

Hinds Community College
Respiratory Care



Program Manual

HINDS COMMUNITY COLLEGE
ASSOCIATE DEGREE RESPIRATORY CARE PROGRAM

Program Purpose: To develop patient assessment skills, and training in the use of equipment required to manage heart and lung disorders, including CPR, life-support systems, therapeutic procedures, drugs and diagnostic tests.
Goal: To prepare competent advanced level Respiratory Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

THE FACULTY BELIEVES THAT:

People function interdependently with others and have the right to participate actively in all plans and decisions, which will ultimately affect them; individuals are both like and different from all others, possess intellect and free will, are capable of self-direction, and are responsible for their own behavior; People share with each other basic needs and adaptive mechanisms as well as certain commonalities in growth and development; the life goal of each individual is fulfillment of self with development of their potential to the degree which meets their needs;

EDUCATION is a process by which learning occurs and a positive change in behavior follows. Learning is dependent on individual abilities, needs, and motivations and takes place more readily if it is goal directed.

The LEARNER is an individual who cooperatively and interdependently strives to achieve educational goals. The individual's learning is influenced by previous life, educational and work experiences.

The TEACHER is a competent practitioner, who guides the learner and directs activities designed to meet behavioral objectives; a resource person in helping students learn to think and problem solve; an organizer/manager who plans and coordinates meaningful learning experiences; a motivator in sharing experiences which stimulate the student to transfer theory to practice; a diagnostician who helps students identify their strengths and weaknesses related to learning needs; an evaluator who exercises judgment in evaluating the competency of students in both Respiratory Care theory and clinical practice.

CLINICAL PRACTICE involves assessment, diagnosis, planning, intervention, and evaluation, and is directed toward the prevention of illness, the maintenance of health, restoring the individual to his highest level of wellness, and the lending of dignity and meaning to death.

RESPIRATORY CARE EDUCATION is a planned process, which utilizes principles of learning to assist the individual to develop competence as a member of the health care delivery system. This process is facilitated when it proceeds from simple to the complex, is unified, relevant, goal directed and based on problem solving approaches. The curriculum involves Respiratory Care as the subject in the community college setting, which includes a heterogeneous group of students with no restrictions related to age, sex, race, marital status, socioeconomic levels or religion. The curriculum is most effective when it includes an approximate balance between general education and Respiratory Care courses. Application of theory in the clinical setting is an essential element of the Respiratory Care courses.

The Hinds Community College Respiratory Care graduate is prepared to perform Respiratory Care functions using principles from physical, biological, and social sciences. This graduate is a generalist who gives direct care to patients with commonly recurring health problems in a variety of settings. The graduate is prepared to function as a provider and manager of care. There is a variation in the degree of skill of each of the graduates of this program due to differences in personal attributes and experiential backgrounds. The graduate is prepared to then sit for the National Board of Respiratory Care Entry Level and Advanced Practitioner Examination.

HINDS COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
Curriculum Design

RCT 1213 - Respiratory Care Science 3 SH (Prerequisites: Admission to the RCT Program) This course is designed to introduce the student respiratory care practitioner to fundamental elements important to the delivery of health care in a safe, efficient, and professional manner. (3 hr lecture)

RCT 1223 - Patient Assessment and Planning 3 SH (Prerequisites: Admission to the RCT Program) This course is a fundamental approach to subjective and objective evaluation, assessment, and care plan formation for the individual needs of the patient. It is an introduction to cardiopulmonary diseases including etiology, pathophysiology, complications, occurrences, clinical manifestations, treatment, and prevention. (2 hr lecture, 2 hr lab)

RCT 1313 - Cardiopulmonary Anatomy and Physiology 3 SH (Prerequisites: Admission to the RCT Program) This course is a study of cardiopulmonary physiology in relation to the practice of respiratory care. (3 hr lecture)

RCT 1322 - Pulmonary Function Testing (PFT) 2 SH (Prerequisites: RCT 1313) This course is an introduction to pulmonary function testing technique and equipment. (1 hr lecture, 2 hr lab)

RCT 1415 - Respiratory Care Technology I 5 SH (Prerequisites: Admission to the RCT Program) This course is a study of respiratory treatments and equipment design and operation related to non-critical procedures. (2 hr lecture, 6 hr lab)

RCT 1424 - Respiratory Care Technology II 4 SH (Prerequisites: RCT 1415) This course is a continuation of Respiratory Care Technology I. It is a study of the management of respiratory failure including mechanical ventilation, pulmonary rehabilitation, and home care. (3 hr lecture, 2 hr lab)

RCT 1516 - Clinical Practice I 6 SH (Prerequisites: RCT 1213, RCT 1223, RCT 1313, RCT 1415, RCT 1611) Patient assessment, performance of basic respiratory care procedures, and care plan formation are presented in the hospital environment. A procedural guide is utilized to evaluate student competencies and performance of respiratory care procedures. (18 hr clinical)

RCT 1523 - Clinical Practice II 3 SH (Prerequisites: RCT 1516) In this course, students rotate through various respiratory care sub-specialty areas for evaluation of competency and performance of respiratory care procedures. (9 hr clinical)

RCT 1611 - Respiratory Care Pharmacology I 1 SH (Prerequisites: Admission to the RCT Program) (Co-requisites: RCT 1213, RCT 1313, RCT 1223) This course is designed to introduce the student to aerosolized pharmacology related to cardiopulmonary disorders. (1 hr lecture)

RCT 2333 - Cardiopulmonary Pathology 3 SH (Prerequisites: RCT 1313) This course is a study of the cardiopulmonary pathophysiology. It includes etiology, clinical manifestations, diagnostics, and treatment of various cardiopulmonary diseases, incorporating clinical practice guidelines and therapist driven protocols. Case studies and/or clinical simulations will be utilized to enforce learning and evaluate progress. (3 hr lecture)

