

# **Respiratory Care Program**

## **Student Handbook**

**2020 - 2021**

**Revised 2020**

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## **Introduction**

Welcome to the Southeast Arkansas College Respiratory Care Program.

We are pleased you have chosen our program in which to study the field of Respiratory Care. We also expect the next twenty-four months to be a very challenging and rewarding experience for you.

This handbook has been prepared as an adjunct to the *Southeast Arkansas College Student Handbook and College Catalog*, and details the policies and procedures of the Respiratory Therapy Program. Compliance with all school policies is expected at all times. Please read and become familiar with the contents.

The curriculum is designed for you to mature intellectually, physically and socially through theory and practical experience. Your satisfaction and professional growth shall be in direct proportion to how you use your opportunities.

Good luck in your chosen field.

## **ACCREDITATION**

The Respiratory Therapy Program is accredited by:  
Commission on Accreditation for Respiratory Care (CoARC)  
1248 Harwood Rd.  
Bedford, TX 76021-4244  
817-283-2835  
[www.coarc.com](http://www.coarc.com)  
Program Number: 200528

*Southeast Arkansas College does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, disability, age or marital status in any of its policies, procedures, or practices. This nondiscrimination policy covers admission, employment and access to all College programs and activities.*

## **Philosophy**

Southeast Arkansas College Respiratory Care Program is committed to providing the best educational and technical training for students pursuing a career in respiratory care. To reach and maintain this goal requires a well-structured and balanced curriculum, dedication and continued education of both teaching and technical staff and acceptance by the medical community.

Learning is an ongoing process that is enriched by the diverse knowledge and skills of the student and faculty. Learning is enhanced by a climate that promotes self-direction, self-esteem, creativity, and logical thinking. The faculty accepts the responsibility for guiding and evaluating the learning process while the student retains the responsibility for learning.

The faculty is committed to providing the type of environment necessary to maintain an accredited program and ensure that its graduates have the ability to pass National Board of Respiratory Care credentialing exams.

## **Mission Statement**

**The mission of the Southeast Arkansas College Respiratory Care Program is to produce highly motivated, well-educated, and fully competent cardio-pulmonary professionals.**

## **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 therapist (RRTs).

## Respiratory Care Curriculum

**Program Description:** This program is designed to prepare students for practice as a respiratory care practitioner. The Associate of Applied Science degree graduate is prepared in application of skills required to demonstrate proficiency as a Registered Respiratory Therapist. In addition to laboratory instruction, the student receives experience through clinical simulation laboratory and supervised work experience in several clinical settings. The program incorporates the general education courses with the professional courses to prepare graduates for the expanded roles required for the respiratory care practitioner. Graduates are employed primarily in hospitals, but employment opportunities are also available with home health, skilled nursing facilities, physicians' offices, DME and home medical equipment sales. Graduates are eligible to apply for the practitioner exam offered by National Board for Respiratory Care (NBRC). Successful candidates earn the Registered Respiratory Therapist (RRT) credential.

<b>Pre-Admission Requirements</b>			<b><u>LEC</u></b>	<b><u>LAB</u></b>	<b><u>SWE</u></b>	<b><u>SCH</u></b>
<b>BIOL*</b>	<b>2454</b>	<b>Human Anatomy &amp; Physiology I</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>4</b>
<b>BIOL*</b>	<b>2464</b>	<b>Human Anatomy &amp; Physiology II</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>4</b>
<b>COMP</b>	<b>1123</b>	<b>Intro to Computers</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>ENGL</b>	<b>1313</b>	<b>English Composition I</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>MATH</b>	<b>1333</b>	<b>College Algebra (or Higher Math)</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>PSYC</b>	<b>2303</b>	<b>General Psychology OR</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>PSYC</b>	<b>2323</b>	<b>Developmental Psychology</b>	<b>(3)</b>	<b>0</b>	<b>0</b>	<b>(3)</b>
<b>RESP</b>	<b>2214</b>	<b>Respiratory Care Sciences</b>	<b><u>4</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>4</u></b>
						<b>24</b>
<b><u>Professional Program</u></b>						
<b>1st Year - 1st Semester (Fall)</b>						
<b>RESP</b>	<b>1224</b>	<b>Basic Assessment &amp; Diagnostics</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>4</b>
<b>RESP</b>	<b>1335</b>	<b>Equipment &amp; Techniques I</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>5</b>
<b>RESP</b>	<b>1423</b>	<b>Respiratory Pharmacology</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>RESP</b>	<b>2402</b>	<b>Cardiopulmonary A &amp; P I</b>	<b><u>2</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>2</u></b>
			<b>10</b>	<b>8</b>	<b>0</b>	<b>14</b>
<b>1st Year – 2nd Semester (Spring)</b>						
<b>RESP</b>	<b>1243</b>	<b>Pulmonary Diseases I</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>3</b>

RESP	1442	Clinical Practicum I	2	0	16	2
RESP	2212	Mechanical Ventilation	1	2	0	2
RESP	2213	Equipment & Techniques II	2	2	0	3
RESP	2512	Cardiopulmonary A & P II	<u>2</u>	<u>0</u>	<u>0</u>	<u>2</u>

Extended Summer Term – 8 Weeks 9 6 16 **12**

RESP	2323	Equipment & Techniques III	2	2	0	3
RESP	2322	Advanced Monitoring, PROC. & TECH.	<u>2</u>	<u>0</u>	<u>0</u>	<u>2</u>
RESP	2451	Clinical Practicum II	0	0	0	<b>1</b>
<u>2<sup>nd</sup> Year – 4<sup>th</sup> Semester (Fall)</u>			2	2	16	6

RESP	2242	Pulmonary Disease II	3	0	0	3
RESP	2311	Integration of Resp. Theory & Tract.	0	2	0	1
RESP	2312	Advanced Pharmacology	2	0	0	2
RESP	2343	Neonatal & Pediatrics	2	2	0	3
RESP	2365	Critical Care	3	4	0	5
RESP	2462	Clinical Practicum III	<u>0</u>	<u>0</u>	<u>16</u>	<u>2</u>
<u>2<sup>nd</sup> Year – 5<sup>th</sup> Semester (Spring)</u>			9	6	16	<b>14</b>

ENGL	1323	English Composition II	3	0	0	3
RESP	2353	Advanced Cardio-Pulmonary Care	0	6	0	3
RESP	2473	Clinical Practicum IV	0	0	24	3
RESP	2502	Professional Development	<u>0</u>	<u>4</u>	<u>0</u>	<u>2</u>
			4	10	24	<b>11</b>

COMPLETION AWARD: AAS Respiratory Care **81**

\*Course must have been completed in the past five (5) years or receive special permission for acceptance.

\*\* (College Algebra, College Chemistry I, College Physics I and Microbiology should be taken if planning to transfer to a 4-year institution)

\*\*\* This class is for students who plan to enter the Respiratory Care program. In order to be considered for acceptance to the Program a passing grade of “C” or better must be achieved. Transferability of the course will be determined by the transferring institution.

The Respiratory Care program is accredited by the Commission on Accreditation for Respiratory Care, (www.coarc.com).

Commission on Accreditation for Respiratory Care  
1248 Harwood Road  
Bedford, Texas 76021-4244  
(817) 283-2835 (Office)  
(817) 354-8519 (Fax)

Graduates are eligible to apply for the practitioner exam offered by National Board for Respiratory Care (NBRC). Successful candidates earn the Registered Respiratory Therapist (RRT) credential.

## Course Descriptions

**RESPIRATORY CARE - All NAH program courses must be completed with a minimum grade of “C” or better.**

### **RESPIRATORY CARE COURSE DESCRIPTIONS:**

#### **RESP 1225 Basic Assessment and Diagnostics: 5 Cr., (3 Lec., 4 Lab.)**

(Prerequisite: Acceptance into the Respiratory Care; or by NAH faculty permission. Co-requisite: RESP 1335 Equipment & Techniques I; RESP 1423 Respiratory Pharmacology; RESP 2402 Cardiopulmonary Anatomy & Physiology I) This course is designed to integrate the theory and application of physical assessment and diagnostic testing. Topics covered will include in depth history taking, physical examination techniques, cardio-pulmonary assessment, clinical decision making, communications and documentation. Understanding and interpretation of ABG's, chest X- Ray and lab values will be addressed. Foundations of respiratory care will also be covered in this class. A grade of “C” or better is required for passing. This course is offered in the fall semester.

#### **RESP 1243 Pulmonary Diseases I: 3 Cr. (2 Lec., 2 Lab.)**

(Prerequisite: RESP 1225 Basic Assessment & Diagnostics; RESP 1335 Equipment & Techniques I; RESP 1423 Respiratory Pharmacology and RESP 2402 Cardio-Pulmonary Anatomy and Physiology I all with a grade of “C” or better, or by NAH faculty permission. Co-requisite: RESP 1442 Clinical Practicum I; RESP 2245 Equipment & Techniques II; RESP 2512 Cardio-Pulmonary Anatomy and Physiology II) This course is designed to integrate the theory of cardiopulmonary diseases with patient assessment and management. The common pulmonary diseases, patient treatment, use of protocols, and rehabilitation will be addressed. A grade of “C” or better is required for passing. This course is offered in the spring semester.

#### **RESP 1335 Equipment and Techniques I: 5 Cr., (3 Lec. 4 Lab)**

(Prerequisite: Acceptance into the Respiratory Care; or by NAH faculty permission. Co-requisite: RESP 1225 Basic Assessment and Diagnostics; RESP 1423 Respiratory Pharmacology; RESP 2402 Cardiopulmonary Anatomy & Physiology I.) This course is designed to integrate the theory and application of basic respiratory care procedures and equipment. It will also enable the student to safely and competently administer therapy to patients requiring respiratory care in a professional manner. The information gained in this course will provide a foundation, which is essential for the more advanced levels of respiratory care. Topics covered will include therapeutic gas delivery, humidity and aerosol systems, high and low-flow oxygen systems, Oxygen analysis, hyperinflation therapies and infection control. A grade of “C” or better is required for passing. This course is offered in the fall semester

#### **RESP 1442 Clinical Practicum I: 2 Cr., (16 SWE)**

(Prerequisite: RESP 1225 Basic Assessment and Diagnostics; RESP 1335 Equipment & Techniques I; RESP 1423 Respiratory Pharmacology; and RESP 2402 Cardiopulmonary Anatomy & Physiology I with a grade of “C” or better or by NAH faculty permission. Co-

requisite: RESP 1243 Pulmonary Diseases; RESP 2245 Equipment and Techniques II; RESP 2512 Cardio-Pulmonary Anatomy and Physiology II). This course provides the necessary exposure to the practice of basic respiratory care for noncritical patients. Students will be evaluated on clinical efficiency, professional conduct, and dress as well as ability to perform basic respiratory care modalities such as CPT, updraft, and basic assessment under the direct supervision of licensed respiratory care practitioners (LRCP). A grade of “C” or better is required for passing. This course is offered in the spring semester.

**RESP 1423 Respiratory Pharmacology: 3 Cr., (3 Lec.)**

(Prerequisite: Acceptance into the program; or by NAH faculty permission, Co-requisite: RESP 1225 Basic Assessment and Diagnostics; RESP 1335 Equipment & Techniques I; RESP 2402 Cardiopulmonary Anatomy & Physiology I) This course is designed to focus attention on the many drugs used in treating respiratory diseases, their pharmacodynamics and pharmacokinetics. Classes of drugs covered include bronchodilators, anti-inflammatory, mucolytic/proteolytics, sedatives and diuretics. A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2214 Respiratory Care Sciences: 4 Cr., (4Lec.)**

(Prerequisites: MATH 1233 Technical Math; **OR** MATH 1333 College Algebra; or by NAH faculty permission. This course is designed to build a solid understanding of the foundational concepts of chemistry, mathematics, microbiology, and physics as they relate to respiratory care science. This course will introduce students to the application of these concepts and the calculations utilized in respiratory care practice. This course must be completed prior to entering the Respiratory Care Program. Acceptance into the program will require a grade of “C” or better.

**RESP 2242 Pulmonary Diseases II: 2 Cr., (2 Lec.)**

(Prerequisite: RESP 2354 Equipment & Techniques III; RESP 2451 Clinical Practicum II with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2365 Critical Care; RESP 2462 Clinical Practicum III.) This course is designed to continue the study of cardiopulmonary diseases with patient assessment and management not covered in Pulmonary Diseases I. A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2245 Equipment and Techniques II: 5 Cr., (3 Lec. 4 Lab.)**

(Prerequisite: RESP 1225 Basic Assessment and Diagnostics; RESP 1335 Equipment and Techniques I; RESP 1423 Respiratory Pharmacology; RESP 2402 Cardio-Pulmonary Anatomy and Physiology I; all with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 1243 Pulmonary Disease I; RESP 1442 Clinical Practicum I; RESP 2512 Cardio-Pulmonary Anatomy and Physiology II.) This course is a continuation of RESP 1335 Equipment and Techniques I and covers more advanced equipment and techniques. Topics include CPT, artificial airways, non-invasive ventilation and an introduction to Mechanical Ventilation. A grade of “C” or better is required for passing. This course is offered in the spring semester.

