the sim lab and expect to use it frequently in the future. The content areas will include airway management, patient assessment - especially at the critical care level, mega code, initiation of and liberation from mechanical ventilation.
47	For laboratory competency evaluations prior to attending clinical rotations at the hospitals, ACLS, PALS, and NRP
48	patient assessment; airway management
50	airway management, mechanical ventilation
51	Patient assessment, oxygen systems, signs and symptoms of hypoxia, airway management, mechanical ventilation, BLS and ACLS.
52	Patient assessment
53	Our BLS and ACLS classes are projected to use the Human simulator next Spring.[] Airway management Emergencies[] Practice set-up of basic RT Equipment.[] Practice performance of basic procedures.
54	Airway management, Electrocardiogram, Arterial blood gas sampling, patient assessment
55	Patient assessment, airway management, ventilator management, ACLS
56	Intubation & ACLS simulations
57	The Program's uses patient simulators for all of their lab courses which include procedures such as: patient assessment, auscultation, postural drainage and percussion, nebulizer therapy administration, intubation, mechanical ventilation, ABG sampling, tracheostomy care, EKGs, and all neonatal procedures. The Program also has access to an iStan human patient simulator that we use during the Seminar in Respiratory Medicine I course to conduct patient clinical simulations to prepare graduates for their NBRC Credentialing exams.

58	<ul style="list-style-type: none"> 1. Airway management and intubation 2. Patient assessment skills 3. ABG Techniques 4. Aerosol administration 5. Oxygen administration 6. Auscultation. 7. Critical thinking skills. 8. Ventilator management 9. Basic equipment set up and delivery
59	We have ordered it and will receive by Dec. 15, 2011. I will give this to CoARC later if needed.
60	We use patient simulation as part of clinical to simulate various clinical situations.
61	Airway, ACLS, PALS
62	UPMC, an affiliate uses the sims for airway management and ventilation during clinical rotations. The only draw back is that there is not consistency for all groups and no guarantee that every group will participate. We want a lab here because we can ensure consistency for all students.
63	lab portion of the intro to equipment and mechanical ventilation course
64	Lateral, Meti Man, General, Patient Assessment, ACLS, PALS, Codes, CPT, Airway Management, Lung Expansion therapy, Patient interaction,
65	Respiratory therapy fundamentals, patient communication, healthcare team communication, critical care management, ventilator troubleshooting, airway management, and various other case study scenarios
66	We incorporate patient simulator scenarios twice during the of the program: at the end of the student's second term of clinical prior to them beginning any ICU rotations, and as part of our clinical competency course the final term of the program. The first use is for demonstration of basic skills learned during the first year of the program. For Clinical Competency the students complete scenarios that cover basic assessment, treatments, ventilator extubation and airway management, and participate in a code blue simulation with second year nursing students. we also have ACLS software for the simulator for use in our Emergency and Critical Care Medicine 2 class for ACLS training and certification.
67	Gas administration, aerosol therapy, assessment, mechanical ventilation, airway care, cardiology, ABG, BCLS/ACLS,
68	airway management
68	scenarios for emergency management of ventilation
69	Airway management
69	Ventilator management
69	Anatomy and physiology
70	The patient simulations are utilized in the laboratory section of the course. This is with vital signs, oxygen therapy, airway management, and for adult critical care.
71	Basic to advanced assessment; managing clinical scenarios from basic to advanced using ventilators and hemodynamic monitoring
72	The simulator is used throughout the entire program. From communication, vital signs, breath sounds, o2 therapy, aerosol therapy, airway care, noninvasive ventilation, mechanical ventilation, pedi, infants, ACLS, critical thinking and respiratory care scenarios.

73	Mega Code[] Airway Management[] Mechanical Ventilation
74	Limited access for ACLS scenarios.
75	vital signs, patient assessment, airway management, BLS, PALS, ACLS, NRP
76	SIMs man can be used for EKG, breath sounds, intubation
77	Airway Management (Intubation and troubleshooting problems with a trach tube)[] ACLS Algorithm for Pulseless V-Fib/VTach[] EKG lead placement and cardiac monitoring
78	Emergency airway, patient assessment, airway extubation,
79	airway management, emergency procedures
80	Airway management, auscultation, BLS/ACLS/PALS, Disease Management, Vent Management
81	We do not use Human Patient Simulators but we use manikens for the following courses:[] Procedures course (auscultation, phlebotomy, arterial blood gases)[] Airway Management (Tracheostomy care, intubation, extubation, suctioning)[] Hemodynamic Monitoring Course (demonstration of line insertions CVC, PAC, and chest tube insertion/ management and arterial line)[] Just one additional comment, I really see the relevance for Human Patient Simulators in other areas and in the above mentioned coursework. We do not have this available to our students but hopefully in the near future with a clinical site.
82	Patient assessment, oxygen therapy, ariway care, ventilation, CPR, PALS
83	Currently: During pre-clinical phase prior to initial Clinical Rotation[] In the Future: Incorporate within laboratory portion of Mechanical Ventilation course and Second Year Clinical Seminar
84	Advanced critical care: ACLS, Hemodynamic, Vent and Airway Management, basic and advanced respiratory therapy procedures.
85	All courses, all content[] Can't think of course where simulation is not used
86	All clinical skills (airway management, EKGs, Suctioning, assessment, etc. are done on simulations
87	Airway management, ACLS, PALS, NRP
88	airway management, ACLS, PALS, PEARS, NRP, ABG's, IO insertion, haptic IV insertion, bronchoscopy assist, defibrillation, cardiac rhythm identification, BLS
89	We use intubation manikins and full body manikins during lab training. [] Michigan Lung simulator is used for ventilator training where we change compliance and resistance.