RCT 2434 - Respiratory Care Technology III 4 SH (Prerequisites: RCT 1424) This course is an advanced study of respiratory care in the critical care setting. Topics include nonconventional modes of mechanical ventilation, hemodynamics, special procedures and advanced cardiac life support. (3hr lecture, 2 hr lab)

RCT 2534 - Clinical Practice III 4 SH (Prerequisites: RCT 1523) In this course, students rotate through various clinical and specialty areas for evaluation of competency and performance of advanced respiratory care procedures. (12 hr clinical)

RCT 2546 - Clinical Practice IV 6 SH (Prerequisites: RCT 1516, RCT 1523, RCT 2534) This is a continuation of Clinical Practice III. In this course, students rotate through various respiratory care areas. A procedural guide is utilized to evaluate student competency and ability to perform independently. (18 hr clinical)

RCT 2613 - Neonatal/Pediatrics Management 3 SH (Corequisites: RCT 2434, RCT 2534) This course is a study of fetal development and the transition to extrauterine environment. It includes the most common cardiopulmonary disorders, neonatal and pediatric disease process, and the mode of treatment. (3 hr lecture)

RCT 2622 - Respiratory Care Pharmacology II 2 SH (Prerequisites: RCT 1611, RCT 1213, RCT 1313, RCT 1223) This course is a continuation of RCT 1611, and designed to introduce the student to further advanced pharmacology related to cardiopulmonary disorders. (2 hr lecture)

RCT 2712 - Respiratory Care Seminar 2 SH (Prerequisites: RCT 2434) This course is designed to integrate the essential elements of respiratory care practice through the use of care plans, case studies, and clinical simulations in a laboratory environment. Students develop an analytical approach to problem solving. Critical thinking is emphasized. (1 hr lecture, 2 hr lab)

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
GENERAL INFORMATION**

BULLETIN BOARD/MESSAGES/BLACKBOARD

The student is responsible for checking messages in their individual message center box in the Respiratory Care Lab, as well as for checking e-mail messages received through their HCC e-mail account. Students are responsible for checking announcements and course postings on the HCC Blackboard course sites.

COMPUTER/LIBRARY POLICY

All students must complete library/computer assisted instruction as required by individual course syllabi.

PROCEDURE CHANGE

Faculty reserve the right to change procedures as necessary and written notification to the students and applicants, who are approved for admission, is sufficient to effect procedure change.

GRADING POLICIES

A. Grade scale for the Respiratory Care Program is:

93 - 100	=	A
86 - 92	=	B
79 - 85	=	C
0 - 78	=	F

Final Course Average: Unit Grades 80%
Final Examination 20%

At instructor discretion, individual courses may vary slightly, taking into consideration special projects, tests, or lab exercises. Differences will be described in course syllabi.

Should students question their final average, they may request an independent Respiratory Care faculty review of their course grades.

B. Theory grades are based on the following:

1. Test Grades

a. Pop Tests/Daily Grades

The faculty reserves the right to give "pop tests". Written work may also be assigned. These daily grades will be calculated as a part of the unit average using the following scale:

<u>Pop Test Average</u>	<u>Unit Grade</u>
0 - 70	-1 point
71 - 84	0 points
85 - 100	+1 point

If a pop test is missed due to unexcused tardiness or absence, the student will receive a 0% grade (See Student Handbook on Absences--excused vs. unexcused)

b. Written and Outside Assignments

The following behaviors will result in a deduction of **5** points from the student's next test grade as described in each Respiratory Care course syllabus.

1. Failure to submit required classroom assignments on due date.
2. Failure to satisfactorily complete classroom assignments.

MAKE UP TESTS

If a student is unable to take a test at the scheduled time, he/she must contact the instructor PRIOR to the test. Make up tests are given for excused absences only, and at the discretion of the instructor, Make up tests are administered in the final weeks of the semester. Students who fail to follow this policy will be given a grade of "0" for the test.

TESTING CONDITIONS

In order to maintain an atmosphere of academic integrity, students must adhere to certain testing conditions which include, but are not limited to the following:

- Seating may be assigned
- All student belongings are to be placed in one area of the room, inaccessible during testing, such as the back of the room or the front of the room.
- No hats during test (or class).
- If allowed, calculators must be four-function only.
 - Cell phones and other electronic devices may not be substituted for calculators and must not be on their person during the test.
- No objects on desk other than test, Scantron and pencils.
 - This includes: stand alone erasers, cell phones, cups, food containers.
- Students are not to ask questions of instructor during test, unless warranted by unusual circumstance such as testing anomaly, such as missing test page.

READMISSION POLICY

The RC Science summer evening class will count as the student's first admission. Should the student be unsuccessful in their first admission, the readmission guidelines found in the Nursing and Allied Health Student Manual will be followed.

PROGRESSION

In order to remain in the Respiratory Care Program:

- The student must maintain a grade of "**C**" in each of the Respiratory Care courses and the required academic courses for each semester.
- The student must achieve clinical clearance through performance of clinical competencies as defined in the various laboratory courses in order to progress to the subsequent semester.

INSTRUCTOR OFFICES

Instructors are available during office hours or by appointment. Office hours are posted or noted in syllabi. Students are not allowed in the instructors' offices unless an instructor or secretary is present.

UNIFORMS

In order to portray a professional appearance, students are required to wear the designated uniform to class each day, as well as, on special occasions such as conferences and events supported by the RCT Program. The classroom and laboratory uniform will consist of unembellished maroon scrub tops and pants. (ex. No contrasting piping, no team logos, no cargo pants.) The top can be tunic style or tucked in style. If you purchase the style designed to be tucked in, then you must wear it tucked in. Refer to "Clinical Guidelines and Procedures" for direction on uniforms in the clinical setting.

Failure to wear the designated uniform to class will result in an unexcused absence. See NAH student manual, HCC student handbook or HCC catalog for class absence policy.

USE OF COMMUNICATION/ELECTRONIC DEVICES

Refer to NAH student manual, HCC catalog, HCC handbook.

