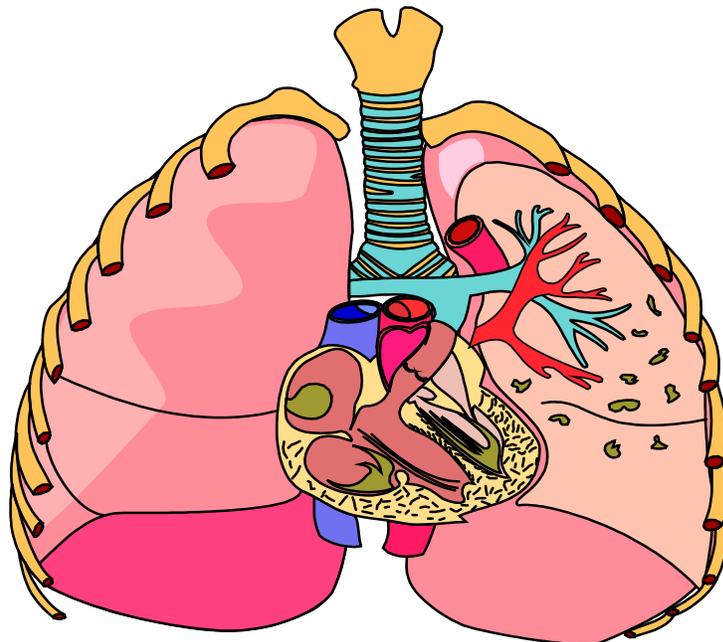


WASHINGTON STATE COMMUNITY COLLEGE RESPIRATORY THERAPY



STUDENT HANDBOOK 2020-2021

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STATEMENT OF NON-DISCRIMINATION

Washington State Community College embraces human diversity and is committed to equal employment opportunities, affirmative action, and eliminating discrimination.

Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited. Equal access to employment opportunities, admission, educational programs, and all other university activities is extended to all persons.

Washington State Community Respiratory Therapy Program

Welcome to the Washington State Community College Respiratory Therapy Program. You are entering into a dynamically evolving profession in Respiratory Therapy. Hospitals remain the largest employers of Respiratory Therapists, but job opportunities are expanding in many other areas.

The Respiratory Therapy Program was developed in response to the community need for Respiratory Therapists. The area health care providers initiated the “need survey”. In addition to the community’s need for Respiratory Therapists, the national job market has also increased the demand for Respiratory Therapists. This program provides the theory and practice to prepare students for jobs as therapists.

Respiratory care professionals are actively involved with the treatment, management and care of patients with deficiencies and abnormalities associated with the heart and lungs. This program trains students in the therapeutic use of medical gases and their administering devices, diagnostic tests, humidity and aerosols, inhaled medications, ventilator management, pulmonary hygiene, rehabilitation, airway management, and cardiopulmonary resuscitation. Students also learn a variety of techniques used in the diagnosis, monitoring and treatment of patients with cardiopulmonary disorders. Following physician's orders, respiratory care personnel must work closely with other members of the health care team including physicians, nurses, physical therapists and other health professionals. Not only are the job functions expanding but employment of graduates is excellent. In addition to traditional opportunities in hospitals, other areas of specialization such as in sleep studies, pulmonary function, pulmonary rehab, hyperbaric oxygen therapy, administration and teaching are growing areas of Respiratory Care. Some therapists are also involved in cardiology specialties, neonatal and in academic college or university settings, as educators and researchers.

The associate degree program consists of five semesters of professional and support courses. Students who are accepted into the program and complete all required courses will be scheduled to enter the clinical portion of their program beginning with the second semester, with some clinical observations also in the second semester. Graduates will receive an Associate of Applied Science Degree.

This program was approved by the Ohio Board of Regents February 16, 1996 after a review for accreditation in the spring of 1998. The program is fully accredited by the Commission for Accreditation of Respiratory Care, (CoARC).

The graduate is qualified for immediate employment with the appropriate license. They will also be eligible for application to the National Board for Respiratory Care (NBRC) for (TMC & Clinical Sim) examinations to become a Certified Respiratory Therapist (CRT) and to become a Registered Respiratory Therapist (RRT). Ohio requires the RRT for licensure.

The purpose of this handbook is to give you information specific to the Respiratory Therapy Program. This handbook supplements the Washington State Community College Catalog and does not negate established rules and policies of Washington State Community College.

GENERAL JOB-ENTRY COMPETENCIES

Program Goal

Graduates of the Respiratory Therapy Program will be competent advanced-level Respiratory Therapists:

Professional (affective) Skills:

1. The graduates will be able to demonstrate professional behavior as expected by their employer. This includes abilities to:
 - a. Communicate with patients, physicians, and health care workers, demonstrating an understanding of medical terminology and effective written and verbal communication skills.
 - b. Continue as an independent learner, by demonstration of upgraded job skills and keeping pace with the changing health field with Continuing Ed.
 - c. Demonstrate an understanding of the procedures used in respiratory therapy departments to manage and evaluate personnel, assess productivity, and budget for departmental purchases.
 - d. Demonstrate an understanding of human behavior, value systems and world awareness.

Knowledge (Cognitive) abilities:

2. The graduate will demonstrate the ability to comprehend, apply and evaluate information relevant to the role of an advanced-level Respiratory Therapist. This includes abilities to:
 - a. Demonstrate the knowledge of the fundamentals of cardiopulmonary anatomy, physiology and pathology and to use critical thinking to apply the appropriate treatment, assessment, and care of patients with cardiopulmonary problems.
 - b. Demonstrate the knowledge of the function & problem solving of equipment, and equipment operation. Apply understanding to the delivery of medical gas therapy, humidity, aerosol therapy, hyperinflation therapy, mechanical ventilatory support and other respiratory therapy. Understand and perform diagnostic tests to evaluate cardiopulmonary function and blood gas transport.

Clinical (psychomotor) skills:

3. The graduate will demonstrate competent technical skills necessary to fulfill the role of an advanced-level Respiratory Therapist. This includes abilities to:
 - a. Demonstrate the competent ability to perform and operate respiratory equipment designed to delivery medical gas therapy, humidity, aerosol therapy, hyperinflation therapy, mechanical ventilatory support and other respiratory therapy. Understand and perform diagnostic tests to evaluate cardiopulmonary function and blood gas transport.
 - b. Demonstrate abilities in maintenance of an unobstructed patient airway; recognize life-threatening situations and administer necessary patient care.

PHILOSOPHY

The Respiratory Therapy Program is dedicated to preparing individuals to function as competent members in the field of Respiratory Care and thus benefit the community and the individual by the knowledge and skills achieved in this program.

GOAL

Graduates of the Respiratory Therapy Program will be competent advanced-level Respiratory Therapists in the areas of Professional (affective) Skills, Knowledge (Cognitive) abilities and Clinical (psychomotor) skills.

ACCREDITATION

The Respiratory Therapy Program is a part of Washington State Community College, which is accredited by the North Central Association of Colleges and Schools and approved by both the Ohio Board of Regents and the Ohio State Department of Education.

Accreditation is awarded when the academic institution has demonstrated that it maintains an education program in accordance with the guidelines adopted by the Commission on Accreditation of Respiratory Care (CoArc) www.coarc.com. Washington State Community College Respiratory Therapy Program is fully accredited as of April 22, 1999. Program outcome data is available: <http://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>.

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PROGRAM CONTROL

The Respiratory Therapy program is a cooperative education program between the College and our clinical affiliates, where valuable “hands on” clinical experience is obtained. Clinical experience is mainly obtained at local hospitals and homecare companies; however, some areas such as Neonatal Critical Care require travel and overnight stays for clinicals at Regional Health Centers within a 200 mile radius of Marietta. Washington State Community College is the controlling agency for the program. Policies apply to all students and faculty regardless of location.

PROGRAM ORGANIZATION

The RT Program faculty consists of a Program Director, (Adrienne Hellinger BS, RRT-ACCS) responsible for overall program administration. The Director of Clinical Education, (Aaron Lopreste, RRT) is responsible for the coordination of the program between the college and the clinical affiliates. RT instructors will be responsible for the instruction of the technical courses. Clinical Coordinators will be responsible for administration of the program within the clinical affiliate and Clinical Instructors will be responsible for the clinical instruction. The Medical Director is a physician who assures the medical relevance of the curriculum. Medical Director is: Dr. Robert McKinley, MD.

Two times a year the RT Advisory Committee meets to discuss the program. The committee consists of RT faculty, clinical faculty, the medical directors, college administrators, members of the community, and current RT students. The purpose of the committee is to review and establish policies and thus evaluate the program. The Advisory Committee serves to identify the strengths of the program, and recognize and improve our weaknesses.

Plan for Consistency of Clinical Instruction and Evaluation of Clinical Courses, Preceptors & Clinical Sites

The purpose of this Continuous Improvement Plan is to reduce inconsistencies in clinical instruction.

We try to schedule students to clinical sites that would provide equitable clinical experience for all the Respiratory Therapy Students. We try to have the same/similar clinical experiences at larger hospitals (CCMH, MMH & Genesis) and smaller hospitals for all students. Some clinical sites are specific to the clinical objectives so for example all students go to Rainbow Babies and Nationwide Children's Hospital for neonatal and pediatric experiences.

We assess the student's clinical instruction based on the student's evaluations of the clinical courses, clinical preceptors and clinical sites, Program Student Resource Survey, and other surveys such as: Program Personnel Resource Survey, Graduate Surveys, and Employer Surveys plus Inter-Rater Reliability assessments of preceptors.

Students are required to complete a preceptor evaluation on each preceptor and after completing the clinical site, they are required to complete the site evaluation plus a course evaluation. The Clinical Preceptor and Clinical Site evaluations are now available online.

If the results of surveys and/or student's evaluations of the clinical preceptors demonstrate a valid trend and concern regarding the consistency of their clinical experience, the DCE will attempt to validate the information with the student in conjunction with the clinical preceptor or any other related issues. If there is a valid concern, the DCE may consult with the Program Director and/or send the results to the clinical preceptor's supervisor depending on the issue. If there is a need for student remediation, we follow our Clinical Remediation Policy to address the clinically related deficiency (See Remediation Policies). We make every effort to train the clinical preceptors to evaluate the students and we use Inter-rater Reliability studies to evaluate the preceptors every other year. New preceptors are evaluated within a year. Only preceptors who have completed the IRR training are permitted to evaluate student clinical competencies. If there are clinical preceptors that are found in need of improvement, the Director of Clinical Education will meet with the Clinical Coordinator at the site to discuss the points of discrepancy, and address deficiencies if needed. The DCE and Program Director also review the results after each IRR assessment.

We also evaluate the other survey results and generally use a "cut score" of less than 3, on a scale of 5, as reflecting a negative response. Although we generally examine all negative responses, positive responses less than eighty percent (80%) trigger a need to address the negative issue(s).

We also assess results if students are not meeting their clinical objectives required for graduation at the clinical sites. If a clinical site does not have the resources/procedures necessary for students to meet their objectives we may decide not to use that site. The Respiratory Therapy Student Handbook and Clinical Preceptor Manual are updated to improve the consistency of clinical instruction.

STUDENT PERSONNEL POLICIES

COURSE OF STUDY

The Respiratory Therapy Program is five consecutive semesters in length (Appendix B). Classroom instruction and laboratory instruction are concentrated more in the earlier semesters of the program. The classroom and clinical experiences proceed from simple to complex, with the individual student moving from a dependent role, to a more independent role. Self-evaluation and self-responsibility are stressed throughout the entire program of study. To complete the program and be eligible to take NBRC exams, the student must progress from semester to semester satisfying all academic and clinical requirements and graduate. Students are expected to take the TMC & Clinical Simulation Board Exams.

STUDENT SCHEDULE

CLASS SESSIONS: Class attendance is required.

CLINICAL EXPERIENCES: The clinical experience is intended to expose the student to the workplace environment, specific realms of clinical practice (such as critical care, neonatal care, rehabilitation, etc.) and multi-disciplinary relationships in healthcare. The student is required to complete the safety training for risks of infectious and environmental hazards prior to any clinical experience. The training must meet each clinical site's policies and WSCC's policies. It is necessary for the student to avail themselves of all aspects of the clinical experience to complete the course of study. During the clinical experience the student functions under the guidance and control of an instructor, who is a member of the Cardio-Respiratory Department of that clinical site. The student will adhere to the policies of the clinical site regarding the start and finish times for each session, meal breaks and other breaks, unless otherwise instructed. Clinicals will be required in the day shift (varies per site - 6:30 am to 3:00pm), evening shift (varies per site - 2:00pm to 10:30pm). Sleep Lab clinical experiences will be required during the spring Semester at night (approximately 9:00pm to 5:30am).