**RESP 2312 Advanced Pharmacology: 2 Cr., (2 Lec.)**

(Prerequisite: RESP 2451 Clinical Practicum II; RESP 2354 Equipment & Techniques III with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2343 Neonatal &



Pediatrics; RESP 2365 Critical Care; RESP 2462 Clinical Practicum III; RESP 2242 Pulmonary Diseases II) This course is designed to focus attention on selected drugs used to treat both respiratory and non-respiratory disorders. Classes of drugs covered include sedatives, diuretics, antibiotics, etc. A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2343 Neonatal & Pediatrics: 3 Cr., (2 Lec, 2 Lab.)**

(Prerequisite: RESP 2451 Clinical Practicum II; RESP 2354 Equipment & Techniques III with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2365 Critical Care; RESP 2462 Clinical Practicum III.) This course is designed to integrate theory and clinical simulation instruction for the practice of respiratory care in the neonatal, infant, and pediatric populations. The student will focus on the physiologic basic assessment, initiating, monitoring and managing oxygen therapy, aerosol therapy, CPAP and mechanical ventilation in the neonatal pediatric population. A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2353 Advanced Cardiopulmonary Care: 3 Cr., (6 Lab.)**

(Prerequisite: Health care provider CPR, American Heart Association; RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2365 Critical Care; RESP 2462 Clinical Practicum III; all with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2502 Professional Development; RESP 2473 Clinical Practicum IV.) This course will cover the advanced life support and stabilization courses for neonate, infant/pediatric, and adult patients along with the application of cardiopulmonary care in alternate sites. Students will receive certification in the Newborn Resuscitation Program (NRP), Pediatric Advanced Life Support (PALS) and Advanced Cardiac Life Support (ACLS). PALS and ACLS certification is through the American Heart Association; NRP certification is through the American Heart Association in cooperation with the American Academy of Pediatrics. A grade of “C” or better is required for passing. This course is offered in the spring semester.

**RESP 2354 Equipment and Techniques III: 4 Cr., (2 Lec. 4 Lab.)**

(Prerequisite RESP 1243 Pulmonary Diseases I; RESP 1442 Clinical Practicum I; RESP 2245 Equipment and Techniques II; RESP 2512 Cardio-Pulmonary Anatomy and Physiology II with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2451 Clinical Practicum II.) This course is a continuation of RESP 2245 Equipment & Techniques II. This course is designed to continue to integrate the theory and application of ventilator management. Topics include physiology of mechanical ventilation, ventilator classification, cycling mechanisms, flow pattern and waveforms, indication, initiation and weaning of mechanical ventilation, effects and complications of mechanical ventilation, patient management and stabilization. A grade of “C” or better is required for passing. This course is offered in the summer semester.

**RESP 2365 Critical Care: 5 Cr., (3 Lec. 4 Lab.)**

(Prerequisite: RESP 2451 Clinical Practicum II; RESP 2354 Equipment & Technique III; with a grade of “C” or better or acceptance into the CRT to RRT Program or by NAH faculty permission. Co-requisite: RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2462 Clinical Practicum III.) This

course is designed to enable the respiratory therapy student to integrate all the information learned in the program. This course will focus on dealing with all aspects of advanced respiratory care especially in the intensive care patient. A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2402 Cardio-Pulmonary Anatomy and Physiology I: 2 Cr., (2 Lec.)**

(Prerequisite: Acceptance into the Respiratory Care; BIOL 2454 Human Anatomy & Physiology I; BIOL 2464 Human Anatomy & Physiology II OR BIOL 2226/2232 Anatomy & Physiology for Health Professions Lec and Lab or by NAH faculty permission. Co-requisite: RESP 1225 Basic Assessment and Diagnostics; RESP 1335 Equipment & Techniques I; RESP 1423 Respiratory Pharmacology) this course is designed to integrate the theory of cardio-respiratory anatomy and physiology with assessment and care of the patient with cardio-respiratory disease. Topics include the respiratory system in adults, mechanics of ventilation, work of breathing, gas exchange and transport, functional anatomy of the heart and vascular system, ventilation-perfusion relationships and control of ventilation. A grade of "C" or better is required for passing. This course is offered during the fall semester.

**RESP 2451 Clinical Practicum II: 1 Cr., (16 SWE)**

(Prerequisite: RESP 1243 Pulmonary Diseases I; RESP 1442 Clinical Practicum I; RESP 2245 Equipment and Techniques II; RESP 2512 Cardio-Pulmonary Anatomy and Physiology II with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2354 Equipment and Techniques III.). This course will concentrate on mechanically ventilated, intensive care patients. Students will be evaluated on clinical efficiency, professional conduct, and dress as well as ability to perform these more advanced modalities under the direct supervision of licensed respiratory care practitioners (LRCP). A grade of “C” or better is required for passing. This course is offered in the summer semester.

**RESP 2462 Clinical Practicum III: 2 Cr., (16 SWE)**

(Prerequisite: RESP 2354 Equipment & Techniques III; RESP 2451 Clinical Practicum II; all with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2365 Critical Care or by NAH faculty permission). This course will concentrate on neonatal/pediatric patients and on the critically ill patients. Students will begin their OR rotations for intubation. Students will be evaluated on clinical efficiency, professional conduct, and dress, as well as their ability to perform ventilator checks and provide appropriate respiratory care modalities to patients as designated by physical assessment and diagnostic tests under direct supervision of licensed respiratory care practitioners (LRCP). A grade of “C” or better is required for passing. This course is offered in the fall semester.

**RESP 2473 Clinical Practicum IV: 3 Cr., (24 SWE)**

(Prerequisite: RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2365 Critical Care; RESP 2462 Clinical Practicum III; all with a grade of “C” or better or by NAH faculty permission. Co-requisite: RESP 2502 Professional Development; RESP 2343 Advanced Cardio-Pulmonary Care.) This course will concentrate on critical adult and pediatric patients being treated with mechanical ventilation. Students will be evaluated on clinical efficiency, professional conduct, and dress, as well as their ability to perform and provide appropriate advanced respiratory care modalities under the direct supervision of licensed respiratory care practitioners (LRCP). A grade of “C” or better is

required for passing. (Individualized clinical rotations will be arranged for CRT- RRT students). This course is offered in the spring semester.

**RESP 2502 Professional Development: 2 Cr., (4 Lab.)**

(Prerequisites: RESP 2242 Pulmonary Disease II; RESP 2312 Advanced Pharmacology; RESP 2343 Neonatal & Pediatrics; RESP 2365 Critical Care; RESP 2462 Clinical Practicum II all with a grade of “C” or better. Co-requisites: RESP 2353 Advanced Cardiopulmonary Care; RESP 2473 Clinical Practicum IV or by NAH faculty permission.) This course is designed to prepare the student to interact with prospective employers in a professional manner to facilitate successful employment as a respiratory therapist in a variety of practice settings. Course content will prepare the student for the NBRC self- assessment evaluation exam and also for the NBRC therapist multiple choice examination process by applying critical thinking skills. A grade of “C” or better is required for passing. This course is offered in the spring semester.

**RESP 2512 Cardio-Pulmonary Anatomy and Physiology II: 2 Cr. Hr. (2 Lec.)**

(Prerequisite: RESP 1225 Basic Assessment & Diagnostics; RESP 1335 Equipment & Techniques I; RESP 1423 Respiratory Pharmacology and RESP 2402 Cardio-Pulmonary Anatomy and Physiology I all with a grade of “C” or better or by NAH faculty permission Co-requisite: RESP 1243 Pulmonary Diseases I; RESP 1442 Clinical Practicum I; RESP 2245 Equipment & Techniques II.) This course is a continuation of RESP Cardio-Pulmonary Anatomy and Physiology I, it is designed to continue to integrate the theory of cardio- respiratory anatomy and physiology with assessment and care of the patient with cardio- respiratory disease. Topics include fetal development and the cardiopulmonary system, electrophysiology of the heart, standard 12 ECG Lead System, ECG interpretation, and sleep physiology. A grade of "C" or better is required for passing. This course is offered during the spring semester.

**RESP 2934 Respiratory Program Completion: 34SCH**

(Prerequisites: (1) Graduation from an accredited respiratory entry-level program, and; (2) Proof of CRT credential with the National Board for Respiratory Care (NBRC).) A course designation which will be used as the mechanism for recording program course credit for a graduate of a CoARC accredited respiratory care program who also holds the CRT credential granted by the NBRC.

# Respiratory Care Program

## Policies and Procedures

### I. Attendance

The Program's policy on attendance is as follows:

The student is expected to:

1. Attend all classes, laboratory, and clinical sessions.
2. Be in the scheduled area (class, lab, or clinic) at the specified time.
3. Remain in the scheduled area (class, lab or clinic) for the specified time.

Students will be assigned classroom, laboratory, and clinical activities not to exceed **forty hours** per week.

### II. Absenteeism

Students are expected to participate in all scheduled didactic and clinical education experiences. Absenteeism is defined as not being present for an assigned educational experience. Students should **schedule all appointments, medical or other, during times when they are not participating in didactic or clinical education experiences.**

A student may be placed on attendance probation anytime their absences exceed 2 days per semester – this includes both classroom and clinical absence. A student may be suspended or dismissed from the program if absences exceed 3 days per semester.

*Students absent more than two (2) days in a row due to personal illness must submit a written physician's certification that the student is fit to rejoin the class or clinical activities.* The Program Director reserves the right to request a physician certification at any time.

"NO CALL- NO SHOW" will result in disciplinary actions up to and including suspension from the program.

It is the **student's** responsibility to contact each **individual** instructor of their absence prior to class.

### III. Tardiness

Students are expected to arrive on time for all classroom, laboratory, or clinical activities.

Tardiness is defined as not being present in one's assigned area at the stated starting time.

The instructor from time to time may need to change a class time. The instructor will make announcement in class or by Moodle.

***\*\*The student must come by the Program Directors office and fill out a **PINK** absence form for any tardiness or absence over 15 minutes that will be placed in your file.***

#### **IV. Student Responsibilities: Classroom and Laboratory**

##### **A. Conduct**

1. Come adequately prepared for class (i.e. read material and bring necessary supplies such as paper, pens/pencils, etc.)
2. Attend all classes and laboratories as scheduled, unless previous arrangements have been made with the course instructor or Program Director.
3. Request instructor/student conferences when needed.
4. Request and arrange to take make-up exams or related activities (if permitted by the instructor) within the specified period of time for the given course.
5. Present yourself as a positive role model for your profession at all times.
6. Be ***responsible for the condition of the instructional area*** during and at the completion of a class or laboratory session.
7. Refrain from eating or drinking in the classroom and laboratory.
8. Maintain and arrange class materials in a form that will be usable in the future as a professional reference.
9. Respect furniture and equipment by careful handling and use. Do not mark on desks.
10. Develop an appreciation for high personal standards in conduct and achievements.
11. Refrain from using abusive, provocative, or profane language and/or gestures. At the least, this will result in probation... and could result in dismissal from the program.
12. Exhibit mutual respect in relationships with patients, visitors, and employees, and in their working relationship with faculty and peers.
13. **Cell phones or other personal communication devices are not permitted in any classroom or clinical affiliate at any time while**

## functioning in the role of a student in the SEARK Respiratory Care.

### B. Academic Dishonesty

1. Cheating in any form is not tolerated. Any student found exhibiting either of the following types of behavior during, or in the preparation of, any assignment, quiz, project, report, test, or final examination will receive a zero (0) for that assignment and the student conduct violation will be referred for administrative review:
  - a. Cheating: Defined as the act of obtaining or providing information, data, or clinical documentation improperly or by dishonest or deceitful means; and,
  - b. Plagiarism: Defined as copying or imitating the language, ideas, or thoughts of another author and presenting them as one's original work; the copying of a theme or section from a book or journal without giving credit in a footnote; or copying from the manuscript of another person.
2. Falsification of Records/Documentation
  - a. Falsification of records/documentation is held at the highest regard, any falsification of records in any form will result in immediate program termination. Educational records are legal documents, as an education degree is a legal entity, any falsification of educational records is falsification of legal documents. This is due to the fact that when a student receives a degree, they are legally entitled to all benefits pertaining to that degree, therefore all educational records are legal documents.
  - b. Falsification of records/documentation pertains to not only the classroom but also clinical documentation records. As we are a professional healthcare program/degree, we must hold our students to the same standards as in the professional healthcare setting, falsification of records is deemed an offense resulting in immediate termination in the workplace.

### C. Grades – Please see revision dated 7/05/2018.

All courses listed in the professional curriculum are required. In order to progress in the curriculum, a minimum grade of 75% or higher in all course work is required. The student should maintain a 2.5 GPA.