Cellular phones and personal/work pagers are not allowed in the classroom, labs, or clinical setting and violations are subject to fines and/ or other disciplinary action.

POLICY FOR LEARNING LAB

1. Good housekeeping is the responsibility of everyone using the lab. Clean up after yourself. Return equipment and media to the proper place. Clean, organize, properly maintain, and return all equipment to its proper place.
2. No smoking, eating, drinking or chewing tobacco is allowed in the lab.
3. Students may not bring their children to any learning lab, computer lab, or the library.
4. Only students enrolled in Hinds Community College are allowed to use the campus learning labs, computer labs, and library.
5. No articles can be removed from the lab or library facilities without authorization from a program chairperson.
6. Tape recording or dubbing of media is not allowed. This is against the law.
7. Noise should be controlled.
8. The lab is available for study and supervised practice from 8:00 a.m. until 4:00 p.m. Monday - Friday. Students will be notified of specific laboratory class hours each semester.
9. Mandatory practice and referrals to the Learning Lab are to be scheduled with the laboratory instructor.
10. If a student is scheduled for any mandatory practice or skill evaluation, and will be absent or tardy, the student must contact the appropriate program faculty member, chairperson, or learning lab manager.

LEARNING LAB PRACTICE

When a student fails to demonstrate competency, mandatory practice in the learning lab will be required. Mandatory practices are to be arranged by student in advance by appointment only. The instructor will indicate the date by which the practice must be completed. The maximum time allowed will be one week. Failure to practice by the specified date will result in the student being referred to a called Faculty Session for further action.

LEARNING LAB REFERRAL POLICY

A referral to the Learning Lab will be made when a student fails to demonstrate competency in a previously taught clinical skill. Referrals to the Learning Lab must be arranged by the student, by advance appointment only.

Failure to practice in the Learning Lab by the specified date will result in the student being excluded from Clinical rotation until such time as he/she completes the required practice. A clinical absence will be recorded for each clinical day missed.

PRE-CLINICAL

All clinical requirements must be completed and documentation submitted. This includes, but is not limited to CPR requirements, background requirements and health record packet. **This is due by midterm in the fall semester for freshman students. For sophomores, it is due one week prior to the first day of the fall semester.**

Penalty for non-compliance: Student will not be allowed to attend class, learning lab, or clinical rotations until compliant. Attendance Policy will be enforced.

ATTENDANCE / ABSENCES / NOTICE OF ABSENCE

See HCC Catalog, HCC Handbook and NAH Student Manual

TARDIES

Failure to report to class at the beginning of the class period equals a tardy. Three tardies equal one absence. Students who miss more than fifteen (15) minutes of a class will be marked absent.

WITHDRAWING FROM A COURSE / COLLEGE - See HCC Catalog.

HINDS COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM CLINICAL GUIDELINES AND PROCEDURES

GENERAL PURPOSE OF CLINICAL INSTRUCTION

- Provide a clinical environment in which students may learn to listen, think, reason and communicate effectively.
- Provide a clinical environment where students can develop intellectually, socially, physically, morally, and spiritually.
- Provide guidance, counseling, and learning experiences which will enable students to develop skills in respiratory care.

CLINICAL AFFILIATES

Students shall receive their clinical experiences at Mississippi Baptist Medical Center, St. Dominic Health Services, University of Mississippi Medical Center, and Central Mississippi Medical Center. Other selected rotations may be assigned to enhance the student's clinical experience.

INTER-RATER RELIABILITY

The Committee on Accreditation for Respiratory Care's "Standards and Guidelines" requires programs to demonstrate inter-rater reliability among those individuals who perform student evaluations. Those Respiratory Therapists who act as instructors at the clinical sites (preceptors) undergo training to ensure evaluation of students is consistent, fair, timely, and assesses appropriate learning objectives.

Demonstrating inter-rate reliability involves having more than one evaluator assess a singular incidence of student performance, using a specific evaluation instrument to measure consistent assessment among those evaluators. This can be achieved by either live performance or by videoed performance. Each preceptor should be annually assessed for inter-rater reliability, as well as the Hinds Community College Respiratory faculty. The program offers preceptors the opportunity to assess student performance by video on the RCT web page at:

http://www.hindsc.edu/Departments/health_related_professions/rct/Clinical_Instructors.aspx .

This page can also be reached by going to the Hinds Community College home page and following the thread:

Hindsc.edu →Departments (tab at the top of page)→Health Related Professions→Respiratory Care Technology→Clinical Instructors (link in left margin)

The student performance video can be viewed on that page by clicking the play button on the video screen that appears at the top of the page. Clicking on the student evaluation form link (on that same page) will bring up the form. When the form is completed, click on the "Submit" button and the document will be sent to the RCT chairperson, who will report participation to hospital administrators according to their requests. Preceptors should keep in mind that the performance is not intended to be perfect, and the intent is to determine if all persons evaluating a student performance will do so equally, given the same guidelines. If an evaluator's assessment is outside the established norm, HCC – RCT faculty can work with them to improve their understanding of the assessment process.

SAFEGUARDS

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. Respiratory Care Technology provides training in the following:

- Infection Control Procedures
- OSHA Guidelines
- HIPAA Regulations
- Safe Work Environment including Fire Safety, MRI Safety, Electrical Safety, and appropriate Body Mechanics
- Cultural Diversity

Students are expected to incorporate these concepts in their clinical, classroom, and lab activities. The student shall fulfill all applicable OSHA requirements as required by the clinical affiliation.

All activities required in the program must be educational and students must not be substituted for staff.

It is a violation of Mississippi state law governing licensure for an unlicensed student to receive compensation for providing respiratory care services. It shall also be a violation of these regulations to knowingly compensate an unlicensed student for providing respiratory care services. Students may be employed by a health care agency, but care must be taken to insure they do not perform the duties of a licensed Respiratory Therapist. Students may not perform any school related activities during work hours. Educational experiences scheduled as a student of this program must be under the direct control of a clinical instructor or their designee.

