

***Hinds Community
College***

***Respiratory Care
Technology
Program***



***Manual for
Students***

HINDS COMMUNITY COLLEGE
ASSOCIATE IN APPLIED SCIENCE DEGREE RESPIRATORY CARE TECHNOLOGY PROGRAM
(Program academic policies apply to all students and faculty regardless of location of instruction.)

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 graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists (RRTs).

Respiratory Care Technology Program Technical Standards

In order to graduate from the Respiratory Care program, students of this program must be able to perform certain technical requirements, and must be able to meet certain physical and mental requirements to ensure the safe performance of respiratory care procedures.

Due to the nature of typical clinical assignments, students must be able to meet the criteria listed below to meet standards related to critical thinking; interpersonal & communication; mobility; motor skills (fine & gross); hearing; visual; tactile; and professional disposition.

Performance	Standard	Essential Activities/Tasks
Critical Thinking	Critical thinking ability necessary for clinical judgment regarding decisions on patient care.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations, and take corrective action when necessary • Utilize patient assessment techniques to develop or alter respiratory care plans
Interpersonal Skills	Interpersonal abilities needed to interact with individual, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	<ul style="list-style-type: none"> • Establish rapport with patients, clients, and health care colleagues • Communicate in a meaningful manner with patients and health care colleagues
Communication Skills	Communication abilities sufficient for professional interaction with others in verbal and written form, including via electronic devices.	<ul style="list-style-type: none"> • Explain treatment procedures, initiate health teaching, document and interpret respiratory care actions and patient/client responses • Demonstrate charting procedures and verbal staff communication concerning patients
Mobility	Physical abilities necessary to move from room to room, assist patients, maneuver in small spaces, utilize stairwell when necessary.	<ul style="list-style-type: none"> • Move around in patient's room, work spaces, administer CPR, assist patient into wheelchair/bed and perform transport duties • Possess physical capabilities that would allow for maintenance of equipment such as cleaning and storage • Demonstrate proper procedure for turning and/or lifting patient in bed • Lift at least 15 lbs. of weight • Respond quickly in an emergency

Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective respiratory care	<ul style="list-style-type: none"> • Calibrate and use equipment necessary to perform respiratory care procedures • Demonstrate method for reading flow meters and pressure gauges and safe handling of medical gases and their storage systems • Maintain sterile technique when performing sterile procedures • Perform various procedures requiring the use of both hands
Hearing	Auditory ability sufficient to monitor and assess health needs	<ul style="list-style-type: none"> • Hear monitor alarms, emergency signals, and cries for help; auscultate sounds • Distinguish changes in tone and pitch, as in listening to patient's breath sounds, heart sounds, and blood pressure with the use of a stethoscope
Visual	Visual ability sufficient for observation and assessment necessary in respiratory care	<ul style="list-style-type: none"> • Observe patient presentation and responses • Observe visual alarms when monitoring respiratory and other patient care monitoring equipment • Identification of patient, verification of oxygen flow, possess color vision to properly identify color on medical gas cylinders
Tactile	Tactile ability sufficient for physical assessment	<ul style="list-style-type: none"> • Perform palpation functions of physical examination and / or those related to therapeutic intervention • Demonstrate method for palpating arterial sites
Professional Disposition: Accountability and Responsibility	Demonstrate accountability and responsibility in all aspects of the respiratory care profession	<ul style="list-style-type: none"> • Able to distinguish right from wrong; legal from illegal, and act accordingly • Accept responsibility for own actions • Able to comprehend ethical standards and agree to abide by them • Consider the needs of patients in deference to one's own needs

Students with a diagnosed disability who are unable to meet the above standards are advised to contact the ADA counselor at the Nursing / Allied Health Center

Nursing and Allied Health Civility Statement

Faculty, staff, and students are expected to contribute to the creation of a community environment of learning which focuses on positive outcomes. The atmosphere of learning demands respect and courtesy for all involved.

All Hinds Community College employees, students and visitors are expected to contribute to the creation of a community environment of learning which focuses on positive outcomes. The atmosphere of learning demands respect and courtesy for all involved. In order to achieve positive outcomes, employees and students are expected to be professional at all times, demonstrating accountability and responsibility in their actions, and to foster an environment free of distractions or disruptions. Inappropriate behaviors will be addressed in accordance with college policies, procedures and guidelines.