**Remediation Policy: Students who score less than 80% on examinations must contact the course instructor to discuss remediation plans. Plan may include peer mentoring, group-facilitated remediation one-on-one tutoring and**

**additional non- graded homework may be assigned. A remediation plan will be devised and implemented. Plans will be a permanent part of the student record. If student does not contact the instructor, then student must sign form that they refused remediation before next exam.**

*The student's grade records are maintained in the Instructor for that course and are available for the student to inspect at any time. The Program Director maintains the records after the semester is completed. Official transcripts must be requested from the SEARK College Registrar.*

For further information regarding grades and academic standing, see the section on "Grades" in the *Southeast Arkansas College Nursing and Allied Health Technologies Division Handbook*.

#### **D. Academic Withdrawal**

The Respiratory Therapy Program may *initiate* withdrawal of the student...

1. who receives a course grade of less than a 75% in any course in the Professional Curriculum; or
2. whose repeated performance places others in physical or emotional jeopardy\*; including failure of a drug screening, or
3. who repeatedly fails to meet legal standards, ethical standards, or standards of practice for student respiratory therapists; or criminal background checks
4. who does not complete all clinical requirements as assigned;
5. who misses more than 30 hours of educational experience per semester.

*\*Physical jeopardy is defined as any action or inaction that directly threatens the physical safety or well-being of another person. Emotional jeopardy is defined as any action or inaction that directly threatens the emotional or mental well-being of another person.*

***\*The Program initiates withdrawal, but only the Vice-President of Student Services may terminate a student.***

#### **E. Graduation**

The specific programmatic requirements for graduation are:

1. A grade of "C" or higher in all courses of the pre-professional, professional, and Associate of Applied Science (A.A.S.) degree curriculum as outlined in the SEARK College catalog.
2. Satisfactory achievement of all clinical requirements.

3. In preparation for the National Board for Respiratory Care credentialing examination, students are required to take self-assessment examinations during the fifth semester Professional Development course.

\*\*Completion of the NBRC TMC Self-Assessment Exam with a scaled score of 105 or above, unless change by instructor. (Dates will be announced) Three attempts are mandatory.  
Completion of the NBRC Clinical Simulation Self-Assessment Exam with a passing score. (Dates will be announced) Three attempts are mandatory

\*\*The NBRC TMC Self-Assessment Exams must be completed with the above referenced scores for board release and successful completion of the course.

**Cost of all National Board of Respiratory Care Self-Assessment exams (SAE) and review materials for courses, and/or tutoring or other remediation activities will be the financial responsibility of the student, these are already added into your tuition/fees for the semester via you student account.**

All students are ***required***, to be present and “walk” for SEARK Graduation make plans now). When these requirements are met a traditional “Pinning Ceremony” sponsored by SEARK will be held. This allows a more personal ceremony for families to enjoy your hard work and dedication and their support during the course of the Respiratory Program.

-- The first year students will be the host of the “Pinning Ceremony”. These responsibilities will include but are not limited to reception preparation, serving and clean-up

--The graduating students are responsible for getting their” material together for The “Pinning Ceremony.” Dates for material will be announced.

No student will graduate until he/she has satisfied all program and college requirements. See the College Catalog for further information. It is your responsibility to make sure the Fall before your Spring graduation that all classes, testing, etc. have been met.

The Southeast Arkansas College (SEARK), Nursing and Allied Health Technologies Division reserves the right to dismiss a student at any time on grounds that SEARK College judges to be appropriate. Each student by his own admission to the College recognizes this right of the Program and College. The continuance of any student on the roster of the College, the receipt of academic credit, graduation, and the granting of a degree rests solely within the powers of the Program and College.

#### **F. Withholding of Grades and Transcripts/NBRC Eligibility**

The Registrar is authorized to withhold grades and transcripts and refuse registration to any student or former student who fails to return library or other College property entrusted to his or her care; or who fails to comply with rules governing the audit of student organization accounts; or who has failed to pay any fees, tuition, fines, or other charges assessed against him or her by the College and/or any clinical affiliate. Students who satisfactorily complete all College clearance procedures and are eligible for graduation will be certified as “eligible



to take the NBRC examination”.

## V. Student Responsibilities in the Clinical Education Setting

The clinical education phase of the program is designed to enrich and enhance student learning. This learning is achieved through practical application of knowledge and techniques gained in the classroom and lab settings. The curriculum offers a wide range of learning experiences and patient contacts by providing clinical rotations through different health care institutions and agencies. A *Clinical Policy and Procedure Manual* will be given to you before your first clinical rotation, and the Director of Clinical Education will go over these policies with you.

### A. Dress and Appearance

Students must wear approved uniforms at all class sessions. Exceptions will be made only by the approval of the Program Director. Inappropriate conduct/dress may result in clinical probation or dismissal from program. “Approved uniforms” consist of the following:

#### Females:

- Approved – Steel Gray scrub top
- Approved – Steel Gray scrub pants
- Short sleeved white t-shirt Underneath scrub(optional)
- White lab coat – ¾ length – No smocks
- White hospital shoes preferred (closed toe and heel a must)  
(Must be clean, comfortable shoes of a professional style (clean, leather/synthetic tennis shoes accepted) – tennis shoes with mesh covering the toe, flip flops, “loud” colors and **SANDALS/clogs/crocs ARE NOT ACCEPTED.**
- White stockings or socks
- School uniform patch (sewn on the left shoulder of each scrub top and each lab coat)

#### Male Uniform

- Approved – Steel Gray scrub top
- Approved – Steel Gray scrub pants
- Short sleeved white t-shirt Underneath scrub (optional)
- White hospital shoes preferred (closed toe and heel a must)  
(Must be clean, comfortable shoes of a professional style (clean, leather/synthetic tennis shoes accepted) – tennis shoes with mesh covering the toe, flip flops, “loud” colors and **SANDALS/clogs/crocs ARE NOT ACCEPTED.**
- White socks
- School uniform patch (sewn on the left shoulder of each scrub top and

each lab coat)

\*Only white, black, or gray short/long sleeve shirts can be worn under clinical uniform or white lab coats.

**The following policies concerning dress appearance will be in effect at all class sessions and clinical sites, unless otherwise specified:**

1. Uniform tops and pants will be neat and clean at all times. **All will be starched or finished with spray starch.** The pants should have front and back vertical creases. The pant length will cover the top of the shoes, but be no higher than the ankle. The pant length **will not drag the floor.** Uniforms will be maintained in good condition. No rips, holes or tears will be tolerated.

Uniforms must not be binding or constricting and must allow for ease of movement while bending or reaching.

Uniforms must be properly buttoned/zipped to insure a neat, modest appearance. Conventional undergarments are required. A clean, solid white, black or gray short/long sleeve shirt may be worn under the uniform top and tucked into the pants.

2. A solid white lab coat may be worn as part of the uniform. For ease in handwashing, it is strongly recommended that the lab coat have  $\frac{3}{4}$  length sleeves. Lab coat sleeves must be hemmed. Lab coats will be kept clean, white, stain-free, and neatly ironed or dry cleaned.
3. Hospital shoes must have closed toe and heel, solid white and polished. Athletic shoes are acceptable, but must also be solid white, all leather, low-cut. Regardless of style, footwear must be kept in good repair. Shoestrings must be white and clean at all times.
4. White hosiery or plain white socks must be worn when in uniform. Socks will be long enough so that skin is not visible while seated. Socks should form a smooth line and not be folded or bunched around the ankles.
5. No rings with stones may be worn on hands during the performance of respiratory care procedures or the provision of patient care services for reasons of patient safety. Other jewelry is strongly discouraged. Jewelry permitted during patient care include:
  - Earrings, not to exceed earlobe (studs, no hanging earrings!)
  - No tongue jewelry or facial jewelry
6. Fingernails must be kept clean and neatly trimmed. To avoid patient

injury or transmission of infectious disease, fingernails may NOT extend more than ½ cm beyond the fingertips. **NAIL POLISH AND/OR ARTIFICIAL NAILS IS NOT PERMITTED AT ANY TIME.** Students must follow the infection control policies of all clinical sites with regard to fingernails (i.e. no artificial nails).

7. The hairstyle chosen must be neat and well groomed. Unless hair is cut short enough to remain close to the head and off the collar, it must be pulled away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face. Hair will be secured with plain black, brown, white, or light blue clasps or elastic bands. Bows or ribbons are not acceptable. **Hair must be of a natural hue.** (No colors other than natural hue). No dreads at this time may be worn due to some hospital regulations.
8. “Make-up”, if permitted by the clinical site, will be applied sparingly. Due to the kind of patients you are treating, no aromatic colognes or perfumes are acceptable.
9. Proper personal hygiene (breath and body) should be practiced at all times.
10. **Visible tattoos and body piercing** are not acceptable, including multiple earrings and/or ear posts, tongue rings and nose rings. **These must be covered and/or may not be worn in clinical at all times.** You need to wear a long sleeve white shirt under your scrubs to cover these tattoos. White, black, or gray turtlenecks can be worn to cover neck tattoos. For anyone who has back tattoos, wear your lab coat if your tattoos show while bending over.
11. Official identification badges and patches shall be worn on the uniform in such a way that the student’s identity is readily visible to the patient and other medical personnel at all times.

**ANY VIOLATION OF ANY OF THE ABOVE INSTANCES WILL RESULT IN THE STUDENT BEING DISMISSED FROM CLASS AND/OR CLINICAL SITE TO CORRECT THE PROBLEM. THE DAY WILL BE DEEMED AN UNEXCUSED ABSENCE AND WILL RESULT IN THE PENALTIES LISTED.**

## **B. Conduct**

The student should demonstrate respect, concern, and courtesy to all patients, their families, and all other health professionals, and hospital personnel. This should be done in a professional and diplomatic manner.

1. During periods of inactivity, the reading of textbooks and professional literature is encouraged. Novels, crafts or **CELL PHONES** are not permitted in the clinical area.
2. Students should conduct themselves in a professional manner at all times.
3. Student lunch breaks will be concurrent with the lunch breaks of the student's assigned preceptor as assigned by the clinical supervisor/instructor. Lunch breaks are thirty (30) minutes.
4. No gum chewing will be allowed while in the clinical care area.
5. Students are not to return to the clinical area at night or on weekends, unless for specific pre-approved assignments by the Director of Clinical Education.
6. All accidents occurring during an educational assignment or while on campus, whether involving a patient and/or student, shall be reported within one hour of the incident for sharps injuries and within twenty-four hours of the incident for all other accidents. Students must follow agency policies when reporting accidents.
7. Smoking is not allowed at any time during class sessions, please see campus policy on smoking. Due to the kind of patients you are treating for various respiratory diseases', **Smoking, Smokeless Tobacco, Vaping, or E-Cigarettes will NOT be permitted while in any clinical affiliate.**
8. Gratuities may not be accepted from patients.
9. The use of intoxicating drugs or beverages is prohibited in the clinical or classroom areas as well as in any other portions of the Program and College as posted.
10. The College reserves the right to require random drug screening on its students at any time without notice at the student's expense.
11. The use of profanity or disrespectful actions is not permitted in the clinical areas and may result in probation or immediate dismissal from the program.
12. All information concerning patients must be maintained confidential at all times according to HIPPA regulations.

**C. Student Reporting of Exposure to or Contraction of Communicable Disease:**

As a Respiratory Care student, you may be exposed to pathogens that can cause infectious diseases.

Exposure to or contraction of infectious diseases must be reported immediately. The student will assume the responsibility of disclosure to minimize the risk of contagion to patients, personnel, and others. Confidentiality will be preserved within the required investigative, treatment, and notification limits of the disease process.

1. Notify Student/Employee Health by completing an “Incident and Accident Report” form describing the exposure to or contraction of a communicable disease.
2. Treatment or prophylaxis will be initiated based upon the degree of exposure or contact.
3. Intimate exposure (prolonged physical contact or contact with blood or body fluids) will require a report to Student/Employee Health or the clinical site Employee Health Department within one (1) hour of the incident. Examples of such exposure include:
  - a. needle sticks with used needles
  - b. aspiration of blood or blood products into the mouth
  - c. mouth-to-mouth resuscitation
  - d. splashing of body fluids into the conjunctiva or mouth
  - e. exposure to cerebrospinal fluid
4. Intimate exposure to the following diseases will require management as indicated:

Hepatitis A or B	AIDS or HIV infection
Rabies	Meningitis (Meningococcal)
Syphilis	Tuberculosis

#### **D. Clinical Infection Control Procedures**

Clinical infection control procedures are printed and are available at each clinical location. Since some variation exists from site to site, it is strongly recommended that the student review the procedures applicable to a given area in order to maintain departmental policies. Infection control policies pertinent to the program are also discussed in detail during the orientation process.