ABSENTEEISM

The faculty believes that avoidable absence from clinical lab reflects a lack of responsibility or accountability and should be thus evaluated. Therefore, any student who is absent from, or tardy to a clinical lab for any reason, will be required to explain the reason to the clinical instructor and coordinator. Each case will be decided on its own merits, but job conflicts, business or pleasure trips, and demands of other course work are **not** valid reasons.

- Students must be on time for their assignments and no early dismissals will be allowed. Each student **must arrange any appointments and work schedules around the school schedule.**
- Students are to report to the clinical instructor or shift supervisor prior to reporting to their assigned clinical area.
- Students are expected to “report out” to their clinical instructor or assigned preceptor, prior to leaving the facility, and must give appropriate report on their patients prior to leaving.
- **Any student reporting for the wrong shift or to the wrong clinical site shall be sent home and marked with an unexcused absence for the day.**
- One **excused** clinical absence will be allowed without a required make up experience.
 - All other clinical absences will require a makeup experience.
 - The makeup experience will be scheduled at a time designated by, and at the discretion of, the program faculty and will depend on available clinical facilities and faculty supervision. (Refer to NAH Student Manual.)
 - **It is the responsibility of the student to contact the clinical coordinator to arrange for rescheduling, as well as, to verify whether the first absence meets qualifications required to not be rescheduled.** If he/she fails to arrange scheduling of make-up time, clinical assignment will be denied when the make-up deadline has passed.
 - All make-up time must be accomplished within 14 days of the absence in the Fall and Spring semesters, and within 7 days in the Summer semester.
 - If a student is absent for a rescheduled clinical day, this is counted as an additional absence.

In accordance with HCC policy (refer to HCC Catalog), absences will be limited as follows:

■ **Maximum Excused Absences:**

- Fall and Spring Semester - The student must attend 80% of scheduled clinical meetings. The number of allowable absences will vary with each semester.
- Summer Semester - **MAXIMUM** of 4 absences

■ **Excessive unexcused absences:**

- Fall and spring semesters-day or evening class, after the number of times that the class meets in one week plus one, based on a full semester length course.
- Four (4) week term - after two (2) days. Eight (8) week term - after four (4) days.
- Summer session - evening class, after the number of times that class meets in one week.
- If a student exceeds the number of allowable unexcused absences, a notice of absence will be initiated. Refer to HCC handbook, and HCC catalog.

In the event of a clinical absence, the student must notify the clinical site at least two hours in advance of the time the student is scheduled to report.

The student is to notify the **RC shift supervisor** and state the reason that he/she will not be at clinical and give information where he/she may be reached by the clinical instructor. The student should ask for the name of the person taking the message. Failure to appropriately notify the clinical site will result in an unexcused absence and a required make-up clinical experience. Absences are recorded on the summative evaluation, which, with student consent, is used for job reference upon graduation. (Refer to evaluation section for explanation of the summative evaluation.)

Clinical assignments are made prior to each shift and any tardies disrupt the smooth operation of the clinical department. If an emergency (e.g. loss of electricity, car trouble, bad weather, illness in family, or any other situation the instructor deems valid) should arise after the two-hour notification period, the Respiratory Care Department of the hospital must be notified no later than 30 minutes before the start of the shift.

Please note: the **clinical site** must be made aware of your absence in a timely manner because it affects their daily work assignments. Faculty can be contacted later through voice mail or pager if necessary.

Changes in the clinical schedules are to be made only by the Clinical Coordinator.

CLINICAL TARDIES

Clinical tardies will be handled in the following manner:

■ **Three tardies equals one clinical absence.**

- In the event of the third tardy, the student will accrue an unexcused absence, will be sent home, and must make arrangements for a make-up clinical day.

PERSONAL APPEARANCE

Patients and visitors frequently are unfamiliar with medical procedures and therefore, are prone to judge the hospital by what they see and hear. Attire, grooming and manner can serve to reassure patients, their families and visitors that one is competent and careful in the performance of clinical duties.

Attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, the following personal appearance and hygiene requirements have been established and are also a matter of hospital policies.

Choice of clothing when in uniform or non-uniform needs to be simple in design and constructed to allow freedom of movement without embarrassment to ones' self, patients, visitors, physicians and employees.

Students will report to scheduled clinical sites clean and well groomed and in complete uniform. The uniform consists of a solid color **navy blue** scrub suit (without color trim), **clean white** nursing or leather

tennis shoes, neutral hosiery or white socks, a white lab jacket with the **HCC Respiratory Care patch** (on the upper left sleeve 3 inches from shoulder). Uniforms must be clean and pressed when worn to the clinical site. Scrub tops are to be worn inside of the scrub pants unless they are of the tunic type. Proper undergarments are to be worn by all students, and while a *white* tee shirt may show at the top of the garment, it should not show below the sleeves. The only time a student may take off his lab coat is when working in an intensive care or surgery unit. Even then, the student must wear ID badges, and put the coat back on when leaving the unit for any reason, including breaks. **If the student is not in complete uniform he/she will be sent home and marked absent for that clinical day.**

Items with company logos (other than HCC) are strictly prohibited. This includes clothing, pens, notebooks etc. Hooded jackets are not allowed in the clinical environment and any tattoos must remain covered.

Other required items include the Hinds student identification badge, any required hospital ID, RCT program manual, double-bell stethoscope, goggles, a digital watch or watch with a second hand, black and red pens and the student's unexpired clinical clearance (background check) letter.

All required items are considered a part of the uniform, and includes the clinical competency manual.

When visiting Clinical sites to prepare for Case Presentations, the student should wear program Khakis and polo shirt. He/she must also wear a Lab coat with a Hinds student identification tag and any appropriate hospital ID. The student must also notify the appropriate Clinical Supervisor of their presence and sign any information releases required for presentation research.

Students will be advised of appropriate dress for attending workshops or conferences. Hats/caps may not be worn at Clinical sites.