Notice of Non-Discriminatory Policy for Students and Employees

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Dr. Tyrone Jackson Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titleIX@hindsc.edu

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE TECHNOLOGY 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 (Co-requisites: 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)

Additional graduation requirement: RST/LLS 1312 – Orientation* This course is designed to help students adjust to college life. Course content includes personal, academic, and financial information to assist the student in succeeding in college. The course is designed to teach effective study habits, reading methods, use of the library, note taking, report writing, financial responsibility education, and gives the student guidance in collegiate life.* **Orientation course requirements effective fall 2007:** Any student (first-time, transfer, and part-time) who begins at Hinds in Fall 2007 and later will be required to take the Orientation course in **order to graduate from the HCC. Refer to most recent catalog for full curriculum requirements.**

HINDS COMMUNITY COLLEGE
RESPIRATORY CARE TECHNOLOGY PROGRAM
GENERAL INFORMATION

RCT Program Classrooms & Learning Lab

Didactic and laboratory instruction will be conducted at the Jackson Campus-Nursing/Allied Health Center. Classrooms are assigned for each level of students in the program. Learning lab sessions are scheduled to provide ample student access to both equipment and faculty. In addition, the learning lab is set up to allow student access to the Respiratory Care computer lab/library, practice room, and message center boxes from 8:00 a.m. – 4:00 p.m.

RC Lab Message Center/Canvas

The Respiratory Care Technology faculty believe timely communication and feedback are important to the educational experience. The student is responsible for checking messages in their individual message center boxes 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 Canvas course sites.

INSTRUCTOR OFFICES

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

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 Technology Program is:

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

At instructor discretion, individual course grade weight (but not grading scale) may vary slightly, taking into consideration special projects, tests, or lab competencies. 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. Only the final course grade will be rounded to the nearest whole number, with grades below 0.50 rounding downward, and those at or above 0.50 rounding upward. All other grades within the course will be rounded to the nearest tenth.

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-line) 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 assignments on due date.
2. Failure to satisfactorily participate or 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.** 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, **Smartwatches** 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, score sheet, 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 (missing test page).

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 and maintain clinical clearance through consistent satisfactory progression in performance of clinical competencies as defined in the various laboratory courses in order to progress to the subsequent semester.

READMISSION POLICY

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

CLASSROOM 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 brand specific maroon scrub tops and pants. (Ex: No contrasting piping, no team logos). The top can be tunic style or tucked in style. If you purchase a style designed to be tucked in, then you must wear it tucked in. The HCC RCT program has an agreement with TC's Uniform on State Street in Jackson to make available the required specific brand, color and model number scrub suits and lab jackets to insure classroom uniformity among program students. Specific instructions and contact information will be shared in the mandatory program orientation. Substitutions will not be accepted without prior approval from the program chairperson. 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 on-line catalog for class absence policy (all found at Hindscc.edu).

USE OF COMMUNICATION/ELECTRONIC DEVICES

Refer to NAH student manual, HCC on-line catalog, HCC handbook. (All of which are found at Hindscc.edu)

Cellular phones, personal/work pagers, and other electronic communication devices (including Smart Watches) are not allowed in the classroom, labs, or clinical setting. They must be put away in a book bag or designated area (they should not be in pockets of scrubs or lab coats). Cell phones must be in OFF position. Use of any communication device or disturbance by one will result 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.
1. 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 the 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 or chairperson.

LEARNING LAB

When a student fails to demonstrate progress toward competency, mandatory practice in the learning lab will be required. (See **Remediation Policy** pages 19 & 20.) 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. See procedure on established unethical/threatening behavior.

PRE-CLINICAL

All clinical requirements must be completed and documentation submitted. This includes, but is not limited to CPR requirements, background requirements and clinical records packet. **This is due by midterm in the fall semester for freshman students. The Program Chairperson will notify sophomores of required deadlines. 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 on-line catalog, HCC Handbook and NAH Student Manual (All of which are found at Hindscc.edu.)

TARDIES

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

WITHDRAWING FROM A COURSE / COLLEGE - See HCC on-line catalog.