	Basic Patient Assessment: Vital Signs & Breath sounds[] Advanced Patient Assessment: Inspection, Palpation, & Percussion[] Electrocardiography[] Hemodynamic Monitoring[] Noninvasive Monitoring[] Oxygen Administration[] Humidity & Aerosol Therapy[] Bronchial Hygiene Therapy[] Airway Management[] Mechanical Ventilation[]
90	Pharmacology
91	O2 therapy, bronchial hygiene, airway management and clearance, mechanical ventilation, patient assessment
92	Airway management, vital signs, assessment, ACLS, PALS, NRP, clinical simulations
93	Airway management, assessment, laboratory competencies not able to be done on fellow students.
94	Patient assessment, Airway management, Ventilator management
	Patient Assessment[] Airway Management[] Basic Therapeutics (aerosol medication therapy, suctioning)[]
95	Ventilator Management
96	airway management; resuscitation; ventilator setup and management
97	We have 2 manikins that can be intubated or trached and ventilated via BVM Volume Vent or pressure vent. These manikins can have some changes adjusted allowing simulation as pneumothorax. We also have 2 intubation manikins that allow training and practice on intubation and extubation as well as suction. We have a special lung disease simulator that allows ventilator attachment where compliance and Air Way resistance can be changed to simulate different patient diseases process.
	Airway management[] Basic Life Support[]
98	Mechanical ventilation management
99	critical care courses primarily
100	Airway Management, Pt. assessment, Vital Signs
101	Patient Assessment, Therapsutics, Mechanical Ventilation, High Frequency Ventilation, Physiologic Monitoring
	Airway Management[] Mechanical Ventilation[] ABG Sampling[]
102	BLS/ACLS/PALS
103	CPR, ACLS, PALS, AIRWAY MANAGEMENT, B/P, ABG PUNCTURE.
104	Breath sound assessment, airway management, ACLS preparation
105	For patient assessment, vital signs, oxygen therapy, assisting in developing critical thinking skills in patient management.
106	Resp Care clinical experience, mostly during mechanical ventilation simulations. We give a scenario and ask students to set up the vent or adjust the vent for change in pt. status. We also do some scenarios in conjunction with nursing students as in a ICU situation.
107	Airway management & Mechanica Ventilation

108	Airway management, BLS, ACLS, PALS, NRP, pt assessment, ventilator management, disease management, EKG, ABG puncture, hemodynamic set up and arterial sampling.
109	We use full body and airway management HPS.
110	Application of clinical based skills; basic skills, ventilators, monitoring
111	Ventilator management, oxygen therapy, aerosol therapy, airway management
112	Patient simulation is done in part within all lab classes. Introductory course (RCP101) the students are required to perform competencies on Sim-Man I, RCP 103 Simulation is done with arm for arterial blood gas puncture, RCP 105 Simulation with airway trainers (intubation) and Sim-Man I (mechanical ventilation); RCP 201 neonatal training occurs with Sim-NewB (intubation and mechanical ventilation)
113	We teach 'studio classes' where the lecture is blended into simulation scenarios, and we collaborate with CVIS and Nursing students in megaCodes, asthma, and other scenarios....We also do competency check off in simLab with EKG and vitals, monitors to create a more realistic feel in our assessment of their readiness to act
114	airway management, vital signs, vent management, IPE activities
115	Acquiring Sim 3G
116	Students have access to lung simulators in the classroom and laboratory exercises in mechanical ventilation. Clinical affiliates offer total human patient simulators which are used by our students during ACLS and BCLS courses.
117	Low to medium fidelity for airway management, CPR, ACLS, auscultation, BP and VS, ABG, Chest Tubes, mechanical ventilation,
118	Mechanical Ventilation Neonatal and Pediatric Critical Care Advanced Critical Care
119	Patient assessment, basic therapeutics, airway management, ACLS
120	We use a variety of manikins to simulate patient care. We start with assessment and then move to oxygen administration. We use airway manikins for airway management. Mega Code Kelly is the most sophisticated manikin we have access to. We use these manikins along with test lung simulators to create mechanical ventilation scenarios which include set-up, patient-vent assessment and weaning. Arterial blood gas performance is assessed initially via simulated arm punctures. Chest tube management is simulated. BLS, ACLS, PALS and NRP all use simulators. There is some type of simulation in the class and lab with almost every concept taught. The clinical sites utilized by the program have simulator labs in use or that are under development.
121	ACLS, RN/RT rapid response team training
122	airway management. pt assessment. practicing with Vest, NIPPV, O2 masks, ventilator management, mock codes situations

123	<p>patient assessment (including interview)[] communication skills (with patient, patient's family, physicians, multidisciplinary team)[] therapeutic assessment (labs, radiology, EKG, ABG)[] oxygen therapy[] airway management[] BiPAP/CPAP[] mechanical ventilation[] BLS/ACLS/NRP</p>
124	<p>Airway management[] Mechanical ventilation[] ACLS</p>
125	<p>Human Patient Simulators is a broad term: We have an annual mock code that is interdisciplinary with BS nursing students and Family Practice Medical Residents. This takes place in a regular simulation laboratory with high fidelity simulated patients and recordings. Later the event is played and a review session is held. We also instituted this spring term a neonatal resuscitation simulation with Noelle and twin premature neonatal manikins. This simulation included a Pediatrician, a Hospital OB nurse manager, two hospital RTs, Two program faculty, 4 Emergency personnel from the fire department, Radiography students a transport ambulance. We have a transport incubator that works so one group of students were the the regional referral childrens hospital. This group was called to transport one of the twin neonates. Also regular 911 was callled.</p>
126	<p>Basic Assessment skills, airway management, ACLS</p>
127	<p>We have a SimMan Essential Simulator. We use it for a wide variety of teaching circumstances from taking vital signs and listening to breath sounds to simulating codes or other clinical conditions which we wish to demonstrate.</p>
128	<p>Clinical scenario's involving airway mgmt, disease states, and hemodynamics.</p>
129	<p>Airway management, ACLS, patient assessment, ventilation, disease management.</p>
130	<p>RESP109: Emphasis is on comprehension of the role and job duties of the RT as part of healthcare team.[] General care-O2 therapy, SVN, MDI, DPI, bronchopulmonary hygiene, patient assessment techniques, documentation skills and exhibit good communication skills.[] RESP210: Emphasis is on cardiac and pulmonary monitoring and basic respiratory care therapeutics. Gather, record and interpret pertinent patient data, recommendation, initiation and modification of respiratory care procedures in home and acute care settings. PFT's, ECG's, CXR's, intubation rounds, physician rounds, ABG's, adult critical care and pulmonary rehab.[] [] RESP211: Emphasis is on in-depth study of invasive and noninvasive mechanical ventilation. Recognition of respiratory failure, oxygenation failure, knowledge of the physiological effects of invasive and non-invasive mechanical ventilation. Utilization of varied modes of ventilation-CMV, PRVC, PCV, etc. The creation and outline of care plan to initiate, monitor and manage invasive and non-invasive mechanical ventilation and the weaning processess.</p>
131	<p>Patient assessment, airway management, mechanical ventilation, human anatomy & physiology, cardiopulmonary A & P, cardiopulmonary diagnostic testing</p>
132	<p>airway management, advanced life support training and simulation.</p>