- **Hair** is an important part of a student's appearance. Hair must be clean and well groomed in a conservative style and a natural color appropriate to a health care environment. Students with medium or long hair should secure their hair to the back so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment. (Hair that falls below the collar must be secured.) Dread locks are not allowed. The use of hair coloring in natural shades is appropriate for the health care setting. Men must either be clean shaven or have an *established* beard/mustache. Half shaven appearance is not acceptable.
- **Make-up** can contribute to the professional look when used in moderation with a natural appearance. Dramatic or flashy colors, sequins, and theatrical application of make-up are not appropriate to the clinical setting. Long nails and sculptured or artificial nails are not to be worn. Fingernail polish is not allowed.
- **Strong odors** can lead to respiratory difficulty in certain patients. **Therefore, the use of tobacco products, perfume, perfumed lotions, aftershave, or cologne is prohibited while at Clinical.**
- **Personal hygiene is essential:** Bathe daily; use mild soaps and deodorants. While gum chewing is not allowed during Clinical, the use of breath mints is permitted in non-patient care areas. Toothpicks, dental floss, or toothbrushes may be used in the privacy of a restroom.
- **Jewelry and accessories:** In patient contact areas, females may wear one earring of the **SMALL** stud variety placed in the lobe of each ear. Males are not allowed to wear earrings. Necklaces or bracelets pose a safety hazard, and may not be worn. Rings are against infection control standards in some areas and should be limited to plain wedding bands only. No other jewelry (or visible piercings including tongue rings) will be worn, in keeping with a conservative and professional uniform code.
- **Identification badges** The Hinds Community college I.D will be worn at all clinical sites, as well as classes, in addition to the clinical site I.D. should an institution require it. Failure to do so will result in the student being sent home, marked absent for the day, and disciplinary referral. Refer to HCC handbook.

- The students' HCC ID and all clinical badges must be surrendered to the HCC –RCT chairperson, or their designee, when a student graduates or leaves the program for any reason. Refer to HCC handbook.

PROFESSIONAL BEHAVIOR

It is expected that each student act in a professional manner while on clinical duty and continue to promote the field of Respiratory Care to the public and to other hospital personnel.

Students must maintain professional courtesy with patients, physicians, and all department staff. Failure to comply with policies regarding courtesy will be documented with an anecdote and the incident will be reflected on the student's Summative Evaluation score. (See evaluation section for an explanation of the summative evaluation.)

Profanity, threatening or inappropriate behavior will result in the student being sent home from Clinical. This will result in an unexcused Clinical absence and a grade of "0" for the day.

Disciplinary action is taken via the Violation/Fine form. Refer to the HCC handbook.

The student is responsible for adhering to specific clinical agency regulations as far as appropriate time to see patients, charts and collect data.

Students are not allowed to take minor children to the clinical setting during assessment time or clinical lab.

The student is to wear the appropriate school uniform during assigned clinical lab period. Visiting patients socially in uniform is not condoned. Wearing the uniform in any other situation is prohibited and is cause for disciplinary action.

Students are bound by the same code of ethics as employees and must respect the patient's right to privacy, by not discussing the patient or patient cases in public areas of the hospital (cafeteria, hallways, elevators, etc.) Patients' names should not appear on a case presentation.

Students are encouraged to review patient charts for information, but they are to confine their review to assigned patients only. Students should **never** review a chart of an acquaintance or family member. If the student is assigned to treat an acquaintance or family member, the clinical instructor will reassign the student upon notification.

During all clinical rotations students will be assigned to a clinical instructor or staff preceptor. Students are expected to initially observe any assigned skills in which they have clinical clearance. The student will then be assigned to perform those procedures under the direct supervision of a clinical instructor or staff preceptor. When the instructor feels that the student has sufficiently refined his/her technique to clinically practice unobserved, he/she will indicate verbally or on the clinical evaluation form that the student is ready for his/her clinical check-off.

In the performance of competencies, the student shall abide by the Policies and Procedures of the Clinical Affiliation in which they are assigned.

In the absence of the instructor, if a student is presenting a problem in the clinical site, e.g. presents a safety hazard, is inordinately late in giving therapy, etc., he/she may be referred to the supervisor to be sent home. A clinical anecdote will be written at that time and disciplinary referral and/or laboratory remediation will be made as indicated.

- **If charges are so severe that a hospital administrative investigation results in denial of clinical privileges, that student will be unable to complete their training and will thus be dismissed from the program .**

When scheduled in a critical care area, a student is allowed to perform patient care procedures (e.g. ventilator checks, treatments, suctioning, invasive procedures, etc.) **only if a staff member or instructor**

is present in the unit. There are **no** exceptions to this policy. A student failing to comply with this policy will be sent home, given a grade of "0" on the daily evaluation, and disciplinary action will be taken.

- **Accountability** - Refer to HCC Student Handbook
- **Smoke free environment** - All clinical sites are smoke free environments and the use or presence of all tobacco products are prohibited at all clinical locations. Students are not allowed to leave the premises or go to the parking lot to smoke.
 - Smoking can be an irritant as well as a health and safety hazard. Residual smoke can cling to hair and clothing and exacerbate respiratory disease. Students who smoke must take care to avoid patient exacerbation with these odors. Smokeless tobacco (including snuff, chewing tobacco, etc.) may not be used while on duty
- **Communication/ electronic devices**

The use of cell phones, personal pagers or other electronic devices is **strictly prohibited** at the clinical sites. **Disciplinary action will be initiated if warranted.** Refer to HCC handbook. The only exception is when a student reports to or leaves duty between 6:00 p.m. and 5:00 a.m., when they may carry a cell phone for security purposes on their walk into or out of the hospital. Once safely in the hospital, the phone must be **turned off and not used.** The student may be asked to surrender the phone to a secure location for storage during the clinical visit.
- **Leaving the building during clinical hours** - A student is not to leave the hospital building at any time during their scheduled clinical shift except in an emergency and then only with the permission of the clinical instructor. Disciplinary action will be taken against any student leaving the building without permission. If warranted, a disciplinary referral will be initiated for possible issuance of demerits. Refer to HCC handbook.
- **Department cleanliness** - It is the responsibility of each student to do their part to maintain all departmental work areas, Conference/Classrooms, and lounges in a neat and orderly fashion.