1. Each student is required to keep his/her evaluation report updated.
2. The student must have his/her evaluation report in the clinical areas at all times.
3. Unless just observing, it is the student's responsibility to present the evaluation report to the clinical preceptor daily.
4. Pre-clinical and post-clinical conferences are required as scheduled. Attendance is mandatory. Conferences are considered part of the clinical experience and nonattendance is considered a clinical absence. (See under ABSENTEEISM)
5. Clinical experience:

<u>Semester</u>	<u>Clinical Evaluations/Frequency</u>	<u>Clinical Days/Week & The Length of Semester</u>
Semester II	10/ 1-2 per week	1-2 days/week for 5-10 weeks
Semester III	12/1-2 per week	2-3 days/week – 16 hours/wk (7 weeks)
Semester IV	25/1-2 per week	2 days/week - 16 hours/wk (15 weeks)
Semester V	16/1-2 per week	2 days/week - 16 hours/wk (15 weeks)

6. Clinical Grades are based on attendance, (see absenteeism) conduct and clinical skills displayed while at a clinical assignment. There will also be periodic oral/practical examinations scheduled as well as written assignments to evaluate a student's ability to organize, provide and discuss therapeutic concepts. The specific grading criteria for each clinical session is detailed in the *syllabus course information* for each session.
7. Student evaluation reports are completed by the clinical preceptors. Low scores of 1 or 2 mandate remediation and/or disciplinary action. Mid-Semester, students still receiving scores below minimal expectations must attend mandatory "Open Lab" Sessions.

TARDINESS

1. Regular and punctual attendance is mandatory. A student who is repeatedly tardy for classroom instruction will be subject to disciplinary action. See individual instructors' Syllabus and Class Information form.
2. Tardiness at Clinical Assignments will be handled as previously outlined under clinical grades.
3. Three tardy marks or leaving a class before class is dismissed will be counted as an absence. A student is considered tardy if he/she is not present when attendance is taken.

ABSENTEEISM Clinical

1. Clinical absences due to illness or family emergencies are understandable; however, any absence must be made up. A five (5) percentage point reduction for the second and each subsequent absence in the semester will be subtracted from the final grade. Exception is made for absences due to a family member death. Absences must be made up regardless of point reduction. Excessive tardiness (more than twice per semester) or leaving early may count as an absence. Missed time must be made up prior to the start of the next semester. There will be no reduction in the final grade for a death in the family. Clinical courses will be considered incomplete until those days are made up. All clinical make-up time will be coordinated at the direction of the Director of Clinical Education. No student will be permitted to begin the next semester without **ALL** clinical hours completed unless prior arrangements have been made with Clinical Education Director.
2. Clinical make-up work will be scheduled during semester breaks or at the discretion of the faculty. The student **MUST** do the make-up work on the day/days scheduled. **ALL** clinical make-up work for the previous semester **MUST** be completed **BEFORE** the beginning of the next semester. **No student will be permitted to begin the next semester without ALL clinical work completed unless prior arrangements have been made with the Director of Clinical Education. Excessive absenteeism may result in disciplinary action and/or reduction in grade (see clinical grades).**

3. Absence from the clinical must be reported to the Clinical Site **EACH DAY** at least ONE hour prior to the scheduled report time

Arbors of Marietta	740-373-3597
Camden Clark Memorial Hospital	304-424-2224
Genesis Healthcare systems in Zanesville, OH	740-454-5939
Dr. Gondalia	304-424-4618
Fairfield Medical Center, Lancaster, OH	740-687-8000
Marietta Memorial Hospital, Memorial Health System (MHS)	740-236-7376
Marietta Memorial Hospital Belpre ER (MHS)	740-401-1125
Selby General Hospital (MHS)	740-568-2000
Jackson General Hospital	304-372-2731
Medical Services Company	740-374-2865
Nationwide Children's Hospital in Columbus, OH	614-722-2000/X. 21581
Rainbow & Children's Hospital in Cleveland, OH	216-844-7429 or 1954
Southeastern Ohio Regional Medical Center (SEORMC)	740-439-8258

4. Failure to call prior to an absence will be considered **unreliable**. One verbal warning notice will be given to the student. Upon the second occurrence, the student will be given a "Written Notice". Upon the third occurrence, the student will be placed on probation. If the problem is not corrected by the designated date, the student could be dismissed.

Classroom

Attendance is mandatory. Notification of absenteeism is required. It is the student's responsibility to consult instructors regarding class work following each absence. The student is responsible for all work missed when absent and must make the necessary arrangements with the instructor to complete that work. Three tardy marks or leaving a class before class is dismissed will be counted as an absence. A student is considered tardy if he/she is not present at the designated start time of the class. Verbal communication is very important in R.T. and required in many courses. There will be a reduction in the final grade for each absence, per the syllabus, Exception is made for hospitalization or a death in the family.

Laboratory

1. Notification of absenteeism is required.
2. Attendance is mandatory. All missed laboratory time must be completed before the end of each semester. A grade will not be issued for any course which has Laboratory time not made up.
3. All laboratory hours for each course must be completed for a student to be admitted to the next semester.
4. Laboratory make-up must be arranged with the instructor.

5. No high risk procedure (such as ABG puncture and intubations) may be performed in the clinical areas until the student has been signed off in the laboratory.
6. There will be a reduction in the final grade for each absence. Exception is made for hospitalization or a death in the family.

Clinical Improvement Plan

The DCE will plan for improvements if there are notable clinical site or preceptor needs for improvement. RAM (resource assessment matrix) percent less than 80% triggers a review of clinical resources. (See Clinical Preceptor Training manual for more details under “Consistency of Clinical Instruction and Evaluation”).

Clinical Evaluation

Definition:

Affective evaluations are part of the clinical evaluation process. They represent the preceptors' overall view of the students' ability to communicate, confidence, initiative, cooperation, maturity, professional ethics, organization and theory application.

Procedure:

A. Students' responsibilities:

1. Provide the preceptor the assigned evaluation form.
2. Provide the preceptor the attendance form.
3. Complete semester objectives.

B. Preceptors responsibilities:

1. Complete evaluation form and return form to WSCC.
 - a. We recommend at the start of the clinical day a performance rating of 3, (meets minimal expectation).
 - b. Move the performance rating up and down over the course of their clinical day.
 - c. **Below average, unacceptable performance ratings require an explanation.**
 - d. Note areas that require improvement.
2. Sign and confirm attendance and punctuality of the student.
 - a. Document if a student is late or left early.
 - b. The student is required to make up missed clinical time.
 - c. Time can be made up by permitting the student to stay past the scheduled clinical time.
Or WSCC Director of Clinical Education will reschedule missed time on a future date.
3. Assist the student in the completion of the semester objectives.

Remediation:

Students who are consistently unable to meet the clinical objectives, use unsafe methods of delivering patient care, who show inadequate preparation in caring for patients, or who demonstrate unprofessional conduct in the clinical area may receive a below average and/or unacceptable clinical evaluation. This will result in remediation of the student by WSCC Director of Clinical Education or Adjunct Clinical Instructor in the program's laboratory.

Reduction in final clinical grade are 5% for each Below Average score and 10% for each unacceptable score and a 10% deduction for each unsuccessful completion of a competency.

Preceptor will be contacted by the Clinical Director to discuss performance ratings that are Below Average and/or Unacceptable.

The Program and Clinical Directors will review and determine the final grade reduction.

Students who continue to have below average/unacceptable clinical evaluations after remediation may fail the course, resulting in dismissal from the program.

Student Evaluation of the Preceptor:

Each student will have the opportunity to evaluate you as a preceptor. This information will be shared with your Department Director/Manager or Supervisor.

External Site Evaluation:

Each student is required to evaluate each clinical site, each clinical preceptor, and clinical course.

Clinical Competency Evaluation

General Information:

The student will be prepared with sufficient exposure to procedural skills through classroom, laboratory, and clinical experiences to successfully demonstrate their proficiency in performing the procedures in this manual

The Clinical Preceptor Training manual (summarized here) is designed to be used as a tool for the Adjunct Clinical Instructors, Clinical Preceptors, Clinical Coordinators, and/or Clinical Director of the Respiratory Therapy Program to evaluate the student's competency measured against specific **Essential Standards** of practice established for various clinical procedures.

The student should prepare themselves to meet these Essentials Standards prior to seeking evaluation in a procedure. This preparation should include but not be limited to; exposure to the procedure in a didactic setting, observation of the procedure in the laboratory and/or clinical setting, practicing the procedure in the laboratory or clinical setting under direct supervision of the Adjunct Clinical Instructor, Clinical Preceptor, Clinical Coordinator or Clinical Director and supplemental practice of the procedure under general supervision.

When the student feels he or she is prepared to perform the procedure for evaluation they should ascertain the availability of the desired procedure in a clinical setting. They should then arrange to have a clinical instructor, clinical coordinator, or the clinical director, who has successfully completed the Preceptor IRR training observe their performance of that procedure with the intent of being graded either pass (YES) or fail (NO) for that procedure.

This manual contains:

- Descriptions of the Essential Standards for each required procedure.
- Clinical Competency Evaluation forms for each required procedure.

A. Essential Standards are designed to provide guidance for the student and the evaluator as to the basic required steps to safely and effectively administer a procedure. They are categorized as:

1. **Therapeutic** (may include set-up if the student is required to initiate the procedure) – procedures which require the student to administer a prescribed modality to a patient.
2. **Diagnostic** – student is required to perform a specified procedure which will determine specific clinical data about a patient.
3. **Critical Care** – student is required to perform a procedure usually related to a patient receiving more intensive therapies.

B. Clinical Competency Evaluation forms (CCE forms) are used to evaluate the student's performance of the procedure and they have three (3) sections:

1. **General Knowledge Questions** – These are usually evaluated during the Laboratory assessment; HOWEVER, the Clinical Preceptor may review this information if desired.

2. **Laboratory Demonstration** – whenever possible the procedure will first be performed in the school laboratory and evaluated.
3. **Clinical Demonstration** – Final step in the process where the student performs the procedure on an actual patient under the supervision of a Clinical Preceptor and is evaluated as to; YES, the procedure was performed successfully (Pass) – **OR** – NO, it was not performed adequately (Fail).
4. **Clinical Competency Evaluation Procedure:**
 - A. **Students Responsibilities:**
 1. The student will prepare for the evaluation by:
 - (a) Learning about the procedure through classroom study.
 - (b) Observing the procedure in the laboratory and/or the clinical setting.
 - (c) Experience performing the procedure in the laboratory and/or clinical setting under the direct supervision and control of a Clinical Preceptor, Adjunct Clinical Instructor, Program Director, Clinical Coordinator or Clinical Director.
 - (d) Practice performing the procedure under general supervision in the clinical setting to the extent that the student is prepared to perform the procedure independently.
 - (e) The student may enlist another student to monitor the performance of the procedure and provide “Peer Review” input.
 2. The student will request the evaluation when they feel they are competent to perform the procedure and prepared to demonstrate their competency by performing the procedure as per the essential standards established for that procedure.
 3. The student will supply the preceptor with the appropriate CCE form for the procedure to be evaluated. **The first two sections of the CCE form must be successfully completed.** The student is responsible for maintaining the CCE forms. If a completed form is lost prior to turning it in to the Clinical Ed. Director, that procedure will have to be repeated.
 4. The student will be prepared to provide identification (photo ID) to ensure to the evaluator that they are who they say they are.
 5. The student will confer with the evaluator and/or clinical coordinator to establish the appropriateness of performing an evaluation at a given time taking into consideration:
 - (a) The evaluator has the time to perform the evaluation.
 - (b) The patient selected is appropriate and has no objections.
 6. The student will complete all assigned CCE by the end of the program.

B. Evaluator Responsibilities:

1. The evaluator must be recognized by Washington State Community College as the Clinical Coordinator, Adjunct Clinical Instructor or Clinical Preceptor. They must also be a licensed RT practitioner in their state, where they practice and completed the "Inter-Rater Reliability Training".
2. The evaluator is credentialed by the National Board for Respiratory Care and licensed by the state in which evaluation is to take place.
3. The evaluator is familiar with the content of this manual and has reviewed the Essential Standards for the procedure to be evaluated. They need to also be aware of the steps to complete the essential standards or of any variations mandated by the facility to the steps as indicated (variations must be specified for the student prior to the evaluations).
4. The evaluator should arrange sufficient time for the evaluation where he/she can be free from distractions for the course of the evaluation.
5. The evaluator should give a fair, unbiased evaluation of the students actions regarding the procedure evaluated.