133	We try to incorporate most of the course content throughout the curriculum.
134	AIRWAY MANAGEMENT AND CASE SCENARIOS FOR TEAM DECISION MAKING WITH NURSING
135	airway management, mechanical ventilation, bronchial hygiene, patient assessment, ACLS, BLS, hyperinflation therapy, O2 therapy, peds
136	ACLS, EKG's, Patient Management ect.....
137	Airway management[] Mechanical ventilation[] Pathophysiology[] Pharmacology[] Oxygen therapy[] Aerosol therapy[] Clinical education
138	Patient Assessment[] Oxygen Therapy[] Humidity/Aerosol Therapy[] Hyperinflation Therapy[] Bronchial Hygiene Therapy[] Bedside Ventilatory Assessment[] Airway Management
139	Oxygen devices, airway management, arterial blood gas acquisition, ventilator management, ACLS, PALS, NRP, etc.
140	Ventilator management[] airway management & CPR/ACLS skills[] communications skills[] general therapy[] lab assessments/pulmonary functions
141	Airway management[] ACLS[] NRP
142	We utilize both SimMan and SimBaby in our program curriculum. We use the SimMan in the first semester for breath sounds, patient assessment, basic therapies, and interdisciplinary activities (i.e. we have our students paired with nursing students during some simulations). We use both Sim Man and SimBaby during the adult critical care/ACLS and neonatal courses to simulate resuscitation scenarios.
143	The HPS classroom and lab are used for Pt. assessment course; Mechanical Ventilation courses. Some components of the Intro. to Resp. Care. O2 Tx, etc. We measure competencies for these classes.[] The Units are used for Demo. in Blood gases, CardioPul. A&P, and Critical Care monitoring, EKG Hemodynamics.
144	airway management[] patient assessment, vital signs, breath sounds[] hemodynamic monitoring[] ECG recognition and monitoring
145	CPR
146	airway management, codes, suctioning, trach care, ABG sticks, breath and heart sounds

147	Pt introduction, vitals, oxygen therapy, airway management, patient assessment, mechanical ventilation. Scenarios with nursing and radiography programs.
	airway management [] ventilator management[] trach care[]
148	ABG sampling
149	We have just received our SimMan. We currently have simulations built for oxygen therapy, airway management. We are also using it to teach our ACLS class.
150	I assume you are refering to some versions of the METI manikin or its competitors. [] Airway management - to practice intubation prior to going to the OR for intubation practice as well as practicing various method of securing an ETT. [] ACLS (our program awards provider cards at the completion of the ACLS training) [] PALS (our program awards provider cards at the completion of the PALS training)
151	Oxygen therapy, humidity therapy, aerosol drug administration, hyperinflation therapy, airway management, arterial blood gas punctures, CPR.
152	Pt assessment, O2 therapy, CPR, ACLS, Airway management, Vent management
153	We have incorporated human simulation into the entire curriculum beginning with the first semester including:
154	pt. assessment, ventilator management, airway management
155	Bedside Patient Assessment, Airway Management, Aerosol and O2 Therapy, Adult Mechanical Ventilation,
156	Basic patient assessment, airway management.
157	pt assessment, airway management, arterial puncture
159	patient assessment[] airway management[] ventilator set-up, management, and troubleshooting, and discontinuance,
160	Patient Assessment, Airway management, Mechanical Ventilation scenarios; Cardiopulmonary Medicine scenarios and critical care scenarios (Adult and pediatric; we have 2 simulators).
161	oxygen administration, ventilator management, airway management, suctioning , ACLS, NRP, mock codes, patient assessment, disease management
162	Airway management[] Set up and application of PPV/NPPV[] CPR sequence and debriefing[] Head to toe pt assesment
163	Patient Evaluation, performance of EKGs, Airway Management, Critical Care Senarios
164	Airway management, CPR, various treatment and pathology modalities, ventilators critical care, interdisciplinary exercises.
165	Airway management, ABG's, mechanical ventilation
166	Airway management, vital signs, CPR, ACLS, breath sounds and respiratory assessment, mechanical ventilation, compliance and resistance, blood gases sticks
167	Mannequins for airway management, ACLS and rhythm interpretation, patient positioning

168	airway management, patient assessment, vital signs, arterial a-line monitoring, patient monitoring, ect.
169	intubation, AMBU, transport of airway
170	Airway management, ventilator management, assessment (Physical and Diagnostic)
171	Airway Management, Patient Assessment, Aterial Blood Gas procedures, Suctioning.
172	Airway mangement, ACLS, clinical simulations at the bedside
173	Patient assessment, hemodynamic monitoring, cardiac arrest, airway management
174	Currently, it is utilized only for basic patient assessment (before students go to clinical sites) and ACLS training in the laboratory setting. The time spent with the HPS is in addition to time spent at the clinical sites.
175	General Patient care, CPR/ACLS, Airway Management, Mechanical ventilation
176	Patient/Physical Assessment[] Advanced Cardiac Life Support[] Critical Care; i.e. function of chest drainage systems
177	Physical assessment[] oxygen therapy [] aerosol therapy[] Airway management[] Ventilator management
178	airway management, arterial puncture, breath sounds, trach care
179	Airway management, patient assessment, ventilator management, ACLS, ICU experience. Adult, peds and neonatal simulations.
180	Airway management, equipment management
181	Lab courses for pt assessment, airways, mechanical ventilation, oxygen and aerosol therapy, critical care i.e. cardiac arrest
182	basic therapy, airway management
183	Airway assessment, airway management, head to toe assessment, education/instruction, oxygen administration, patient scenarios, hemodynamic monitoring, arterial blood gas sampling, etc... Used for basic assessment skills[] Critical thinking with airway management/mechanical ventilation[]
184	ACLS training/certification
185	It is used in all 4 semesters of the program both prior to clinical and during clinical for both formative learning , and skill demonstration and assesement of "clinical" skills.
186	Patient assessment, airway management, evaluating response to therapy, megacode airway management,intubation, trach care mechanical ventilation,pathophysiology class for diseases. []
187	patient assessment, oxygen therapy, ACLS,
188	We use it in Emergency Med., Critical Care, CV Diagnostics, Advanced patient assessment, ACLS and clinical labs.
189	oxygen therapy, aerosol medication therapy, airway management, mechanical ventilation, basic life support, advanced life support

