

RESPIRATORY CARE PROGRAM STUDENT CLINICAL HANDBOOK

If this handbook is found, please return it to:



**Respiratory Care Program
Advanced Technology Center (ATC)
School of Health Careers
500 Galliher Drive
Fairmont, WV 26554
Office: 304-367-4882**

OR

Name: _____

Address: _____

Email address: _____

Preferred Phone: _____

Revised 4/2025

DISCLAIMER

All contents of this handbook are accurate at the time of printing. Modifications may occur at any time to correspond with decisions of the Pierpont Community and Technical College Board of Governors or Administration, Local, State or Federal Requirements. Students should be aware that modifications in policy and procedure might occur without advance notice. The School of Health Careers, the Respiratory Care Program and its Advisory Board reserve the right to assess and modify the educational policies and program requirements as new information is available and as student or curricular needs are identified. The student will be notified in writing of any changes that may impact his/her course of study.

EQUAL OPPORTUNITY STATEMENT

Pierpont Community & Technical College is an Equal Opportunity-Affirmative Action Institution. In compliance with Title VI of the Civil Rights Act of 1964, Title VII of the Civil Rights Act, West Virginia Human Rights Act, Title IX (Educational Amendments of 1972), Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the other applicable laws and regulations, the College provides equal opportunity to all prospective and current members of the student body, faculty, and staff based on individual qualifications and merit without regard to race, sex, religion, age, national origin, disability, or sexual orientation, as identified and defined by law. The College neither affiliates knowingly with nor grants recognition to an individual, group or organization having policies that discriminate based on race, color, age, religion, sex, national origin, disability, or sexual orientation as defined by applicable laws and regulations.

HANDBOOK POLICY

Upon admittance into the Pierpont Community & Technical College Respiratory Care Program, students are issued three (3) handbooks:

- Pierpont Community & Technical College
- Respiratory Care Program Student Handbook
- Respiratory Care Program Clinical Handbook

Respiratory Care Program Handbooks are to be used in conjunction with the institutional Student Handbook.

In the event of a discrepancy or a conflict between the institutional Student Handbook and the Respiratory Care Program Handbooks, it is the responsibility of the student to notify the Respiratory Care Program Director in writing of the issue within a reasonable timeframe. Any action taken will be at the discretion of the Program Director on a case-by-case basis.

This handbook contains information about the Pierpont Community and Technical College Respiratory Care Program. The Respiratory Care Program academic policies apply to all faculty and students regardless of location of instruction.

HOW TO USE THIS HANDBOOK

This handbook contains information about the laboratory sessions and clinical site rotations. The Respiratory Therapy Program faculty require that all students accepted into the Respiratory Therapy Program read the entire handbook. The purpose of this handbook is to provide you with important information about the policies and procedures throughout your enrollment in the program.

All the forms, lab and clinical schedules, checklists, attendance sheets, daily logs, journal pages, and any additional pages indicated by Director of Clinical Education (DCE), Program Director, Instructors or Preceptors should be kept in this binder at all times.

When you have read through the ***ENTIRE*** handbook, please return the completed Handbook Policy and Procedure Acknowledgement Form to the DCE.

INTRODUCTION

You have chosen to become a Respiratory Therapist. As a respected member of the healthcare team, you will be working with professionals from many disciplines as well as patients, their family members and caregivers. You are evaluated daily on your professional behavior. Your attitude, attendance and appearance are part of that evaluation. It is your responsibility to represent most important, yourself as a potential, future employee.

“Every new breath and day is an opportunity to do something, a gift of life to make a difference in the world.”

~K.J. Kilton, Author

INSTRUCTOR CONTACT INFORMATION

<p>Lisa Foster, MSRT, RRT Program Director 681-753-5706 Lfoster2@pierpont.edu</p>	<p>Advanced Technology Center Office 116N</p>
<p>Maria Schmucker, MBA/MHA, BS, RRT Director of Clinical Education 681-753-5728 Mschmucker@pierpont.edu</p>	<p>Advanced Technology Center Office 116C</p>

Definition of Respiratory Care

Respiratory Therapy is the health care discipline specializing in the promotion of optimum cardiopulmonary function, health and wellness. Respiratory Therapists are educated, trained and licensed professionals who employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system.

Knowledge and understanding of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and application of technology, enables respiratory therapists to provide direct and indirect patient care services efficiently and effectively across all care settings.

As health care professionals, respiratory therapists use critical thinking, patient and environmental assessment skills, and evidence-based clinical practice to enable them to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, patient education, and disease management programs.¹

A variety of care settings serve as practice sites for respiratory care including, but not limited to:

- Acute care hospitals
- Emergency departments
- Urgent care settings
- Sleep disorder centers and diagnostic laboratories
- Long term acute care facilities
- Rehabilitation facilities
- Skilled nursing facilities
- Home health
- Patient transport systems
- Physician offices and clinics
- Convalescent and retirement centers
- Educational institutions
- Medical equipment companies and suppliers
- Wellness centers
- Telehealth providers
- Research
- Insurance companies

The AARC recommends that respiratory therapists obtain a minimum of a baccalaureate degree in respiratory therapy, or health sciences with a concentration in respiratory therapy; and, have earned the Registered Respiratory Therapist credential from the National Board for Respiratory Care. The AARC recommends all new therapists must achieve these requirements prior to beginning their practice.¹

References

1. AARC Entry to Respiratory Therapy 2030 Position Statement

Effective 12/99

Revised 12/06

Revised 07/09

Revised 7/12

Revised 4/14

Revised 6/15

Revised 7/15

Revised 1/2020

Cultural Diversity and Inclusion

The AARC professional community embraces diversity and multi-culturalism in all of its forms and promotes respect, cultural competence, and inclusion in every facet of its mission.

The AARC is enriched by the unique differences found among its diverse members, their patients/clients, and other stakeholders. The AARC values and embraces equal opportunity, and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors and customs of the people that constitute its communities of interest, thereby creating a diverse, multicultural, and inclusive professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural competence in its education programs.
- Actively recruiting candidates from under-represented groups for leadership and mentoring programs.

Effective 12/94

Revised 12/07, 04/13

Reaffirmed 07/10

Revised 07/18

SAFE AND ETHICAL CLINICAL PRACTICE

Policy:

A Student whose pattern of behavior is found to be unsafe may be terminated from the program at any time during the semester and receive a non-passing grade for the course.

To continue in the Respiratory Care Program a student who is terminated from the clinical program must apply for readmission to the Respiratory Program. There are no implied guarantees that readmission will be granted. Readmission is determined based on the nature of the dismissal.

Definition:

The student will demonstrate patterns of professional behaviors which follow the legal and ethical codes of Respiratory Care practices; promote the well-being of patients, health care workers, and self in the biological, psychological, sociological, and cultural realm. Within the scope of our practice students will demonstrate accountability in preparation, documentation, and continuity of care; and show respect for the human rights of individuals.

Guidelines for Evaluating Safe Practice:

Regulatory: The student practices within the boundaries of the American Association for Respiratory Care (AARC) and West Virginia Board of Respiratory Care (WVBORC).

No student or therapist is permitted to provide care or be on duty while under the influence of drugs and/ or alcohol. There are **NO EXCEPTIONS** given, i.e., medical marijuana card.

A student, whose pattern of behavior and/or conduct is found to be unsafe and/or unprofessional may receive a non-passing grade for the course and be terminated from the program at any time during the semester.

Position Statement



Respiratory Care Scope of Practice

Prologue: Respiratory Therapists are health care professionals responsible for the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice crosses all patient, client, resident populations, and care sites. This may include the following settings:

- Short-term acute care/hospital
- Emergency/urgent care
- Long-term acute care
- Sub-acute care
- Skilled nursing facilities
- Physician's offices
- Sleep labs
- Cardiac clinics and labs (e.g., cath labs)
- Hospital outpatient clinics
- Pulmonary clinics
- Respiratory outpatient clinics
- Primary care clinics
- Medical Industry
- Homeless shelters
- Patient's home

The practice of respiratory therapists is under the general direction of a physician (MD/DO). Respiratory therapists execute orders directed by licensed independent practitioners (e.g., physicians, advanced practice clinicians such as physician assistants, nurse practitioners) determined by state licensure laws where applicable. The practice typically focuses on:

- Patients across the age spectrum – neonatal through geriatric.
- Direct/indirect patient observation to include signs, symptoms, and reactions to therapeutic interventions.
- Monitoring of clinical and behavioral responses to respiratory care therapeutic and diagnostic interventions.
- Implementation of cardiopulmonary procedures, medical technology, diagnostic procedures, disease prevention, treatment management, and pulmonary rehabilitation.
- Utilization of protocols, guidelines, pathways, and policies driven by evidence-based medicine, expert opinion, and standards of practice.