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE TECHNOLOGY 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, and ethically.
- Provide guidance, counseling, and learning experiences which will enable students to develop skills in respiratory care.

CLINICAL AFFILIATES

Students shall receive the majority of their clinical experiences at Mississippi Baptist Medical Center, St. Dominic Health Services, and University of Mississippi Medical Center. Other selected rotations may be assigned to enhance the student's clinical experience. Rotations will be scheduled to ensure all students have comparable clinical experience opportunities.

GEORGE BALL SIMULATION CENTER

Students will be scheduled during various clinical semesters for participation in hands-on clinical simulation and debriefing sessions. While at the Simulation Center, students must follow rules set forth in the George Ball Simulation Center Policy and Procedure Manual.

INTER-RATER RELIABILITY

The Commission 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-rater 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. The program offers preceptors the opportunity to assess student performance by video on the RCT web page and through their clinical site intranet where available.

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, preceptors click on the "Submit" button and the document will be sent to the RCT Clinical Coordinator, 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 will 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 students shall fulfill all applicable OSHA requirements as required by the clinical affiliation.

Exposure to Hazardous Materials

Students in the Respiratory Care Technology program may be exposed to hazardous materials while participating in campus lab or clinical experiences. Students are required to complete an information session regarding exposure control at least annually. Penalties for failure to follow exposure control procedures can result in termination of student privileges at the clinical facility and disciplinary action through the College.

Students who have an exposure incident are required to complete specific college documents. The student should report any exposure to the clinical instructor and program director/chairperson. Students are responsible for following any recommendations of the clinical affiliate or program representatives. The student is also responsible for payment of any medical or emergency services.

Student Guidelines Regarding Blood-Borne Pathogens and Tuberculosis Training

In order to ensure that all students who are enrolled in Respiratory Care Technology program at Hinds Community College are sufficiently informed about risks due to exposure to Blood-Borne Pathogens and Tuberculosis, the following activities will be required at least annually. The Program will provide instruction and due dates for completion of activities.

1. Prior to laboratory and/or clinical learning assignments, students must complete the web-based Blood-Borne Pathogens and Tuberculosis educational seminar.
2. Prior to clinical learning assignments, students must initial each statement on the Blood- Borne Pathogens and Tuberculosis Training Form, sign and date the form, and submit the form to the designated program faculty or staff.

Pre-Clinical Health & Immunization Requirements

Students are required to a complete pre-clinical health exam and provide proof of up-to-date immunizations as recommended by the Centers for Disease Control & Prevention. Health record updates are required annually (See NAH Clinical Record Packet on the HCC Nursing & Health-Related professions web page.

EMPLOYMENT

All clinical 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.* While at work, students are not permitted to complete clinical coursework or wear the school uniform or any identification related to their HCC student role. Students employed in an Allied Health profession **cannot** be paid for any activities during educational clinical hours.

ABSENTEEISM

The faculty believes that avoidable absence from **both classroom and clinical lectures and labs** reflects a lack of responsibility or accountability and should be thus evaluated. Therefore, any student who is absent from, or tardy for any reason, will be required to explain the reason to the 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. Students are required to work the full shift for which they are scheduled.
 - Students must not ask preceptors or clinical faculty permission to leave clinical early except in the case of illness or emergency.
 - An absence of more than 15 minutes from any time period in the shift is considered a full day’s absence and the absence make up policy applies.
 - A clinical occurrence and possible disciplinary action may be implemented for inappropriate requests to leave early, as well as for inappropriately leaving clinical early.
 - **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 on-line.)
 - **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 on-line 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 on-line, and HCC on-line 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.** In addition, students must call their site instructor's or clinical coordinator's **office phone** to leave a recorded message regarding their absence and the call in time and the name of the supervisor to whom they reported.

Failure to appropriately notify the clinical site will result in an unexcused absence, a zero grade on the daily evaluation will be given for the day, and a required make-up clinical experience must be scheduled. This includes late call in and "no call, no show" occurrences. All clinical absences are recorded on the **summative (Clinical Practice IV) **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 student absences 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 HCC RCT program has an agreement with TC's Uniform on State Street in Jackson to make available specific brand, color, and model number scrub suits and lab jackets to insure classroom and clinical uniformity among program students. Specific instructions and contact information will be shared in the mandatory program orientation. Substitutions will not be accepted without prior approval from the program chairperson. The clinical uniform consists of a brand specific solid color **navy blue** scrub suit (without color trim), **clean white** leather nursing or 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.