CLINICAL ILLNESSES AND EMERGENCIES

- Because students cannot carry communication devices, they should ensure their loved ones have faculty contact information so the student could be reached (in class or at clinic) in the event of an emergency.
- Because patients are vulnerable to illness, and because students must perform optimally at all times, students should not report to clinic ill. See Guidelines and Procedures for proper call in requirements.
- If a student should become ill or be injured while at work, the instructor, or supervisor should be notified. When appropriate the student may need to seek medical treatment in the hospital emergency room. Refer to NAH Student Manual.

ESTABLISHED/UNETHICAL BEHAVIOR PROCEDURES AND GUIDELINES

1. The following behaviors will result in the initiation of the Established Unethical/Threatening Behavior Procedure as outlined below.
 - Failure to show progression in the clinical application of theory.
 - Failure to demonstrate preparation for lab or clinic.
 - Failure to safely implement assigned procedures in the lab or clinic.
 - Failure to adhere to expectations of the discipline of Respiratory Care.
 - Any other behavior which is unethical or significantly jeopardizes patient safety.
2. When in the judgment of the Respiratory faculty a student is deemed to have established behavior, which is unethical, or significantly jeopardizes (threatens) patient's well-being, the faculty will document the behavior on an incident report form. Established behavior may be one occurrence or multiple occurrences, which prove to the faculty involved that the student must be

counseled regarding the documented behavior and informed that this situation will come before a called Faculty Session for consideration in a timely manner.

3. The Faculty Session will consist of the Respiratory Care faculty and selected adjunct faculty members. The meeting will be presided over by the Respiratory Care Program Chairperson, or his/her designee.
 - **After evaluation the student may be required to write an Action Plan that will correct the identified behavior. Faculty Session follow up will determine effectiveness of the Action Plan and if further action is warranted.**
 - **If warranted, a disciplinary referral will be initiated for possible issuance of demerits. Refer to student handbook.**
 - **If warranted the Faculty will assign a grade of “F” in the course. Refer to student handbook.**
 - **If the behavior is so severe, that patient safety is compromised, the student will be removed from the clinical learning experience until the situation is resolved.**

These policies extend to all students while at the clinical sites whether they are there for clinical experience, class, orientation, official functions, seminars, research, committee meeting, make-up clinical experience, etc.

CLINICAL CLEARANCE EVALUATION (Student Progression)

- In addition to maintaining grades of “C” or higher, students must also exhibit proficiency in certain competencies. See pages 17-18 for a list of competencies in which students must show proficiency in the laboratory setting in order to be cleared to attend clinical rotations. Clinical clearance is approved by the appropriate laboratory course instructor, after successful student demonstration of the required skills by the designated check-off date. Once the student has obtained clinical clearance in a given competency, the student must then show proficiency in these same competencies in the *clinical setting*, in the appropriate *clinical course*, in order to be successful in each clinical course. These competencies may be exhibited to a clinical instructor, or appropriate (registered) preceptor.
- Readmitted students must demonstrate that all relevant competencies are current, as determined by the chairperson. Individual action plans will be determined based upon which semester the readmission occurs, and in which courses the student was not successful. If repeating a clinical course, the student will be required to show competency by repeating the last clinical course in which they were successful. Additional repetition of laboratory courses may also be required. Remediation by classroom and laboratory attendance is encouraged through specialty course offerings.
- Laboratory demonstration of the skill will be based on the current procedure guidelines. A student will be allowed three attempts to demonstrate proficiency in each skill component.
 - If the student does not successfully complete the first laboratory demonstration, the student will schedule a remediation session with the appropriate lab instructor. An additional opportunity to be successful in return demonstration will be scheduled (not to exceed 10 school days from the first demonstration). It is the student's responsibility to schedule a time for return demonstration in collaboration with their lab instructor. Should the student fail to successfully demonstrate a skill on the second attempt, by the designated date, the student must once again schedule a remediation session with a different lab instructor. The student must then schedule the third and final opportunity with the remediating instructor, to return demonstration of the competency in question. If the student is unable to successfully show proficiency in any competency the following will occur:
 - The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
 - The terminal evaluation form will be presented and signed by the student, instructor, and Program Chairperson.

4. The student has the right to appeal the decision regarding unsuccessful clinical progress in a called Faculty Session. The Faculty Session will consist of the Respiratory Care faculty and selected adjunct faculty members. The meeting will be presided over by the Respiratory Care Program Chairperson or his/her designee.
5. If it is determined that a student has earned a failing grade in any clinical course, that student will not be allowed to attend any remaining clinical rotations.

CLINICAL EVALUATION (Student Progression)

Formative Clinical Evaluation

A. Purpose

To provide feedback for student learning.

B. Process

1. Daily Clinical Evaluations are completed by the clinical instructor (or preceptor) and reviewed with the student to provide feedback regarding his/her progress toward achievement of expected clinical outcomes. Patient Assessments, actual clinical performance, as well as, completion of procedural check-offs are considered evidence of the student's progress.
The blank Daily Clinical Evaluation forms are to be given to the instructor or preceptor, to whom the student is assigned, at the beginning of the shift.
2. Continued lack of progress in the clinical area is considered to be evidence of established behavior which may threaten patient safety. (See Established/Unethical Behavior Procedures and Guidelines).
3. Once a student has obtained clinical clearance, he/she must then show proficiency in clinical practice, in the required competencies listed on page 17-18. The student will be allowed three attempts in the clinical setting*. After three attempts, if the student is unable to successfully show proficiency in any competency the following will occur:
 - The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
 - The terminal evaluation form will be presented and signed by the student, instructor, and Program Chairperson.