- Participation in research to evaluate interventions and technology to determine their ability to define best practices and improve patient outcomes.
- Facilitation and direction of cardiopulmonary rehabilitation programs and the development of disease and care management plans, including but not limited to patient/home care caregiver education (e.g., disease and devices), pulmonary and cardiac rehabilitation programs, utilization of pulmonary disease navigation and/or telemedicine respiratory therapy consultants.
- Provision of patient and family education activities to promote knowledge and understanding of the disease process, medical therapy, and resources available to assist in the care of the patient.
- Facilitation of health care provider education that may include but is not limited to paramedics, EMTs, nurses, residents, medical students, fellows, and advanced practice providers that may include mentorship of student clinical rotations.
- Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable (e.g., Breathe-zy Community education program, health fairs.)

The responsibilities of a respiratory therapist include, but are not limited to:

1. Performance and collection of diagnostic information
 - a. Pulmonary Function testing
 - b. Interventional diagnostic
 - c. Sleep studies
 - d. Noninvasive and invasive diagnostic procedures
 - e. Blood gas and other pertinent laboratory analysis
2. Patient assessment
 - a. Physical exam
 - b. Diagnostic data interpretation
3. Application of therapeutics to respiratory care
 - a. Medical gas therapy
 - b. Humidity therapy
 - c. High Flow Oxygen Therapy (HFOT)
 - d. Aerosol therapy (both with and without pharmacologic agents)
 - e. Artificial airway insertion, management, and care
 - f. Airway clearance therapy
 - g. Initiation and titration of invasive, non-invasive, and high-frequency (HFOV, HFJV, HFPV, etc.) mechanical ventilation.
 - h. Vascular catheter insertion, management, and care
 - i. Extracorporeal Life Support (ECLS)

- j. Hyperbaric oxygen therapy
 - k. Cardiology interventions (e.g., ECG, cath labs)
 - l. Lung ultrasound
4. Assessment of therapeutic interventions
 5. Disease management of acute and chronic diseases with and without clinical decision support systems.
 6. Discharge planning and case management
 7. Provision of emergency, acute, critical, and post-acute care, including, but not limited to:
 - a. Patient and environmental assessment
 - b. Diagnostic and therapeutic interventions (including the administration of pharmacologic agents)
 - c. Patient air and ground transport
 - d. In-hospital and interhospital transports
 8. Advanced care/end-of-life planning discussion facilitators.

Effective: 8/87
Revised: 12/07, 12/10, 07/13
Revised: 11/18
Revised: 03/23

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Biological, Psychological, Social, and Cultural Realms:

As a respiratory care student, you will be exposed to many different situations; environments that involve daily care and emergency care of a wide variety of the patient population. It is important to understand that professionalism needs to be always maintained to ensure proper, safe care is provided.

Students must possess and display mental and emotional stability, be able to recognize clinical signs and symptoms, and perform under pressure and stressful situations. In addition, students must be able to accept constructive criticism, provide timely intervention and use critical thinking skills to assess all situations.

While working in the clinical environment, no student or licensed respiratory therapist is permitted to commit acts of physical abuse, mental or emotional abuse, or engage in any activity warranted as unprofessional, harassment, and/or bullying.

It is also understood that the duties of a Respiratory therapist involve physical coordination and the ability to perform physical activities such as patient repositioning, ambulating patients safely and are active members of the Emergency Response Team requiring periods of walking, standing and performing CPR.

Honesty and integrity are required to be major attributes to a student's character. If a mistake is made, for example a medication error, it must be reported immediately to your assigned therapist that day. It should also be reported to the DCE/PD via email. The hospital will provide direction for reporting purposes and any issues that need to be handled with the patient.

If any personality conflicts develop at a clinical site, please notify the DCE immediately so the situation can be handled without miscommunication resulting in disruption of client care, functioning of patient care area or department.

Accountability:

Students understand and agree that they are responsible for their own conduct and behavior. In addition, they understand that it is their responsible to report all matters to the DCE and PD via email at the time the events occur. Failure to report may be subject to student discipline, removal from a clinical site, removal from the program and/or removal from school depending on the circumstances.

During a clinical rotation the student may not operate any patient equipment without knowledge of how to do so. It is the student's responsibility to seek and obtain the proper knowledge before using any equipment on a patient. Since a student visits many different clinical sites during their time in the program it is to be expected that at one point or another, they may encounter equipment that they have not seen or used before. The student is expected to use their down time at clinical to become more familiar with all the equipment and know how each device operates, is set up and torn down. Resources include hospital staff, instructors, the DCE and PD.

All students are required to always work with a licensed respiratory care professional in the clinical setting. The student will follow the documentation process of the assigned clinical site to fully and adequately record all therapeutic modalities performed. The student is also responsible to complete all necessary documentation in Trejeccys to receive maximum credit for their clinical rotation. This will not only include punching in and out at their assigned clinical site but also all requirements regarding journals, physician hours and competencies to be completed to graduate. If a student is proven to have submitted false information in the attempt to receive credit, the credit given for the assignment will be a zero (0). Submission of late or missing assignments will be determined on a case-by-case basis per DCE and PD discretion.

Human Rights:

It is important for students to remember that patients in the hospital still are privileged to all their Human Rights. Human rights cannot be taken away or given up regardless of the patient's conditions, medical illness, reason for coming to the hospital or lifestyle. If a student is witness to a patient's rights being abused it is their duty and responsibility to report all incidents to their direct supervisor at the hospital. Reportable offenses include denial of the right to life, liberty, security, to be educated on treatment and options, and to receive proper medical attention. Patients also should not be punished, degraded, tortured or receive treatment that is cruel and inhuman.

At all times patient information must be kept confidential and should only be accessed on a need-to-know basis while following the rules set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Procedures

All student violations of clinical policy and/or procedure will be handled on a case-by-case basis to ensure serious, hazardous and/or behavior that could cause moral harm are handled in the safest and most efficient way possible. If the offense is minor; the student will be given verbal warning (documented by the DCE/PD), if a second offense occurs the student will be given a written warning. In the event of a third offense, any serious offense and/or unprofessional conduct, the DCE and PD will consult the Dean of Health Science to determine the actions moving forward. At this time, it may be

recommended that the student is terminated from the program and will receive an “F” for the clinical course.

Failing any of the clinical courses will result in immediate discharge from the program. Documented evidence from the student, faculty, and/or staff will be considered in the decision to terminate a student from clinical program. All students have the right to appeal the decision and should refer to the student handbook.

Assignment of Clinical Rotation Sites

Students are assigned to various clinical affiliates to ensure equitable exposure to learning experiences. Students will be scheduled opportunities for clinical rotations by the Director of Clinical Education. It is the responsibility of the student to seek extra opportunities if they are having difficulty mastering a required clinical competency. Additional clinical opportunities that occur outside of a regularly scheduled clinical rotation must be approved by the Director of Clinical Education prior to the student’s attendance via email. This email should include the supervisor of the clinical site, the student and the DCE to ensure all parties are on the same page and compliance is being maintained.

Clinical Rotation Sites – in alphabetical order

Broadus Hospital, Philippi WV
Davis Memorial Hospital, Elkins WV
Fairmont Medical Center, Fairmont WV
Encompass Health, Morgantown WV
Grafton City Hospital, Grafton WV
Louis A. Johnson Veteran’s Administration Hospital, Clarksburg WV
Mon General Hospital, Morgantown WV
Preston Memorial Hospital, Kingwood WV
St. Joseph’s Hospital, Buckhannon WV
Stonewall Jackson Memorial Hospital, Weston WV
Summersville Regional Medical Center, Summersville WV
Uniontown Hospital, Uniontown PA
United Hospital Center, Bridgeport WV
United Hospital Center Sleep Center, Bridgeport WV
WVU Medicine Sleep Center, Morgantown WV
WVU Ruby Memorial Hospital, Morgantown WV
WVU Children’s Hospital, Morgantown WV

*Additional sites may be added at any time to optimize clinical experiences for students

Mandatory Specialty Clinical Rotation

For the RT Program to provide a well-rounded clinical experience for all students, specialty rotations are scheduled to enhance the student learning experience. Dependent on-site availability and approval from the specialty sites, all students are required to complete their assigned clinical rotation hours at a specialty site including Neonatal/Pediatric Intensive Care Unit (NICU/PICU), Pulmonary Function Lab, Sleep Lab, Homecare, Pulmonary Rehab and the Medical Director's Lectures and/or office site. These experiences are formulated to enhance your didactic classroom experience by promoting conversation through real-world hands-on experience.