C. Steps to Complete Clinical Competency Evaluation:

1. The evaluator will observe that the student completes the Essential Standards necessary to **safely** and **effectively** administer the procedure being evaluated. The standards do not necessarily have to follow the order in which they are arranged as long as the sequence followed does not negate the purpose of the task. For example, it would be inappropriate for the student to stop and wash his/her hands after assembling the equipment. It would be permissible, however, for the student to greet and confirm the patient prior to confirming the order and reviewing the chart as there may be value in ascertaining the patient's immediate condition prior to proceeding.
2. The steps used to complete an essential standard may be allowed some variation as situations dictate. For example, if the procedure being demonstrated is a modality which had previously been initiated, i.e: SVN Therapy. The student would not be responsible for the initial obtainment of equipment needed, but should be able to recognize whether all that was needed was present and that it is assembled correctly.
3. The overall consideration for pass/fail will be based on the students effectiveness in delivering safe, effective therapy and that no omissions occur which would cause concern for the safety and effectiveness of the procedure. The evaluator should be available and ready to step in if actions taken by the student are deemed contrary to this overall consideration.

4. At the conclusion of the evaluation the evaluator will indicate how the student performed the procedure by **CHECKING** either YES (for pass) or NO (for fail) on the CCE form for that procedure. A brief comment as to why the student failed must be noted for remedial purposes, should the student not perform the procedure successfully.
5. There is a 10 % reduction for each failed Competency.
6. All Competencies must be successfully completed prior to Graduation.
7. **THE STUDENT WILL NOT CONFRONT THE EVALUATOR REGARDING THE EVALUATION.** If there is a disagreement with the evaluation, the student will ask the Clinical Education Director to review the procedure and that decision will be final.

STUDENT EVALUATION REPORT

ACADEMIC POLICIES

Promotion

Students must maintain a minimum of a "C" in all courses. If a student should receive a grade below a "C" for a final grade in any course, the student may repeat the course to improve the grade. The student may continue in the RT program if the course which is to be repeated is not a prerequisite course. If the course is a prerequisite, the student may wish to consider taking a leave of absence until the course is offered again or complete the non-Respiratory courses and return in the Respiratory Therapy classes the following year. The student must complete the program within three years of starting the first Respiratory Therapy Class, (RESP).

Before beginning the Clinical Practice of the program, students must have successfully completed the prerequisite course/s. *If it has been a year or more since the prerequisite course/s was/were completed the student must successfully complete a knowledge and psychomotor competency exam or repeat the prerequisite course/s. (All courses must be successfully completed with a "C" or better).*

A list of the RT technical courses and their prerequisites is located in this handbook.

To pass the Clinical Practice, a student must minimally achieve a "C" or better in both the practical and didactic grades. If a student fails a clinical course, their case must be presented to an ad hoc Directed Practice Committee before readmission into the Clinical Practice. The Committee will consist of clinical faculty, college faculty and the RT Faculty. Considering the student's academic achievement, the Committee may allow the student to repeat the rotation during the next academic year, may decide it is necessary to repeat the corresponding pre-requisite technical course, or may dismiss the student from the program. The student must complete the program within 3 years of taking his/her first technical course, (RESP).

Evaluation

In all RT courses evaluation is based on three levels of achievement of one or more of the following: cognitive ability which consists of knowledge and understanding, psychomotor ability which requires manipulative skills, and/or affective behavior which is related to attitudes and traits.

Objective standards of competent performance in each RT course will be distributed and discussed with students. Competence in a given subject is evaluated in a variety of ways such as quizzes, exams, observation records, checklists and evaluation forms. Satisfactory evaluation in each of the three levels of achievement is required for graduation.

During the last semester there will be two comprehensive exams, (TMC-SAE & CS-SAE). There are fees for these exams. (See *estimated cost page*, subject to change as determined by the NBRC) The purpose of these exams will be to evaluate areas of weakness for each student and to improve weaknesses in the curriculum. There are also summative Psychomotor, Professional Behavior Evaluations and verbal exams.

Remediation Policy

The minimum passing grade is a “C” in all Respiratory Therapy Courses. In the clinical setting if a student receives a low score/rating of a 1 or 2 or has areas of concern (violates HIPPA, Handbook or Infection Control policies) they are addressed immediately along with a disciplinary action/Remediation form which usually involves mandatory open lab before their next clinical rotation. If a student receives a grade below a “C” they are sent an “EARLY ALERT” notification, which explains steps the student should take for remediation. The recommendations may include study tips, attendance, getting a tutor or joining a study group, making up assignments and/or making an appointment with the course instructor. A student, who receives a failing grade on an exam is strongly encouraged to seek immediate guidance from the course instructor on possible means for improving his/her performance. These may include scheduled meetings with the course instructor, additional practice assignments and/or practice time. Students seeking guidance should make an appointment with the course instructor or refer to the Faculty’s Schedule for available office hours and/or “open Lab” times. Instructors review quizzes/tests after the students have taken the exam to remediate all students on missed test items. See page 12 for Clinical Course Remediation.

Probation/Dismissal

The Program Director may recommend to the Dean to place on probation or dismiss any student having serious difficulty with the didactic or clinical performance aspects of the program.

As listed in the College catalog under Academic Probation and other regulations, a student may be placed on probation or dismissed from the program for non-academic reasons, such as, but not limited to, the criteria listed in the catalog or as listed below. This policy also applies to off campus activities related to the program.

The following can result in dismissal from the program:

- ❖ Cheating, Falsification of records, and inappropriate behavior

The following conditions are cause for probation:

- ❖ Disregard for the RT dress code and guidelines for personal care.
- ❖ Smoking, eating or drinking in unauthorized areas.
- ❖ Unexcused absences.
- ❖ Violation of established safety policies.
- ❖ Unsatisfactory evaluations in cognitive, affective or psychomotor areas.

A student who is put on probation/dismissed may make an appeal, (see grievance procedure) if the student feels he/she has been unjustly treated.

Leave of Absence

Students who leave the program in good academic standing and wish to re-enter the program at a later date, may do so only if space is available. Since readmission cannot be guaranteed, students are advised to consult their advisor before such action is taken. *The student must complete the program within 3 years of taking his/her first technical course.*

Service Work Policy/Student Role

Occasionally students obtain employment at their assigned clinical affiliate or another institution. Such compensated employment is an arrangement solely between the student as an employee and the hospital as an employer. No paid employment time will be included in credit awarded for Clinical Practice courses. Paid employment may not interfere or overlap with clinical Practice scheduling. Clinical site employers cannot use students to replace staff employees and the student must be appropriately supervised.

PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance is provided and paid for by the college. It covers only the assigned clinical times when the student is under the supervision of a Clinical Instructor/Preceptor.

ADMISSION POLICY

Applicants must be accepted to Washington State Community College and:

1. Be a High School Graduate or possess a GED
2. Have a "C" or better in at least High School algebra, biology and chemistry
3. Take the placement exam demonstrating their ability to read, write, comprehend, and perform math at the college level. If not, they will be required to take developmental courses to bring their skills up to college level and/or transfer college General Education courses to WSCC demonstrating these skills.
4. Submit to Program Director together:
 - a. College application
 - b. Program application
 - c. High School Transcript
 - d. Three References (on forms provided)
 - e. Sign a form to release information to the program, (if needed)
5. Contact the program director
6. Admission is "First-Come-First-Serve". This means the program could be full when an applicant completes the prerequisites and he/she may have to wait a year to get into the program. In the event of a tie, the applicant with the earliest date on the program application & references (date all were received by the Program Director) will be accepted first.
7. The number of students accepted to the program is 24 (at the start of Fall Semester). This number may be adjusted down, as determined by the Program Director in consultation with the Dean of Health Sciences, and depends on available resources to meet the student's and graduate's needs.

*After admitted, a Physical Exam, Lab work and Criminal Background check are required.

READMISSION POLICY

Readmission into the program is considered on an individual basis. **NO** student is readmitted if dismissed for clinical performance. If it has been a year or more since the prerequisite course/s was/were completed, the student must successfully complete a knowledge and psychomotor competency exam or repeat the prerequisite course/s. (All courses must be successfully completed with a "C" or better).

The applicant, for readmission must complete the following process in its entirety.

1. Applicant for readmission submits a written request to the Director of the program.
2. The Director will present the request to the RT faculty if necessary.
3. The faculty will review and evaluate the applicant's records and request.
4. The applicant will be informed of the decision within 10 working days of the request. This will include concerns and recommendations.
5. Readmitted applicants will have their transcripts individually evaluated for credit consideration. RT classes must be repeated in sequence.
6. The applicant must meet all current standards for admission to the program.
7. Readmitted students must repeat all respiratory courses that are prerequisites to clinical courses prior to the last semester when they stop-out, or pass the competency test with a 78% or higher.
8. Readmitted students must repeat all clinical courses.

GRADUATION REQUIREMENTS

The graduation requirements of the Respiratory Therapy program are as follows:

1. Successful completion of all required courses and a minimum grade of "C" in all courses.
2. Successful completion of all clinical requirements.
3. Application for graduation filed by the designated date.
4. Successful completion of the Self Assessment Exams (TMC high cut score) & completed Clinical Simulation exam
5. Successful completion of comprehensive Summative Verbal and Clinical Evaluations.

GRIEVANCE PROCEDURE

The purpose of this procedure is to avail a route for students by which they can express dissatisfaction and thereby improve lines of communication. The system is divided into both an informal and a formal grievance process. It is recommended that students first use the informal procedure. If this does not resolve the problem, they should then use the formal procedure.

Students should follow the proper sequence when discussing a problem. The "chain of command" in the RT program is: Faculty /Instructor to Clinical Coordinator, Director of Clinical Education, to Program Director, to Dean, to President.

Informal Procedure

1. Students are encouraged to discuss any problem or injustice with their immediate faculty/instructor member, or in clinical practice situations, the Director of Clinical Education (DCE), at the first sign of trouble or difference in opinion. The supervisor must allow the student to state his/her complaint completely and make the student feel at ease. The respect of both parties must be maintained at a high level to insure cooperation when a final decision has been made.
2. The faculty member or (DCE) may wish to have both parties of the grievance give a verbal presentation of the matter. The reviewing appropriate person should give a verbal answer to the aggrieved student within two school days.
3. (Optional) If the complaint is of a sensitive nature, in that the student feels they are unable to discuss it with their immediate supervisor, the next supervisor in the line of command should be consulted.

Formal Procedure

***See Academic Appeals Process (in the WSCC Catalog & Student Handbook)
This is only for Academic issues.***

CLASSROOM: REPORTS, WRITTEN WORK, MAKE-UP WORK

1. Students are expected to turn in all reports and written work on the date specified by the instructor. See individual Course Syllabi, Outlines and Class Information forms for what is expected.
2. It is the responsibility of the **STUDENT** to make arrangements with the instructor to make up missed assignments, if allowed by instructor.
3. Before the start of the next semester, all work from the previous semester **MUST BE COMPLETED, unless approved by the Program Director.**

TECHNICAL STANDARDS (Brief Summary)

Students entering the RT program should be able to perform the following essential functions. The qualifications in the program and the listing below are representative of the skills and/or duties required. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

1. Visual ability sufficient to read, see near/far, depth perception, peripheral vision and color vision
2. Able to read, write and perform basic mathematical computations
3. Able to communicate interpersonally (hear/speak) and via telephone
4. Able to problem-solve clinical/technical problems
5. Able to stand for up to 3 hours per shift
6. Able to walk for up to 3 hours per shift
7. Able to sit for up to 1 hour per shift
8. Able to push (on wheels) patients weighing up to approximately 300 lbs
9. Able to kneel/squat/stoop/crouch for up to 1 hour per shift
10. Able to reach/pull up to 1 hour per shift
11. Able to manipulate objects, tools and equipment by grasping with one/both hands, thumb/forefinger, twist hand/wrist
12. Able to hear (auscultate) breath / heart sounds
13. Able to sense temperature, palpate a pulse, vibrations

There is also exposure to the following:

1. Moderate heat (> 75 degrees) - frequent
2. Chemicals, vibrations, radiation - frequent
3. Contagious diseases/conditions - occasional
4. Fumes - occasional
5. Body fluids and objects contaminated with body fluids - occasional
6. Blood and objects contaminated with blood - occasional

Functional Abilities / Core Performance Standards

As part of your application to the Respiratory Therapy Program it is important that you understand that success in the workplace as a Respiratory Therapist requires that you possess certain minimum functional abilities. This document is included as a part of your application packet so that you can assess yourself and determine if you are able to meet these minimum requirements. Please review the list of skills below. If you feel that you may be unable to meet the standard/s even with correction (Example: eyeglasses, hearing aids) on any of the items below, please list those on the last page.