#### **E. Personal Communication Devices**

**\*\*SEARK is very FIRM on this policy. The catalog states:**

**“Possession and/or use of personal communication devices in any clinical affiliate at any time while functioning in the role of a student in the SEARK Respiratory Care Program is prohibited.”**

**Any student in violation of the above policy will be immediately dismissed from clinical. It further states: “...he/she will not be permitted to re-enter the clinical program until a counseling session has been held with the DCE and any appropriate clinical faculty/instructors. A formal clinical contract will be**

**initiated. Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be handled according to the attendance policies previously outlined in this manual.”**

**\*UAMS AND ARKANSAS CHILDREN’S HOSPITAL – allows students to bring their devices in with them, for only communication purposes while at their hospital.**

## **VI. Professional Responsibilities**

Because Respiratory Care students are being educated for a professional career as health care providers, they are expected to adopt a professional attitude. To this end, the following responsibilities are expected.

1. Join the state and/or national professional organizations. Be a part of the SEARK Respiratory Care Club.
2. Attendance at the state professional meetings.  
First year students to attend 2 days. One overnight stay.  
Senior students will attend full convention and participate in “Sputum Bowl” competition.
3. Devote a scheduled amount of time each month to the reading of professional literature and advances in Respiratory Care.
4. Devote a scheduled amount of time each month to the reading of professional literature in other health care disciplines, i.e. nursing, medicine, etc., as related to respiratory care.
5. Students are encouraged to participate in special community service projects. Examples might include Red Cross disaster relief, UnitedWay, Rice Depot, church or other non-profit organizations, Health fairs, city clean-up projects etc.

## **VII. Advising**

Students should feel free to seek advisement by the Department Faculty. In order to have better access to the faculty, the student should request an appointment at a time that is mutually convenient. Even though the department has an open door policy, please understand that we sometimes have projects that must be completed.

## **VIII. Breaks and Holidays**

Each year, the student may receive the following breaks:

Thanksgiving – 5 days (M-F)	Christmas	Spring – 1 week
January – Martin Luther King, Jr.	February – President’s day	May – Memorial Day
July – Independence Day	September – Labor Day	Summer

## **IX. Policy on Student Employment**

Students who accept employment situations while enrolled in the program may do so during hours in which the student is not engaged in assigned educational activities. **This means students are not allowed to receive pay during their school assigned clinical hours. Any student found in violation of this policy will be terminated immediately.** During work assignments, the student may not wear the approved student uniform and may not wear the approved student identification badge. Students are advised that their work schedule may not interfere with their classroom or clinical performance.

It is **NOT** recommended to work on Friday. These are left open in scheduling for program use if needed for Lab or other program necessities. This also includes “Friday’s in the Spring semester for recruitment and community projects”. You will be **REQUIRED** to attend on those Fridays.

## **X. Returning Student Policy**

Refer to the Returning Student Policy found in the NAH Division Policies Handbook on page 12.

## **XI. Student Transfer Policy/Advanced Placement**

Refer to the Student Transfer Policy found in the NAH Division Policies Handbook on page 11.

## **XII. Criminal Background Checks and Drug Testing**

Please be advised that many healthcare facilities utilized for student clinical experiences require students to have mandatory background checks conducted and certain convictions may result in the student not being able to attend clinical at specific agencies. NAH also utilizes Verified Credentials for Drug Screenings. Students will be required to set up an online account with Verified Credentials for the purpose of background check screening and drug screening. The background checks will be processed by Verified Credentials at an additional cost to the student of approximately **\$81.60**, and the Drug screening will be **\$35.20** for each test. (random drug tests may be done during the 2-year period you are here. The student is responsible for that charge). **These charges will need to be done with a Credit or Debit Card.** Additional charges may be added for additional addresses and aliases. Background information is confidential and may need to be shared with clinical agencies. Admission to any Nursing and Allied Health Program gives consent to provide background information to clinical agencies. If a clinical site refuses placement of a student, the clinical rotation objectives may not be met and the student may not be able to progress in the program. **ALL BACKGROUND CHECKS MUST BE COMPLETED BEFORE ENTERING CLINICAL SITES.**

**The Southeast Arkansas College (SEARK) Respiratory Care Program recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of the respiratory care profession. The Respiratory Care Program is committed to protecting the safety, health, and welfare of its faculty, staff,**

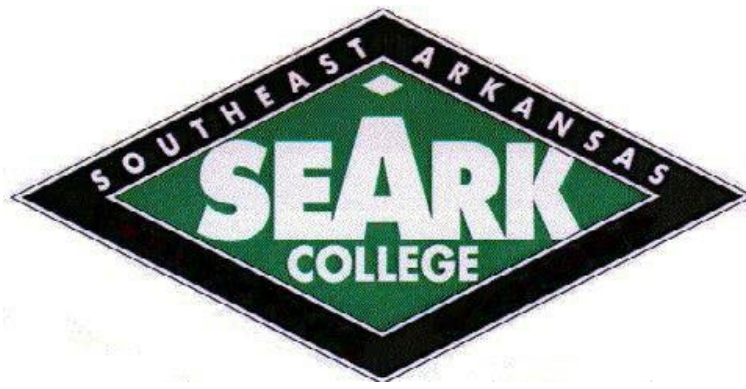
and students and people who come in contact with its faculty, staff, and students during scheduled learning experiences. The Respiratory Care Program strictly prohibits the illicit use, possession, sale, conveyance, distribution, and/or manufacture of illegal drugs, intoxicants, or controlled substances. As a condition of enrollment, each student will sign a Substance Abuse Policy Release form agreeing to adhere to the Respiratory Care Program Substance Abuse Policy. Drug testing may occur prior to the 1st day of clinical, at random, and for cause. Diluent negative results will not be accepted and the student will be required to retest at the student's expense. Drug testing and follow up lab work for positive screens are at the expense of the student. Any respiratory care program student who tests positive for illegal, controlled, or abuse-potential substances, and who cannot produce a valid and current prescription for the drug will be brought before the program faculty of the Respiratory Care Program and may be dismissed from the program. Medical marijuana is prohibited. While we, the Respiratory Care Program, acknowledge that medical marijuana is legal in the State of Arkansas, it is still illegal and classified as a Schedule I narcotic on the federal level by the United States of America. In addition, it is a valid reason for refusal, suspension or revocation of license by the Arkansas State Medical Board, as listed in the Arkansas Medical Practice Act, which can be viewed via the ASMB website. Any respiratory care program student who tests positive for marijuana will be dismissed from the program. In addition, any respiratory care program student who is aware that another respiratory care program student is using or is in possession of illegal drugs, intoxicants, or controlled substances, or is abusing non-prescription or prescription drugs is obligated to report this information to a Respiratory Care Program faculty member or the Dean of Nursing and Allied Health.



## General Revisions to the 2018-2019 RT Handbook

Date	Revision	Notes
07/05/2018	Page 15 Grades: Evaluations – Each instructor will include in their course syllabi the Method(s) for evaluating the student’s progress.  Exams will take place at various times during the semester. The date and time of the exam are announced to students at least one class period in advance. Quizzes may be given without warning.  Every student will meet with the RT Program PD, DCE and Instructor at Mid-Term to discuss current grade in each class and progress in the program.	
2/18/2019	Page 5 – Program Description Updated	
2/18/2019	Page 18 – Dress Code updated, white, black, or gray shirts may be worn under scrub shirt.	
5/3/2019	Page 19 – Fingernails and Jewelry updated.	
5/3/2019	Page 15 – Academic Dishonesty	
6/5/2019	Page 12 - Attendance, defined number of days missed.	





# **CLINICAL POLICIES & PROCEDURES MANUAL**

## **RESPIRATORY THERAPY PROGRAM**

**SEARK COLLEGE**

**PINE BLUFF, ARKANSAS**

**Revised 2020**

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## **INTRODUCTION**

This *Clinical Policies and Procedure Manual* is designed to provide the student with information needed to be successful in completing clinical coursework and will be in effect for all clinical courses. It is an important reference guide, and it is expected that the student will have ready access to it while in the clinical setting and keep it in the Clinical Notebook for this purpose.

It will be the student's responsibility to read and retain the information in this manual. Upon completing the review of this manual, the student must sign the enclosed form on the last page and submit it to the Director of Clinical Education (DCE) prior to the first day of clinical. The signed statement of understanding will be placed in the student's file.

## **PROGRAM FACULTY**

The following individuals have primary responsibility for the education of Respiratory Care professionals enrolled in the Department of Respiratory Care programs. These include the clinical instruction of students.

The Program Director is primarily responsible for the overall administration of the Respiratory Care program, while the Director of Clinical Education (DCE) has primary responsibility for the clinical portion of the program. In most cases, the student should communicate directly with the DCE regarding clinical courses and issues therein. In the absence of the DCE, the student should communicate with the Program Director. In the absence of both the DCE and the Program Director, a designated individual will be assigned for that purpose.

### Program Clinical Faculty:

Don Richter, BS, RRT  
Director of Clinical Ed.  
SEARK School of Respiratory

Office: 870-541-7603  
870-541-7627  
Cell: 870-718-7859

Lekita Pounds, MEd. RRT, LRCP  
Director of Clinical Education  
SEARK School of Respiratory Care

Office: 870-850-8633  
Email: [lpounds@seark.edu](mailto:lpounds@seark.edu)  
Cell:

Janelle Smith, BS, RRT, CPFT, LRCP  
Program Director  
SEARK School of Respiratory Care

Office: 870-543-5924  
Cell: 870-692-3373  
Email: [jsmith@seark.edu](mailto:jsmith@seark.edu)

## CLINICAL FACULTY

The following individuals will assist in coordinating the clinical instruction of respiratory care students assigned to their respective institutions:

### Jefferson Regional Medical Center

Farron Mercer, RRT Director of Respiratory Care	1600 W. 40th Ave. Pine Bluff, AR 71603	870-541-7100
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### Bradley County Medical Center

LaDonna Goodwin, RRT Director of Respiratory Care	404 S. Bradley Street Warren, AR 71671	870-226-4100
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### AHEC Family Practice Medical Clinic

Darrell Over, MD; Medical Director Mark Deal, Administrative Director	1600 W. 40th Ave. Pine Bluff, AR 71603	870-541-7100
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### St. Vincent Infirmary

Mark McGinness, RRT Respiratory Care Coordinator	2 St. Vincent Cr. Little Rock, AR 72205	501-552-2871
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### Saline Memorial Hospital

David Gibson, RRT Director of Respiratory Care	1 Medical Park Drive Benton, AR 72015	501-776-6000
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### True HomeCare, Inc.

Hope Davis, RRT Owner	3801 S. Camden Rd. Pine Bluff, AR 71603	870-536-6301
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### EASI Ambulance

Cheryl Smith, NREMT-P	514 W. 5th Ave. Pine Bluff, AR 71601	870-536-0734
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### Dewitt Hospital and Nursing Home

Farrah Jones, BS, RRT, CPFT	1641 S. Whitehead Dr. Dewitt, AR 72042	501-552-2869
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### Baptist Health Medical Center

Shelly Brown, Director of Respiratory Care	9601 Baptist Health Dr. Little Rock AR 72205	501-202-1929
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## **CLINICAL PRECEPTORS**

Clinical preceptors are designated individuals who work in an affiliate institution who have earned professional credentials and who have sufficient experience in that field to serve as mentors during the student's clinical time in that affiliate. In most cases, these would be licensed respiratory therapists; however, some of the student's clinical time will be spent in clinical areas other than Respiratory Therapy (e.g. EASI Ambulance, surgery, cardiac catheterization lab)

Students will usually be assigned to work at the bedside and in other patient care environments with one or more preceptors. Since the student is not licensed to do patient care, he/she must work under the close supervision of his/her clinical preceptor.

At the end of each clinical day, the student preceptor should review the activities and experiences of the student. As students' progress in their competence in patient care skills, preceptors will allow them to work more independently, but will remain at hand in the event assistance is needed. Close communication with clinical preceptors is mandatory for safe and effective patient care. The student should know where his/her preceptor is at all times in the clinical setting and must make certain that the preceptor knows where he/she is as well.

## **ATTENDANCE**

Students are expected to attend every day of scheduled clinical. At the beginning of each assigned shift, the student must report to the instructor or preceptor to which he/she is assigned in that affiliate. Similarly, the student must not leave the affiliate without first reporting to that person. The clinical instructor or preceptor should document the time the student arrives and leaves the affiliate on the daily log form (see appendix).

## **ABSENCE POLICY**

When a student is absent on a clinical day, the absence will be deemed either "excused" or "unexcused" by the DCE (see below).

"Excessive absence" is defined as three (3) occurrences in a given semester. If the student accumulates three (3) occurrences of excused absences from clinical (excused) in a given semester, the student will be scheduled for a conference with the DCE. Written documentation of this meeting will be placed in the student's file.

At this time, depending on the circumstances and at the discretion of the DCE, the student may or may not be placed on "Formal Clinical Contract" (see p. 9)

## Definitions

- A. *“Excused Absence”*: Absence due to documentable illness or injury, funeral leave for a death in the immediate family, inclement weather days, school-related injuries, school-related absences, jury duty, and military leave in which the appropriate procedure was followed. If there is a question of whether or not an absence is excused, the decision will be made by the DCE.