Failure to meet this requirement may lead to dismissal from the program. This clinical site provides a unique learning experience but is limited due to time constraints and commitments to patients and other students. It will be up to the discretion of the Director of Clinical Education and the Department Director and/ Manager at each site if a student will be allowed to make-up any absences or tardies that may occur during the student's scheduled rotation.

If you are dismissed early from a specialty site (usually due to lack of patient care available), before leaving you must contact the DCE to obtain permission to leave. If you were not able to receive an equitable experience, the DCE may assign you work to complete to make up for your clinical experience. This work will be completed that day and turned into the DCE via email by midnight.

Clinical Affiliate Contact Information

Broaddus Hospital 1 Healthcare Drive Philippi WV 26416	304-457-8595 (Haley) 304-457-8146 (Lesa)
Davis Memorial Hospital 812 Gorman Avenue Elkins WV 26241	304-637-3323 (Beth)
Fairmont Medical Center 1325 Locust Ave Fairmont WV 26554	304-598-4000 ext 75341 (Brad)
Encompass Health 1160 Van Voorhis Rd Morgantown WV 26505	304-285-1072 (Courtney) 304-225-6533 HR (Shirley)
Grafton City Hospital 1 Hospital Plaza Grafton WV 26354	304-265-7341 (Joyce)
Mon General Hospital 1200 JD Anderson Dr Morgantown WV 26505	304-598-1494 (Larry) 304-598-1485 HR (Kristan)
Preston Memorial Hospital 150 Memorial Drive Kingwood WV 26537	304-329-1400 (Main Hospital Number)
St. Joseph's Hospital 1 Amalia Drive Buckhannon WV 26201	304-473-2177 (Julie)
Stonewall Jackson Memorial Hospital 230 Hospital Plaza Weston WV 26452	304-269-8099 (Kristi)
Summersville Regional Medical Center 400 Fairview Heights RD Summersville WV 26651	304-872-2891 ext 8565 (Diane) 304-872-8525 HR (Kara)

Uniontown Hospital West Berkeley Street Uniontown PA 15401	724-430-5373 (Kari) 724-430-5466 (Autumn)
United Hospital Center 327 Medical Park Drive Bridgeport WV 26330	681-342-2405 (Gary) 681-342-1885 HR (Brenda)
United Hospital Center Sleep Center 327 Medical Park Dr Bridgeport WV 26330	681-342-3290 (Paula)
VA Medical Center One Medical Center Drive Clarksburg WV 26301	304-623-3461 (Stacy; Valerie – PFT)
WVU Medicine Sleep Center 205 Baker’s Ridge Rd Morgantown WV 26501	304-598-4285 (Main Phone Number) Peggy Gunnoe; Greg Cacace
WVU Ruby Memorial Hospital 1 Stadium Drive Morgantown WV 26501	304-598-4106 (Main Hospital Number) Desiree Poach; Rodney Vest
WVU Children’s Hospital 1 Stadium Drive Morgantown WV 26501	304-554-8505 (Main Hospital Number) Brian Ringler

Note: Clinical starting times may change. **Please arrive at least 20-30 minutes prior to the actual start times** to change clothes, if necessary, prepare for assignments and get to your assigned area.

Attendance is mandatory and will be recorded at the clinical sites by the student logging in Trajecsys unless otherwise notified by your instructor. If you are unable to log in to Trajecsys for any reason, PLEASE SNAP A PHOTO OF YOURSELF IN FROM OF THE TIME CLOCK AT THE HOSPITAL.

The date and time must be visible in your selfie. To receive credit for the day, the photo must be sent to the DCE/PD.

Students are scheduled for the following shifts during clinical rotations:

1st Year – Summer Semester:	8-hour shifts 2 days per week
2nd Year – Fall Semester:	10 to 12-hour shifts 2 days per week
2nd Year – Spring Semester:	10 to 12-hour shifts 2 days per week

Students are expected to follow the work schedule at the facility to which they are assigned. Starting times may vary from facility to facility. Occasionally, students may be required to report to their assigned affiliate at a different time or to extend their quitting time beyond what is normally scheduled.

Tardiness and early dismissals will not be tolerated. Students should rearrange outside work time so that it does not conflict with clinical assignments. Early dismissals must be approved by the Department Director at the assigned affiliate and the DCE.

If a student expects to be absent for a clinical rotation, they must inform their clinical affiliate by phone **AND** then submit an **e-mail to the clinical director and DCE at least 2 hours prior to the start of the scheduled shift**. Please use the word **ABSENCE** in the subject line. The student will then be required to submit the name, date, and time of the person with whom they spoke at the clinical affiliate site regarding the absence in the email to the DCE.

Students may be dismissed from the Respiratory Therapy Program for the following:

- Failure to notify the clinical site of an absence will result in administrative withdrawal from the course.
- No call/No Show for any scheduled clinical rotation will result in administrative withdrawal from the course.

Absenteeism will not be tolerated. If you cannot avoid being absent from clinical, please be aware that you will have to make up all time missed at the site you are assigned to by the end of the semester. If all the time is not made up by the day the grades need to be submitted, you will receive an “F” for the course.

It will be the student’s responsibility to arrange with the clinical site manager all time that needs to be made up. A confirmation email between the student and clinical site

manager must be sent to the DCE to avoid any confusion and ensure all time is accounted.

If a student is missing clinical for medical reasons, a physician's release to return to the clinical area is required when three or more days are missed or specifically requested by the clinical affiliate. If the student has surgery or delivers a baby, they may not return to clinical without medical documentation. Please be aware that the field of Respiratory Care does not have "Light Duty" assignments. No accommodations can be made to comply with this medical order.

The student is responsible for any information, assignments and missed work. The instructor is not required to provide make up lectures, quizzes demonstrations, field trips, assignments or laboratory sessions.

Tardiness:

Tardiness is considered unprofessional conduct and will not be tolerated.

Tardiness is a problem in the hospital because everything operates on scheduled times. For example, medication administration, testing, delivery of meals etc. As RT's one of our biggest priorities is to ensure that patients receive their medications first thing in the morning so they may perform the other actions scheduled for them. If a student is late, then the RT they are assigned to may have to disrupt their workload to retrieve the late student.

If a student expects to be late for a clinical rotation, they must inform their clinical affiliate by phone **AND** the Respiratory Therapy Director of Clinical Education by email.

Students are required to log in to Trajecsys, the program's clinical reporting system upon arrival and when leaving the scheduled clinical rotation. Students logging in more than 10 minutes after the scheduled start time of their clinical rotation or logging out more than 10 minutes early from the end of their scheduled clinical rotation will be considered tardy. Three (3) unexcused tardies will count as one absence.

Weather Related Call -Off

When classes at the college are canceled due to inclement weather before the scheduled clinical time, the student must follow the above call-off procedure. The decision to attend a clinical rotation during inclement weather

remains with the student. Students are expected to use their best judgement when attending clinical rotations during bad weather months.

Clinical Make-Up Rotations

It is the responsibility of the student to get approval from the Director of Clinical Education and Department Supervisor/Director to schedule makeup time **before** the end of each semester. Due to unique opportunities at certain clinical affiliates, ***makeup time must be arranged at the original assigned site*** where the absence occurred. The DCE must be notified of all arrangements via email with the clinical site and student. If a student calls off on a scheduled, make up clinical shift that will count as an additional absence and will have to be scheduled for makeup.

Assurance of Clinical Supervision

The Director of Clinical Education shall be responsible for assuring all students are adequately supervised in all clinical locations. The DCE shall communicate with all clinical sites on a regular basis to assure the appropriate student to preceptor ratio, which shall never exceed 6:1 as per CoARC Standards. Current clinical standards are set up for students to attend clinicals with a 1:1 ratio for most smaller community hospitals and in some cases 2:1 ratio for large university hospitals with increased ventilator volume in their ICU's.

All clinical affiliates will be provided an advanced copy (2 weeks prior) of the clinical schedule as well as clinical objectives for that semester. Updated clinical schedules and objective can be accessed by all Department Directors, Supervisors, and Preceptors in the Trajecsys Reporting System available online.

If the student or preceptor is concerned about the supervision of students within a facility, they should contact the Director of Clinical Education. The concern will be investigated, and the subsequent findings will be conveyed to the individual in a timely manner.