The student must schedule an exit interview with the Program Chairperson when student options for readmission will be discussed.

***Clinical guidelines regarding procedural assessment scoring**

If at any time, either prior to a clinical check-off or following it, the instructor feels that the student needs additional work on a particular procedure, he/she will refer the student to the clinical coordinator for individualized lab and/or clinical practice. If the student continues to be unable to perform the key elements of the procedure following individualized instruction, a Faculty Session will be convened to take action through the Established/ Unethical Behavior Guidelines.

4. At the end of each clinical semester the student will be evaluated through the use of the **Rotational Evaluation** assessment tool. In the final semester, this tool becomes known as the **Summative Evaluation**. These assessment tools evaluate student performance in the cognitive, psychomotor, and affective domains, using test scores, experiences, weekly evaluations, and other data that are pertinent to individual semesters.
5. The student must pass a clinical procedural evaluation at the end of the final clinical semester (Final Check Off). He/she will be given two attempts to pass with a different instructor observing on the second attempt. The grading scale is **PASS/FAIL**.

C. Clinical Anecdotes

1. **Definition of Terms Relevant to Evaluation Process**
Harm - detrimental effect (actual or potential)

Clinical Process - the decision-making, problem-solving process utilized by Respiratory Care Practitioners in the provision of respiratory care. It includes the steps of assessment, respiratory diagnosis identification, planning, implementation and evaluation (SOAP).

2. During each clinical learning experience the student is expected to exhibit the following behaviors:

- a. Administer medications without potential/actual harm to the assigned client(s).
- b. Implement procedures without potential/actual harm to the assigned client(s).
- c. Make Respiratory Care decisions without potential/actual harm to the assigned client(s).

When in the judgment of the faculty a student fails to meet expectations, and therefore negatively impacts patient care, a *Clinical Anecdote* will be completed. A copy will be given to the student and the original will be maintained in the student's file.

The Clinical Anecdote is a safeguard for the client, student, and school. Faculty will utilize the report to alert the student to behaviors, which could significantly jeopardize patient safety and therefore should not be repeated.

3. Continued failure to meet expectations in the clinical area is considered to be evidence of established behavior, which may threaten patient safety. (See Established/Unethical Behavior Guidelines and Procedures.)

GUIDELINES FOR FINAL CLINICAL TESTING

■ Purpose of Clinical Testing

To determine satisfactory final clinical performance prior to graduation

■ Time for Clinical Testing (Final Check-Offs)

Once at the end of final clinical rotation for the program.

■ Setting

1. Location: Clinical Testing (Final Check-Off) will take place in a hospital setting.
2. Time: The length of clinical testing will be approximately 2 hours.
3. Patient Selection:
The clinical assignment(s) will be made after 1515 on the day before the evaluation.

■ Instructor's Role

1. The instructor will function in the role of evaluator. **The instructor will not ask or answer questions or assist with patient care.**
2. The instructor will inform the student of those skills, which must be observed in entirety. Other skills will be observed throughout the examination period at the instructor's discretion.
3. In situations in the clinical lab that are beyond the student and instructor control, e.g. patient death, discharge, refusal of student care, to x-ray, etc; the instructor will arrange to continue the exam with alternate patient care assignment.
4. Reassuring behaviors are appropriate and encouraged for the evaluator throughout the testing period. However, no verbal or non-verbal cues may be given during student's performance of skills.
5. The instructor will terminate the evaluation for unsatisfactory behaviors, which jeopardize the patient's physical and/or psychological well-being.
6. On completion of the clinical exam, the instructor will schedule a conference with the student to review and sign the examination form.
7. The instructor may defer decisions about assessment to allow time for adequate review.
8. The instructor will confer with other faculty members when in doubt about any aspect of the exam. If a decision cannot be made during the lab period, the instructor may defer a decision until other faculty members can be consulted.

■ Student's Role:

1. The student is responsible for obtaining the assignment from the clinical instructor.
2. The student is responsible for making adequate preparation for the examination using appropriate resources. Preparation for evaluation must be done outside scheduled clinical time.

■ Guidelines

1. On the scheduled evaluation day the student will be evaluated using the Summative Procedural Evaluation form.
2. All behaviors selected by the instructor must be performed.
3. During clinical testing the student will be responsible for all of the skills that he/she has been taught prior to the testing day.
4. If the student fails on the first evaluation day, one other opportunity with a different instructor will be given. Failure on the second day will result in termination of the student from the currently enrolled Respiratory Care course.
5. The student who fails the repeat clinical performance evaluation will receive an "F" as a course grade.
6. The student who fails the clinical exam component will be so informed by the instructor, and will then schedule a conference with the clinical coordinator and program chairperson to:
 - Review performance record
 - Be counseled by the Program Chairperson and instructor.
 - Review and sign the terminal evaluation form.
 - Schedule an Exit Interview with the Chairperson at which time they will discuss student options in terms of the Readmission Policies and Guidelines.

STUDENT PROGRESSION

- The student must complete all prescribed course work with a minimum grade of C in each Respiratory Care and required Academic course.
- Clinical Testing (Final Check Off) -The student must pass a clinical procedural evaluation (Final Check Off) at the end of the Clinical IV rotation. He/she will be given two attempts to pass with a different instructor observing on the second attempt. The grading scale is PASS/FAIL.

■ **Master List for Procedural Competencies**

Competency in the following psychomotor skills must be successfully demonstrated for completion of advanced level training for this program.

Hinds Community College
 Respiratory Care Technology Program
 Master List for Procedural Competency Evaluations
 Student: _____ (print name)

Competency in the following psychomotor skills must be successfully demonstrated for completion of advanced level training for this program.

Notes:

- ◆ This list is to be signed by Instructor (**in addition** to signing procedural lab manual).