The Respiratory Therapy Program complies with the American with Disabilities Act (ADA), and consistent with the ADA, the attached Functional Abilities/Core Performance Standards Worksheet provides the framework to relate functional ability categories and representative activities/attributes to any limitations/deficits in functional abilities. These standards will be used by the Respiratory Therapy Program in combination with the professional scope of practice, job analysis, other resources, and expert consultation to make decisions related to the ability of the Respiratory Therapy student to perform the essential functions of Respiratory Therapy.

If a prospective student is unable to meet the required “Functional Abilities/Core Performance Standards,” the student may consult with Program faculty and with the office of Disability Services in order to determine, on a case by case basis, whether or not reasonable accommodations can be made that would permit the student to meet these “Functional Abilities/Core Performance Standards” and thus enter into the program. If, while a student is in the program and program faculty determine that he/she has become unable to meet the “Functional Abilities/Core Performance Standards” the same procedure will be followed.

Please note: “**Skill/s tied to**” under each of the sections is not intended to be a complete listing of skills but rather as an example of a skill for which that ability is required. For a more complete listing of skills tied to that ability please see the program director.

Instructions:

Please carefully review the items below and answer the questions at the end:

1. **Gross motor ability:**

- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders
- Reach below waist

Skill/s tied to: Function in an ICU environment: move about in an ICU room in order to perform procedures on the patient. Must also read patient chart, equipment settings and/or equipment displays. Sit to record findings. Change equipment settings above head and below waist.

2. **Fine motor ability:**

- Pick up objects with hands
- Grasp small objects with hands
- Write clearly and neatly with pen or pencil
- Type on a keyboard and computer screen
- Pinch/squeeze or pick up objects with fingers
- Twist knobs with hands
- Must have adequate manual dexterity as to be capable of maintaining sterility

Skill/s tied to: Lift medications vials to eyes to read. Squeezed medication vials to empty. Squeeze Ballard suction catheter button. Grasp, hold and read small instruments such as volume measuring devices. Write in patient chart. Record patent data in record. Change settings on equipment by turning knob and observing change.

3. **Physical Endurance:**

- Stand at patient's side during procedure
- Sustain repetitive movements (example: chest compressions in CPR)
- Maintain physical tolerance (continue tasks throughout a 12-hour shift)
- Work and complete tasks at a reasonable pace
- Walk/stand for prolonged periods of time (throughout a 12-hour shift)

Skill/s tied to: Stand and perform repetitive procedure/s on patients such as Chest Physical Therapy and CPR. Repeat this procedure periodically throughout a 12-hour shift.

4. **Physical Strength:**

- Lift 50 pounds
- Restrain combative patient with assistance
- Carry equipment/supplies
- Squeeze with hands (example: use of a fire extinguisher)
- Able to push/roll 60-100 pounds
- Move heavy object weighing from 10-50 pounds
- Use upper body strength

Skill/s tied to: Assist patient from bed to chair. Hoist patient up in bed with assistance. Move patient from stretcher to bed and back with assistance (Note: Patients may weigh in excess of 300 lbs.). Carry medications, pulse oximeter, stethoscope or other equipment to patient room. Push ventilator or other heavy equipment from Respiratory Care department to patient room. Move other equipment such as pulse oximeter, NIV machines, and ventilators. Lift equipment from bed height to shelf height above chest level.

5. **Mobility:** Are you able to perform the following:

- Twist
- Bend
- Stoop/squat
- Move quickly
- Climb ladders/stools/stairs
- Walk

Skill/s tied to: Turn to change settings on monitor while standing at patient bedside. Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Gather equipment and manually resuscitate patient without delay. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs.

6. **Hearing:** (Permissible to use hearing aids if they enable student to meet requirements listed below).

- Hear normal speaking level sounds
- Hear faint noises
- Hear faint body sounds (example: breath and heart sounds)
- Hear auditory alarms
- Hear telephones
- Hear sounds with stethoscope

Skill/s tied to: Listen to patient lung and heart sounds. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Hear audible alarms such as ventilator alarm. Hear overhead pages to call for emergency assistance.

7. **Visual:** (Permissible to use corrective lenses if they enable student to meet requirements listed below).

- Visually assess patients
- See object up to 20 inches away
- See object more than 20 feet away
- Use peripheral vision
- Distinguish color
- Distinguish color intensity
- See emergency lights/lamps

Skill/s tied to: Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes. Confirm settings visually such as with ventilator display.

8. **Tactile:**

- Feel vibrations (example: pulses)
- Detect temperature
- Feel the difference in surface characteristics
- Feel the difference in sizes, shapes (example: Palpate artery/vein)
- Detect environmental temperature

Skill/s tied to: Assess patient by feeling for patient pulse, temperature, tactile fremitus, edema, subcutaneous emphysema, identifying insertion point for arterial puncture.

9. **Smell:**

- Detect odors from patients
- Detect smoke
- Detect gas or noxious smells

Skill/s tied to: Assess for noxious odors originating from the patient or environment (example: gas leak or smoke.)

10. **Reading:**

- Read and interpret physicians' orders
- Read and understand written documents
- Read very fine or small print

Skill/s tied to: Read and interpret physician orders, physician, therapist and nurses notes. Read from a computer monitor screen. Read medication labeling. Gather data reasonably accurate, and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers.

11. **Arithmetic:**

- Read and understand columns of writing (example: flow sheets)
- Read digital displays
- Read graphic printouts
- Calibrate equipment
- Convert numbers to metric
- Read graphs (vital sign sheets)
- Tell time
- Measure time (duration)
- Calculate (without a calculator) and Count rates (example: pulses, breathing rate)
- Use measuring tools (example: thermometer)
- Read measurement marks (scales)
- Able to perform basic arithmetic functions: add, subtract, multiply, divide
- Compute fractions
- Use a calculator
- Record numbers (example: chart observed parameters)

Skill/s tied to: Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.

12. **Emotional Stability:**

- Establish therapeutic boundaries
- Provide patients with appropriate emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (example: crisis and death)
- Focus attention on task despite distractions
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (example: grief)
- Show appropriate compassion through communications

Skill/s tied to: Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently (example: delivery of medication or oxygen in one room while performing an arterial blood gas in another such as in an emergency room environment.) Maintain enough composure to provide for safe and effective patient care despite crisis (code) or emergency circumstances.

13. **Analytical Thinking:**

- Transfer/extrapolate knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long and short term memory

Skill/s tied to: Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary.

14. **Critical Thinking Skills:**

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Skill/s tied to: Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.

15. **Interpersonal Skills:**

- Negotiate interpersonal conflict appropriately
- Respect differences in patients
- Establish rapport with patients
- Establish rapport with co-workers
- Work effectively with physicians, staff, patients, and patients' families

Skill/s tied to: Communicate effectively with disagreeable patients, family, doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.

16. Communication Skills:

- Teach (example: patient and family)
- Explain procedure
- Give oral reports
- Interact with others
- Speak on the telephone
- Direct activities of others
- Convey information through writing (example: progress notes)
- Speak clearly and distinctly

Skill/s tied to: Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective patient care.

Please answer the following questions; please indicate if the question does not apply:

1. Please list any of the standards above that you feel that you may not be able to meet even with correction (example: eye glasses, hearing aids). Use the reverse if necessary.
2. Do you have any limitations or problems that might pose difficulties for which you may need accommodation? If yes, please list. Use the reverse if necessary.
3. For any items listed in the two questions above please contact the Office of Disability Services 740.568.1913. Reasonable accommodations for students with documented disabilities are provided. Students with disabilities are encouraged to make an appointment with an Accessibility Specialist as soon as possible in order to determine if reasonable accommodations exist.

Adapted from University of Toledo and our clinical site's guidelines

EXAMPLE OF TECHNICAL REQUIREMENTS OF RESPIRATORY THERAPISTS

DEPARTMENT: Respiratory Therapy *AT A TYPICAL HOSPITAL*
POSITION: Certified Respiratory Therapist/ED Technician

Physical Demands:

Medium/Heavy work: Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

Physical Requirements/Hazards:

	None	Some	Freq.	Very Freq.
Lifting (0-80 lbs)	_____	_____	_____	<u> x </u>
Carrying (0-80 lbs)	_____	_____	_____	<u> x </u>
Pushing (0-80 lbs)	_____	_____	_____	<u> x </u>
Pulling (0-80)	_____	_____	_____	<u> x </u>
Stooping/Kneeling	_____	_____	_____	<u> x </u>
Crawl	_____	<u> x </u>	_____	_____
Climb	_____	<u> x </u>	_____	_____
Balance	_____	_____	_____	<u> x </u>

Some=1-4 times/day or 10% FREQ=20-40 times/day or 33% Very Freq=100 times/day or 56%

Working Conditions:

Inside—Worker spends approximately 75% or more of their time inside. Inside work has good ventilation and comfortable temperatures.

Physical Requirements:

- (x) Manual dexterity (eye/hand coordination)
- (x) Perform shift work
- (x) Maneuver weight of patients
- (x) Hear alarms/telephone/tape recorder
- (x) Walk 4 hours per day
- (x) Reach above shoulder
- (x) Repetitive arm/hand movements
- (x) Finger dexterity
- (x) Color vision
- (x) Acuity—far
- (x) Acuity—near
- (x) Depth perception
- (x) On call
- (x) Latex gloves

Hazards:

- (x) Exposure to toxic/caustic/chemicals/detergents
- () Exposure to extreme conditions, hot/cold
- () Exposure to dust/fumes/helicopter
- (x) Exposure to moving mechanical parts
- (x) Exposure to potential electric shock
- (x) Exposure to x-ray/electromagnetic energy
- (x) Exposure to high-pitched noises
- (x) Exposure to communicable diseases
- (x) Blood born pathogen exposure
- (x) Gaseous risk exposure
- (x) Use of a fitted respirator

Mental & Emotional Requirements:

- (x) Manage stress appropriately
- (x) Handle multiple priorities
- (x) Make decisions under pressure
- (x) Work alone
- (x) Manage anger/fear/hostility/violence of other appropriately
- (x) Work in areas that are confined and/or crowded

Work Positions:

Sitting: 10%
 Walking: 70%
 Standing: 20%

ADVISORS

The function of the advisor is to assist the student with course selection and registration of classes, counsel the student in academic and personal matters, advise the student about graduation requirements and keep a permanent record of all meetings with the student. Students in the program will be assigned an advisor.

GENERAL RULES

Orientation

All students must complete the on-line orientation program and clinical site orientations.

Behavior

Students are expected to behave in a professional manner at all times while attending the program. Students should strive to positively represent their profession and the medical field to the public and avoid unbecoming or inappropriate behavior.

Confidentiality

Patient information and personal confidences obtained while practicing and studying in the program are privileged communication. Misuse of this privilege is regarded as unethical, unlawful and is cause for immediate dismissal from the program.

Clinical Affiliate

General policies pertaining to the clinical affiliates are listed below. Students are reminded that these institutions exist to serve the public and that at all times their behavior is a reflection upon the institution, their profession and the college. Additional policies for each affiliate will be distributed to the students prior to the directed practice. Students are subject to the same rules, regulations, and policies as the employees of the clinical affiliate.

Patient Rooms - Students should visit patients only during the visiting hours.

Telephone - The personal use of telephones is not permitted.

Personal Property - Students are advised not to bring valuables into the clinical site since neither the affiliate nor the college can be responsible for loss or theft.

SAFETY

Fire and Safety Regulations

Students will be required to read and adhere to safety procedures outlined in the fire and safety manuals in the clinical laboratories.

Isolation and Nursery Procedure

Students are responsible for following the procedures outlined for staff at the hospital.

Handwashing

Students should make a habit of washing their hands before and after patient care, after handling patient specimens, after lavatory use and before eating.

TELEPHONE CALLS

Telephone calls & text messages **ARE NOT** permitted during classroom hours. Cell phones must be turned off and put away. Cell phones are not permitted in patient care areas at the clinical sites. The telephone policy will be **STRICTLY** enforced. Failure to adhere to this policy will result in disciplinary action and a reduction in final course grade.

CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER

Any change in a student's address and/or telephone number must be promptly reported to the Respiratory Therapy Program's Office Administrative Assistant and the Registrar's Office. Failure to do so may result in messages not reaching you. **You are required to check your WSCC email on a regular basis. Grades are only available on the college's online system prior to the final grade being mailed to the student.**

STUDENT HEALTH PROGRAM

The health needs of the students are the responsibility of the student. The following health policies are in effect to protect the student and the patients in the facilities where clinicals are performed.