In accordance with the West Virginia Board of Respiratory Care, students are not to perform patient care procedures unsupervised. Therefore, students are not allowed to perform procedures without the direct supervision of a clinical preceptor.

Student Employment Policy

Students who are enrolled in an accredited Respiratory Therapy program may be employed as a student Respiratory Therapy extern. The Student Temporary Permit

issued by the West Virginia Board of Respiratory Care (WVBORC) governs the duties of the student extern. The student temporary permit must be obtained before beginning employment as a student extern.

The school must complete the Education Facility Affidavit from the WVBORC that stipulates the semester hours and clinical competencies required for the student to apply for the student temporary permit.

Other student employment stipulations:

- Employment time is not substituted for clinical experience.
- Students cannot complete clinical coursework while working as a student extern at any clinical site.
- Students may not receive/accept remuneration in exchange for work performed at or during their clinical rotations, course work or corresponding experiences.
- Clinical performance evaluations may not be completed on competencies completed while the student extern is working.
- Students cannot be utilized as substitutes for clinical, instruction or administrative staff at the clinical sites.
- Extern working time cannot be used as a substitute for obtaining clinical hours and will not be counted as scheduled makeup time.
- Students must be and remain in good standing with all academic aspects to continue participating in the student extern program. If a student is failing or has failed a class, the student must notify the clinical site that they are no longer permitted to participate until they are in satisfactory academic status.

Clinical Remediation Policy

If at any time, the clinical site affiliate designee notifies either the Director of Clinical Education or the Program Director of a deficiency in a skill by a student and requests reinstruction or remediation for that student, the student must then return to the clinical laboratory and will not be permitted to complete their clinical site rotation until they have successfully completed the required competency.

The student must demonstrate a 90% or better on the competency to return to the clinical site rotation.

The student will be required to follow Remediation Policy guidelines as follows:

Prior to the performance of a skill with a patient in the clinical setting, a student **MUST** satisfactorily demonstrate the knowledge and ability to perform the skill to an appropriate faculty member that is a licensed Respiratory Therapist.

Students are required to perform skills for a competency testing at a designated time for their course. The role of the instructor during competency testing is to observe and evaluate the student's performance of the skill without giving guidance or assistance. The student must be able to perform the skill competently and independently. If the student identifies an error during the testing session, the student may correct it without penalties as long as the patient's safety is not violated, and the student can rectify the error within the designated testing time.

COMPETENCY REMEDIATION POLICY

1. If the student fails to pass the competency on the first attempt, they will be responsible for scheduling a second competency testing session. The student will be given time to practice the skill in the laboratory setting and request remediation and reinstruction by the instructor.
2. The second testing session will follow the same format as the first testing session. The student will need to perform the skill that was failed.

If the student does not satisfactorily demonstrate competency in the second testing session, they will be given reinstruction and remediation on the failed skill. The student will be given time to practice the skill and will be responsible for scheduling a third competency testing session.

3. If the student does not pass the third competency testing session, they have not met the objectives for the course, and the student will receive a failing grade in the associated lab or theory course.

Students must pass all lab competencies in order to proceed to the next clinical level. To ensure patient safety there will be no exceptions.

DISCIPLINARY POLICIES

Verbal Warning

A Clinical Instructor may give a verbal warning at any time regarding classroom, campus laboratory or clinical performance, appearance, conduct or attitude. These verbal warnings will be documented and placed in the student's file. When

a total of three documented warnings have accumulated a written warning will be given.

Written Warning

A written warning will be delivered to the student by a member of the RC faculty indicating the violations of the student, who will be requested to sign and date the document and may add comments, if desired. If improvement does not occur, a meeting will be held with the student, the faculty, and the RC Program Director and any actions taken will be at the discretion of the Program Director.

Immediate Dismissal

Students will be subject to immediate dismissal without prior warning for certain offenses including, but not limited to the following:

- A failing course grade.
- Failing in the clinical progress evaluation.
- Failure to meet clinical objectives by conducting oneself in a manner considered harmful and/or unsafe in regard to patient safety.
- Insubordination as disobedience or refusal to comply with instructions.
- Academic or clinical dishonesty. Dishonesty is falsifying any documentation, lying, plagiarism, any form of cheating, or theft.
- Failure to comply with the policies set by affiliation facilities, including the confidentiality agreements and the confidentiality agreement signed by the student upon acceptance to this program.
- Absences as stated in the attendance policy.
- Endangering a patient or others through unsafe practices (verbal or physical).
- Reporting to the classroom or clinical area under the influence.
- Failure to inform a faculty member of prescription medication that may impair judgment or affect reaction time.
- Vandalism or willful destruction of property.
- Use of profane or obscene language, malicious gossip, or thoughtless talk causing harm to others.
- Nonpayment of tuition and fees.
- Violent act toward self or others.
- Possession of weapons.
- Failure to comply with the tobacco policy of Pierpont Community & Technical College.

- No student shall post information of any type including photographs which in any way identifies or represents the Respiratory Care Program on any internet site, specifically including You Tube, Facebook, Instagram, SnapChat, etc.

When in a clinical site, the Respiratory Department and Hospital Policy and Procedure Manuals will be made available upon request.

Each clinical site has the right to refuse a student for clinical rotation if the student violates the policies and procedures of the department and/or the hospital as they apply to the student's clinical rotation. If a student is denied a clinical rotation due to an offense that would have resulted in termination of an employee for the same offense, it will result in the student being dismissed from the Pierpont Community & Technical College Respiratory Therapy Program. If a student is denied clinical privileges at two clinical affiliate sites, regardless of the reason, he/she will be dismissed from the program.

CLINICAL LABORATORY AND CLINICAL SITE ROTATION POLICIES

Dress Code

A standard uniform identifying Pierpont Community & Technical College students is mandatory. The uniform is to be worn during scheduled clinical assignments and at any school-related activity as designated by Respiratory Therapy Program faculty.

Students are to supply their own uniform, stethoscope, watch, shoes, and pen.

Students are responsible for the cost of their uniforms and attire required for clinical rotations. Cost of scrub sets is approximately \$35.00 - \$45.00. DCE will provide instructions for purchase of uniforms.

The approved Pierpont Community & Technical College Respiratory Care Program Uniform is as follows:

- Scrub Top – Black; Scrub Pant – Black
- Warmup Jacket/ Lab jacket – Black, gray, white
- All tops and warmup jack/ lab jacket must have Pierpont C&TC Patch sewn to left shoulder.
- Solid, closed toe and closed heel shoes; no open holes in the top of shoes (Crocs)
- Watch with second reading capabilities.
- Stethoscope with bell and diaphragm
- Safety goggles and mask
- College issued name tag (worn above the waist, Left side chest)
- Pen or pencil
- Pocket notebook
- Clean appearance; wrinkle free, stain free
- Hair that touches the collar (Female or Male) must be pulled up neatly.
- No dangling jewelry
- No obscene stickers, jewelry or tattoos visible.

POLICY: Students are expected to demonstrate appropriate professional behavior in the classroom, college laboratory and clinical setting as a requirement for successful completion of the Respiratory Care Program.

PROFESSIONAL BEHAVIOR is the appearance, actions, and communications that create the impression that an individual is capable, competent, and qualified to perform the duties of a health care professional. These behaviors include conforming to the standards and/or rules set by the program/workplace, treating others with respect, and reliably performing assigned duties.

Professional behavior is further defined as:

- **Integrity:** the quality of possessing and steadfastly adhering to high moral principles and professional standards.
- **Responsibility:** actions that demonstrate the acceptance of the role and obligation of a student health care professional.
- **Demeanor:** behavior, manner, and appearance that demonstrates professional character.
- **Service:** actions that demonstrate a willingness to meet the needs of others.

Professional Appearance

Students must maintain a *professional appearance* when participating in any clinically related experience. Adhering to the following general rules will keep you in compliance with policy guidelines at each clinical site.

1. Good person hygiene is required. Excessive perfume, cologne, aftershave, (or any offensive odor, including smoke) is not permitted.
2. If make-up is worn, minimal “daytime style” should be worn.
3. Hair must be clean, neat and contained (i.e. kept clear of the face). No extreme hair colors (blue, purple, pink, etc.) or decorative hair accessories.
4. Mustaches and beards will be clean and neatly trimmed.
5. Two sets of small earrings may be worn. No dangling earrings permitted.
6. Except ear piercing, no other visible body piercings or tattoos are permitted.
7. Only two small rings may be worn but must be removed during scrubbing. Engagement rings and wedding bands are permitted except in situations where all jewelry is contraindicated such as NICU/PICU and surgical suites.
8. Fingernails must be cut to a reasonable length, ¼ inch. Only clear, unchipped polish is allowed (artificial/acrylic nails are not permitted).
9. No chains, bracelets, or large jewelry is to be worn.
10. Wear appropriate protective attire (masks, gloves, jackets, etc.) when needed.
11. Designated uniforms with name tag and patch are to be worn during clinical experiences and are **not** to be worn in public.