190	Airway management, Mechanical Ventilation, Arterial Blood gases, Pulmonary function, Bronchial Hygiene Therapy, Aerosol drug delivery, humidication and oxygen therapy, Hyperinflation Therapy, Contineous Positive Airway Pressure Therapy.
191	We have airway manikins, not simulators that we use for airway and vent management,
192	Performing clinical scenarios, learning and performing vital signs, Patient assessment
193	Airway management, ventilator training, patient assessment
194	Patient simulation is used in our Fundamentals lab, the students learn about airway managment (intubation and extubation skills). They are also used in our ACLS class, the students have access to SimMan. The students can work through full code situation.
195	Trach care, intubation, extubation, IPPB, BiPAP, Mechanical Ventilation, etc no simulation man or medi-man
196	Vital Signs, Patient Assessment, Breath Sounds, Airway Management, Mechcanical Ventilation, ACLS training, patient assessment
197	emergency care mechanical ventilation airway care suctioning oxygen therapy
198	The standarized patient's are used for the pre clinical competencies prior to clinical practice one for patient assessment skills. This includes interviewing, physically examining the patient for vital signs, chest assessment, breath sounds, oximetry, and then decision making based on findings. The student may initiate oxygen therapy, bronchodilators or hyperinflation therapy.
199	We have airway mannequins, we also have a ventilator lung simulator and ecg simulators, but not an actual computerized human simulator
200	Clinical lab practice, procedure checkoffs, clinical lab finals, ACLS
201	Megacode in the ACLS course
202	airway management, abg's, clinical codes
203	Mechanical Ventilation, Airway Management, Patient Assessment, Introduction to first Clinical, Pass/Retake for Second Clinical, Respiratory Disease, Neonatal Pediatric, NRP, ACLS
204	airway mgmt, mechanical ventilation, troubleshooting, standardized patients (actors), CPR, hemodynamics
205	Program is not currently running. However, it will be used during RT Fundamentals, A&P, and all relevant courses.
206	airway care mechanical ventilation
207	full ACLS, airway management, ABG procurement (phase 1 training), ABG arterial-line procurement (phase 1 training), intubation, suctioning, mechanical ventilation, crisis management
208	basic procedures: oxygen therapy, aerosol therapy, CPT, lung expansion therapy, bronchodilator & MDI therapy using placebo meds
209	Airway management, advanced life support

210	We have a Sim Man 3 G that is used for many different clinical practice areas, such as airways, vent management, blood gases, etc. We are also using it as an interdisciplinary tool so that 'codes' can be run with many of our allied health students here on our campus.
	Mechanical Ventilation[] IV insertion[] Chest examination and auscultation of the heart, lung, and bowel[] Airway management[]
211	Arrhythmia analysis
212	The HPS is used to supplement learning of all clinical tasks.
213	For all clinical skills
214	Multiple courses including equipment application and critical thinking modules related to therapy courses
215	ACLS, basic patient assessment, interdisciplinary health delivery
216	Airway management, ACLS, arterial puncture, mechanical ventilation.

2011 CoARC Curriculum Information Survey

If any of your answers to Question #9 is YES, please describe the rationale for using patient simulation.

Answer Options	Response Count
	204
<i>answered question</i>	204
<i>skipped question</i>	95

Number	Response Text
1	difficult to provide all (and frequency) of the critical and invasive scenarios to all students in the clinical setting. By using these in the lab, various scenarios can be presented and the students can become proficient in intubation, rhythm recognition, advanced resuscitation techniques in a controlled setting. With the use of simulators with ventilators different parameters and patient scenarios can also be presented for students to interpret and treat which may not present in the clinical setting or would be detrimental to the patient to cause the scenario for the sake of practice or proof of competency.
2	Faculty's ability to force students to accurately assess patients and to think critically with changing scenarios. All of this is done in a controlled environment where patient safety is protected.
3	Use of patient simulations increases student allows for development of patients scenarios that force the student to apply what they have learned and develop critical thinking.
4	Better student learning as they cannot "hurt" the patient. Lack of accessibility to certain procedures (es< intubation, bronchoscopy, medication outcomes). Lack of clinical space.
5	Dah!! THEY are safer than learning on real people. Or, do I not understand this question?
6	Hands on, real time, high intensity experiences. Critical thinking required, and mistakes are not life threatening
7	Patient simulation allows for doing simple to complex patient interactions/care and is fully controllable; whereas, in clinicals it is often uncotrollable and diffiucult to have/predict patient care situations that are infrequent and the need for rapid and appropriate responses from students is required. It is also easy to repeat scenarios in order to increase competencies, especially for those situations that usually occur infrequently.
8	Simulation is a fantastic bridge between static/task oriented mannequins and the live patient population. Students are able to put into action and learn from their mistakes prior to implementing at their clinical sites. It also helps alleviate some of the fear (of the unknown) for those that are new to health care. We have also used HPS to increase the interdisciplinary care amongst the students in the other health care program at the college. This teaches them the importance of communication and teamwork.
9	Simulation of stressful situations, practice of procedures prior to real patient contact, reproducibile scenarios for student problem solving, procedure practice.