Competency	Signatures			
	Lab Faculty/Date	Student	Clinical Faculty/Date	Student
Competencies for Respiratory Care Technology 1 (RCT 1415)				
<i>Medical Gas Therapy</i>				
Bulk Medical Gas Supply System (p. 145)				
Gas Pressure & Flow Regulation (p. 147)				
Oxygen Analysis (p. 157)				
Oxygen Blender (p. 149)				
Oxygen Hood (p. 737)				
Oxygen Tent (p. 739)				
Oxygen Therapy (p. 177)				
Patient Positioning and Safety (p. 13)				
<i>Humidity & Aerosol Therapy</i>				
Humidification Therapy (p. 189)				
Humidification w/Artificial Airway (p. 191)				
Aerosol Generators Large-volume Nebulizers (p. 205)				
Aerosol Medication Delivery Nebulized Solutions (p. 237)				
Aerosol Medication Delivery Continuous Bronchodilator Nebulization (p. 239)				
Aerosol Medication Delivery MDI, DPI (p. 241)				
Sputum Induction (p. 243)				
<i>Bronchial Hygiene Therapy</i>				
Chest Physiotherapy (p. 281)				
Directed Cough (p. 297)				
Intrapulmonic Percussion Ventilation (IPV) (p. 303)				
Positive Expiratory Pressure (PEP) Therapy/Vibratory PEP (p. 299)				
Inspiratory Resistive Muscle Training				

(p. 301)				
<i>Hyperinflation Therapy</i>				
Incentive Spirometry (p. 263)				
IPPB Therapy (p. 265)				
Nasal CPAP Initiation (p. 735)				
<i>Airway Management</i>				
Artificial Airway Care (p. 395)				
Cuff Care (p. 397)				
Endotracheal Suctioning (p. 343)				
Extubation (p. 393)				
Manual Ventilation (p. 317)				
Nasotracheal Suctioning (p. 345)				
Oral Endotracheal Intubation (p. 365)				
Pharyngeal Airway Insertion (p. 327)				
Tracheostomy Care (p. 377)				
Tracheostomy Tube Change (Observation) (p. 379)				
Competencies for Respiratory Care Technology 2 (RCT 1424)				
Adult Ventilator Initiation (p. 691)				
Adult Patient-Ventilator System Care (p. 713)				
Capnography/Capnometry (p. 415)				
CPAP/BiPAP Initiation (p. 639)				
Neonatal/Pediatric Ventilator Initiation (p. 759)				
Neonatal/Pediatric Patient-Ventilator System Care (p. 761)				
Ventilator Circuit Change-out – Adult & Neonatal (p. 693)				
Ventilator Weaning Protocols (p. 723)				
Competencies for Respiratory Care Technology 3 (RCT 2434)				
<i>Monitoring the Critically Ill Patient</i>				
ECG Interpretation (p. 605)				
Hemodynamic Measurements (p. 623)				
Shunt Studies (p. 625)				
Transcutaneous Monitoring (p. 417)				
<i>Rehab & Home Care</i>				

Breathing Exercises (p. 295)				
Home Apnea Monitoring (p. 791)				
Home Care Evaluation (p. 781)				
Home Care Ventilation (p. 783)				
Home CPAP Application (p. 789)				
Home Nebulizer Administration (p. 787)				
Home Oxygen Administration (p. 785)				
<i>Special Procedures</i>				
Bronchoscopy Assisting (p. 583)				
Chest Drainage Assembly (p. 549)				
IV Insertion & Maintenance (p. 499) (observation)				
Competencies for Patient Assessment and Planning (RCT 1223)				
<i>Infection Control</i>				
Disinfection/Sterilization (p. 49)				
Hand Hygiene (p. 37)				
Standard Precautions/Transmission-Based Isolation Techniques (p. 39)				
<i>Preparing for the Patient Encounter</i>				
Medical Record Documentation (p. 63)				
Medical Records Review (p. 62)				
Patient Interview & History (p. 65)				
<i>Bedside Assessment</i>				
Auscultation (p. 109)				
Blood Pressure Measurement (p. 93)				
Physical Assessment of the Chest (p. 107)				
Vital Signs: Pulse & Respiration (p. 91)				
<i>Assessment of Ventilation & Oxygenation</i>				
Arterial Line Sampling (p. 439)				
Arterial Puncture (p. 437)				
Capillary Sampling (p. 441) (observation)				
Pulse Oximetry – Routine Care Patient (p. 95)				

Pulse Oximetry – Intensive Care Patient (p. 413)				
<i>Beyond Bedside Assessment</i>				
Chest X-ray Interpretation (p. 571)				
Electrocardiography (p. 603)				
Competencies for Pulmonary Function Testing (RCT 1322)				
ABG Analyzer Maintenance (p. 459)				
Bedside Pulmonary Mechanics (p. 123)				
Flow/Volume Loop (p. 533)				
Maximum Voluntary Ventilation (MVV) (p. 535)				
Screening Spirometry Case (p. 529)				
Spirometry Screening Interpretation (p.537)				

The Hinds Community College Respiratory Care Technology Program is accredited by the Commission on Accreditation for Respiratory Care. They may be contacted as follows:

CoARC
1248 Harwood Road
Bedford, Texas 76021
Phone: 817.283.2835
Fax: 817.354.8519

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE DEPARTMENT**

COURSE AGREEMENTS

I have read the Hinds Community College District _____(year)student handbook. I am aware that these guidelines and procedures are applicable to me during activities at the Nursing/Allied Health Center of Hinds Community College, and while on official clinical assignment, and any other activity or approved clinical affiliation or an official Hinds Community College activity.

I recognize that failure to comply with these procedures and guidelines will result in disciplinary action as prescribed in the _____ HCC student handbook. I agree to abide by these procedures and guidelines.

Student Signature

Date

I have read and agree to abide by the procedures and guidelines set forth in the Nursing / Allied Health Student Manual.

Student Signature: _____

Date: _____

I have read and agree to abide by the procedures and guidelines set forth in the Respiratory Care Program Manual.

Student Signature: _____

Date: _____