1. The student's personal health care is the responsibility of the student. Each student is required to have a physical exam and history and valid CPR card prior to entering the RT program.
2. Students entering the RT program are required to provide immunization records prior to clinicals, CBC, urinalysis, tuberculosis test (TB Gold test) and then an annual 1 step Mantoux, Chicken Pox or Vaccine, MMR vaccine and titer for Rubella. Students must inform the program Director of their Hepatitis B Vaccine status. Students are required to either get the vaccine at the student's expense or sign a statement of refusal. **Note: Acceptable documentation is information obtained from an individual's medical record. Individuals who do not meet the criteria or sign an appropriate waiver for Rubella, Rubeola, Hepatitis B, and Tuberculosis will not be permitted contact with patients at Nationwide Children's. Students may be dismissed from the program if incomplete. Individuals are required to report their Chickenpox history.**
3. The student is held to be financially responsible for his/her own health care & health insurance or any other insurance. **Neither the college, Respiratory Therapy program, nor affiliating agencies assume any financial responsibility for the student in any way for their health care.**

4. The student, when in the clinical areas, will be given first aid at the facility. Treatment will be the financial responsibility of the student. Accidents and illnesses must be reported to the Clinical Instructor immediately.
5. The student must conform to the exposure control plan of the individual clinical facilities.
6. School accident and health insurance is available at reasonable rates at the beginning of the academic year.
7. When a student's medical condition requires continued treatment by a physician, or hospitalization, the student is to bring a statement from the physician regarding diagnosis and treatment and permission to attend class and Clinicals without restrictions. This will become a part of the student's health record.
8. A medical condition which interferes with the student's ability to meet the objectives of the program will be reason for dismissal or withdrawal of the student.
9. Drug testing is required for all students at random and/or prior to attending clinicals. This expense may be required to be paid by the student.
10. If the student has a **disability, they must inform the Disability Coordinator (ext. 2503)** in order for an accommodation to be made. This documentation must be provided to the instructor in order for accommodations to be made for the course.

APPEARANCE AND GROOMING

The program's policies for grooming are extremely high. Frequent checks will be made and violations must be corrected promptly. The skin should be clean and odor free at all times. All tattoos should be covered. When in uniform, make-up should be used only in moderation. The hands and nails should be clean and nails short and well-manicured. Artificial fingernails or fingernail polish are not permitted. Hair must be clean, becomingly arranged and off the collar. No extreme hairdos will be permitted. Barrettes, pins and other hair accessories should be conservative and blend with the color of the student's hair. Jewelry/body piercings, other than a wedding band and a watch, are not allowed when in uniform. The strong odor of perfume or tobacco should never be present since it is offensive to some clients. Clean shaven facial hair is expected. If you are considering growing a beard, do this between semesters. Facial hair must be clean, neat, and appropriate, trimmed to face. The uniform is to be clean, well pressed and in good repair at all times. The shoes must be clean. The student shall not chew gum or eat in the clinical area. The Clinical Preceptor has the authority to ask you to leave if this policy is not followed or if their site policies are not followed. This will result in having to do clinical makeup time.

DRESS CODE

Students are expected to follow their assigned affiliate's dress code and follow the guidelines below: If scrubs are not required at a clinical site, professional dress attire will be worn. Two sets of ceil blue scrubs are required. Ceil blue scrub jacket is optional. Clothing should be clean and pressed. Shoes must cover the entire foot. Acceptable shoe colors are white, gray or ceil blue. Opened-toed or sandal shoes are not permitted. Shoe heels must not be higher than one inch (a lot of walking and sometimes very fast walking to codes is required). Student Badge must be visible at all times. Additional requirements include a stethoscope, a watch with a second hand and a black pen.

It is important to remember that in Clinical Practice, students are representing that institution to the public. The clinical affiliate will insist on a well-groomed appearance at all times. Students are also representing the college, the field of Respiratory Care and themselves as a healthcare professional, therefore they should strive to present a positive image by their appearance and demeanor.

STUDENT RECORDS

In addition to RT records, student records are kept in the Registrar's Office, student files are maintained in the Program Director's office and Clinical Education Director's office. These files contain current evaluation forms, copies of official letters, grade records and attendance records. Students may review their records on file in the offices by making an appointment with the director or by consulting the registrar.

CERTIFICATION & REGISTRY EXAMS

Students that complete the Respiratory Therapy program and receive their degrees are eligible to take the initial National Board of Respiratory Care (NBRC) exam. If the candidate passes the minimum "cut" score, they will be a Certified Respiratory Therapist (CRT). There are two "cut" scores for the exam. If the candidate scores high enough, they are eligible to take the clinical SIM exam for the RRT credential. In West Virginia, the certification exam is necessary for licensure to practice Respiratory Care, but Ohio requires the practitioner for be a Registered Respiratory Therapist for licensure. The National Board for Respiratory Care provides these exams.

ORGANIZATIONS

RT Club

Students are encouraged to join the Respiratory Therapy Club on campus in order to advance their professional goals. You must be actively involved in the RT Club in order to benefit from the fundraising money. The Respiratory Therapy director will serve as advisor to the club.

ALCOHOL

Washington State Community College affirms its belief that alcoholic beverages are not beneficial to the academic environment. The sale, serving, possession and consumption of alcoholic beverages by students, visitors, faculty, staff or any employee of the college is prohibited on campus or at any college function. Respiratory Therapy students not adhering to this policy will be dismissed from the program.

DRUGS AND OTHER CONTROLLED SUBSTANCES

The college complies with the Federal Drug-Free Workplace Act and the Drug-Free Schools and Community Act Amendment. The sale, possession, use or distribution of illicit drugs or controlled substances by students, visitors, faculty, staff or any employee of the college is prohibited on campus or at any college function. Respiratory Therapy students not adhering to this policy will be dismissed from the program.

SMOKING

Washington State Community College is now a tobacco free campus. Smoking or vaping is not permitted inside any building on campus or on the campus grounds.

THE STUDENT WILL ABIDE BY THE DRUG, ALCOHOL, AND SMOKING POLICY OF EACH CLINICAL FACILITY INCLUDING BLOOD AND/OR URINE TESTING

PARKING

All student vehicles must park in specific areas that have been provided for student parking. Student automobiles parked in a non-student space will be ticketed. Vehicles are prohibited from parking along campus roadways. Vehicles parked in non-designated areas will be removed from campus by towing. Specific details on the recovery of a towed vehicle are posted on information boards or can be obtained from the Business Office. There is a substantial towing and recovery fee.

Parking at clinical facilities will be in the designated areas at that site only. Failure to comply will result in actions by both the facility and the college.

MEALS

Meals may be purchased in the cafeteria at the college and clinical facilities. Meals brought by the student from home must be eaten in the dining areas only of the clinical facilities and college. Failure to comply with these regulations may result in disciplinary action.

PROFESSIONAL SOCIETIES

The society which represents Respiratory personnel is the American Association of Respiratory Care (AARC). This society informs its members of the advances and issues which will affect their future careers.

Students are strongly encouraged to join the AARC as a Student Member. Student membership fees are available at reduced rates.

PROFESSIONAL MEETINGS

Many professional groups hold conferences throughout the year. The Respiratory Therapy faculty will inform students of meetings in the area. Students are encouraged to attend these meetings whenever possible. Most meetings are free or of minimal cost to students.

Respiratory Therapy Technology Estimated Cost 2020-2022
In-state Tuition: \$165.00 Non-reciprocity Out-of-state Tuition: \$166.00

Students who reside in Brooke, Hancock, Jackson, Marshall, Ohio, Pleasants, Ritchie, Roane, Tyler, Wetzel, Wirt and Wood Counties, WV are eligible to receive in-state tuition through the reciprocity agreement between Washington State Community College and WVU-P ***after officially accepted into the Respiratory Therapy program.***

Semester I (Fall 2020)

Total credit hrs:	16
Tuition:	\$2,640.00 (\$165.00/cr.hr.)
Books:	\$ 800.00
Lab Coat/Goggles:	\$ 40.00
Lab Fees:	\$ 155.00
Exam Fees:	<u>\$ 104.00</u>
Estimated Cost:	\$3,739.00

Semester II (Spring 2021)

Total credit hrs:	14
Tuition:	\$2,310.00 (\$165.00/cr.hr.)
Books:	\$1,000.00
Lab Fees:	\$ 200.00
Clinical Fee:	\$ 40.00
Exam Fee:	<u>\$ 184.00</u>
Estimated Cost:	\$3,734.00

Semester III (Summer 2021)

Total credit hrs:	7
Tuition:	\$ 1,155.00 (\$165.00/cr.hr.)
Books:	\$ 850.00
Clinical Fee:	\$ 40.00
Exam Fee:	\$ 35.00
Lab Fees:	<u>\$ 110.00</u>
Estimated Cost:	\$2,190.00

Immunizations Estimated Costs

Varicella (Chicken pox) titer:	\$66
Measles, Mumps & Rubella	\$145
Vaccine for Hepatitis (optional, but recommended)	\$350
Or wave the Hepatitis vaccine	\$0
2 Step Mantoux TB (Annually)	\$30
*TB Gold upon entrance of program	\$60
Tdap	\$100
Drug Screen (On Demand)	\$74
H1N1 & Flu Vaccine (Annually)	\$24

Lab Tests Estimated Costs

Including urinalysis, CBC & Hepatitis B surface antigen	\$550
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Semester IV (Fall 2021)

Total credit hrs:	16
Tuition:	\$2,640.00 (\$165.00/cr.hr.)
Books:	\$1,000.00
Clinical Fee:	\$ 40.00
Lab Fees:	\$ 250.00
Exam Fees:	<u>\$ 130.00</u>
Estimated Cost:	\$4,060.00

Semester V (Spring 2022)

Total credit hrs:	14
Tuition:	\$2,310.00 (\$165.00/cr.hr.)
Books:	\$ 750.00
Clinical Fee:	\$ 40.00
Exam Fees:	\$ 855.00 (Board Exam Cost+)
Lab Fees:	<u>\$ 240.00</u>
Estimated Cost:	\$4,195.00

Estimated cost of Respiratory Program \$ 17,918.00
(Plus additional costs below)

Additional Estimated Costs

- Two Criminal Background Check: \$150
- AARC Membership: \$25.00
- Transcript Fee: \$ 8.00
- Supplies: Shoes \$35-\$40
- Stethoscope \$25-\$190
- CPR Training: \$40-\$80
- Travel to/from clinical sites
- per term depending on gas mileage/distance: \$300-\$500
- Overnight lodging- neonatal clinical: \$140-\$290
- Physical Exam & History: \$120
- NBRC (Mock) Self Study Exams: \$125
- Health Insurance: varies (\$590 up)
- NBRC Exams (after grad.): \$390
- Attend State Society for Respiratory Care: Highly recommended - \$50 plus travel expenses to Columbus, OH - \$100
- Kettering Webinar \$325
- Respiratory Review Seminar: \$395
- State License Fees: \$100-\$200

(Revised 6/2020)

RESPIRATORY CARE PROFESSION

Rev. 11/2019

Associate in Applied Science Degree for Direct Employment

Student: _____ TO BE ELIGIBLE FOR GRADUATION, A STUDENT MUST COMPLETE
 Phone #: _____ ALL COURSES LISTED BELOW WITH A **PASSING GRADE OF a "C"** OR
 Date Enrolled: _____ **BETTER AND MAINTAIN a CUMULATIVE GPA OF AT LEAST 2.0.**
You cannot be accepted with less than a 2.0 GPA.