10	It gives the students practice before they work with patients. We are able to simulate what it would be like with a real patient. We can assess what they would do in an emergency situation.
11	It allows us to acquaint the student with various breath sounds, heart rate, ekg rhythm. BP and respiratory rates that cannot be simulated on real persons. They need to know these before starting clinical rotations.
12	We use human patient simulation in the classroom and lab to demonstrate lifelike situation that the student may be involved in, make them more comfortable in touching and communicating to patients. This is especially important when the student is placing an O2 device on the patient, auscultating, or teaching various therapies such as EzPAP, SVN, IS, BiPAP, etc. In the clinical setting the student may perform the items listed below on a preceptor prior to performing it on a "live" patient to gain the trust of the preceptor, build confidence in the student, and to assure that the student knows the equipment at a particular site.
13	To ensure patient safety, to promote better preparation of new respiratory therapists, to support the curriculum and innovative teaching strategies, to provide immediate feedback, to allow independent decision-making and delegation, to support repetitive practice in a controlled environment.
14	simulate CODE type situation
15	Not currently although we are currently building a high fidelity simulation laboratory for our students to use particularly for such practice as gaining proficiency in high level competencies that are hard to achieve in the clinical setting. Additionally, the lab will also be utilized to simulate interdisciplinary experiences between programs such as RT & ST that we currently conduct in our standard labs. We feel that these types of experiences will enhance student learning and increase practice time for high level competencies in a patient-safe environment. We anticipate this lab to be completed in the early part of 2012.
16	Expose students to a variety of situations prior to interacting with live patients and exposure to situations not commonly encountered.
17	it works
18	Allows consistent exposure to critical cases. The quality of learning that occurs during debriefing of the scenario is exceptional. Student interaction with material.
19	The ever increasing acuity for the patients in our 11 clinical affiliates mandates that the students are at a higher clinical threshold prior to engaging in patient care. We have found that the simulation environment improves basic skills, comfort level with pt and colleague communication, team building and bedside critical thinking skills. Our students now spend apx. 120 hours in the simulation lab and 900+ hours in the defined patient care environment., The exception is for transferring students with a professional patient care preparation (i.e MD, RN, paramedic or RCIS); they must meet the minimum clinical hours exposure defined earlier in our survey.
20	Develop critical thinking skills in simulated situations. Realistic hands-on experience.
21	high fidelity simulation use in the lab and classroom provides a level of student comfort that allows them to move from classroom lecture to direct patient care more safely.
22	Can practice scenarios that students may not see in clinical, i.e., tension pneumothorax. Can build teamwork and communication.

23	Improve patient assessment skills; information gathering and critical thinking. It also allows us to put students into situations which they have not encountered during their clinical education experience (High Impact, Low Frequency activities). Confidence can also be developed by allowing the student to go through the motions of common procedures prior to their first clinical experience.
24	used for all CPR courses and case scenarios.
25	Some procedures do not arise often in clinicals. Practice with simulator increases skill and comfort level with procedure. Also used in "testing in" to clinical courses and competencies for each lab course.
26	The student is afforded the opportunity to run a simulated hospital experience which includes a debriefing and review of their video taped performance.
27	ACLS and PALS certification requirement skills from American Heart Association
28	Allows students to gain more real to life situational experience
29	Better hands on skill practice.
30	Hands on practice in the lab for preparation for their clinical rotations, skilled demonstration and observation of competencies
31	Simulators offer the students the opportunity to initiate care, and receive physiologic response to the care. When completed in an interdisciplinary setting, it encourages the development of interdisciplinary communication and team work.
32	Students learn best when immersed in real-world situations where knowledge must be applied to solve problems.
33	We simulate patients in the lab for check-offs. It gives our students an opportunity to practice therapeutics and diagnostics in a safe environment.
34	The rationale for using patient simulation for all the items listed in #9 are for training of the students on the concepts/skills prior to going to the clinical setting.
35	Some clinical sites have patient simulators for critical care and ACLS practice
36	To improve student understanding of the above modalities. Also to establish competency in the areas above.
37	for testing purposes in lab: airway management, bedside assessment, placement of BiPap, aerosol treatments, patient interviews,
38	assessment of students' skills in analyzing information and decision making, critical thinking skills, limited competency evaluations.
39	Gives the student more of a realistic experience with controlled patient scenarios to introduce and rehearse decision making and psychomotor skills.
40	Simulation requires students to recall facts in an entirely different setting. This help them develop critical thinking, teamwork, and leadership skills. Adult learners understand things best when they make sense, and acting out how a patient will be treated reinforce skills learned in the classroom. We also use simulated "family members" at the bedside sometimes that require students to use effective oral communication skills when explaining what they are doing, why, and any potential hazards of therapy.
41	you can mimic things that you may not see in classmates and patients.
42	Students are able to practice over and over...something that is no available in clinic...there is no substitute for the hands on practice and the body memory that it develops.
43	Allows for realistic patient scenarios while completing laboratory competencies. Serves as an excellent adjunct teaching method.
44	kinesthetic learning; knowledge transfer to the clinical component
45	Unsure when or if the instructor utilizes the sim man with students
46	hands on experience
47	To give students a controlled clinical patient simulation that allows changes in human simulator in response to decisions that students make.

48	Breath sound recognition, vital signs, EKG normal and abnormal rhythms.
49	It is available in our Lab, and just makes sense to take advantage of its availability with the expectation that it will better prepare the students for the "real thing"
50	To prepare the students and build confidence for when the students go out on clinicals and are working on patients.
51	Students are able to practice with a patient that is able to respond to the therapeutic procedure. This requires the student to practice critical thinking skills.
52	More learning opportunities to improve student knowledge, proficiency, & competency.
53	To enhance the students' clinical, patient assessment, and patient interview skills.
54	The rationale for using patient simulation is to better prepare the student by first placing them in non-patient senerio's to teach basic skills and critical thinking. It is our intension to first train and test each student on set-up, procedure and delivery of all skills using simulations in an attempt to ensure appropriate kowledge base and skill levels before allowing the student to practice these skills and procedures on actual patients in the clinical setdting. The use of simulation labs have been an excellent tool in preparing each student for the "real thing".
55	To prepare students for "real" situations encountered in the clinical setting and to include team work with all disciplines.
56	It allows us to provide specific clinical scenarios and practice, without endangering patients.
57	Excellent training aid for resusciation scenarios
58	We have requested a simulation room for the college to be used by the health programs but it has yet to be approved. The simulation lab at UPMC is fully equipped. The students are given a simulation and are videotaped. After the experience the videos are reviewed which allows students to recognize their own deficiencies. The students experience more real time patient interaction and have the opportunity to critique themselves. The students are typically defensive at first but after realizing that most peers are making mistakes it becomes a corrective learning tool and helps students think better in real situations
59	To provide as real life situations consistent with those seen in the clinical setting. This is done to foster the development of critical thinking skills
60	For improved patient outcomes prior to, during and post didatic and clinical review
61	Prior to entering the hospitlas the students are able to experience the environment of a full patient interaction in an environement that is similar to the hospital setting.
62	Control and standardize final evaluation of student skills. Promote interdisciplinary teambuilding.
63	to enhance education - simulators have added to our routine laboratory assessment but more importantly to pre-clinical preparation of students allowing them to be better prepared for direct patient care. We also use them for post-clinical testing
64	interactive experience that allows the students to experience the stress of a real life scenario without the risk
65	development of student centered learning
66	It gives the students a more realistic view of what is to be expected in the clinical settings. It also allows for the instructor to debrief the student on mistakes that were made without any risk of injuries to a patient.
67	To enhance the learning process in the classroom, lab, and clinical
68	The students must perform a simulation at the end of their clinical rotation to recieve a passing grade. It is also required for passing ACLS and PALS.
69	To better prepare the student for the clinical setting.
70	The desire to provide a more realistic experience.
71	exposes students to patients situations not just a ventilator or textbook
72	real life experiece on a changing patient