If a uniform skirt is worn, it must be no shorter than the middle of the knee and worn with **white hose** (no socks).

Students are allowed to wear a short sleeved **white** t-shirt under uniform, and while a ***white*** tee shirt may show at the top of the garment, **it should not show below the sleeves or hemline.**

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.

Clinical affiliates require that all employee and student tattoos remain covered. Options for covering tattoos include long sleeved lab coats where allowed, wide watch bands, low pony tails, and wide bandage strips. The use of **navy blue long sleeved t-shirts (purchased as part of the clinical uniform at TC's)** are an option when lab coats are not permitted. If these methods are not effective, nor reasonable, another alternative is tattoo concealing makeup such as “Dermablend”. This would only be effective when the affected body part is not subject to vigorous washing or scrubbing as in NICU.

The only time a student may take off his/her lab coat is when working in an intensive care or surgery unit. The left sleeve of the blue clinical scrub tops must be embroidered in a specific block font with “HCC-RCT” so the student is identified as such when their coat is removed in a 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 and specified uniform, he/she will be sent home and marked absent for that clinical day.

Other required items below are considered a part of the uniform, and include:

- the Hinds student identification badge,
- any required hospital ID,
- RCT Clinical Policies excerpts from the Program Manual,
- a double-bell stethoscope,
- goggles,
- a digital watch or watch with a second hand,
- black and red pens,
- the student’s unexpired clinical clearance letter, (from background check remaining current for two years) and RAP sheet if student has received an unsuitability for employment statement with their clinical clearance letter,
- the clinical competency manual,
- clinical practice skills check-off lists

When visiting Clinical sites to prepare for case presentations, the student should wear the full clinical outfit, as specified above. 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 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.) Long freeform dreadlocks that cannot be pulled back and secured at the back of the neck

are not allowed. Men must either be clean shaven or have an *established*, well-trimmed beard/mustache. Facial hair must allow for proper fitting of a HEPA mask. 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:** Students should bathe daily; using 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 smooth wedding bands only. No other jewelry (or visible piercings including tongue rings) will be worn, in keeping with a conservative and professional uniform code. Due to security concerns, **purses should not be brought to the clinical site. Students should bring driver's license and lunch money in a small wallet/ID holder that can easily fit into scrub pockets. Students should not leave purses or other valuables in their cars during their clinical rotations! HCC and its clinical affiliates do not assume any legal obligation to pay for the loss of personal property left unattended in personal vehicles.**

- **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 on-line.
 - 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 on-line.

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 evaluation score.

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 on-line.

The student is responsible for adhering to specific clinical agency regulations as far as appropriate time to see patients, charts and collect and report data. **When the student identifies patient data that shows a significant decrease from earlier values indicating patient deterioration, the student must immediately notify his/her assigned preceptor/clinical instructor!**

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 situation other than scheduled clinical rotations 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 a clinical site instructor, if a student is presenting a problem in the clinical site, e.g. presents a safety hazard, is inordinately late in giving therapy, or refuses to fully participate, etc., **he/she may be referred to the supervisor to be sent home.** The supervisor should notify the RCT Clinical Coordinator via phone at 601-376-4834 or e-mail at Stephanie.Jones2@hindsgcc.edu. A clinical anecdote will be completed by the Clinical Coordinator 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 on-line.

■ **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, Smartwatches, personal pagers or other electronic devices is **strictly prohibited** at the clinical sites. **Disciplinary action will be initiated if warranted.** Refer to HCC handbook **on-line**. The only exception is when a student reports to or leaves duty between 6:00 p.m. and 6:00 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, placed in bookbag, and not used**. The student may be asked to surrender the phone to a secure location for storage during the clinical visit.