12. White long sleeved or short sleeved T-shirts may be worn under the scrub tops. Must NOT have any writing on sleeves or visible artwork.
13. Shoes must be non-absorbent. Shoestrings must be clean. No open-toed or canvas shoes. No shoes with open holes.
14. Clothing must fit well, not be distracting or unprofessional in appearance and in good repair.

Clinical affiliate Department Directors, Supervisors, or Clinical Preceptors have the right to dismiss any student from clinical experience if appearance is deemed inappropriate by the clinical site.

If a student is sent home from a clinical site due to unprofessional dress or appearance, or poor personal hygiene, that student will be given an unexcused absence for the day and will result in corrective action up to and including removal from the program.

Essential Functions and Program Requirements

All applicants are expected to meet certain non-academic criteria (essential functions) to participate in the RC program. In addition to being essential to the successful completion of the requirements of Respiratory Therapy Program, these skills and functions are necessary to ensure the health and safety of patients, fellow students, faculty and other health care providers.

All individuals, including persons with disabilities, who apply for admission to the Respiratory Therapy Program, must be able to perform specific essential functions with reasonable accommodations. Essential functions are the basic activities that a student must be able to perform to complete the curriculum and function as a respiratory therapist.

It is ultimately the student's responsibility to meet these essential skills if accepted into the respiratory therapist program.

The student should consult with the Program Director or the Director of Clinical Education to discuss any individual situation if he or she may not be able to meet these essential performance requirements.

Respiratory Therapists and Respiratory Therapy Students must possess the following essential skills:

Hearing

1. Able to hear and understand patients and staff; assess and monitor patient lung sounds both through auscultation and at bedside.
2. Must be able to function without the use of lip reading or sign language due to the necessity of hearing and responding to emergency situations via an intercom system.
3. Communicate and interact with patients, staff, and families from a variety of cultural backgrounds.
4. Follow verbal instructions.
5. Use a stethoscope to hear heart, breath, and blood pressure sounds.
6. Detect and discriminate between sounds of normal conversation.
7. Hear percussion sounds during patient assessment.
8. Ability to hear sounds of a variety of equipment alarms.

Mobility

1. Mobile and strong enough to support and move patients.
 - a. Lift up to 50 lbs to assist moving patients, supplies, and equipment.
 - b. Be able to assist in patient ambulation to determine oxygen requirements.
2. Able to work remaining in a standing position for 60-90 minutes.
3. Ability to sit or stand for long periods of time.
4. Able to move quickly from place to place to perform patient care; climb stairs or go downstairs to respond quickly to an emergency on another floor when elevators are unavailable or full.
5. Support and transfer patients safely from bed to wheelchair and modify patient position in bed.
6. Move in and out of treatment areas.
7. Respond to emergency situations in a timely manner.
8. Reach equipment and parts of patient's body.
9. Reach above shoulder height to manipulate equipment.
10. Reach below waist level to manipulate equipment.

Motor Skills (fine and gross)

1. Perform multiple motor tasks simultaneously.
2. Fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care; steady aim and hand movements while manipulating objects or assisting patients.
3. Able to lift, push or pull a minimum of 40 pounds
4. Operate and manipulate equipment; multiple operations may be required.
5. Lift and transport oxygen cylinders; move in and out of treatment areas.
6. Grasp and turn to attach oxygen to outlets and remove flowmeters
7. Apply sterile gloves, utilize syringes, tubes, catheters, set-up and maintain sterile field
8. Palpate pulses, feel arteries or veins for puncture; assess skin temperature
9. Push/pull hospital beds; transport patients.
10. Lift and move patients safely.
11. Perform CPR.
13. Read fine print, monitors and gauges
11. Chart (write) procedures and observations legibly in a permanent medical record.
12. Ability to see and discriminate between a variety of equipment visual alarms.
13. Ability to observe demonstrations and patients close up and at a distance to learn skills and to gather patient data (e.g., observe a patient's gait, appearance, posture, etc.).

Visual

1. Read written instruction/orders.
2. Read fine print, monitors, and gauges.
3. Chart (write) procedures and observations legibly in a permanent medical record.
4. Ability to see and discriminate between a variety of equipment visual alarms.
5. Ability to observe demonstrations and patients close up and at a distance to learn skills and to gather patient data (e.g., observe a patient's gait, appearance, posture, etc.).
6. Ability to visually monitor several computer screens with multiple cardiac rhythms, pulse oximetry and capnography waveforms for sustained periods of time.

7. Ability to use a computer to record patient data and decipher patient medical history

Tactile

1. Distinguish textures, degrees of firmness, temperature differences, pulse rate vibrations and strength.
2. Provide support

Communication

1. Students must be able to communicate orally and in writing with patients and members of the healthcare team.
2. Students also must be able to read and comprehend written material in English.
3. Students should be able to communicate, read and understand all medical terminology.
4. Students should be able to understand and react appropriately with all forms of communication including verbal, nonverbal, written and visual images.

Intellectual and Cognitive Abilities

1. Students must be able to measure calculate, reason, analyze, synthesize, integrate and apply information.
2. Problem solving, a clinical skill required of therapists, requires all these intellectual abilities.
3. Ability to troubleshoot technology with biomedical engineering and clinical staff.
4. Has basic computer knowledge and skills.
5. Ability to modify therapeutic interventions to meet the needs of patients in a variety of care settings.
6. Assess patients' physical and psychosocial needs in a variety of clinical settings by interpretation of written, verbal and sensory observations and determine the appropriate interventions.
7. Apply Critical Thinking Skills to analyze information objectively, evaluate conflicting ideas, and form reasoned judgements. Students should also be open to questioning assumptions, identifying biases and making logical inferences.

Behavioral and Social Attributes

1. Students must possess the emotional health required to use their intellectual abilities fully, such as exercising good judgment, promptly completing all responsibilities attending to the care of patients, and developing mature, sensitive and effective relationships with patients and other healthcare workers.
2. Students must be able to tolerate physically taxing workloads and to function effectively under stress.
3. Students must be able to adapt to changing environments, to display flexibility, and to learn, to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients.
4. Ability to work as a cooperative, focused team player, take direction well, and have a positive attitude to work with the patients, nursing staff, and physicians. Respiratory Therapists should display good organizational skills and the ability to multitask to keep track of many patients.
5. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are personal qualities that will be assessed during the educational process.
6. Students should demonstrate interpersonal skills sufficient to permit professional interaction with individuals and groups from diverse cultural and socioeconomic backgrounds.
7. Maintain personal hygiene consistent with close contact during direct patient care.

Ethical Standards

A student must demonstrate professional demeanor and behavior and must perform in an ethical manner in all dealings with peers, faculty, staff, and patients.

Ethical standards promote trust, good behavior, fairness and set the principles for and individual and influence the behavior of a group of people.

Health Inventory

The health inventory is mandatory and composed of a physical exam, immunization titers, PPD (TB tests) and Hepatitis B vaccinations, if needed. If you do not have health insurance, these services can be done at any health dept. or walk-in clinics and cost about \$50-\$150. A student health center will do the physical exam for free; an appointment is necessary.

BLS CPR Certification

All students are required to show evidence of completion of a BLS CPR course (Healthcare Provider American Heart Association) by the first day of classes. Please plan early to complete this requirement. If you are already certified by the AHA and your card will expire before you graduate from the program, you will have to obtain a new card that will cover your time in the program. Maintaining current CPR Certification during your enrollment in the Respiratory Care Program is mandatory.

No student is permitted to attend clinical site rotations without a current BLS CPR Certification.

Smoking, Vaping and Snuff

Smoking is **not** permitted at any of the clinical sites. Smoke lingers on your clothes, hair and breath. Therefore, smoking prior to clinical experiences is not permitted. It is your responsibility as a Health Care Practitioner to promote good health habits through client education and personal example. Students asked to leave a scheduled clinical rotation due to the smell of smoke on their body, hair, hands, clothing or other personal belongings will be marked as absent for that shift. Students caught vaping or using snuff will also be dismissed from the clinical site. The absence will be unexcused.

Most of the clinical affiliates are smoke- and tobacco-free campuses. If a student is found to be smoking in any area designated as non-smoking, including their own private vehicle, or in violation of the tobacco-free policy of the clinical affiliate, the student will be disciplined and may face dismissal from the program.