73	Students need to practice specific skills to be competent enough to perform the skills on a live patient.
74	Promotion of interprofessional communication, practice in medical emergent situations, initial orientation to sim - man for patient assessment
75	Augment didactic portion of lesson
76	Doing beats talking! Research says that simulation helps learning!
77	Ability to repeat scenarios, no harm to the patient, ability to allow student to make grave errors, allows "clinical" reinforcement of basic concepts, adds realism to training scenarios
78	Provides students the opportunity to develop initial skills for patient assessment and interventions/procedures prior to employing such in the clinical area
79	Provide situational learning experiences closer to hospital based experiences. Allow practice and skill validation prior to allowing guided practice on real patients. Provide higher level skill validation as portion of the process for allowing students to advance to higher patient practice.
80	More visual & graphic
81	Allows procedure to be seen in context
82	Increases students performance at the clinical sites. Also, helps with remediation
83	Testing for lab competency prior to clinical or if unavailable in patient care setting. i.e. Code situations
84	Provide hands on experience in areas where students may not be given the experience they require. Better to make a mistake on a simulator.
85	This practice allows for critical thinking and provides hands on practice in the case of intubation.
86	Our rationale for using patient simulation is to provide our students the ability to practice/perform clinical procedures in a simulated clinical setting prior to performing these exact procedures in the actual clinical setting. Our students are now demonstrating certainly more confidence upon entering the clinical setting. In that we have the ability to design our clinical scenarios and alter the patients response in regard to medical interventions (or the lack of) the student observes first hand just how important patient assessment skills, pharmacological knowledge, and most importantly the role of the professional Respiratory Care Practitioner. Our students will and have over the past two semesters expressed their appreciation for having the opportunity of working in the simulation lab.
87	utilized in a lab setting prior to in the clinical areas
88	To build skills (prioritizing, timeliness, teamwork), promote confidence, demonstrate competency.
89	More realistic practice for competencies, hands-on experience, critical thinking.
90	We use simulation to give students the opportunity to practice procedures in a more realistic environment that is less stressful than the actual clinical environment. We use simulation to prepare them in advance for their clinical experiences.
91	able to provide practice of critical care procedures in a safe environment for all students
	Our general process is to assign chapters to be read ahead of class and assign homework to be completed and brought to class for discussion and correction. When then have lecture combining the aspects covering the important points. Then at the end of lecture we use our equipment such as vents bags aerosol generators on our manikins. We prefer to have some lecture then break lecture and practice hands on skills covering the topic being discussed until students gain understanding then move on to next process.

92	Some clinical sites offer simulators in departments and students have an opportunity to access, as well.
93	simulate patient situation which all students may not have access to during their clinical rotations - standardizes a portion of their training
94	Use of simulation versus real people, although real people are used for vital signs and assessment. Simulation provides different scenarios which cannot be duplicated with human subjects.
95	Much better way to invoke critical thinking and to simulate patient responses to intervention
96	Lack of available clinical experiences. [] 1) Some clinical sites will not permit students to perform invasive procedures other than suctioning. [] 2) With increasing numbers of programs and students, clinical sites are limiting time allotted to each program.
97	Procedural training with patient simulators is more practical than having the students to train on live humans.
98	Provides the students with the closest facsimile to a real patient in a safe, non-threatening environment
99	It is a good way to help students learn. It also helps develop decision making on their feet without the risk of serious injury to a real patient
100	More realistic setting of the sim lab, it is set up to look like an ICU bed with all monitors, etc. To practice cause and outcome type situations, to encourage critical thinking and responding to clinical info.
101	It provides us with a way to evaluate students under simulated conditions without putting a patient at risk
102	The simulations provide instructors the ability to actively demonstrate various techniques. They provide students the ability to strengthen their psychomotor skills, which prepares them to competently perform procedures in the clinical settings.
103	Safety.
104	Increase student skills under varied conditions
105	Controlled clinical situation for learning
106	Students have a fear of being overwhelmed by a lack of experience. Their anxiety level influences their decision making, which is directly related to clinical judgment. High student anxiety can lead to decreased student learning. Critical thinking and clinical reasoning are central parts of clinical judgment. The HPS may (1) enhance knowledge, (2) facilitate skill acquisition, (3) decrease anxiety, and (4) assist in promoting clinical judgment.
107	The student gets to demonstrate immediately what they learned
108	Allow interaction in a controlled environment where student metrics may be measured and critiqued.
109	Patient simulation is a valuable teaching tool to present life-like scenarios without the risk of injury or detriment to patients.
110	Ability to practice accurate techniques in a lab before applying to live patients. We also use it to simulate a more realistic clinical environment, incorporating (improving) teamwork and team interaction during scenarios. We hope to include interdisciplinary scenarios in the future.
111	Students learn how to react to a variety of situations prior to encountering them at the clinical site.[] We also use them for laboratory practical examinations.