■ **HCC Respiratory Care Technology Program Social Media Policy**

Social media includes, but is not limited to, blogs (Blogger, Blogspot, Wordpress, etc.), photo and/or video-sharing sites and apps (YouTube, Flickr, Instagram, SnapChat, Vine, etc.), e-zines (digital magazines), wikis (Wikipedia), social networks (Facebook, Twitter, LinkedIn, Pinterest, etc.), video and audio podcasts (posted to the web or hosted by applications (ex.: iTunes)), ratings sites and apps (Urbanspoon, Yelp, Rate My Professor, etc.), and discussion sections of web pages or applications (comment section under articles on news or information websites).

Hinds Community College recognizes that social media is an important and timely means of communication. However, those who use social media must be aware that posting certain information is **illegal**. Offenders may be subject to criminal and civil liability, and adverse institutional actions.

Therefore, students must make every effort to present themselves in a mature, responsible, and professional manner when utilizing social media. Communications must always be civil and respectful. Please be aware that no privatization measure is perfect and undesigned persons may still gain access to your networking site. Further, litigation involving such issues is complex, as the content on social media sites is easily misconstrued, permanent, discoverable by courts, and utilized in these adversarial proceedings. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues.

Therefore, students should **think** carefully before they post any information on a website or application, and consider their goals in participating. Students must make sure they are choosing the most relevant platform and **adding value** to the discussion; **Listen** before they engage and always be modest, respectful, and professional in their actions. To help facilitate these goals, the following **best practices** are encouraged:

- A. Students must make sure posts are relevant and accurate.
- B. Students must make it clear that they are speaking for themselves and not on behalf of Hinds Community College.
- C. Students must seek permission from fellow students prior to posting any personal information or photographs related to HCC activities.

*Students may **NOT** post the personal information or photograph of any patient at clinical sites. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, types of treatment, or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual. Posting of patient information could violate state or federal laws such as the Health Insurance Portability and Accountability Act (HIPAA).*

Students may **NOT** post vulgar, false, obscene, harassing statements, or statements disparaging the race, religion, age, sex, sexual orientation or disability of any individual with whom they come into contact as a result of their student role in this program.

Students may **NOT** represent themselves as another person, real or fictitious, or otherwise attempt to obscure their identity as a means to circumvent the prohibitions included in this manual.

Failure to comply with these policies will result in disciplinary action.

- **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 sanctions. Refer to HCC handbook **on-line**.
- **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 on-line.

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 policies set forth in the Respiratory Care Student Program manual.
 - 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 a clinical anecdote 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 Technology faculty and selected adjunct faculty members (if needed). The meeting will be presided over by the Respiratory Care Technology 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 sanctions. Refer to student handbook on-line.**
- ❑ **If warranted the Faculty will assign a grade of “F” in the course. Refer to student handbook on-line.**
- ❑ **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 23-25 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 preceptor. Once the student has successfully demonstrated a skill and completed the associated procedural check-off, the student may perform the skill independently provided preceptors are readily available for support when needed.
- 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.

Procedural Check-off Remediation Policies

- If the student does not successfully complete the first laboratory demonstration of competency in a procedural check-off, 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 the Program Chairperson. The student must then schedule the third and final opportunity with the Program Chairperson, 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 scheduled Faculty Session. The Faculty Session will consist of the Respiratory Care Technology

faculty and selected adjunct faculty members. The meeting will be presided over by the Respiratory Care Technology 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 EVALUATIONS (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 pages 23-25. 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:
 - o The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
 - o 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, and 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 remediation. 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. 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.)

Summative Clinical Evaluation – Final Clinical Check-off

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)

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 **critical care** patient assignment(s) will be made after 1500 on the day before the evaluation.

The clinical instructor will notify the supervisor and the designated therapist preceptors that the students will be reporting to their assigned units to research and work with their assigned critical care patients. The **routine care** patient assignments will be given to the student on the day of their final check-off.