***Program Prerequisites "C" or higher in the following courses:**

1. High School Algebra or Equivalent or Higher
2. High School Chemistry or CHEM 0955 & CHEM 095L or Higher
3. High School Biology or BIOL 0955 & BIOL 095L or Higher

GENERAL EDUCATION COURSES	SEMESTER CREDITS	Semester Taken	Grade
ENGLISH COMPOSITION			
ENGL 1510 English Composition I	3	_____	_____
ENGL ----- Elective (ENGL-1515 or higher)	3	_____	_____
SOCIAL AND BEHAVIORAL SCIENCES			
_____ Elective	3	_____	_____
MATH			
MATH 1050 Math for Health Sciences	2	_____	_____
MATH 1101 Respiratory Math	1	_____	_____
NATURAL SCIENCES			
BIOL 2010 Basic Microbiology	2	_____	_____
BIOL 201L Basic Microbiology Lab	1	_____	_____
BIOL 1310 Anatomy & Physiology I (or higher)	2	_____	_____
BIOL 131L Anatomy & Physiology I Lab (or higher)	1	_____	_____
BIOL 1320 Anatomy & Physiology II (or higher)	2	_____	_____
BIOL 132L Anatomy & Physiology II Lab (or higher)	1	_____	_____
HLTH 1020 Basic Health Sciences	2	_____	_____
RESP 1330 Cardiopulmonary Anatomy & Physiology	2	_____	_____
RESP 2510 Cardiopulmonary Pathology I	3	_____	_____
HEALTH CORE			
HLTH 2400 EKG/Cardiovascular Technician	2	_____	_____
RESP 1100 Intro to Respiratory Care	2	_____	_____
RESPIRATORY THERAPY MAJOR			
RESP 1250 Medical Gas Administration & Therapeutics	4	_____	_____
RESP 1210 Cardiopulmonary Pharmacology	2	_____	_____
RESP 1350 Clinical Practice I	1	_____	_____
RESP 1360 Advanced Cardiopulmonary Resuscitation	1	_____	_____
RESP 2450 Clinical Practice II	1	_____	_____
RESP 2460 Arterial Blood Gases	1	_____	_____
RESP 2500 Respiratory Critical Care I	2	_____	_____
RESP 2520 Cardiopulmonary Pathology II	1	_____	_____
RESP 2550 Clinical Practice III	2	_____	_____
RESP 2600 Respiratory Critical Care II	3	_____	_____
RESP 2610 Respiratory Pediatrics and Neonatology I	2	_____	_____
RESP 2620 Respiratory Pediatrics & Neonatology II	2	_____	_____
RESP 2750 Clinical Practice IV	2	_____	_____
RESP 2700 Assessment of Pulmonary Functions	2	_____	_____
RESP 2730 Pulmonary Rehab & Subspecialties	2	_____	_____
RESP 2800 Cardiology and Hemodynamic Monitoring	2	_____	_____
RESP 2990 Respiratory Capstone	3	_____	_____
Recommended Electives:			
BUSM 1600 PC Applications	3	_____	_____
HLTH 1810 Medical Terminology I	2	_____	_____
RESP 2850 Polysomnography	2	_____	_____

RESPIRATORY CARE PROFESSION

PREREQUISITES ("C" OR HIGHER)

HIGH SCHOOL ALGEBRA **OR Equivalent or Higher**
 HIGH SCHOOL BIOLOGY **OR BIOL 0955 & BIOL 095L**
 HIGH SCHOOL CHEMISTRY **OR CHEM 0955 & 095L**

SEMESTER III

HLTH 2400	EKG/CARDIOVASCULAR TECHNICIAN	(2) 1-3
RESP 2450	CLINICAL PRACTICE II	(1) 0-8
RESP 2500	RESPIRATORY CRITICAL CARE I	(2) 1-3
RESP 2610	RESPIRATORY PEDIATRICS & NEONATOLOGY I	(2) 1-3

SEMESTER I

BIOL 1310	ANATOMY & PHYSIOLOGY I (1 ST 8-WK)	(2) 2-0	MATH 1101
BIOL 131L	ANATOMY & PHYSIOLOGY I LAB (1 ST 8-WK)	(1) 0-2	RESP 1360
BIOL 1320	ANATOMY & PHYSIOLOGY II (2 ND 8-WK)	(2) 2-0	RESP 2510
BIOL 132L	ANATOMY & PHYSIOLOGY II LAB (2 ND 8-WK)	(1) 0-2	RESP 2550
ENGL 1510	ENGLISH COMPOSITION I	(3) 2-2	RESP 2600
HLTH 1020	BASIC HEALTH SCIENCES	(2) 2-0	RESP 2620
MATH 1050	MATH FOR HEALTH SCIENCE	(2) 2-0	BIOL 2010
_____	SOCIAL & BEHAVIORAL SCIENCE ELECTIVE	(3) 3-0	BIOL 201L
			RESP 2460

SEMESTER IV

RESP 1360	ADV. CARDIOPULMONARY RESUSCITATION	(1) 0-3
RESP 2510	CARDIOPULMONARY PATHOLOGY I	(3) 3-0
RESP 2550	CLINICAL PRACTICE III	(2) 0-15
RESP 2600	RESPIRATORY CRITICAL CARE II	(3) 2-3
RESP 2620	RESP. PEDIATRICS & NEONATOLOGY II	(2) 1-3
BIOL 2010	BASIC MICROBIOLOGY	(2) 2-0
BIOL 201L	BASIC MICROBIOLOGY LAB	(1) 0-3
RESP 2460	ARTERIAL BLOOD GASES	(1) 1-0

SEMESTER II

RESP 1100	INTRO TO RESPIRATORY CARE	(2) 1-3
RESP 1210	CARDIOPULMONARY PHARMACOLOGY	(2) 1-3
RESP 1250	Medical Gas Administration & Therapeutics	(4) 3-3
RESP 1330	CARDIOPULMONARY ANA.& PHYS.	(2) 1-3
RESP 1350	CLINICAL PRACTICE I	(1) 0-5
ENGL 1515	TECHNICAL WRITING (or Elective)	(3) 3-0

SEMESTER V

RESP 2520	CARDIOPULMONARY PATHOLOGY II	(1) 0-3
RESP 2700	ASSESSMENT OF PUL. FUNCTIONS	(2) 1-3
RESP 2730	PULMONARY REHAB & SUBSPECIALTIES	(2) 2-0
RESP 2750	CLINICAL PRACTICE IV	(2) 0-15
RESP 2800	Cardiology & Hemodynamic Monitoring	(2) 2-0
RESP 2850	POLYSOMNOGRAPHY (elective)	(2) 2-0
RESP 2990	RESPIRATORY CAPSTONE	(3) 3-0

20/21

21/22

THIS IS SUBJECT TO CHANGE WITHOUT NOTICE. PREREQUISITES ARE REQUIRED FOR SOME COURSES. SOME EVENING COURSES or ONLINE COURSES MAY BE REQUIRED. A GRADE OF "C" OR ABOVE IS REQUIRED IN ALL COURSES.

RESPIRATORY THERAPY LAB SAFETY PROCEDURES

1. Students may not eat, drink, or smoke in the Respiratory Therapy Lab.
2. Any lab procedure that is going to be practiced is preceded by complete instruction as to the indications/contraindications, theory, and effective procedure of that technique.
3. Students have the right, at all times, to refuse to be a subject for treatment that they do not feel comfortable receiving, without fear of reprimand by instructor (grades, etc).
4. Students at all times should wash hands prior to and after lab activities.
5. Universal Precautions should be observed at all times when performing any activities that may put the student at risk for bodily fluid transmission.
6. Lab area is to be cleaned and straightened after each treatment period.
7. Lab areas are to be kept clean during lab periods. Books and lab coats are to be kept in an appropriate area out of the treatment area.
8. Horseplay or rough housing will not be tolerated.
9. Any inappropriate use of a treatment or therapy procedure will not be tolerated and may result in suspension from the program.
10. Any accident or injury should immediately be reported to the instructor.
11. Students should be aware of the location of safety equipment and of the closest fire exits.
12. Students must notify instructor if they are pregnant (this is also important for clinicals).
13. Students must notify the instructor if they are taking any medication.

Criminal Background Checks and Drug Screening(annually)

Washington State Community College acts within the guidelines of the Drug-Free Schools and Communities Act Amendment of 1989 discussed in the current college catalog.

Students receiving acceptance in the Respiratory Program are required to obtain a criminal background check and drug screening at their expense (BCI & FBI). Washington State Community College RT Program will designate a company/companies to perform the criminal background check and drug screening. A background check will be repeated the second year of the respiratory program for Neonatal Clinical site purposes and the drug screen will be random to meet clinical facility requirements. Both are at the student's expense.

Background check and drug screening reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act (FERPA) regulations. The results will be given to the Respiratory Therapy Program Director & the Director of Clinical Education and they will be housed in their respective offices. Information contained in the reports/records may be shared with facilities participating in the clinical rotation.

Rationale:

1. Health care providers are entrusted with the health, safety and welfare of patients, have access to confidential and sensitive information and operate in settings that require the exercise of good judgment and ethical behavior. An assessment of a student's suitability to function in a clinical setting is imperative to promote the highest level of integrity in health care services.
2. Clinical facilities are required by their accreditation agency, either the Joint Commission of Healthcare Organization (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP) to conduct background checks and drug screening on individuals who supervise care, render treatment, and provide services within the facility. To facilitate this requirement, educational institutions are required to conduct these screenings for their students.
3. Clinical rotations are an essential element in the Respiratory Therapy program. Students, who cannot participate in clinical rotations due to positive criminal or drug screenings are unable to fulfill the requirements of the program. Therefore, it is in the best interest of the student or applicant and the College to resolve any issues prior to beginning the R.T. program.
4. Additional rationale for having these requirements include meeting the contractual obligations contained in affiliation agreements (whether verbal or written) between Washington State Community College and the various health care clinical site facilities.

10 Panel Drug Screening (may be required annually):

The Respiratory Therapy program maintains a zero-tolerance policy regarding substance abuse. All students must have a negative drug screen in order to participate as a student in the program.

The following are grounds for exclusion and dismissal from the RT program:

1. A student shall not self-administer or otherwise take into the body any dangerous drug in any way not in accordance with a legal, valid prescription issued for the student.
2. A student shall not habitually indulge in the use of controlled substances, other habit forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.
3. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.

Any student suspected of being under the influence of drugs and/or alcohol while in a clinical facility will be subject to the chemical dependency policy actions of the facility, including submitting a blood sample and/or direct observation urine testing. Each student can expect to be randomly tested for substances of abuse per clinical agency policy. Any student who violates a clinical agency substance abuse policy will be dismissed from the program but may apply for re-entry within one year.

The Effect of Felonies or Misdemeanors upon Acceptance into the R.T. Program & the Ability to Become Licensed

As a future Therapist, there are important ethical and professional considerations of which you should be aware. Convictions of egregious felonies may prevent you from being licensed in Ohio or elsewhere and may preclude you from obtaining gainful employment as an RRT/CRT. Even after obtaining your license, convictions of such crimes may cause your license to be suspended or revoked. It is therefore important that you conduct yourself professionally and ethically as a law-abiding citizen.

All Respiratory students are subject to two thorough criminal background checks prior to program completion and licensure. The first check will occur upon admission to the program, and the second check (six to nine months before graduation) will be conducted per requirements of the State Board. Students will be responsible for the cost of both background checks.

College Screening:

Upon acceptance in the Respiratory Therapy Program, the student will be given a date in which to submit the findings of a criminal background check. The results of the findings will determine whether a student may be placed in a clinical setting, which is explained below.

The following convictions will disqualify an individual from consideration for the clinical rotation:

- a. Felony convictions
- b. Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
- c. Misdemeanor convictions related to moral turpitude (including but not limited to - prostitution, public lewdness/exposure)
- d. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- e. Registered sex offenders

While the director and faculty will make every effort to work with students whose record reveals a conviction other than ones listed above and below, clinical sites may decline to accept the student, which will negatively impact the students' ability to successfully complete the academic program. Students who are convicted of, plead guilty to, or have a judicial finding of guilt for any crime subsequent to enrollment should immediately notify the Respiratory Therapy Program director in order to determine whether such action will negatively impact their ability to enter the program, complete the program or obtain a license to practice upon graduation.

All RT students shall submit their fingerprints to the state Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI). Students who wish to seek licensure in other states may be subject to similar requirements in those states.

Convictions, guilty pleas or judicial findings of guilt for any of the following crimes, classified as "egregious felonies" will likely preclude students from being licensed in Ohio and may preclude them from being licensed in other states as well:

*Aggravated Murder
*Murder
*Voluntary Manslaughter
*Felony Assault

*Kidnapping
*Rape
*Sexual Battery
*Gross Sexual Imposition

*Aggravated Arson
*Aggravated Robbery
*Aggravated Burglary

The Ohio Respiratory Care Board may also deny any application for licensure if the student has pled guilty to or has been convicted of, or had a judicial finding of guilt for any of the following:

1. ANY Felony
2. ANY Crime involving Gross Immorality or Moral Turpitude
3. ANY Misdemeanor Drug Law Violation
4. ANY Misdemeanor Committed in the Course of Practice

The Respiratory Care Board is unable to give definitive answers regarding licensure prior to entry into or during participation in an education program. The Board does not have the authority to make a determination or adjudication until an application has been filed. In addition, the Board is unable to advise, speculate or give informal answers to the question of licensure prior to the time that the application is filed.

If an applicant has a criminal history, the Board conducts a thorough investigation of any grounds that may exist for licensure denial at the time that the application is filed. The Board may consider whether the applicant has made restitution and/or has been rehabilitated. However, the Board's primary mission is protection of the public, so the Board must determine an applicant's risk to the public as a licensed professional. If the Board licenses an individual with a criminal history the individual's license records may permanently and publicly reflect that there was Board action taken on the license (i.e. punishment).