112	Simulation adds context to education. It allows us to practice with a degree of realism not possible with static task trainer types of simulators or laboratory exercises. Students apply multiple skills to a single situation just as they would in the clinical setting. Skills are applied in a realistic manner, students must draw both on didactic and psychomotor skills in order to analyze, apply and assess the application of our craft. It prepares them for the reality of a dynamic and challenging work environment. We also use simulation as a tool to introduce the concept of the multidisciplinary team when students do simulations in tandem with nursing students.
113	The clinical sites expect the students to have a certain comfort level prior to performing more critical tasks on patients. Using a simulator is a very reasonable way to allow the student to practice and gain some familiarity with the procedure. The student is also able to be debriefed post task and look back via video and audio and critique their own performance.
114	practice and critique "team work"
115	gives students more hands on practicum in lab to familiarize with the equipment, BS, and gain confidence before going to the clinical setting
116	Instead of providing patient care for a particular "window of time" in the hospital setting, maybe a stable ventilator patient which doesn't require much critical thinking, the students can be put into situations which require them to critically think over and over again. The "Sim Lab" is a safe environment in which students may make mistakes without harming an actual patient. They are able to learn from these simulations (even experience the same situation multiple times), have a debriefing session to discuss strengths and weaknesses and resolve any patient care issues.
117	I have to get to class soon but I will try to answer this question. Basically it is the same rationale that everyone uses for advocating simulation. We want to practice all of the intricacies in context. We want to practice critical thinking, problem solving, interdisciplinary communication and be able to make mistakes in an environment that does not harm patients.
118	Ability to create scenarios that can build on student confidence, critical thinking and skills.
119	We have found that students are much more prepared to handle clinical situations when they have already encountered them in the classroom and lab in a manner which more closely approximates the real clinical world.
120	Enhance critical thinking skills.
121	Safe environment for learning, patient safety, critical thinking, student confidence building, laboratory evaluations, skills evaluation, debriefing for other class members.
122	Rationale: In real patient simulations the outcomes are not always controllable requiring good communication skills, knowledge, and critical thinking skills. It gives real interdisciplinary team exposures and experiences.
123	Makes it more realistic for the student, therefore easier to understand.
124	provides patient simulation and experience for critical care emergencies. Clinical experience in dealing with critical emergency situations are not readily available for student experience in a standard clinical setting.
125	I think that students learn from making mistakes. In simulation it is a win/win situation where they can make mistakes and hopefully not repeat those errors the real clinical setting. Plus, clinical sites are tight and you cannot guarantee that every student will have the same clinical experience. In simulation you have control of the clinical scenario.
126	ENHANCING DECISION MAKING AND TEAM BUILDING SKILLS ALONG WITH ALLOWING PRACTICE IN CONTROLLED SETTING.

127	It's nice for the students to be able to put their hands on patients as well as equipment and see what the consequences of their actions might lead to. Turns out to be quite the educational tool.
128	To improve patient simulation scenarios.
129	To supplement in class instruction and enhance laboratory experiences. Simulation also provides the student the opportunity to experience complex patient conditions in a control situation. Students get experience with the infrequently encountered patient conditions, e.g. burn patients, cardiac arrest patients (increased frequency), and multisystem organ failure patients.
130	Patient Simulation is integrated into the Respiratory Therapy curriculum to offer students real life experiences. Instructors use students in the classroom to demonstrate concepts and skills. Students use each other to practice and perfect their skills in the laboratory setting. These skills are then transferred to care for patients at the various clinical site. [] [] In addition, Patient Simulation grants students the opportunity to not only perform a skill but to experience human interaction. It is the human interaction that ultimately provides the most valuable learning opportunities.
131	Practice before doing on a real patient.
132	To prepare and evaluate students in under different clinic settings.
133	Improve clinical training by providing enhanced simulated procedures not acquired in the hospital.
134	Using the SimMan for breath sounds is a useful tool because beyond just providing the audio, the students must develop skills to interact with the patients, protect their privacy, and place the stethoscope appropriately. We have constructed scenarios in which a COPD patient has been put on too much oxygen and is therefore obtunded and the point of the exercise is to assess the patient and figure out that the oxygen has been set incorrectly. This is a wonderful simulation to do jointly with nursing students because each student population brings a different perspective to the bedside. Using simulators for ACLS practice is ideal because we can manipulate the cardiac rhythms and vital signs according to how the students proceed with the resuscitation.
135	To employ additional teaching methodologies.[] To provide some level of clinical competence prior to the hosp. experience.[] To provide "end of program" clinical experiences.
136	Using the simulation takes the instructor out of the mix and allows the students to make decisions based on the simulation scenario results instead of looking to the instructor for further information. It allows one more step in developing confidence in the student and 'patient' interaction prior to the clinical setting.
137	more realistic & interactive
138	We use them for as many things as they allow. The instructors use them for demonstration and then each student has a lab to complete on that topic using the simulator.
139	The Respiratory Care program is located in Sims-medical hospital at the college. Variety of rooms that have simulators from basic care to intensive care. All labs at college utilize simulators.
140	practice of techniques prior to clinical rotation helps them be more confident in the clinical site
141	It creates an environment as close to real life as we can get. The students are having to actively seek information via assessment to make clinical decisions. Hopefully this will allow our program to produce stronger graduate therapists.

142	It is an attempt to make lab practice more realistic there by making the transition to patient care easier. It allows for discussions of various patient scenarios, as you do in ACLS & PALS. All students can practice the same scenario multiple times.
143	Use of human patient simulators allows students to perform procedures in a realistic manner and allows correction of mistakes prior to actual clinical practice.
144	Too closely observe and debrief students and pt safety
145	To strengthen the initial learning and retention of knowledge and psychomotor skills incorporating equipment, procedures, rationales, care planning, application, problem solving, evaluation and synthesis.¶ We believe that, like the simulation literature, patient simulation improves student performance by allowing them to practice, evaluate and improve through live and taped performance, cognitive integrated with motor performance.
146	To better prepare students for alternate situations in the clinic and to assess their competence
147	It allows us to train the students on procedures using simulators before going to clinical and treating real patients. During clinical when the patient census is low the students can continue to practice and train on simulators.
148	Pre-clinical skills training.
149	Provides practice in a controlled environment, e.g., vital signs and breath sounds can be manipulated.
150	Each student is issued a laptop and they are required to master all the software provided.
151	To create real life scenarios within the laboratory setting
152	To provide "hands on" experience prior and during clinical rotations in order to increase skill level as well as to assess the students' critical thinking skills.
153	The rationale is to provide the same educational experience for all students in these situations prior to and in addition to clinical experience. Also to allow the students to gain confidence and to self assess performance through videotaping procedures. Also used for competency in ACLS.
154	Our goal is to provide an environment where the student can demonstrate critical thinking skills in a simulated environment. We also provide feedback for the student from instructors and peers with the overall goal to make them better prepared for real life situations having simulated scenarios in a lab.
155	Using our simulation manikins as a first experience for performing the above techniques is a valuable tool to promote both psychomotor skills and critical thinking prior to sending students out for clinical rotations.
156	Interim interaction prior to working with live patients. Practice in a simulation setting to refine skills or remediate.
157	to give the students hands on experience in the lab to achieve competency before attending clinical.
158	Troubleshooting mechanism and scenario response
159	To provide an interactive situation in which to evaluate the students response to clinical changes in a safe environment.
160	Patient simulation for these skills is necessary to ensure students can safely perform these skills prior to entering clinical. While physical assessment is not inherently dangerous, the human simulator provides an objective way to evaluate students as well teach students using a controlled situation. All invasive and dangerous procedures can be performed without fear of harming patients.
161	To develop domain-specific competencies in criteria based assessments and practice.
162	To get hands-on practice of different clinical situations and hone the students' skills in specific areas that might not be encountered very frequently during clinical rotations