Students who arrive at a clinical affiliate may receive an “excused absence” if the clinical faculty determines that the student should not participate fully in the clinical experience (e.g. inclement weather, communicable illness). In such cases, permission from the DCE or his designee must be obtained by the student PRIOR to leaving the affiliate. Failure to obtain this permission will result in an “unexcused” absence.

Failure to follow the appropriate notification steps for an absence (see below) will cause the “excused absence” to become an “unexcused absence”.

- B. *“Illness”*: Any student who wishes to receive an excused absence due to illness may be required to obtain a physician’s statement attesting to their or their dependent’s illness and indicating treatment rendered. The student must provide the physician’s statement to the DCE prior to returning to clinical. Any questions about the type of required documentation or action should be referred to the DCE for clarification.

Tardy	2 Tardies = 1 Absence, and a makeup day is required. Every 2 tardies counts as an absence and will be recorded as such. <b>Every absence obtained from tardies will be under the following guidelines per number of absences.</b>
1 <sup>st</sup> Absence per semester	Makeup day required for the absence with DCE and Director of Respiratory Care approval at Clinical Site. <b>A Formal Verbal Warning will be given and recorded in the student’s file.</b>
2 <sup>nd</sup> Absence per semester	Makeup day required for the absence(s) with the DCE and Director of Respiratory Care approval at Clinical Site. <b>A Formal Written Warning will be given and recorded in the</b>



	<b>student's file.</b>
3 <sup>rd</sup> Absence per semester	<b>1 Letter Grade deduction from Clinical Grade.</b> This means the highest grade you can make is a B. <b>2 makeup days required for the absence(s)</b> with the DCE and Director Respiratory Care approval at Clinical Site. <b>A Formal Write-up will be given, student will be placed on attendance probation for six (6) months or remainder of program, whichever is shorter and recorded in student's file.</b>
4 <sup>th</sup> Absence per semester	<b>1 Letter Grade deduction from Clinical Grade.</b> This means the highest grade you can make is a C. <b>2 makeup days required for the absence(s)</b> with the DCE and Director of Respiratory Care approval at Clinical Site.
5 <sup>th</sup> Absence per semester	<b>Suspension from Clinical. 1 Letter Grade deduction from Clinical Grade.</b> This means the highest grade you make is a D, which is not a passing grade. This means the student will be dismissed from the program and will have to wait 1 year for reentry, pending Respiratory Care Program Director and DCE approval. Pending the students right to appeal as per the college catalog.
"No-Call/No-Show"	<b>1 Letter Grade reduction from Clinical Grade.</b> Disciplinary action, formal write-up, probation for 6 months. <b>2 makeup days are required for the absence.</b> <b>2<sup>nd</sup> Offense = Reduction of Clinical Grade to F.</b> Dismissal from program. Student will have to 1 year for reentry, pending Respiratory Care Program Director and DCE approval. Pending the students right to appeal as per the

	college catalog.
Excused Absence	As defined in the Attendance Policy above. 1 makeup day required for each clinical day missed plus progressive days as defined above, with the DCE and Director of Respiratory Care approval at Clinical Site. The DCE may wave makeup days for excused absences on a case by case basis.
Unexcused Absence	The 1 <sup>st</sup> “unexcused” clinical absence will result in a counseling session with the DCE, and a notation will be placed in the student’s file and 1 Letter Grade reduction in Clinical Practicum grade. A 2 <sup>nd</sup> occurrence of “unexcused” absence will result in a written warning that will be placed in the student’s clinical file, probation for six months,

**ANY DAYS NOT MADE UP BY THE END OF THE SEMESTER WILL RESULT IN AN INCOMPLETE (I) FOR THE GRADE FOR CLINICALS. IF THE DAYS ARE NOT MADE UP BY THE START OF THE NEXT SEMESTER, THE GRADE FOR CLINICALS WILL BE AN F AND THE STUDENT WILL NOT BE ALLOWED TO RETURN TO THE PROGRAM.**

### **CALL-IN POLICY**

#### **Required notification steps for an “excused absence”**

1. The student must contact the clinical facility and the DCE at least 1 hour prior to their assigned shift for absences. Failure to notify **both parties** within the required time frame will be counted as a “No-Call, No-Show” on the absence. Contact with the clinical facility and DCE must be by direct personal communication with that individual. Do not assume that a message left on voice mail will be heard in time. You may contact the DCE by email or text message, but do not assume that it was received in time unless you have a response back.
2. It is the responsibility of the student to contact both parties. The DCE will not contact the clinical site for you.

3. Submit documentation of illness, etc. to the DCE on the first day back in or clinical. This documentation may be emailed or hand-delivered.
4. Schedule clinical make-up day(s) missed with the DCE on the first day back in clinical, make up days must be completed within 2 weeks of the missed clinical day. **The DCE will not come to you to schedule makeup days.** Failure to make missed days in the allotted 2-week time frame will result in a Letter Grade reduction of your clinical grade. **ANY DAYS NOT MADE UP BY THE END OF THE SEMESTER WILL RESULT IN AN INCOMPLETE (I) FOR THE GRADE FOR CLINICALS. IF THE DAYS ARE NOT MADE UP BY THE START OF THE NEXT SEMESTER, THE GRADE FOR CLINICALS WILL BE AN F AND THE STUDENT WILL NOT BE ALLOWED TO RETURN TO THE PROGRAM.**

Consequence: Failure to follow the required notification and follow-up steps will result in a counseling session with the DCE; the absence will be considered “unexcused”, and written record will be placed in the student’s file.

A second occurrence of failure to follow the required steps will result in the generation of a Formal Clinical Contract.

- C. “*Unexcused absence*”: Absence for any reason other than those described above as an “excused” absence and/or any “excused” absence for which the appropriate procedure was not followed for notification of the affiliate department AND the DCE (or Program Director or designee) prior to the beginning of the clinical shift.

Consequence: The first “unexcused” clinical absence will result in a counseling session with the DCE, and a notation will be placed in the student’s file and 1 Letter Grade reduction in Clinical Practicum grade. A second occurrence of “unexcused” absence will result in a written warning that will be placed in the student’s clinical file, probation for six months, and a Formal Clinical Contract will be generated and another Letter Grade reduction in Clinical Practicum grade. A third occurrence will result in disciplinary action, another Letter Grade reduction and dismissal from the program. Pending the students right to appeal as per College Catalog. Until these corrective actions have been implemented, the student will not be allowed to re-enter clinical. **2 makeup days will be required for all unexcused absences.**

- D. “*Unauthorized Absence*”: (NO-CALL/NO-SHOW). Failure of the student to provide any notification to the affiliate department and DCE or designee before he/she fails to report to clinical on his/her scheduled clinical day.

Consequence: 1 Letter Grade reduction from Clinical Grade. Disciplinary action, formal write-up, probation for 6 months. 2 makeup days are required for the absence.

SECOND OFFENSE = Reduction of Clinical Grade to F. Dismissal from program. Student will have to 1 year for reentry, pending Respiratory Care Program

Director and DCE approval. Pending the students right to appeal as per the college catalog.

In very unusual circumstances such as a lengthy infectious illness, broken bones, etc., the student will be given special consideration of the attendance policy. Documentation explaining the circumstances of the absences and evidence that reasonable progress in the course is possible will be considered when making the determination of whether the student can continue in the clinical program.

### **TARDINESS POLICY:**

“*Tardy*”: When a student is not present for any part of a regularly scheduled shift without the appropriate approval. “Tardy” includes episodes of a student arriving late or departing early from his/her scheduled clinical day and/or unauthorized extended meal periods or breaks.

In order to foster development of positive work behaviors, students are expected to arrive at clinical on time for the designated shift. Furthermore, students are expected to be in the assigned area for the entire shift under direct supervision by a preceptor. “Breaks” will be authorized by that clinical instructor/preceptor. Repeated tardiness is disruptive to patients, staff, and the overall clinical experience.

“Tardiness” includes episodes of a student arriving late or departing early from his/her scheduled clinical day and unauthorized extended meal periods or breaks. Hours for each rotation are posted on the clinical schedule and may vary according to affiliate.

A student will be considered “tardy” if he/she arrives at the assigned affiliate more than seven (7) minutes after the shift is scheduled to begin (e.g. if the posted time of arrival is 0630, the student is “tardy” if he/she arrives at/after 0637). The clinical time missed due to late arrival will be noted and must be made up.

***Prior to leaving clinical, it is imperative that students give report on their assigned patients to the therapist reporting for the next shift.***

**Students may not leave the clinical site early for any reason other than illness or emergency.**

**A student will not be allowed to leave clinical early for employment purposes**

In case of illness or emergency, the student must obtain permission from the DCE or his designee AND his/her preceptor. The time missed will be noted and must be made up.

The student must receive appropriate permission PRIOR to leaving the affiliate. Students may leave up to seven (7) minutes before the posted time of departure without being considered “tardy” (e.g. posted time of departure is 1500, the student may leave at 1453).

**It should be noted here that: *unauthorized absence, tardiness, and leaving the affiliate will be considered by the DCE as equivalent to patient abandonment, and is potential grounds for corrective action, which may include dismissal from the Program.***

### **REQUIRED STEPS FOR LEAVING CLINICAL EARLY:**

1. Have a legitimate personal or family illness or emergency
2. Receive permission from the clinical faculty/instructor representing the affiliate
3. Receive permission from the DCE (or Program Director or designee, if DCE is not available)
4. Schedule make-up for the clinical time missed with the DCE on the first day back in clinical.

Consequence: *Should a student not follow the required notification and follow-up steps, he/she will be scheduled for a counseling session with the DCE. A second occurrence of tardiness will result in a written warning that will be placed in the student’s clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.*

It is understood that, on rare occasions, events may occur beyond the control of the student that may warrant individual modifications of the above policies. Decisions regarding such instances are solely the purvey of the DCE.

### **INJURY POLICY:**

A student who is injured in the clinical setting should *immediately* notify the DCE or Program Director and seek treatment as per affiliate policy. A written summary of the incident and care rendered will be submitted and placed in the student’s clinical file. The DCE may excuse any clinical time missed.

### **FORMAL CLINICAL CONTRACT**

**The formal clinical contract is for situations where corrective, progressive discipline of a student is necessary. Such students are those who exhibit a pattern of failure to follow established policies and procedures of the program. This “contract” will be developed in conference with the student and will directly address the specific problem(s) that is/are occurring. After the clinical contract has been established, it must be signed by both the**

**DCE and the student. After that, the following general disciplinary guidelines will be used:**

- 1. The next (second) incidence will result in a written warning**
- 2. The third incidence will result in further disciplinary action up to and including dismissal from the Program.**

### **MAKE-UP POLICY:**

Except in extraordinary circumstances, all clinical days must be made up within two weeks of the missed clinical day, it is the **student's responsibility to schedule this with the clinical affiliate where student missed the clinical day and DCE must be notified by e-mail.** If days to be made up exceed the number of days available during that time, the student will receive a grade of "Incomplete" for the course, and the time must be made up prior to entering clinical the following semester. If the days are not made up before the start of the next semester, the student will receive an F for the clinical grade and not be allowed to return to the program.

Any instance not specifically covered by any of the above policies will be dealt with on an individual basis by the DCE in collaboration with the Program Director. Their ensuing decision will be final.

The DCE will arrange make-up time in advance with clinical faculty and provide the student with a schedule of the assigned days. Failure to make up the days according to this schedule may result in a failing grade for the course.

### **DRESS CODE**

The clinical uniform consists of the following:

1. Clean pressed white lab coat. Length should be just above the knee; lab jackets (smocks) are not acceptable; nor are ankle-length coats.
2. Student ID badge attached to the lab coat's left lapel or pocket. If scrubs only are worn, the badge must be attached to the breast pocket.
3. Shoes must be white, black or gray leather or imitation leather with enclosed heel and toe. Canvas shoes or any other color are not acceptable. White, black or gray athletic shoes are popular and acceptable as long as they are not mesh. Should question arise, *the DCE will have the final word* on appropriateness of shoes worn in the clinical setting. (You may want to verify before buying)
4. Socks must be white or black.
5. All students are required to have a stethoscope, a watch with a second hand or capability of recording seconds, black or blue ink pen, and a

small pocket-sized notebook with them during all clinical hours.