Meals

Hospital cafeterias are available to students at regular cost, or you may bring your own meal. You are **not** permitted to leave the clinical site for meals. It is recommended that students ask the Department Supervisor where they should have their meals and if there is a designated time for their lunch break prior to the shift start. The Department Supervisor or your preceptor can direct you to student-friendly areas for mealtimes. Occasionally, clinical workload does not allow a preceptor/student time for lunch.

Even if your RT is not taking a lunch break you are permitted to take a 30-minute break for lunch. Please make arrangement with the therapist you are with as to how you can reach them when you are finished with your break. Break times should not occur during scheduled patient treatment times or physician rounds.

Participation

All students are expected to constructively participate in all clinical and lab activities. In general, constructive participation means those acts or activities that contribute to the educational program of the class. Constructive participation includes, but is not limited to:

- Offering constructive comments
- Asking questions that enhance class progress
- Requesting clarification when clarification is needed
- Silencing all phones and electronic devices before lectures and campus labs.
- Refraining from personal conversation during lectures.

Non-constructive behavior includes but is not limited to the following:

- Sleeping
- Reading or using computer to view non-class material
- Talking to other students during instruction
- Creating disturbances that distract themselves and others from the class activity
- Making or receiving calls on cell phones
- Tardiness

Definitions

The term 'social media' includes, but not limited to blogs; social networks such as TikTok®, Facebook®, and Twitter®; Instagram®; Snapchat®; podcasts; video sharing; Really Simple Syndication(RSS)feeds and on-line collaborative information and publishing systems.

Clinical Rotations: Personal calls are not to be made or accepted at clinical sites except for emergency reasons. Cell phones, beepers, pagers, etc. ARE NOT to be seen in a clinical site during scheduled work hours. Text-messaging is prohibited in clinical sites. Supply baby-sitters, etc. with the phone number of the Director of Clinical Education and the phone number of the clinical affiliate. Calls should ONLY be in cases of emergency.

Students are allowed to access Trajecsys to log in and log out at certain clinical sites. No cellphones should be used in the clinical area to avoid accusations of violating HIPPA. Phone conversations via any source (example ear buds, watch, etc) are not permitted in clinical patient areas. Students found to be in violation of the clinical affiliate cell

phone, internet usage, and social media policies can and may be administratively withdrawn from the course or dismissed from the Respiratory Therapy Program.

This policy also includes personal computer usage in common areas of the hospital or breakrooms. The clinical experience is not to be used as study time unless all other work is completed. A student should not refuse a clinical experience to complete schoolwork or study.

Respiratory Care Program Code of Ethics Regarding Social Media

This code provides Pierpont Community and Technical College (PC&TC) respiratory students with rules for participation in social media, including media hosted by clinical affiliates' as well as non-clinical social media.

Guidelines:

The term "clinical affiliate" includes ANY clinical affiliate used by PC&TC for health career education. Students must always abide by the PC&TC Health Careers Code of Ethics when using or participating in social media. All policies that that apply to the Respiratory Care Program apply here.

Students must always remain respectful of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Materials may not be posted which are obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, hateful or embarrassing to another person or entity. Students may not engage in any activity that reflects negatively on a clinical affiliate.

Students may not disclose any confidential or proprietary information regarding any of the clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees. Including but not limited to business, medical and financial information; represent that they are communicating the views of any clinical affiliate unless authorized by that clinical affiliate and PC&TC ; or act in a manner which creates the false impression that they are communicating on behalf of or as a representative of a clinical affiliate.

Students may not use or disclose any patient identifying information of any kind in any social media. This rule applies even if the patient is not identified by name where the information to used or disclosed may enable someone to identify the patient.

This policy applies to students when using social media while at a clinical affiliate site and while using social media when away from a clinical site. This policy does not apply to content that is unrelated to a clinical affiliate site. This policy does not apply to

content that is unrelated to clinical affiliates, their patients, visitors, vendors, medical and allied staff, former and current employees.

Students are not permitted to use a clinical affiliate logo or PC&TC logo in any internet posting. Students are personally responsible for what they post. Students may not establish a clinical affiliate hosted social media site.

Violation of this policy will result in corrective action up to and including removal from the program.

Transportation – Reliable transportation is required

The program uses multiple clinical sites from West Virginia into Pennsylvania. Individual costs will vary widely depending on the type of vehicle and variation in fuel prices. All students will be required to rotate through all or the majority of these clinical sites at some point. This is due to a CoARC requirement of providing you, the student, with a variety of clinical experiences.

For convenience, some students choose to carpool to clinical rotation sites. It is the student's responsibility to ensure that they are arriving to and leaving clinical rotation sites on-time. Absences or tardies due to lack of transportation will be unexcused and will be attributed to the student(s) not attending clinical rotations.

Again, it is the student's responsibility to ensure that they are arriving to and leaving clinical rotation sites on-time.

Parking

Students will be provided with parking instructions for each clinical site.

Emergency Treatment during Clinical Rotations

Emergency care is provided at all hospitals in case of an accident. **However, the student is responsible for the costs incurred.** ALL accidents must be reported to your clinical instructor and/or preceptor. In addition, the DCE and PD should be notified via email.

Students are required to follow all safety precautions and practices as discussed by the instructors.

Serious injury: Is defined as an injury that results in treatment beyond first aid, lost workdays, work restrictions, loss of consciousness or significant injury or illness diagnosed by a physician or other licensed health care professional.

Reporting requirements: Respiratory students are required to immediately report **all** on-the-job injuries to their immediate supervisor.

All injuries sustained on school premises or in a clinic rotation will be reported to the Director of Clinical Education within 8 hours of the injury. All injuries at any clinic site must be reported immediately to the Preceptor and the facility management.

Incident reports will be completed by the student with the assistance of facility staff in accordance with the facilities policy. A physician's release to return to the clinical area is required when deemed necessary by affiliate administration or the Director of Clinical Education.

Action Plan: The Action Plan may be implemented and will be in writing and signed by the employee and Director of Clinical Education. Elements of the Action Plan may include additional training, monitoring, counseling, changes in operational methods, and other appropriate activities to guide and assist the student in maintaining safety "best practices." Failure to improve performance may result in disciplinary action, up to and including removal from the Respiratory Care Program.

Failure to follow established safety rules and procedures, regardless of whether an injury occurs because of said failure, shall result in disciplinary action including, oral or written reprimand, unsatisfactory performance evaluation, plan of improvement, suspension or termination. The level of discipline shall be determined by the severity and frequency of the violations.

Examples of unsafe behaviors which can result in disciplinary action include, but are not limited to: failure to use provided personal protective equipment (PPE), failure to follow proper policy and procedure, failure to promptly clean up spills or warn of their presence, unsafe lifting practices, failure to promptly report an injury to the immediate supervisor, etc.

Liability Insurance

Although Pierpont Community & Technical College provides professional liability insurance for its students. Students are also encouraged to carry an individual liability insurance policy.

Learning Resources

Students have access to services provided by the Learning Resources Center, Respiratory Care Departments, Hospital Medical Libraries and Public Libraries following appropriate procedures.

Note: Some medical libraries may not permit students to “check out” materials.

Internet Resources

Students have Internet access in the Learning Resources Center, Computer Labs and Respiratory Care Lab. Refer to the college policy in the student handbook on Internet Use.

Students are not permitted to use their phones in the classroom, lab or clinical unless permission is given by an instructor. If permission is granted this is for educational purposes only.

Health Care Systems

Information Management

Management Information Systems are vital to providing patient care and covers many areas to improve the patient care experience. This includes entering patient data, reviewing patient data, billing, record keeping, reports of meeting, etc. Students must be familiar with how the hospital manages this information.

Depending on the health system, students may or may not have their own personal access to the Health Information Management System. Some hospitals only permit students to access information under the guidance of their clinical instructor/ staff RT.

The information will be:

1. Quick and easy for appropriate personnel to access
2. Correct
3. Kept private and safe, with passwords and limited access.
4. Used to improve the work efficiency.
5. Shared between departments to improve patient care.
6. Kept on every person treated.
7. Protected against being lost or destroyed.
8. Protected from people who do not have a reason for access.

Students should remember that as with all information in the hospital, HIM information is protected by HIPPA. When using computers in a public or common area please remember to sign off of computers and protect who can see your open screen.

Patient/Institutional Confidentiality

Everyone must protect the confidentiality of patient information. Patient information may be shared or discussed only with other healthcare workers who have a legitimate need to know. Students and staff who do not need to know patient information have a responsibility to consciously avoid it.