■ 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, patient unavailability (i.e. surgery, 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. *On the afternoon the students receive their critical care assignment, they must check in upon arrival to the assigned unit with their Critical Care preceptor. **Prior to participating in any patient care, the student MUST review the chart and perform a thorough patient assessment.** The student must notify their Critical Care preceptor and the RC Supervisor prior to their departure.*
3. Students are encouraged to arrive early on the day of their final check-off in order to review the patient's chart for any changes that may have occurred during the night. **The student must check in upon arrival with the Respiratory Care Supervisor and their Critical Care preceptor. Prior to participating in any patient care, the student MUST review the chart and perform a thorough patient assessment.**

■ 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. During clinical testing the student will be responsible for all of the skills that he/she has been taught prior to the testing day. *All check-off skills **must be performed independently** by the student, i.e. changing HME's, Ballard suction catheters, etc.*
3. 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.
4. The student who fails the repeat clinical performance evaluation will receive an "F" as a course grade.
5. 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.

PROGRAM COMPLETION

- 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 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 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. 139)				
Gas Pressure & Flow Regulation (p. 141)				
Oxygen Analysis (p. 151)				
Oxygen Blender (p. 143)				
Oxygen Hood (p. 745)				
Oxygen Tent (p. 747)				
Oxygen Therapy (p. 171)				
Patient Positioning and Safety (p. 13)				
<i>Humidity & Aerosol Therapy</i>				
Humidification Therapy (p. 183)				
Humidification w/Artificial Airway (p. 185)				
Aerosol Generators Large-volume Nebulizers (p. 199)				
Aerosol Medication Delivery Nebulized Solutions (p. 229)				
Aerosol Medication Delivery Continuous Bronchodilator Nebulization (p. 231)				
Aerosol Medication Delivery MDI, DPI (p. 233)				
Sputum Induction (p. 235)				
<i>Airway Clearance Therapy</i>				
Chest Physiotherapy (p. 271)				
Directed Cough (p. 287)				
Intrapulmonic Percussion Ventilation (IPV) (p. 293)				
Positive Expiratory Pressure (PEP) Therapy/Vibratory PEP (p. 289)				
Inspiratory Resistive Muscle Training (p. 291)				
<i>Lung Expansion Therapy</i>				
Incentive Spirometry (p. 253)				

Intermittent Positive-Pressure Breathing (IPPB) Therapy (p. 255)				
Nasal CPAP Initiation (p. 743)				
<i>Airway Management</i>				
Artificial Airway Care (p. 385)				
Cuff Care (p. 381)				
Endotracheal Suctioning (p. 331)				
Extubation (p. 383)				
Manual Ventilation (p. 307)				
Nasotracheal Suctioning (p. 333)				
Oral Endotracheal Intubation (p. 353) (Clinical: Observation)				
Pharyngeal Airway Insertion (p. 317)				
Tracheostomy Care (p. 365)				
Tracheostomy Tube Change (p. 367) (Observation)				
Competencies for Respiratory Care Technology 2 (RCT 1424)				
Adult Ventilator Initiation (p. 695)				
Adult Patient-Ventilator System Care (p. 719)				
Capnography/Capnometry (p. 405)				
CPAP/BiPAP Initiation {Noninvasive Ventilation} (p. 637)				
Neonatal/Pediatric Ventilator Initiation (p. 763)				
Neonatal/Pediatric Patient-Ventilator System Care (p. 765)				
Ventilator Circuit Change-out – Adult & Neonatal (p. 697)				
Ventilator Weaning Protocols (p. 731)				
Competencies for Respiratory Care Technology 3 (RCT 2434)				
<i>Monitoring the Critically Ill Patient</i>				
ECG Interpretation (p. 551)				
Hemodynamic Measurements (p. 573)				
Shunt Studies (p. 575)				
Transcutaneous Monitoring (p. 407)				
<i>Rehab & Home Care</i>				
Breathing Exercises (p. 285)				
Home Apnea Monitoring (p. 799)				
Home Care Evaluation (p. 789)				
Home Care Ventilation (p. 791)				
Home CPAP Application (p. 797)				
Home Nebulizer Administration (p. 795)				
Home Oxygen Administration (p. 793)				
<i>Special Procedures</i>				
Bronchoscopy Assisting (p. 623)				
Chest Drainage Assembly (p. 611)				
IV Insertion (p. 599)(observation)				
Competencies for Patient Assessment and Planning (RCT 1223)				
<i>Infection Control</i>				
Sterilization & Disinfection (p. 49)				
Hand Hygiene (p. 37)				
Patient Standard Precautions/Transmission-Based Isolation Procedures (p. 39)				