6. Eye protection is a uniform requirement and must be on the student's person or immediately available during clinical hours.
7. Scrub suit uniforms must be worn for all clinical activities. The scrub suit includes "unisex" top and pant bottoms. The scrub uniform is the same for all students. The DCE will give you information on the required uniform and where to purchase:
  - a. Color: Steel Gray
  - b. Length of scrub bottoms: *The bottom of the pant leg must not touch the floor when the student is standing upright, **NO CUFF ANKLE SCRUB PANTS***
  - c. The scrub uniform must be clean, neat and pressed.
8. A white or black shirt or turtleneck may be worn under the scrub suit uniform. Colored T-shirts or turtlenecks are not appropriate.
9. Hair should be clean, neat, and trimmed. If hair hangs below the collar, it should be pulled back and secured.
10. Fingernails should not be visible when looking directly at the finger from the palm side of the hand.
- 11. NAIL POLISH AND/OR ARTIFICIAL NAILS IS NOT PERMITTED TO BE WORN AT ANY TIME.**
- 12. Small conservative stud-type earrings may be worn. The bottom of the earring should not extend below the earlobe. NOSE RINGS AND TONGUES RINGS ARE NOT PERMITTED TO BE WORN AT ANY TIME.**
13. Wedding rings may be worn, if desired. No other jewelry may be worn, including (but not limited to) rings, bracelets (arm or ankle), belts, necklaces, brooches, nose-jewelry, tongue jewelry, and pins of any kind. The DCE will have the final say on the appropriateness of any or all such items.
14. Students must maintain good personal hygiene, including daily bathing and good oral hygiene.
15. No tattoos can be visible on the student during clinical, a long sleeve shirt or compression sleeves may be worn under the scrub shirt. The only colors that can be worn are black or white.
16. Undergarments must be worn in clinical at all times.

17. Substances with strong aromas should not be used. Colognes, after-shave lotions, perfumes, etc. should not be used in clinical.
18. It is strongly recommended that personal care products such as antiperspirants and hairsprays be unscented. This is in recognition of the fact that some patients the student deals with may have hypersensitive airways which may be reactive to some scents or aromas.

Any issue that may arise regarding the attire or appearance of the student that is not specifically covered by the above-state dress code will be dealt with on an individual basis by the DCE.

### **CELL PHONE POLICY**

**Cell phones, personal pagers, tablets, and related electronic items must not be brought into the clinical setting. Failure to adhere to the cell phone policy will result in dismissal from the clinical site for the day, it will be counted as an “unexcused” absence and will be required to be made up. Also, a written warning will be issued, and the student will be placed on probation for the remainder of the semester. Texting the DCE during clinical hour will be enough evidence to know that the student has his/her cell phone in the clinical site.**

### **CODE OF CONDUCT**

An important part of the student’s development is the development and fostering of professional habits and behaviors that are the hallmark of the complete Respiratory Therapist.

1. The clinical rotations are intended to be learning experiences. The student has the responsibility to use the opportunity to learn as much as possible during assigned clinical time. Therefore, the student is expected to SHOW INITIATIVE in seeking out learning opportunities.
2. Student comments or criticisms regarding hospital policy, procedure, or personnel in any clinical affiliate are to be discussed in confidence with the DCE only. They are not to be shared with preceptors, patients, fellow students, or any other person within or without the clinical affiliate.
3. The student is expected to respect the rights and privileges of the patient, first and foremost. Any untoward behavior in this respect is grounds for immediate removal from the clinical setting, and possible dismissal from the program
4. In each clinical affiliate, the student is expected to adhere to special hospital or departmental policies of that affiliate regarding professional behavior and activity.



5. Students should not use hospital telephones or computers for personal reasons
6. The student may recognize procedures or therapy that he/she thinks may be detrimental to the patient care. It is appropriate that he/she question his/her preceptor privately for clarification. Any such instance should also be reported to the DCE.
7. Students are expected to conduct themselves in a professional manner at all times. Conduct deemed “unprofessional” is grounds for immediate dismissal from the clinical site and may be grounds for dismissal from the program. This includes, but is not limited to, unauthorized use of legal and/or illegal pharmaceuticals, alcohol on his/her breath, intoxication, verbal abuse, and negligence.
8. Food and/or drink are permitted in designated areas only.
9. Use of tobacco, in any form, is not permitted in any clinical affiliate. Students who use tobacco will not carry these materials into their clinical affiliates during their clinical time.
10. The use of audio tape, videotape, or any other method to record clinical activities is a violation of patient privacy rights and the rights of other health care personnel potentially involved in such activities. Such violations will result in immediate suspension from Clinical. Final dispensation of the student will be at the discretion of the DCE and Program Director.
11. Argumentative or unprofessional behavior towards a preceptor or other clinical faculty or staff member will not be tolerated in any manner. This includes but not limited to, yelling, or screaming, and disruptive tone or attitude, that can be perceived in that manner. It is all about perceptions. If this arises, an investigation will be conducted by the DCE and if the student is found to have violated this rule, it is grounds for immediately Program Termination.

**Students may be immediately dismissed from a clinical affiliate for any of the following reasons:**

1. Failure to comply with affiliate policy or program policy as stated above
2. Failure to come prepared for clinical
3. Disrespect displayed toward faculty, staff, clinical instructors/preceptors, fellow students, patients, and/or visitors, (at discretion of the DCE)
4. Use of inappropriate language (written or oral). Determination of

“inappropriate” will be at the discretion of the DCE.

5. Possession and/or use of personal communication devices in any clinical affiliate at any time while functioning in the role of a student in the SEARK Respiratory Care Program at any time is prohibited.

### **DO NOT RETURN (DNR) POLICY**

**For the purposes of this program and in reference to educational purposes, DNR will stand for Do Not Return. This is an offense of the highest concern and will not be taken lightly. If a student is dismissed from clinical for any of the above reasons, he/she will be considered a DNR for that clinical site and will not be permitted to re-enter the clinical program until an investigation of the incident and discussion with all program faculty is conducted. After investigating the incident and discussing appropriate action a counseling session will held with the DCE and any appropriate clinical faculty/preceptors or Directors of Respiratory Care. A formal clinical contract will be initiated, and disciplinary action administered if determined. Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be handled according to the attendance policies previously outlined in this manual. The student will not be allowed to participate in any clinical rotation until the DNR issue is resolved. These may be modified in accordance with the Clinical Practicum syllabus relevant to that semester.**

### **STAFF SUBSTITUTION POLICY**

Students are not to be used as “extra staff” at clinical sites. Students are not to be given a workload and allowed to conduct assessments and administer treatments on their own without a preceptor present to oversee the actions. If the student is asked to take a workload or feels that they are being used as “extra staff”, it is the responsibility of the student to notify the DCE immediately.

### **EQUIPMENT & SUPPLIES**

The following equipment/supplies will be required of Respiratory Care students in the clinical setting:

1. Watch with a second hand or digital watch with ability to display seconds.
2. Binaural stethoscope
3. **Black** or **Blue** ink pen for charting purposes and a notepad for observational notes
4. Bandage scissors and hemostats (optional, but recommended)
5. Clinical Practicum notebook
6. Eye protection
7. Hemostats

## **CLINICAL EVALUATION AND DOCUMENTATION POLICY**

Clinical evaluation will consist of four parts:

1. Completion of Clinical Proficiencies (1/4 of final grade)
2. Completion of Behavioral Rating Form (1/4 of final grade)
3. Completion of Daily Clinical Log Forms (1/4 of final grade)
4. Missed clinical days (1/4 of final grade)
  - 0-2 – 90% A
  - 3 – 80% B
  - 4 – 75% C
  - 5 – 74% D
  - 6 – 50% F

### **A. CLINICAL PROFICIENCY EVALUATIONS:**

Students will be evaluated by the use of clinical Proficiency Evaluations (PE's) performance of respiratory care procedures. The PE's used in clinical are the same ones that have been completed and signed in the E&T Lab courses. These same skills will be evaluated in the clinical setting.

#### **How to Check Off on Clinical Proficiencies:**

The PE's are competency-based. This means that each PE is conducted at the request of the student when he/she is ready to perform the proficiency.

The student should perform this procedure an adequate number of times under the supervision of a clinical instructor prior to requesting the PE. NOTE: the PE must be scheduled with a Program Faculty member.

Each P.E. must be successfully completed by a specific deadline.

Once the performance of a PE has been scheduled, the clinical instructor will accompany the student while he/she performs the proficiency on a patient. *The student will be expected to have knowledge of indications, contraindications, hazards, etc. of the particular therapy involved.*

#### **First Attempt:**

If the procedure is safely and properly performed with no errors or prompts, the student will receive a grade of 100% on that PE. (passing)

If the procedure is safely and properly performed with only noncritical errors, and the instructor feels that the student can safely and reliably perform the procedure on a patient, the student will receive an 80% on that PE (passing).

If one or more critical steps in the procedure are *omitted or improperly performed*, the student will receive a “0” on the PE and will be required to attempt to check-off on that PE again. (failing),

#### Second Attempt:

If, on the second attempt, the procedure is properly performed with no errors, the student will receive an 80% as a grade for the PE. (“passing”)

If, on the second attempt, one or more critical steps in the procedure are *omitted or improperly performed*, the student will receive a “0” on the attempt and will need to schedule a third attempt to pass the PE. In addition (at the discretion of the instructor) the student may be remediated on the proper way to perform it.

#### Third Attempt:

If the third attempt to perform the PE properly is successful, the student will receive a grade of 75% on the PE.

If the procedure is performed with too many non-critical errors (“too many” is at the discretion of the instructor) *or any* critical step is omitted or improperly performed, the student will get a “0” on the PE and will be counseled and remediated by the DCE.

The student will be required to submit an action plan in writing on how he/she intends to rectify his/her deficiencies. If this plan is not carried out by the student and if the PE in question is again improperly performed, the student will not be allowed to continue in Clinical Practicum until the deficiency is corrected. The DCE will set a time for the fourth and final attempt to successfully perform the PE in question.

If the student is successful, a grade of 70% will be given as a grade for that PE, and the student will be allowed to continue in Clinical Practicum but must repeat the PE before a passing grade is given in the course.

The PE’s are given to the student and practiced during Equipment & Techniques labs. The student must adhere to the guidelines outlined in each PE. Variations in the procedures may occur from institution to institution, but in evaluation, the PE should be strictly adhered to, as evaluated in the E&T Course lab sessions.

Completed Proficiency Evaluations must be signed or initialed by the DCE or his designee. They should then be filed in the student’s clinical notebook. The completed clinical notebook will be submitted to the DCE at the end of each clinical course.

### Failure to Complete Required P.E.'s by Stated Due Dates:

All required proficiencies must be completed by the end of their designated semesters. If not, the student may request that an "Incomplete" be issued as a grade.

This must be done by the following procedure:

1. The student must submit the request, in writing, to the DCE no later than one week prior to final exams week.
2. The request must contain the following information:
  - a. Reasons for not completing the required proficiencies
  - b. Documentation of progress in the Clinical Practicum
  - c. A timetable for completion of the required proficiencies
3. The student's request will be evaluated by the clinical faculty and departmental faculty for appropriate documentation of extreme circumstances and student progress.
4. A failing clinical grade may be issued if one or more of the following conditions are evident:
  - a. Significant progress has not been documented.
  - b. The request was not received on time
  - c. The request was not completed as outlined
  - d. The student is not recommended for an "Incomplete"

Students are expected to maintain continued competence of all required proficiencies throughout the remainder of the program. If the student is noted to be deficient in any or all completed proficiencies by either clinical or departmental faculty, the student will not be allowed to re-enter the clinical practicum until a counseling/remediation session has been held with the DCE and/or departmental/clinical faculty. A formal learning contract will then be developed outlining how the student will re-establish competency.

See Appendix F for list of Clinical Proficiency Evaluations required for each semester.

## **B. BEHAVIORAL RATING FORMS:**

A "Behavioral Rating Form" will be completed by the faculty and/or preceptors at least once during each Clinical Practicum.

It is important that the student develop habits and behaviors that convey a professional image to the patient, the patient's family, physicians, and all other health care workers with whom the student comes in contact. The standards outlined on the "Behavioral Rating Form" should be regarded by the student as a guide to professional

*behavior.*

If the standards on the “Behavioral Rating Form” are not met, the student will be counseled to help correct noted deficiencies. Repeated deficiencies in any one semester will result in the student being placed on formal clinical contract. During the contract period the student will be supervised one-on-one for three consecutive clinical days to ensure that the deficiency has been remedied. If the problem is still occurring after the contract period, the student may receive a failing grade in the clinical course. The student must satisfactorily meet all standards on the Behavioral Rating Form at the conclusion of the semester in order to pass this course.

There are 15 categories on the Behavioral Rating Form. In each, the student will be rated on a scale of 1-5, with “1” being the lowest, and “5” being the highest.

The “grade” for these forms will be determined by using the following scale:

5.....	95%
4 .....	85%
3 .....	75%
2 .....	65%

The ratings for all the categories on the Behavioral Rating Form will be averaged together to arrive at an overall grade. As stated previously, this will equal 1/3 of the final Clinical grade.

An example of the Behavioral Rating Scale is included in the Appendix.