If you are ever unsure whether you should or should not report private patient information, don't report it and consult your instructor as to the appropriate course of action. Anyone who violates the confidentiality of patient information is subject to disciplinary action.

As students in Health Care, you have access to patient and institutional information. All information concerning patients is considered **strictly confidential**. Written, verbal or computer accesses information is to be protected and used only as needed for purpose of patient care. Disclosure of confidential patient information breaches the patient's right to privacy and can lead to suspension from the program and legal litigation.

Students must acknowledge his/her responsibility under federal law and the Affiliation Agreement to keep confidential, any information regarding patients, and all confidential information of the Facility and Corporation Organization. The student agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and further agrees not to reveal any information regarding the facility and corporation organization.

Patient Rights and Organization Ethics

Patient Rights and Organization Ethics improve patient outcomes by respecting individual patient rights and conducting business relationships with patients and community in an ethical manner.

Students must understand and respect the rights and values of patients in meeting their needs and preferences. How students respond to patients has a significant impact on the patient's experience and care.

Under supervision students must:

- Promote consideration of patient values and preferences including the decision to discontinue treatment.
- Recognize the hospital's legal responsibilities.
- Inform patients of their responsibilities in care they receive.
- Manage the hospital's relationships with patients and community in an ethical manner.

Patient Rights and Responsibilities

Individual rights and dignity are always important and must be protected. During illness and hospitalization, the assertion of these rights become important in assuring patient recovery and well-being.

Patients have the **Right** to:

- Be treated with dignity and respect
- Know the names and professional status of people serving them
- Privacy
- Confidentiality of their records
- Receive accurate information about health-related concerns
- Know the effectiveness, possible side effects and problems of all forms of treatment
- Participate in choosing a form of treatment.
- Have an advance directive such as a living will, healthcare proxy or durable power of attorney
- Receive education and counseling.
- Consent to or refuse any care or treatment
- Select and/or change their healthcare provider
- Review their medical records with a clinician
- Information about services and related costs

Patients have the **Responsibilities** to:

- Seek medical attention promptly
- Be honest about their medical history
- Ask about anything they do not understand
- Follow health advice and medical history

- Report any significant changes in symptoms or failure to improve.
- Respect hospital policies
- Respect the property of the hospital and the property of others in the hospital
- Assure that their financial obligation to the Hospital will be paid promptly and that the Hospital will be notified of any change of name, address, or telephone number.

Patient Assessment

A patient assessment determines the kind of care required to meet a patient's needs. To provide patients with the right care at the right time, qualified individuals assess patients care needs throughout the patient's contact with the medical facility.

Hospital Accreditation Standards (Joint Commission) addresses the following processes and activities:

1. Data Collection – The hospital collects data about each patient's physical and psychosocial status, and health history.
2. Data Analysis – The hospital analyzes data to produce information about each patient's care needs, and to identify any additional information required.
3. Decision Making - The hospital bases care decisions on information developed about each patient's needs.
4. Continuous Quality Improvement- the hospital; collects and analyzes data to improve the quality of patient care and employee work environment.

Patient Education

To provide quality health care, patients, families, and significant others have a right to education as it applies to understanding health issues, the recovery process, maximizing education and related information which may lead to the highest level of wellness.

It is important to educate patients and their families in order to:

- Understanding the patient's health status.
- Increase compliance with the health care plan
- Actively participate in the decision-making process concerning health care options.
- Increase the family care skills and coping mechanisms.
- Promote an overall health patient lifestyle.

- Understand the financial implications for treatment and other health care choices.

Students must document education provided and related information as per hospital and department policies and procedures. Documentation is the only way to prove that the patient has been educated and whether they are capable of performing any necessary duties.

Advance Directives

Advanced Directives is a document, in which a person states choices for medical treatment or designates other(s) who should make treatment choices if the patient should lose the capacity to make or communicate healthcare decisions.

At the time of the patient's admission, each patient is asked if he/she has a healthcare proxy. If a proxy exists, a copy of the form is placed in the medical record. If a patient does not have a healthcare proxy, education material will be given to the patient.

Orientation, Training and Continuing Education

Every student receives a general orientation to each clinical site and one specific to the Department/Unit.

Continuing Education is required to maintain Respiratory Therapy credentialing and licensure and therefore, it is important to become familiar and to complete continuing education as a student. Students are required to successfully complete any competency or continuing education materials required by the program or clinical site affiliate.

Incident Reporting

An incident report is the formal documentation of any event such as an unexpected outcome or occurrence that is not consistent with the normal or usual operation of the department or medical center. In addition to the Incident Report, charting must be completed in the patients chart describing, subjectively, the details of events and the patients condition.

Students are required to notify their Instructor/Preceptor immediately in the event of any accident, injury, exposure, etc. Students will be required to follow the policy of the clinical site affiliate at the time of the incident. At their earliest convenience or within eight (8) hours the student must also notify the Director of Clinical Education and/or the Program Director. Students will also be required to submit an incident to PC&TC according to the Incident Reporting Policy of the institution.

Security

The security officers perform many services at the clinical site. They are available to help provide a safe and secure environment for employees, visitors, and patients. They control parking and traffic flow, make periodic patrols in/outside the medical center checking for fire, vandalism, theft, illegal entry, unauthorized persons, unsecured areas, and other safety hazards.

Some general precautions you should take for your safety are as follows:

1. Keep all personal belongings such as purses, wallets, etc. locked up and do not carry large amounts of money.
2. Watch out for our neighbor. If someone forgets to secure an area or personal property, keep an eye on it.
3. Report all suspicious persons or improperly secures area to security immediately.
4. When working after hours, let security know where you are by dialing the operator.
5. When leaving an area, remember to turn off all equipment, such as computers, copy machines, coffee pots, etc.
6. Identification – Students are required to always wear a name badge.
7. Parking – Students must park in student designated areas.

Please contact a security officer if you have any questions or concerns. Security should be notified immediately whenever a security issue or disturbance occurs. This includes situations where someone's personal property is missing or when someone is in danger.

Exposure to Blood borne Pathogens

Everyone working in a hospital setting has the potential for contact/ exposure with blood or body fluids. Examples include Maintenance staff who fixed equipment which is contaminated with blood or housekeeping cleaning a floor where a blood/body fluid spill occurred. We dispose of infectious waste in RED BIOHAZARD BINS. In the case of a blood spill, you should use a spill kit to clean it up or in the event of a bodily fluid spills, keep the area contained and notify housekeeping.

You must remember to wear personal protective equipment such as gloves, masks, gowns/aprons and eye protection to prevent exposure. Failure to comply with this standard could subject the hospital to a fine and result in dismissal from a clinical site

rotation. Students dismissed for violation of hospital policies will be subject to disciplinary action.

Exposure to Airborne Pathogens

The hospitals have designated rooms for patients suspected of having Tuberculosis or other airborne diseases. Upon admission to the hospital there are signs and symptoms such as bloody sputum, persistent cough, etc. that automatically put a patient into isolation until a Chest X-Ray and 2 step Mantoux test are performed. Masks specifically designed for protection from TB are provided to staff who needs to enter a patient's room with TB. Staff must be medically evaluated and fit tested before using the mask.

Standard Precautions - means treating all patients as if their blood and body fluids are infectious. Students are expected to always practice standard precautions and are required to wash hands after each patient contact exposure situation and frequently throughout the day.

Clinical Site Policies and Procedures

The student is responsible for knowing the location of all department manuals including but not limited to:

- Policies and Procedures
- Equipment Manuals
- MSDS Manual
- Emergency Procedures/Codes
- Safety Manuals
- Learning Resources

These are usually located at the nurse's station and on the hospital portal.

CLINICAL RECORDS MANAGEMENT

Description

Use the following forms to document and evaluate your clinical/lab attendance and progress in the Respiratory Care Program. These records, along with your clinical journal, are your responsibility to maintain and keep up to date.

These records document your clinical/lab experiences in the Clinical Practice Courses. Without proper documentation you will receive an INCOMPLETE for the course! This

is considered a part of your records; give yourself all the credit you deserve by documenting your learning experiences thoroughly.

Instructions

1) Attendance Summary Record

- A. Students are required to record their attendance for each scheduled clinical shift in our online recordkeeping platform, Trajecsys. Each assigned clinical shift will be documented online in Trajecsys.
- B. If internet access is not available in the clinical site, the clinical shift will be documented with the daily clinical log and needs to be completed and signed by the clinical instructor/preceptor.