<i>Preparing for the Patient Encounter</i>				
Medical Record Documentation (p. 63)				
Medical Record Review (p. 61)				
Patient Interview & History (p. 65)				
<i>Bedside Assessment</i>				
Auscultation (p. 107)				
Blood Pressure Measurement (p. 91)				
Physical Assessment of the Chest (p. 105)				
Vital Signs: Pulse & Respiration (p. 89)				
<i>Assessment of Ventilation & Oxygenation</i>				
Arterial Line Sampling (p. 429)				
Arterial Puncture (p. 427)				
Capillary Sampling (p. 431) (Observation)				
Pulse Oximetry – Routine Care Patient (p. 93)				
Pulse Oximetry – Intensive Care Patient (p. 403)				
<i>Beyond Bedside Assessment</i>				
Chest X-ray Interpretation (p. 489)				
Electrocardiography (p. 549)				
Competencies for Pulmonary Function Testing (RCT 1322)				
Bench-Top ABG Analyzer Maintenance(p. 449)				
Bedside Pulmonary Mechanics (p. 121)				
Flow/Volume Loop (p. 523)				
Maximum Voluntary Ventilation (MVV) (p. 525)				
Screening Spirometry (p. 519)				
Spirometry Screening Interpretation (p.527)				

CREDENTIALLING BY THE NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

RRT Eligibility Time Limit

Effective January 1, 2005, new graduates of accredited advanced-level education programs will have **three years after graduation to complete the RRT Examinations.** Individuals who do not earn the RRT credential within this time limit will be required to take the NBRC Therapist Multiple Choice (TMC) Exam, with a **high cut score** in order to regain eligibility, and any previous passing performance on a portion of the RRT shall be nullified. Following regaining eligibility via CRT re-credentialing with high cut score on the TMC, the candidate will have another three (3) years to earn the RRT credential. The individual must apply as a new candidate and pay all applicable fees to take the RRT Examinations.

Credentials awarded by the NBRC on or after July1, 2002 are valid for a period of five years and are subject to the Continuing Competency Program requirements.

Three Renewal Options Available

It is important to note that the requirement for participation in the Continuing Competency Program does not automatically mean “retesting.” Retesting is one of three options for satisfying the **Continuing Competency Program (CCP) requirements.**

- **Option 1 – Provide proof of completion of a minimum of 30 hours of Category I Continuing Education (CE) acceptable to the NBRC.** Category I Continuing Education is defined as participation in an educational activity directly related to respiratory therapy or pulmonary function technology, which includes any one of the following:

- a. **Lecture** – a discourse given for instruction before an audience or through teleconference.
 - b. **Panel** – a presentation of a number of views by several professionals on a given subject with none of the views considered a final solution.
 - c. **Workshop** – a series of meetings for intensive, hands on study or discussion in a specific area of interest.
 - d. **Seminar** – a directed advanced study or discussion in a specific field of interest.
 - e. **Symposium** – a conference of more than a single session organized for discussing a specific subject from various viewpoints and by various presenters.
 - f. **Distance Education** – includes such enduring materials as text, Internet or CD, provided the proponent has included an independently scored test as part of the learning package. The NBRC intends for the completion of continuing education credit to coordinate with the requirements of state licensure agencies. Individuals can use the same continuing education hours to satisfy state requirements as well as NBRC Continuing Competency Program requirements. Individuals may also use AARC-CRCE credit to fulfill the NBRC Continuing Competency Program requirements.
- **Option 2 – Retake and pass the respective examination for the highest credential held that is subject to the CCP.**
Individuals may retake the examination anytime during the five-year period.
The new five-year credential period will begin on the date of successfully passing the examination.
Individuals holding multiple NBRC credentials, who elect to renew their credentials through the examination option must do so by successfully completing the examination for the highest-level credential held that is subject to the CCP.
 - **Option 3 – Pass an NBRC credentialing examination not previously completed.** Passing an NBRC credentialing examination not previously completed automatically extends the renewal period of all of the other credentials held by the certificant for an additional five years, calculated from the date of the successful examination. Therefore, all credentials held by an individual will expire on the same date, allowing future recertification for all credentials held to occur simultaneously.