### **C. DAILY LOG FORMS:**

A Clinical Log Form is to be completed at the end of each clinical day to insure accuracy and to document procedures and experiences the student encountered, as well as physician interaction. **These log forms should be filed in the clinical notebook on a daily basis.** The DCE should be able to look at the student’s clinical notebook at any time during the semester and assess current progress. The student is responsible for maintaining his/her own supply of these forms; the student should not ask clinical faculty to copy more. **The clinical notebook is to be kept at the school at all times.**

The grade for the Clinical Log Forms will be arrived at using the following criteria:

Score = 100%:

Forms accounting for every clinical day present in Clinical Notebook; all properly filled out and signed. Student has no absences or tardies during Clinical Practicum. Forms show

evidence of excellent progress and increase in overall knowledge. Documentation of a wide variety of clinical experiences on a consistent basis. Evidence of desire to learn.

Score = 90%:

Forms accounting for every clinical day present in Clinical Notebook; all properly filled out and signed. Student has three (2) or fewer excused absences, OR three (2) or fewer excused tardies, OR three (2) or fewer excused absences plus tardies. Missed clinical time made up. No unexcused absences or tardies. All days must be made up in the required timeframe. Forms show evidence of good progress and increase in overall knowledge. Documentation of a wide variety of clinical experiences.

Score = 80%:

One log form improperly filled out, or unsigned. Student habitually absent or tardy ("habitually" defined as more than 3 instances of either absence or tardiness). All days must be made up in the required timeframe. Forms show evidence of good progress in required proficiencies. Some documentation of related clinical experiences.

Score = 75%:

More than two (2) – three (3) log form improperly filled out, or unsigned. Student habitually absent or tardy and/or one or more instances unexcused. All days must be made up in the required timeframe. Forms must show evidence of initiative in finding opportunities for related clinical experiences.

Score = 60%:

More than four (4) log forms improperly filled out, or unsigned. Student is habitually absent or tardy, and all days must be made up in the required timeframe. Forms show below average progress in performance of proficiencies. Forms show little or no initiative.

**Incomplete (I): Any of the above instances regarding missed clinical days, and clinical days not made up. As stated previously, if a student receives and Incomplete (I) for clinicals, the missed days must be made up before the start of the next semester or the student will receive an F for the clinical grade will not be allowed to return to the program.**

As stated previously, the Clinical Log Forms collectively will account for 1/4 of the final clinical grade.

A copy of the Clinical Log Form is found in the Appendix of this manual.

**ALL CLINICAL LOG FORMS WILL BE KEPT IN THE STUDENT'S CLINICAL**

**NOTEBOOK. THE CLINICAL NOTEBOOK WILL BE KEPT IN THE DCE'S OFFICE AT ALL TIMES. THE STUDENT WILL BE REQUIRED TO TURN IN CLINICAL LOG FORMS EACH WEEK ON THE FIRST DAY OF CLASS FOLLOWING THE CLINICAL DAYS EACH WEEK. THE CLINICAL LOG WHEN THEN BE REVIEWED AND SIGNED BY THE DCE AND PLACED IN THE STUDENTS CLINICAL NOTEBOOK.**

#### **D. PHYSICIAN INTERACTION**

The student should seek out physician interaction whenever possible. This is to develop rapport with physicians, as you might work in that clinical site one day, and to foster and develop good communication skills with physicians. This will help the student learn how physicians like to be given report in a clinical setting.

A minimum of 10 points should be accomplished every semester. Each 15 mins = 1 point. Physician interaction should be documented on the physician interaction form and placed in the student's clinical notebook daily with the daily clinical log.

Physician interaction should include the following but not limited to:

- Evaluation, diagnosis, treatment, prognosis and assessment of outcome/progress (Doctors Round)

- Discussion of indications/contraindications/hazards of treatments, therapies, and mechanical ventilator management.

- Actual Patient Procedures

  - Code Blue

  - Bronchoscopy

  - Discussion of CT or CXR concerning bronchoscopy

  - Discussion of findings of bronchoscopy and treatment Chest tube insertion Surgery

  - Intubation

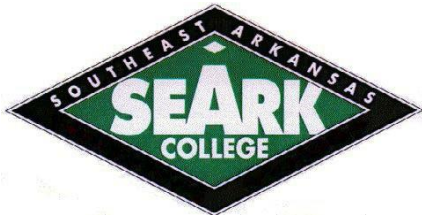


## **FINAL CLINICAL GRADE DETERMINATION:**

The final clinical grade will be arrived at by averaging the grades earned on the **Clinical Proficiencies**, the **Behavioral Rating Form**, **Missed Clinical Days**, and the **Daily Clinical Log Forms**. Each of these will be worth 1/4 of the final grade. A grade of  $\geq 75\%$  is required in order to progress in the SEARK Respiratory Therapy School Program.

# **APPENDICES**

# **APPENDIX A**



**SEARK COLLEGE  
SCHOOL OF RESPIRATORY CARE**

**DAILY CLINICAL LOG**

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Clinical Preceptor Name \_\_\_\_\_

Semester:    Fall    Spring    Summer    Clinical Affiliate/Area \_\_\_\_\_

Time in \_\_\_\_\_

Time out \_\_\_\_\_

Makeup Day: \_\_\_ Yes \_\_\_ No

**PROCEDURE**

**PERFORMED**

**OBSERVED**

**PATIENT TRANSPORT**

\_\_\_\_\_

\_\_\_\_\_

**OXYGEN SETUP (State Types) \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**SMALL-VOLUME NEBULIZER**

\_\_\_\_\_

\_\_\_\_\_

**METERED DOSE INHALER (MDI)**

\_\_\_\_\_

\_\_\_\_\_

**DRY POWDER INHALER (DPI)**

\_\_\_\_\_

\_\_\_\_\_

**CHEST PHYSIOTHERAPY (DESCRIBE))**

\_\_\_\_\_

\_\_\_\_\_

**IPV**

\_\_\_\_\_

\_\_\_\_\_

**IPPB**

\_\_\_\_\_

\_\_\_\_\_

**ABG (PUNCTURE)**

\_\_\_\_\_

\_\_\_\_\_

**ABG (ARTERIAL LINE)**

\_\_\_\_\_

\_\_\_\_\_

**Incentive Spirometry**

\_\_\_\_\_

\_\_\_\_\_

**PULSE OXIMETRY**

\_\_\_\_\_

\_\_\_\_\_

**SUCTIONING (NASOTRACHEAL)**

\_\_\_\_\_

\_\_\_\_\_

**SUCTIONING (ETT OR TRACH)**

\_\_\_\_\_

\_\_\_\_\_

**INTUBATION**

\_\_\_\_\_

\_\_\_\_\_

**ADULT VENTILATOR SETUP**

\_\_\_\_\_

\_\_\_\_\_

**ADULT VENTILATOR CHECK**

<b>PROCEDURE</b>	<b>PERFORMED</b>	<b>OBSERVED</b>
<b>BEDSIDE VENTILATORY ASSESSMENT</b>	_____	_____
<b>LARGE VOL AEROSOL (DESCRIBE)</b>	_____	_____
<b>12-LEAD ECG</b>	_____	_____
<b>ETT CUFF MANAGEMENT</b>	_____	_____
<b>EXTUBATION</b>	_____	_____
<b>CPAP</b>	_____	_____
<b>BiPAP</b>	_____	_____
<b>OXYHOOD</b>	_____	_____
<b>NEONATAL CPAP</b>	_____	_____
<b>NEONATAL VENT SETUP</b>	_____	_____
<b>PULMONARY FUNCTION TEST</b>	_____	_____
<b>FIBEROPTIC BRONCHOSCOPY</b>	_____	_____
<b>CODE BLUE (DESCRIBE)</b>	_____	_____
<b>OTHER</b> _____ <b>(Describe on Back)</b>	_____	_____

**PHYSICIAN CONTACT** (Specify physician name, time spent, and purpose): \_\_\_\_\_  
 \_\_\_\_\_

**NEW EXPERIENCES, ACCOMPLISHMENTS, ETC:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

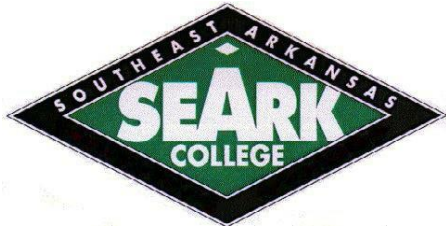
**STUDENT INITIALS:** \_\_\_\_\_ **PRECEPTOR SIGNATURE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**PRECEPTOR COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_

**DCE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# **APPENDIX B**



# SEARK COLLEGE

## RESPIRATORY THERAPY PROGRAM STUDENT CLINICAL EVALUATION

### BEHAVIORAL RATING SCALE

STUDENT \_\_\_\_\_

CLINICAL AFFILIATE \_\_\_\_\_

CLINICAL EVALUATOR/PRECEPTOR \_\_\_\_\_

DATE OF EVALUATION \_\_\_\_\_

PLEASE EVALUATE THE STUDENT TO THE BEST OF YOUR ABILITY ON THE PERSONAL AND PROFESSIONAL CHARACTERISTICS SHOWN BELOW, **ALL COMMENTS AND SCORES ARE KEPT CONFIDENTIAL.**

5 – OUTSTANDING, FAR EXCEEDS THAT OF HIS/HER PEERS

4 – NOTICEABLE ABOVE AVERAGE IN RELATION TO PEERS

3 – AVERAGE IN RELATION TO PEERS

2 – BELOW AVERAGE IN RELATION TO PEERS

1 – FAR BELOW AVERAGE IN RELATION TO PEERS

N/A – INSUFFICIENT INFORMATION TO MAKE JUDGEMENT

ABILITY	SCORE				
LEARNING ABILITY					
Grasps new experiences and adjusts to changes when given adequate practice	1	2	3	4	5
CLINICAL TECHNIQUES					
Demonstrates acceptable level of performance, assignments seldom need rechecking	1	2	3	4	5
Demonstrates due consideration for patient and staff safety	1	2	3	4	5
Sets goals, plans and organizes activities to achieve optimal clinical practice time	1	2	3	4	5
Exhibits satisfactory care in use of equipment, is never negligent wasteful or abusive with supplies or	1	2	3	4	5

equipment					
Completes delegated tasks in an appropriate time frame	1	2	3	4	5
<b>INTERPERSONAL SKILLS</b>					
Readily communicates with patients and/or family members, is aware of their emotions, needs and rights.	1	2	3	4	5
Is professional, courteous, and tactful in dealing with patients, family, peers and other staff.	1	2	3	4	5
Communicates clearly the meaning/intent when dealing with patients, family and/or peers and other staff.	1	2	3	4	5
<b>PERSONAL CHARACTERISTICS</b>					
Is dependable in assuming responsibilities	1	2	3	4	5
Aware of limitations, seeks supervision when needed, asks questions for clarification	1	2	3	4	5
Exhibits concern for the dignity and welfare of patients, family, peers and/or other staff, and always insures confidentiality	1	2	3	4	5
Exhibits enthusiasm and initiative in seeking out new opportunities for learning	1	2	3	4	5
Adheres to departmental and institutional dress codes, hair pulled back, nails neat and trimmed, tattoos not showing, no excessive piercings, scrubs neat and clean, good clean hygiene	1	2	3	4	5

**IF YOU MARKED BELOW A 3 ON ANY QUESTION PLEASE EXPLAIN, ALSO PLEASE FEEL FREE TO ADD ANY COMMENTS IN THE SPACE BELOW, YOUR COMMENTS ARE GREATLY APPRECIATED.**

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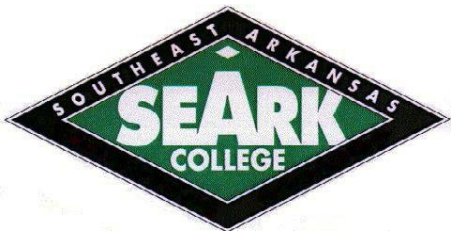
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# **APPENDIX C**



# SEARK COLLEGE

## RESPIRATORY CARE PROGRAM PARTICIPATION/OBSERVATION AND PHYSICIAN INTERACTION RECORD

Name \_\_\_\_\_

The student is required to document participation and/or observation of the following procedures as they become available. This will be submitted to the Director of Clinical Education, this should be submitted weekly in the Clinical Notebook with the Daily Clinical Log.