Clinical/lab hours are required and are an essential part of your education. It is your responsibility for contacting the appropriate instructor/preceptor and making arrangements to make up a missed clinical.

2) Program Learning Outcomes

The Program Learning Outcomes Record is documentation of completed skills that are based on the NBRC Examination Test Matrix.

- A. Use the columns designated Peer, Lab and Clinical to document completion of competency.
- B. The DCE or the Program Director will sign the designated areas as verification of the completed proficiency.

It is always your responsibility, to notify the Clinical Preceptors/Instructors of your need to obtain a clinical practice and demonstration of a competency to be checked-off.

3) Daily Progress Report

Daily performance /competency assessment is a process used to ensure both performance and competencies are met for the student to working with the Healthcare System. The process provides an opportunity for the students and faculty to set learning goals for improvement of performance and career

development. Information gathered from performance/competency assessments are used to improve the performance and patient satisfaction. Students are always encouraged to identify education and training needs, or other related needs, necessary to improve job performance and satisfaction.

- A. The Clinical practice progress report is a record of your daily activities and an evaluation of your progress concerning knowledge, psychomotor skills and professional behavior. Students will log their daily experiences in the program's online recordkeeping platform, Trajecsys. Once the students have logged their experiences, Instructors/Preceptors will then log in separately to complete the Daily Record. The DCE and Program Coordinator will have access to the Daily Report.

- B. If internet access is not available in the clinical site, students will be required to submit a paper Progress Report. Part A is to be completed by the student and then submitted to clinical instructor for completion of Part B. The instructor will return the completed form to you or to the Department as per policy.

4) Clinical Journal (Reflective Log)

The clinical journal provides you the opportunity to give a more detailed account of your Clinical/lab experiences and personal insights into your experiences. It is not meant to be a diary but should include the following:

- A. a description of special procedures observed or performed.
- B. an account of in-services or lectures attended.
- C. documentation of physician lectures, patient round, discussions, etc.
- D. exceptionally positive or negative personal interactions with staff E. personal insight into your experiences of the day

PROGRAM LEARNING OUTCOMES

The learning outcomes for each lab/practicum course are based on the National Board for Respiratory Care (NBRC) Examination Matrix. The matrix will serve as a guide for assessing knowledge and skills required to successfully complete this program and preparing you for the NBRC Examinations.

Graduates of Pierpont Community & Technical College's Respiratory Care Program shall be prepared to:

- Develop therapeutic goals of respiratory therapy as a guide to assess, plan, implement and evaluate basic patient care across the life span.
- Implement the role of the Respiratory Therapist in the continuum of care, which includes that of patient advocate, leader/manager of care, communicator, teacher and member of the health care team.
- Perform patient care in a clinical setting in accordance with American Association of Respiratory Care guidelines.
- Integrate ethical, professional, legal responsibility, and accountability into actions and decisions.
- Assume responsibility for personal and professional growth.
- Meet or exceed the minimum expectations of the National Board of Respiratory Care credentialing exams.

Students will demonstrate achievement of all program and course goals by completing competencies in both clinical laboratory settings and clinical affiliate locations. Students must complete each lab competency with a score of $\geq 90\%$ and all clinical competencies with $\geq 90\%$.

The number of successfully completed competencies required to meet course requirements are as follows:

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RESP 2206 Clinical Theory Practicum – Summer I			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
Handwashing	3	1	
Isolation Procedures	3	1	
Documentation and Goals Assessment	3	5	
Vital Signs and Breath Sounds	3	5	
Physical Assessment	3	3	
Oxygen Administration	3	5	
Humidity and Aerosol Therapy Administration	3	5	
Small-Volume Nebulizer Therapy	3	3	
Chest Percussion, Postural Drainage, Patient Positioning	3	1-3	
Incentive Spirometry	3	5	
High Frequency Chest Wall Oscillation – The Vest	3	0-1	
PEP Mask Therapy, Flutter Valve/Acapella	3	1-3	
MDI Therapy DPI Therapy	3	3	
Oxygen Concentrator	3	0-1	
IPPB Therapy			
IPV Therapy			
Bedside Pulmonary Function Testing	3	0-1	
Basic Spirometry			
Manual Resuscitation	3	1	
Nasotracheal Suctioning	3	1-3	
Endotracheal Suctioning	3	1-3	
Monitoring Cuff Pressures	3	1-3	
Tracheostomy and Stoma Care	3	0-1	
Arterial Puncture	3	3	
Initiation of Noninvasive Ventilation	3	3-5	

**NOTE: DCE RESERVES THE RIGHT TO CHANGE OR MODIFY
REQUIRED COMPETENCIES AT ANY TIME TO FACILITATE
LEARNING OUTCOMES TO MEET COURSE OBJECTIVES**

Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

RESP 2210 Clinical Practicum I - Fall			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
D-10 Nasotracheal Suctioning		1-3	
D-12 High Frequency Chest Wall Oscillation		1-3	
D-17 Adult CPAP		1-3	
D-18 Non-Invasive Positive Pressure Ventilation		1-3	
E-2 Mechanical Ventilator Set-Up	3	3	
E-3 Oral Endotracheal Intubation	3	1-3	
E-4 Extubation of Artificial Airway	3	1-3	
E-6 Mechanical Ventilation Setting Adjustments	3	1-3	
E-8 Artificial Airway Care		1-3	
E-9 Spontaneous Mechanics	3	1-3	
E-10 Arterial Line Set-Up			
E-11 Suctioning of Artificial Airway		1-3	
E-12 Trach Tube Replacement	3	1	
E-13 Video Scope Assisted Intubation			
E-15 Continuous Nebulization	3	1-3	
E-17 Ventilator Management	3	1-3	
E-18 LMA Insertion	1		
E-19 Artificial Airway Stabilization Device	1		
E-21 Ventilator Mode Modification	3	1-3	
E-22 Transport Ventilator Set-up			
G-7 Arterial Puncture for Blood Gas Analysis		5	

G-3 Bronchoscopy Assisting	1		
G-5 Bedside Spirometry	3	1-3	
G-6 Pulmonary Function Testing	3	1-3	
H-5 Overnight Pulse Oximetry			

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The number of successfully completed competencies required to meet course requirements are as follows:

RESP 2250 Neo/Ped rotation - Spring			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
F-2 Oxyhood Set-Up	1		
F-3 Neonatal/Ped Ventilator System Check	3	1-3	
F-4 Neonatal/Ped Ventilator System Set-up	3	1-3	
F-5 Nasal-ET CPAP Set-up	3	1-3	
F-7 Suctioning of the Neo/Ped Artificial Airway	3	1	
F-8 Neo/Ped Patient Assessment	3	1	
F-9 Surfactant Administration			
F-10 Transcutaneous Monitoring System Set-up	1		
F-14 Nitric Oxide Administration			
F-15 Neopuff	1		
F-16 High Frequency Oscillatory Ventilation (HFOV)			

H-20 RC Role in Vent Weaning			
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Students unable to meet the number of clinical requirements for the course may not be able to successfully continue in the Respiratory Care Program. Please see the Director of Clinical Education if you are unable to meet the course requirements **BEFORE** the last week of the classes.

The number of successfully completed competencies required to meet course requirements are as follows:

RESP 2250 Clinical Practicum II and RESP 2270 Intensive Respiratory Care Spring			
Skill	# of Competencies Required		Date Completed
	Lab	Clinical	
D-10 Nasotracheal Suctioning		1-3	
D-17 Adult CPAP		1-3	
D-18 Non-Invasive Positive Pressure Ventilation (BiPAP©)		1-3	
E-2 Mechanical Ventilator Set-Up		3	
E-3 Oral Endotracheal Intubation		1-3	
E-4 Extubation of Artificial Airway		1-3	
E-6 Mechanical Ventilation Setting Adjustments		1-3	
E-8 Artificial Airway Care		1-3	
E-9 Spontaneous Mechanics		1-3	
E-10 Arterial Line Set-Up			
E-11 Suctioning of Artificial Airway		1-3	
E-12 Trach Tube Replacement			
E-15 Continuous Nebulization		1-3	
E-17 Ventilator Management		1-3	
E-21 Ventilator Mode Modification		1-3	
G-7 Arterial Puncture for Blood Gas Analysis		5	
G-3 Bronchoscopy Assisting			

G-5 Bedside Spirometry		1-3	
G-6 Pulmonary Function Testing		1-3	
H-1 Polysomnography			
H-2 Polysomnography with CPAP titration			
H-8 – H13 Pulmonary Rehabilitation			
H-15 COPD Disease Assessment			
H-19 Rapid Response			
H-22 Exercise Stress Test			

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