Students who have had prior or current convictions should note the Board's requirements that documentation must be sent to the Board with the licensure application (see specific directions in Appendix II).

Other Pertinent Information:

Students who need fingerprinting for their license application will be given the opportunity to have electronic fingerprinting done during the Spring semester of their second year. This will be done at the college. The cost is approximated \$90.00 dollars and is at the expense of the student. The Ohio Board and West Virginia Bard now require electronic fingerprinting for licensure.

Fingerprints are only good for twelve (12) months. It is very important that they not be submitted more than twelve (12) months before the candidate wishes to get a license.

Reporting Criminal Background

Question 3 of Part F of the application limited permit or license to practice respiratory care and on the application for renewal of a limited permit or license asks: "Have you ever been convicted of any felony or misdemeanor offense in violation of any Federal, State, or Municipal Ordinance?" All applicants are required to answer this question and complete the application under oath. Obtaining a license or limited permit by means of a false or misleading representation is grounds for refusing to issue, revoking, or suspending a license or limited permit or putting a license or limited permit holder on probation with a fine and other consequences. O.R.C. 4761.09 (A)(4). Furthermore, making a false affidavit is a first-degree misdemeanor in the State of Ohio, which could subject the license or permit holder to criminal prosecution as well. O.R.C. 2921.13. All criminal convictions, except minor traffic misdemeanors must be reported. Offenses where jail is possible, such as driving under the influence, driving under suspension and leaving the scene of an accident are not minor. The Board has fairly reviewed applications of persons that have reported prior convictions and, in most of these cases from my point-of-view, has been fairly liberal in issuing licenses and limited permits. Unfortunately, there has been a recent glut of cases where applicants are falsely swearing under oath that they do not have a criminal record when, in fact, they do. No less than six such cases were in various stages of consideration for this very issue at the Board's October 2009 meeting. The Board does not overlook this infraction. At minimum anyone who is found to have violated the full disclosure requirements will have a disciplinary record and will be required to pay a substantial fine.

Pay attention to your application. If you have any doubts as to what needs to be reported, telephone the Board office at (614) 752-9218.

If you have already made a false report, self-reporting is a mitigating factor that can positively affect your case. If you have any questions, you are urged to seek independent legal advice. The Board cannot fulfill its duty to only license qualified applicants, when the applicants falsify their applications. Full disclosure is essential. The Board takes this responsibility seriously and you should too.

Respiratory students may be required to submit to drug screening in specific facilities, also the students may be required to provide random samples for drug screening while in the program according to Chemical Dependency policies listed in the student handbook. A prospective student should anticipate these possibilities when applying for admission to the program.

Ohio Revised Code 4761.13 Prosecutor Duty to Notify Board of Convictions.

- (A) As used in this section, “prosecutor” has the same meaning as in section 2935.01 of the Revised Code.
- (B) The prosecutor in any case against any respiratory care professional or an individual holding a limited permit issued under this chapter shall promptly notify the Ohio respiratory care board of any of the following:
 - (1) A plea of guilty to, or a finding of guilt by a jury or court of, a felony, or a case in which the trial court issues an order of dismissal, upon technical or procedural grounds of a felony charge;
 - (2) A plea of guilty to, or a finding of guilt by a jury or court, of a misdemeanor committed in the course of practice, or a case in which the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor, if the alleged act was committed in the course of practice.
 - (3) A plea of guilty to, or a finding of guilt by a jury or court of, a misdemeanor involving moral turpitude, or a case in which the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor involving moral turpitude.
- (C) The report shall include the name and address of the respiratory care professional or person holding a limited permit, the nature of the offense for which the action was taken, and the certified court documents recording the action. The board may prescribe and provide forms for prosecutors to make reports under this section 2929.42 of the Revised Code.

Effective Date: 01-01-2004

Inter-rater Reliability (IRR)

General Information:

IRR is the extent of which at least two raters agree on a score given with the use of the clinical competency evaluation form. Unbiased and consistent measurements are required to obtain the best educational experience possible. Assessment of IRR will be completed biannually and as needed by each preceptor.

To determine inter-rater reliability of clinical preceptors by percentage agreements, preceptors should:

1. Watch video(s)
2. Complete competency evaluation forms(s)
3. For percentage agreement $A=O/P$ (Completed by the Director of Clinical Education)
 - a. A = the agreement rate (inter-rater reliability by percent agreement)
 - b. O = observed agreement (the number of unsatisfactory/no's recorded by preceptor)
 - c. P = possible agreement (the total possible number of satisfactory/yes's)

WSCC categorizes percent agreement as follows:

1. Excellent (80 – 100%)
2. Good (60 – 79%)
3. Moderate (40 – 59%)
4. Slight (20 – 39%)
5. The threshold for addressing issues is an inter-rater reliability less than 60% (Moderate Category)

Washington State Community College Respiratory Therapy Program's threshold for Addressing issues are an Inter-rater reliability less than 60% (Moderate Category).

For 2015: the Inter-rater Reliability was 79% (Good)

For 2016: the Inter-rater Reliability was 82 % (Excellent)

For 2018: the Inter-rater Reliability was 98.3% (Excellent)

For 2019: the Inter-rater Reliability for new hires and missed preceptors was 100% (Excellent)

We will work on improving the rate of return for the assessment and/or use alternative Methods for assessing preceptors.

The Director of Clinical Education will provide preceptor training in a continuous Improvement process. They will provide training and assessment if there are major curriculum changes, competencies or updates in the Clinical Preceptor Manual. If the IRR drops below 60% another program Inter-rater Reliability study will be performed.

Students are rotated through the major clinical sites to enhance the consistency of the student's clinical learning experience.

Address and phone number for:

Committee on Accreditation for Respiratory Care (CoARC)

264 Precision Blvd
Telford, TN 37690
USA

www.CoARC.com

PHONE: 817-283-2835

FAX to Plain Paper: 817-354-8519

FAX to EMAIL: 817-510-1063

WSCC Program Outcome Data:

<http://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>

Washington State Community College is accredited by:

Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1411
312.263.0456 ☎ 800.621.7440
Fax: 312.263.7462 ☎ hlcommission.org



RESPIRATORY THERAPY PROGRAM CURRENT INFORMATION SHEET

Current Contact Information

NAME: _____
ADDRESS: _____
EMAIL: _____
PHONE: _____
CELL PHONE: _____

Emergency Contact Information

NAME: _____
PHONE: _____
CELL PHONE: _____

By signing below, I acknowledge receipt of the Respiratory Therapy Technology Handbook and take responsibility for its contents. I also pledge to take all NBRC Board exams in order to become a Registered Respiratory Therapist. I realize critical thinking and verbal communication are very important in Respiratory Care. I pledge to verbally participate and apply myself to the best of my abilities to be a successful critical thinker and ultimately, a Registered Respiratory Therapist, RRT.

Signature

Date

ATTENDANCE REPORT

PLEASE FILL OUT ATTENDANCE REPORT AND RETURN TO THE STUDENT UPON COMPLETION OF THE CLINICAL DAY.
IF STUDENT IS LATE OR LEAVES EARLY NOTE THE REASON.

ANY COMMENTS OR CONCERNS PLEASE CONTACT:
Aaron Lopreste, RRT@ 740-374-8716 x3901
E-mail- alopreste@wsc.edu OR by
Mail at: WSCC 710 Colegate Dr. Marietta, Ohio 45750.
Thank you for your time and assistance.

=====

STUDENT NAME: _____
DATE _____ CLINICAL SITE _____
COMPLETION OF STUDENT EVALUATION REPORT REQUIRED YES ___ NO ___
PUNCTUALITY: ON TIME _____ LATE _____ LEFT EARLY _____
COMMENTS: _____

PLEASE PRINT AND SIGN
NAME _____
DATE _____

.....

DATE _____ CLINICAL SITE _____
COMPLETION OF STUDENT EVALUATION REPORT REQUIRED YES ___ NO ___
PUNCTUALITY: ON TIME _____ LATE _____ LEFT EARLY _____
COMMENTS: _____

PLEASE PRINT AND SIGN
NAME _____
DATE _____

.....

DATE _____ CLINICAL SITE _____
COMPLETION OF STUDENT EVALUATION REPORT REQUIRED YES ___ NO ___
PUNCTUALITY: ON TIME _____ LATE _____ LEFT EARLY _____
COMMENTS: _____

PLEASE PRINT AND SIGN
NAME _____
DATE _____

.....

DATE _____ CLINICAL SITE _____
COMPLETION OF STUDENT EVALUATION REPORT REQUIRED YES ___ NO ___
PUNCTUALITY: ON TIME _____ LATE _____ LEFT EARLY _____
COMMENTS: _____

PLEASE PRINT AND SIGN
NAME _____
DATE _____

.....

STUDENT EVALUATION REPORT

PURPOSE: TO PROVIDE THE STUDENT WITH AN ASSESSMENT OF THEIR CLINICAL ACTIVITIES; PROVIDE INPUT TO AREAS WHICH REQUIRE IMPROVEMENT; AND TO RECOGNIZE EXCEPTIONAL LEVELS OF PERFORMANCE.

METHOD: At the conclusion of every clinical session the student will provide this form to the THERAPIST that monitored the student during the session. **IT IS IMPORTANT THE APPROPRIATE CLINICAL SITE IS FILLED IN BEFORE EVALUATING AND SIGNING.**

Performance rating:

- 5 **Minimally Supervised:** No errors; able to perform without assistance; seeks out new learning; shows initiative. **BEST**
 - 4 **Supervised:** Minimal minor errors, able to self-correct; seeks guidance when appropriate.
 - 3 **Meets Minimal Expectation:** Minimal required level; no critical errors; able to correct with coaching; safe. Note areas student needs improvement.
 - 2 **Below Average:** After 2 to 3 attempts student continues to make critical errors or problem areas noted; would benefit from remediation
 - 1 **Unacceptable:** Poor; unacceptable performance; unsafe; gross inaccuracies; potentially harmful. **WORST**
- N/A **Acceptable for procedures not performed by student.**

IF THE STUDENT RECEIVES A SCORE OF 2 OR BELOW PLEASE COMMENT WITH AS MUCH SPECIFIC INFORMATION AS POSSIBLE TO ALLOW FOR REMEDIATION.

SELF ADDRESSED POSTAGE PAID ENVELOPES WILL BE PROVIDED.

IF YOU HAVE COMMENTS OR CONCERNS PLEASE CONTACT: Aaron Lopreste, RRT@ 740-374-8716 x3901 or E-mail-alopreste@wscc.edu

Mail reports to: WSCC 710 Colegate Dr. Marietta, Ohio 45750 ATTN: Aaron Lopreste **Thank you for your time and assistance.**

.....

STUDENT NAME: _____

CLINICAL SITE: _____

DATE: _____

Worst-----Best

1. STUDENT DEMONSTRATED WRITTEN COMMUNICATION SKILLS 1 2 3 4 5 N/A
- a. **Able to properly document as needed (includes computer documentation)**
 - b. **Checks chart prior to initiating therapy with new /revised orders**

COMMENTS:

2. STUDENT DEMONSTRATED ORAL COMMUNICATION SKILLS 1 2 3 4 5 N/A
- a. **Introduce self and department to patients/family**
 - b. **Communicates with physicians and staff appropriately**
 - c. **Explains procedures to patients/family**

COMMENTS:

3. STUDENT DEMONSTRATED CLINICAL KNOWLEDGE OF ASSIGNED PROCEDURES 1 2 3 4 5
N/A
- a. **Check order, medications, identifies patient (using two identifiers; Name & DOB) and instruct patients**
 - b. **Checks vitals (pulse check pre, during and post medication delivery), pulse oximetry and breath sound (pre and post therapy)**
 - c. **Encourages and assist patient cough; assists patient to cough; notes sputum production**
 - d. **Able to perform all tasks assigned by Therapist in a timely manner**

COMMENTS:

4. ABLE TO APPLY SKILLS LEARNED TO ADJUST TO PATIENT CONDITION 1 2 3 4 5 N/A
- a. **Able and willing to adjust to patient's needs when delivering therapies (understands disease process, sensorium etc. and adjust accordingly) example mask instead of mouth piece**
 - b. **Takes initiative in patient care (confident, eager to learn)**
 - c. **Coach and assist patient as needed**
 - d. **Displays knowledge, comprehension and command of clinical procedures**

COMMENTS:

5. STUDENT DEMONSTRATED WORK ETHIC 1 2 3 4 5 N/A
- a. **Professional Conduct (no gossiping, punctuality, and attitude)**
 - b. **Receives constructive criticism appropriately**
 - c. **Proper dress attire**
 - d. **Adheres to HIPPA regulations**

COMMENTS:

6. **STUDENT'S OVERALL PERFORMANCE** 1 2 3 4 5
- a. **Student's overall knowledge, comprehension and ability to adjust to delivery of respiratory therapy in a professional and timely manner.**

COMMENTS:

Therapist signature: _____ Date: _____

Print Name: _____

WASHINGTON STATE COMMUNITY COLLEGE

**RESPIRATORY THERAPY PROGRAM
CLINICAL OBJECTIVES
SPRING SEMESTER- FIRST YEAR STUDENTS**

STUDENT NAME _____

The following items are listed as a guide for both the student and Clinical Instructor/preceptor as to the specific procedures the RT students are prepared to perform this semester. Assistance in the form of guidance and correction from the Instructors/preceptors is appropriate and welcomed while the student learns the most effective way to complete these procedures.