Contact the NBRC

If you have questions about the Continuing
Competency Program, please contact the NBRC

Executive Office:

10801 Mastin Street, Suite 300

Overland Park, KS 66210-1614

phone: 913.895.4900

toll free: 888.341.4811

fax: 913.712.9283

e-mail: nbrc-info@nbrc.org

website: www.nbrc.org

Licensure by the State of Mississippi

In addition to being credentialed by NBRC, the State of Mississippi requires Respiratory Therapists keep a current license to practice in this state. In their graduating semester, students will be given the opportunity to meet with the Department of Health, - RCT Licensure representative, to obtain a Temporary License, good for six months and renewable one time. Once credentialed by the NBRC the state license must be converted to a permanent license, which must be renewed every two years. Proof of twenty hours of continuing education every two years is required for renewal. The same continuing education credits may be used for the NBRC five year renewal requirements.

http://msdh.ms.gov/msdhsite/_static/resources/141.pdf

Program Accreditation

The Hinds Community College Respiratory Care Technology Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). Students can find CoARC contact information and view program outcomes data* by clicking on the following link:

www.coarc.com/47.html

*This data is self-reported by respiratory care programs to CoARC and reflects the aggregate data for the three year time period being reported.



2018
RESPIRATORY CARE TECHNOLOGY PROGRAM
APPROXIMATE COST FOR STUDENTS

TUITION AND FEES

Tuition and Registration Fall and Spring ($\$1440.00 \times 4 + \50×4) = \$5960.00
Summer Tuition and Registration Fee ($\$120.00/\text{sem.hr.} \times 3 + \50×1) = \$410.00
Lab Fees ($\$40.00 \times 4$) = \$160.00
Technology Fee ($\$50.00/\text{sem.} \times 3$) + ($\$40/\text{sem.} \times 1$) + ($\$5.00/\text{sem.hr.} \times 3 \text{ hrs.}$) = \$205.00
Insurance (Liability) ($\$15 \times 5$) = \$75.00
Books (approximately) \$1500.00
Health Professional Fees \$915.00 (This fee total covers costs incurred during entire program and includes cost of National Board for Respiratory Care credentialing examinations post-graduation.)

\$9225.00

MISCELLANEOUS EXPENCES

Uniforms, Lab Coats, Shoes \$510.00
Hinds ID Badge FREE (\$5.00 if lost) \$0
Hinds Car Decal (\$30.00 per year $\times 2$) = \$60.00
Health Screening Physical, lab work, (cost will vary) $\$200.00/\text{yr.} \times 2 = \400.00
AHA CPR Course = \$40; Book = \$16
Drug screens (included in Health Professional Fees) \$0
Hepatitis B Series (3 shots) (cost will vary) (**optional**) \$200.00
TB Skin Test ($\$20/\text{yr.} \times 2$) (cost will vary) (annual) = \$40.00
Background Check \$60.00
Mississippi State Board of Health Licensure Fee \$50.00

\$ 1376.00

GRAND TOTAL \$10,601.00

**HINDS COMMUNITY COLLEGE
RESPIRATORY CARE TECHNOLOGY PROGRAM**

All HCC-RCT students will be required to read the indicated documents and sign the following agreements each year, indicating they have read and understand the various policies, procedures and guidelines and agree to abide by them. All documents are found on the hindsc.edu website.

The Hinds Community College Student Handbook
is found on the My.Hinds webpage.

The Nursing/Allied Health Student Manual is found on the Nursing & Health Related webpage at:
<http://www.hindscc.edu/programs-of-study/nursing-and-health-related-programs/index#gsc.tab=0>

The Respiratory Care Technology Student Program Manual is found on the Respiratory Care
Technology webpage at:

<http://www.hindscc.edu/programs-of-study/nursing-and-health-related-programs/Respiratory-Care-Technology/index#gsc.tab=0>

**Hinds Community College
Respiratory Care Technology**

Students will be required to sign the following Student Agreements at the start of the program:

I have read the Hinds Community College District _____ (year) student on-line 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 on-line Nursing / Allied Health Student Manual.

Student Signature: _____

Date: _____

I have read and agree to abide by the procedures and guidelines set forth in the on-line Respiratory Care Technology Student Program Manual.

Student Signature: _____

Date: _____