PROCEDURE	DATE	PHYSICIAN
CODE BLUE		
CHEST TUBE INSERTION		
BRONCHOSCOPY		
SURGERY		
INTUBATION		
TRACHEOSTOMY CARE		
CAPNOGRAHY		
MRI		
CT		
OTHER:		

Other (specify): \_\_\_\_\_

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Description of Interaction: \_\_\_\_\_

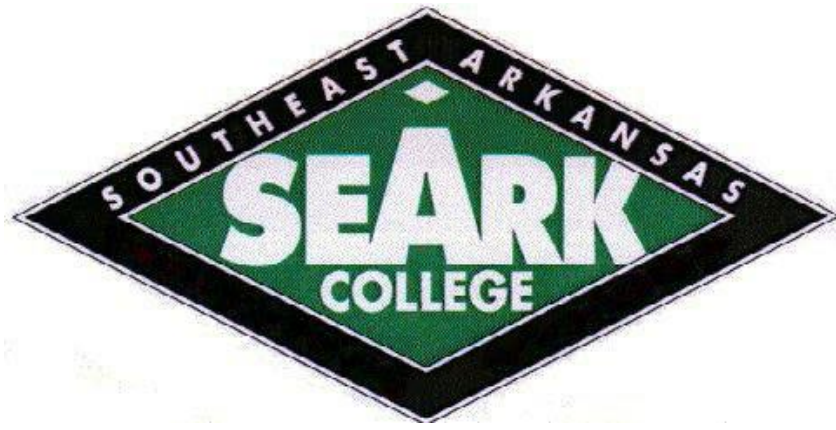
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# **APPENDIX D**



## **REMINDER TO STUDENTS** **REGARDING PERSONAL** **COMMUNICATIONS DEVICES**

The “Clinical Policies and Procedures Manual” states on page 12:

**“Cell phones, personal pagers, tablets and related electronic items must not be brought into the clinical setting. Failure to adhere to the cell phone policy will result in dismissal from the clinical site for the day, it will be counted as an “unexcused” absence and will be required to be made up. Also, a written warning will be issued, and the student will be placed on probation for the remainder of the semester. Texting the DCE during clinical hour will be enough evidence to know that the student has his/her cell phone in the clinical site.”**

Any student in violation of the above policy will be immediately dismissed from clinical, which will be considered an **“UNEXCUSED”** absence and counted as such for the semester. The unexcused absence policy states:

**“...he/she will not be permitted to re-enter the clinical program until a counseling session has been held with the DCE and any appropriate clinical faculty/instructors. A formal clinical contract will be initiated. Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be handled according to the attendance policies previously outlined in this manual.”**

**This is the student’s formal verbal warning. Any infraction of this rule will constitute a Formal Write Up and student will be on probation for six (6) months or remainder of program, whichever is shorter. A second infraction will result in Program Termination.**

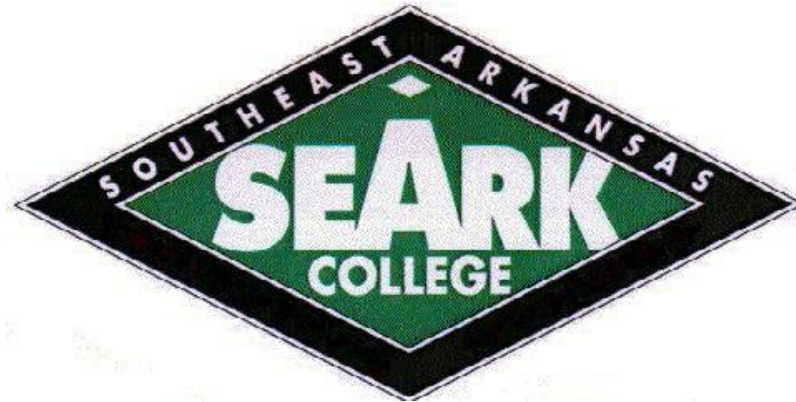
**By signing below, I acknowledge that I have read and understand the Cell Phone Policy for the SEARK College Respiratory Care Program. I am fully aware of all consequences regarding a violation of the policy. I furthermore, acknowledge that all of my questions about this policy have been answer prior to my signing.**

---

Name

Date

# **APPENDIX E**



## **POLICY AND PROCEDURE** **ACKNOWLEDGEMENT**

**I have received and read the “Clinical Policies and Procedures Manual” prior to beginning Clinical Practicum I. I understand the content and will comply with all policies and procedures therein. I will have access to this manual during all assigned clinical time. My signature below acknowledges that all my questions have been answered and I have a full understanding of the consequences of violating any part of this policy.**

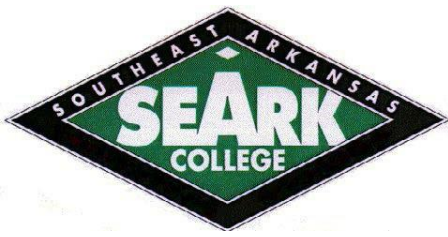
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**Name**

**Date**

**(This must be submitted to the Director of Clinical Education prior to entering Clinical Practicum I, failure to do so will result in not being allowed to enter Clinical Rotation and will be counted as an “UNEXCUSED” absence. It will be placed in your student file).**

# **APPENDIX F**



SEARK COLLEGE  
RESPIRATORY CARE  
CLINICAL COMPETENCY CHECKLIST

- I. All competencies must be completed per each semester. All competencies not completed each semester must be accompanied by a detailed explanation of why it was not met in the required semester, it must typed, dated, and signed.
- II. Any competencies with an asterisk (\*), must either be performed in clinical rotation or student may write a report detailing the procedure, indications, contraindications, and potential hazards/complications associated with that procedure. The report must also be referenced by AARC Clinical Practice Guidelines, Clinical Affiliate Protocol (must have copy), or Medical Practice Act from Arkansas State Medical Board.
- III. The checklist must be turned in with the Clinical Notebook at the end of the semester with all accompanying documentation proving Clinical Competencies were completed.
- IV. All competencies must have 5 successful attempts before the Clinical Competency being completed. All documentation of attempts must be documented on Daily Clinical Log.

Clinical I			
DCE Initials	Date Completed	Competency	Lab Book Page #
		Physical Assessment	49
		Hand Hygiene	15
		Vital Signs	33
		Pulse Oximetry	193
		Auscultation	35
		Nasal Cannula	261
		Venti Mask	261
		Simple Mask	261
		Non-Rebreather	261
		High-Flow Nasal Cannula	261
		Large Volume Nebulizer	299
		Small Volume Nebulizer	301
		Meter Dose Inhaler	279
		Dry Powder Inhaler	281
		Incentive Spirometer	371



		Humidification (Bubble)	299
		Isolation Precautions (PPE)	17
		Arterial Blood Gas (ABG)	153
		*Bronchoscopy Assisting	393
		*PFT Screening	105 & 107
		Oxygen Supply Systems	237, 238, & 239
		Patient Positioning & Safety	335

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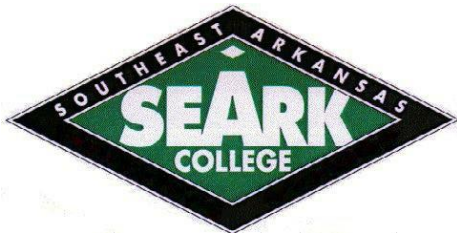
Director of Clinical Education

Date

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Student

Date



SEARK COLLEGE  
RESPIRATORY CARE  
CLINICAL COMPETENCY CHECKLIST

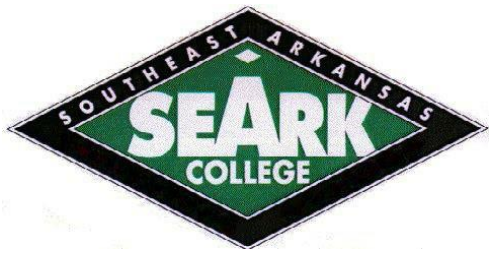
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- II. Any competencies with an asterisk (\*), must either be performed in clinical rotation or student may write a report detailing the procedure, indications, contraindications, and potential hazards/complications associated with that procedure. The report must also be referenced by AARC Clinical Practice Guidelines, Clinical Affiliate Protocol (must have copy), or Medical Practice Act from Arkansas State Medical Board.
- III. The checklist must be turned in with the Clinical Notebook at the end of the semester with all accompanying documentation proving Clinical Competencies were completed.
- IV. All competencies must have 5 successful attempts before the Clinical Competency being completed. All documentation of attempts must be documented on Daily Clinical Log.

Clinical II			
DCE Initials	Date Completed	Competency	Lab Book Page #
		Manual Ventilation (Bagging)	439
		Electrocardiography (ECG)	125
		Endotracheal Suctioning	471
		Nasotracheal Suctioning	469
		Oral Endotracheal Intubation or Assisting/ Pharyngeal Airway Insertion	441
		Tracheostomy Care	475
		Cuff Maintenance	473
		Extubation	443
		Arterial Line Sampling	155
		Chest X-Ray (CXR) Interpretation	73
		IPV/MetaNeb	375
		*Hemodynamic Monitoring	177 & 179
		CPAP/BiPAP Initiation	529
		HFCWO	343

		Coughassist/INEX	345
		Chest Physiotherapy (CPT)	337
		Vibratory Therapy (PEP, Flutter)	339

\_\_\_\_\_  
Director of Clinical Education Date

\_\_\_\_\_  
Student Date



SEARK COLLEGE  
RESPIRATORY CARE  
CLINICAL COMPETENCY CHECKLIST

- I. All competencies must be completed per each semester. All competencies not completed each semester must be accompanied by a detailed explanation of why it was not met in the required semester, it must typed, dated, and signed.
- II. Any competencies with an asterisk (\*), must either be performed in clinical rotation or student may write a report detailing the procedure, indications, contraindications, and potential hazards/complications associated with that procedure. The report must also be referenced by AARC Clinical Practice Guidelines, Clinical Affiliate Protocol (must have copy), or Medical Practice Act from Arkansas State Medical Board.
- III. The checklist must be turned in with the Clinical Notebook at the end of the semester with all accompanying documentation proving Clinical Competencies were completed.
- IV. All competencies must have 5 successful attempts before the Clinical Competency being completed. All documentation of attempts must be documented on Daily Clinical Log.

Clinical III			
DCE Initials	Date Completed	Competency	Lab Book Page #
		Adult Ventilator Volume Control Initiation	599
		Adult Ventilator Pressure Control Initiation	601
		Adult Ventilator CPAP or Pressure Support Initiation	603
		Monitoring Adult Ventilator	605
		Ventilator Circuit Change	
		Ventilator Care/Cleaning	
		*Capnography	197
		*Transcutaneous Monitoring	195
		Ventilator Weaning Methods/Protocols	671

		*Capillary Blood Sampling (CBG)	157
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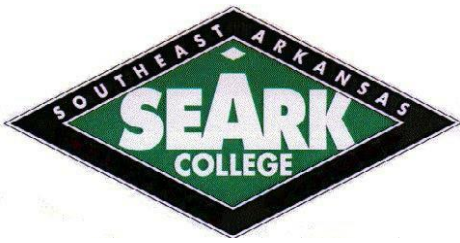
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Director of Clinical Education Date

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Student Date

# **APPENDIX G**



SEARK COLLEGE  
RESPIRATORY CARE PROGRAM  
DAILY PATIENT REPORT

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT DEMOGRAPHICS:

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_

ADMITTING DX: \_\_\_\_\_

PMH: \_\_\_\_\_

TOBACCO: \_\_\_\_\_ PACK/YEARS: \_\_\_\_\_

RESPIRATORY TXs: \_\_\_\_\_

RESPIRATORY TXs INDICATIONS/PROGRESS: \_\_\_\_\_

LEVEL OF ACTIVITY/AWARENESS: \_\_\_\_\_

VITALS: PULSE: \_\_\_\_\_ BP: \_\_\_\_\_ I/O: \_\_\_\_\_ TEMP: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ B/S: \_\_\_\_\_

EDEMA: \_\_\_\_\_ CHEST ASSESSMENT: \_\_\_\_\_

SpO<sub>2</sub>: \_\_\_\_\_ O<sub>2</sub> DEVICE & SETTING: \_\_\_\_\_

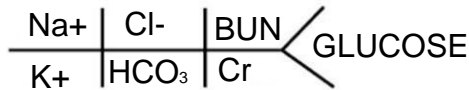
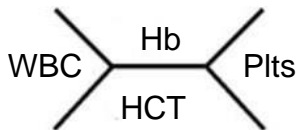
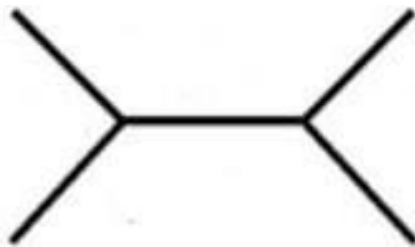
ABG: \_\_\_\_\_ ABG VALUES: pH: \_\_\_\_\_ CO<sub>2</sub>: \_\_\_\_\_ PaO<sub>2</sub>: \_\_\_\_\_ HCO<sub>3</sub>: \_\_\_\_\_

ABG INTERPRETATION: \_\_\_\_\_

SUCTION: \_\_\_\_\_ COUGH: \_\_\_\_\_ SPUTUM AMT: \_\_\_\_\_

SPUTUM COLOR/VISCOSITY: \_\_\_\_\_

CLINICAL LABS:



CLINICAL LABS INTERPRETATION: NORMAL: \_\_\_\_\_ ABNORMAL: \_\_\_\_\_

WHAT IS ABNORMAL: \_\_\_\_\_