When the student is prepared to demonstrate his or her **COMPETENCY** for any of these procedures, this should be addressed with the **appropriate competency form**. The student should be functioning without assistance during this evaluation and under your observation.

I. OBSERVATIONS OF AND PARTICIPATION IN:
Completed

Date

A. E cylinder oxygen regulator attachment

B. H cylinder oxygen regulator attachment

C. What cylinder/regulator safety system applies to each?

a. E cyl. _____

b. H cyl. _____

D. What must be performed prior to attaching a regulator to a cylinder?

E. Oxygen cannula setup

1. Humidifier set-up yes__ no__

2. Why or why not _____

F. Venturi mask setup

1. FiO₂ _____

2. Flowmeter setting _____ L/min

3. Calculate total flow output _____ L/min

G. Non re-breathing mask

1. Flowmeter settings _____ L/min

2. Why does this patient require this amount of oxygen (diagnosis)?

DATE COMPLETED

H. Simple oxygen mask flow L/min _____

I. Continuous aerosol nebulizer (CNEB)/
Large volume nebulizer (LVN) _____

1. FiO2 _____
2. Calculate total flow output L/min
3. Which interface is utilized?

(Aerosol mask
Briggs adaptor
face tent other)

II. OBSERVE AND PERFORM THERAPEUTIC PROCEDURES:

	<u>Dates Observed</u>	<u>Dates Performed</u>
A. IPPB (EzPAP, Vortran & BiPAP)	_____	_____
B. Incentive Spirometry	_____	_____
C. Positive Expiratory Pressure (PEP)	_____	_____
D. Small Volume Nebulizer	_____	_____
E. Metered Dose Inhaler (MDI)	_____	_____
F. Postural Drainage/Percussion	_____	_____
G. Other _____ _____	_____ _____	_____ _____

III. DIAGNOSTIC PROCEDURES PERFORMED

	<u>Dates Observed</u>	<u>Dates Performed</u>
A. Pulse oximetry Checks and Probe Placement: _____ Cite any actions taken in reference to above: _____ _____	_____ _____ _____	_____ _____ _____
B. Capnography: _____ Cite any actions taken in reference to above: _____ _____	_____ _____ _____	_____ _____ _____
C. Other _____	_____	_____

IV. OBSERVE AND PRACTICE STANDARD 12 LEAD ELECTROCARDIOGRAMS:

Complete at least two prior to performing the competency:

Observe at least twice

Dates

1st practice

2nd practice

**V. COMPLETE A “CLINICAL ROUNDS ORIENTATION, SPRING SEMESTER”
FOR EACH CLINICAL SITE VISITED. TOTAL OF 3 REPORTS DUE!**

**VI. COMPLETE ONE PATIENT ASSESSMENT WITH CHART REVIEW AND PATIENT
INTERVIEW**

**VII. OBSERVE AND PARTICIPATE IN PATIENT HISTORY AND PHYSICAL
ASSESSMENT WITH ASSIGNED PHYSICIAN. Please ASK THE PHYSICIAN to
sign here indicating you and he had an opportunity to perform this function
together.**

Physician's Signature: _____

VIII. List Other Procedures Performed and/ or Observed: (extubation, 6-minute walk, titrate oxygen with exercise, cardiopulmonary calculations, cardiopulmonary stress testing, hemodynamic monitoring, overnight pulse oximetry study, Heliox, sputum induction and patient education):

CLINICAL COMPETENCY: SMALL VOLUME NEBULIZERS (SVN)

1. Mass Median Aerodynamic Diameter (MMAD) is used to describe an aerosol particle in relation to size distribution. With this description, what percentage of particles are heavier and what percentage are lighter than the MMAD particle.

_____.

2. What MMAD particle size in micro-millimeters (μm) is needed for deposition of aerosol particles in the following lung regions:

Lung Parenchyma _____ μm : Used to delivery of specialized medications to the alveolar level.

Lower Airways _____ μm : Appropriate for Bronchodilator Therapy

Upper Airways _____ μm : To deliver Aerosols to the Larynx and upper airway

3. What is the OPTIMAL BREATHING PATTERN for patients receiving Aerosolized Medications?

4. Name a Special Purpose Nebulizer for the delivery of Pentamidine Isothionate (Nebupent) and the specific type of Pneumonia it is designed to treat. _____ Nebulizer is for the treatment of _____ Pneumonia. It delivers particles in an appropriate size to reach the alveolar or lung parenchymal level.

5. Generally, SVN's operate at a flow rate of _____ liters per minute. (Unless otherwise specified)

6. Approximately what percentage of medication in a SVN is actually deposited in patient's lungs? _____%.

LABORATORY DEMONSTRATION - SVN

	YES	NO	Comment
Selects appropriate equipment	<input type="radio"/>	<input type="radio"/>	
Assembles equipment correctly	<input type="radio"/>	<input type="radio"/>	
Provides Appropriate Patient Instruction	<input type="radio"/>	<input type="radio"/>	
Discusses and answers additional questions regarding the device appropriately ie Pt. Monitoring, Adverse effects, etc.	<input type="radio"/>	<input type="radio"/>	

The student has successfully completed the laboratory demonstration.

Date_____

Evaluator Signature_____

CLINICAL DEMONSTRATION: Small Volume Nebulizers (SVN)

	YES	NO	Comment / N/A
Ascertains Patient Order in Medical Record	<input type="radio"/>	<input type="radio"/>	
Reviews Record for Pertinent Data	<input type="radio"/>	<input type="radio"/>	
Obtains Necessary Equipment	<input type="radio"/>	<input type="radio"/>	
Identifies Patient	<input type="radio"/>	<input type="radio"/>	
Introduces Self (as Student)	<input type="radio"/>	<input type="radio"/>	
Explains Procedure to Patient and Answers Pt. (or Family Member) Questions Appropriately	<input type="radio"/>	<input type="radio"/>	
Performs Procedure Appropriately (Inclusive of Hand Washing Before and After Procedure)	<input type="radio"/>	<input type="radio"/>	
Monitors Patient Response to Procedure Appropriately	<input type="radio"/>	<input type="radio"/>	
Notes Results in Medical Record	<input type="radio"/>	<input type="radio"/>	
Other _____ _____	<input type="radio"/>	<input type="radio"/>	

The Student Completed This Procedure Successfully YES NO (If no, please indicate why not)

Comment: _____

Preceptor Signature _____

Date _____

Print Name _____

My signature indicates that the student named on this form has demonstrated this procedure SAFELY and EFFECTIVELY and in accordance with current procedure and facility policy.

**THERAPEUTIC PROCEDURES
SMALL VOLUME NEBULIZER TREATMENTS**

Essential Standards

- | | | |
|----|---------------------------|---|
| A) | Confirms order | 1) Ensures completeness of order |
| B) | Reviews chart | 1) Reviews relevant data
a) blood gas reports
b) radiology reports
c) laboratory reports
d) phys. progress: notes/history/physical
2) Determines if hazards or contraindications exist.
3) Follows personal protective equipment requirements |
| C) | Obtains equipment | 1) Flowmeter with tubing connector
2) Nebulizer with tubing, mouth piece or mask, etc.
3) Medication
4) Stethoscope
5) Pulse oximeter |
| D) | Greets & Confirms patient | 1) Identifies the patient using two patient identifiers
2) Introduces self to patient and family (if present) |
| E) | Informs patient | 1) Explains procedure
a) what, why, how, patient responsibilities
2) Determines patient understanding
a) patient demonstration or
b) verbal acknowledgement |
| F) | Washes hands | 1) Cleanses effectively and puts on gloves, mask and protective eyewear as appropriate for the procedure |
| G) | Assembles equipment | 1) Connects nebulizer to supply tubing and tubing to flowmeter, inserts medication |
| H) | Tests equipment | 1) Starts flow as directed (6 to 10 L/min depending on the device)
2) Observes output of aerosol |

- I) Implements therapy
 - 1) Positions patient, optimally sitting upright as condition permits
 - 2) Assesses vital signs
 - 3) Administers therapy
 - 4) Coaches patient to
 - a) breathe normally (resting tidal volume)
 - b) through mouth
 - c) occasion deep breath with 1-3 second breath hold
 - 5) Continues the treatment until the nebulizer sputters

- J) Monitors patient
 - 1) Auscultates chest before and after treatment
 - 2) Pulse, RR taken before, during and after treatment
 - 3) Observes patient breathing pattern
 - a) affective pattern for medication deposition
 - 4) Notes sputum productivity etc.
 - 5) Monitors patient for any adverse effects
 - a) stop treatment if patient c/o dizziness, tingling
 - b) resume therapy after a few minutes and reinstructs normal breathing pattern

- K) Concludes procedure
 - 1) Disconnects the nebulizer from gas source
 - 2) Rinses nebulizer with sterile water and air-dry
 - 3) Confirms patient comfort & response to therapy
 - 4) Replaces bedside table, etc.
 - 5) Removes PPE and washes hands

- L) Records result
 - 1) Notes type and duration of therapy
 - 2) Medication used and quantity
 - 3) Pulse, RR and breath sounds before, during and after
 - 4) Productivity of secretions (a. volume b. color)
 - 5) Other pertinent data
 - 6) Reports abnormal findings to appropriate health care provider.

HEALTH EXAMINATION BY PHYSICIAN

For Respiratory Therapy Technology Program

Name of Applicant _____
 Date of Birth _____ Weight _____ Height _____

I. Do you have a history of diseases of the following?

Please answer **YES** or **NO**.
 If you answer **YES** – please explain:

	Yes	No	Explanation
Skin			
Eyes/Vision			
Ears/Hearing			
Cardiac			
Lungs/Respiratory Illness			
Musculoskeletal			
Diabetes			
Neurological/Seizures			
Abdominal (Hernias)			
Vascular (Varicose Veins)			
Allergies			

List any medication or drugs taken frequently.

Physical activity limitations?

Yes _____ No _____ Explain: _____

II. Please provide dates of either immunization or disease of the following:

OR/

	Immunization/Booster	Titre	Illness (Illness w/o Immunization Requires Titre)
Measles (Rubeola)	/		
Mumps	/		
Rubella (German Measles)	/	<i>(titre required)</i>	
Varicella (Chickenpox)	/		<i>Date Required:</i>
Chicken Pox (History of Illness)	/		Yes _____ No _____
Flu Vaccination (Annually)			
T-DAP			
Polio			
10 Panel Expanded Opiates Drug Screen	Negative _____ / Positive _____		

** If you were given the immunization prior to 1975, you may wish to protect yourself by having the immunization repeated.*

** Some clinical affiliates may ask for a titer.*

Washington State Community College
Health Sciences

Hepatitis B Vaccine Statement

Hepatitis B is a serious viral infection affecting the liver. Health care workers have a risk of contracting the disease through exposure to blood and body fluids. The Center for Disease Control and OSHA strongly recommend that health care workers be immunized against contracting Hepatitis B by receiving a series of three immunizations.

Students are not required to receive the Hepatitis B immunizations but some health care facilities do want to know if students using the facility for clinical learning experiences have had the immunizations. The cost of the immunizations is the responsibility of the student.

Please complete the appropriate section of this form and return it to the appropriate Program Director.

I have received the series of three Hepatitis B vaccinations:

1st dose: Date _____ Given by _____
2nd dose: Date _____ Given by _____
3rd dose: Date _____ Given by _____

If you cannot provide these dates, you will need a titre:

Titre Date _____ Given by _____

Student Signature

Date

I am in the process of acquiring the Hepatitis B vaccine as listed and will notify the Director as the series is completed:

1st dose: Date _____ Given by _____
2nd dose: Date _____ Given by _____
3rd dose: Date _____ Given by _____

Student Signature

Date

I am fully aware of the risks of exposure to the Hepatitis B virus in the clinical environment. I have chosen **NOT** to receive the series of Hepatitis B vaccine.

Student Signature

Date