163	Develop critical thinking skills
164	Utilizing the Human Patient Simulators before students work on patients gives them a more realistic picture of what they will encounter at the clinical site. Our HPS is very advanced (\$250k) because a person can talk through it, you can scan in IV medications and it appropriately responds, it has an ICU monitor, it can be defibrillated, intubated, ventilated, there are oxygen sensors so when an oxygen device is attached to it, the oxygen saturation changes, it returns tidal volumes, etc....
165	To improve the Students' cognitive, psychomotor, and affective skills prior to entering the hospital setting; and to reinforce knowledge during the hospital clinical phases.
166	Faculty can simulate abnormal vital signs, breath sounds, heart rhythms, etc. Students can be evaluated on treatment and management of these abnormal conditions.[] Code blue with application of BLS and ACLS guidelines can be applied as students observe the human patient simulator go from normal rhythm with pulse to lethal rhythm.[] Operation and troubleshooting of chest drainage systems can be demonstrated on the manikin to familiarize the student with this before going to assigned ICU clinical rotation.
167	We have a simulated hospital environment in which our students learn skills that can be transferred to the clinical setting. We are beginning to incorporate interdisciplinary scenarios into the curriculum in an effort to improve communication and teamwork skills.
168	to improve psychomotor and decision making skills before entering clinical sites
169	Every student gets the same kind of situation and each student gets the same opportunities and gives them the real patient atmosphere and the opportunity to make mistakes in a simulated atmosphere and learn from them. The Sim Lab familiarizes them with the atmosphere in the hospital so the students can practice focusing on the patient.
170	Competencies to increase critical thinking
171	More exposure to specific situations in a controlled environment. Situations that a student may not be exposed to or participate in during clinical.
172	hopefully decreases student stress to practice in a simulation compared to a real patient. some skills are not available to perform on a real patient (intubation)
173	Simulation is used for formative and summative assessment. We utilize simulation to enhance student learning by providing dynamic opportunities for engagement. We can evaluate cognitive, psychomotor, and affective domains when utilizing an appropriate tool for assessment. Each tool is evaluated by faculty to identify learning outcomes and appropriate design.
174	The use of simulation is to provide a real life scenerio that initiates and develops critical thinking skills at the bedside.
175	Formative learning[] Skill demonstration[] Critical thinking Skill development [] Critical thinking assessment
176	Allow students to proctice in a siutation where they can be allowed to make incorrect choices and learn the impact of those choices without harm to a living patient. Allow practice with skills not uniformly encountered in clinical settings. Work with other health care professionals to develop teamwork skills.
177	The reason for using the simulators is to get students to perform and be comfortable when working with patients. It also give us a chance to make them use critical thinking when caring for their patients..
178	We use him to show and treat arrhythmias, teach the students the importance of assessment and for instructing basic and advanced life support.

179	To facilitate student preparation for clinical practice and lessen the risk of patient injury.
180	To allow students to participate in life like situations prior to entering clinical setting .
181	For students to be able to understand intubation process and trach management.
182	Gives the students more practice for performing new skills in a non-threatening environment. Allows instructor to stop the student and give instruction without a "real" patient being aware of the potential errors.
183	Integrates lab and classroom instruction and preparation for clinical rotations
184	The rationale is to allow the students to work through simulated patient scenarios in a control situation. This way when they students encounter a similar situation in the hospital they are better prepared to deal with it.
185	Provide a realistic training environment that closely mirrors the expectation at clinical site. Practice hard, play hard.
186	It creates a more real experience and allows for much variety of situations (e.g., BS, Ventilator changes, etc)
187	allows the students to identify abnormal and adventitious breath sounds rather than listening to healthy fellow students[] allows for simulated code activities[] allows for invasive airway care and mechanical ventilation
188	Our faculty determined we would like to have a setting that was standardized for evaluation of basic skills like the patient assessment. This environment allows for inter rater reliability and to determine the minimum skill that is safe for a student to enter the clinical setting.
189	The students are able to practice their clinical skills before seeing a real patient.
190	Improved student performance on the job.
191	used at children's hospital to simulate infant/pediatric vital signs,etc.
192	We use simulation to verify that each student has the same clinical experiences that otherwise might not be available in the clinical setting for each student (i.e, Code Blue). Simulations can be reproduced and repeated. Simulation is used for testing on general diseases with assessment to advanced airway and mechanical ventilation. We also use to reduce medical errors, provide team work experiences between nursing and EMS and to give students a safe place to learn from their mistakes and make necessary remediation with debriefing.
193	used for each preclinical orientation term to introduce proficiencies. Standardized patients used to develop assessment skills.
194	To provide the students with hands on experience prior to the student performing such techniques on actual patients.
195	provides SAFE first encounter for students in an atmosphere of reduced anxiety due to inexperience with patients and each particular procedure, ensures a level of skill acquisition PRIOR to first patient contact for procedure, allows student feedback at each step of the procedure and repeatability until skills acquired without endangering the patient, allows the program to report to the clinical facility that students have been previously trained and checked-off on the procedure in a simulation atmosphere
196	We believe using human "patients" gives the student a better understanding of the therapies and give them enhanced practice in the explanation/demonstration aspect of the therapies.
197	To simulate situations in which the student should be proficient but it is unethical to create that situation in a human subject
198	Rationale behind using the simulators is to give the students a more 'real' life experience prior to entering the clinical sites.

199

Provides "safe" real time application
Provides easy access for sometimes difficult to observe patient situations and procedures
Reinforces clinical procedures with reliable and realistic supplemental learning activities

200

Patient simulation has been demonstrated to enhance learning and to accelerate acquisition of clinical competency.

201

To provide a safe laboratory experience that will correlate well with clinical expectations, simulating problems that the students may or may not encounter at the bedside.

202

Provides students with confidence building experiences and offers faculty opportunity to observe student level of competency prior to clinical exposure.

203

allows students to practice skills in safe environment

204

To perform procedures that are too dangerous for students to practice on each other and to simulate clinical situations that aren't frequently encountered.