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Respiratory Care Program
Student Handbook
2010 - 2011

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Madisonville Consortium for Respiratory Care Education Respiratory Therapist Program

Welcome

The Respiratory Care Program faculty is happy to welcome you to Madisonville Community College, Health Campus and our Respiratory Care Program. The next two years are sure to be extremely busy and exciting for you. You have set yourself a very high goal, and it is our hope that you will achieve success. That success is dependent on our joint efforts. The faculty is committed to the ideals of the Respiratory Care profession and service to mankind. We are pleased to be able to serve you and in turn serve our community by helping you to become the very best Respiratory Therapist possible.

Introduction

In order to ensure effective education in the Respiratory Care Program, each individual participating in the program must have a full understanding of the responsibility involved. This handbook is designed as a supplement to the college Student Handbook. The handbook provides the student with the necessary information regarding policies, procedures, and expectations in the Respiratory Care Program. This handbook is meant to be a guide to assist the student in attaining their goal to become a competent Respiratory Therapist. The policies and procedures contained in this handbook shall apply to all students regardless of the location in which learning occurs.

Revision of the handbook is an ongoing process and every effort will be made to keep students advised of any changes to the handbook, as well as to minimize the inconvenience such changes might create.

Please read the handbook carefully. Any questions regarding the handbook should be directed to Program Faculty.

Remember that you are responsible for understanding and following the guidelines as presented in this handbook. Keep your handbook available for easy reference, as it will assist you in your educational process.

Program Faculty

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Mission Statement

The mission of the respiratory therapy program is to provide the instruction and resources necessary to enable students to develop the knowledge, skills, and attitudes which are necessary to become successful, competent professional Registered Respiratory Therapists.

Vision

It is the desire of the program faculty to continue to develop a Respiratory Care program whose graduates and faculty enjoy a reputation for excellence.

Purpose & Goals

- Provide instruction necessary to prepare graduates to function as competent Respiratory Therapists who have competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of Respiratory Care as performed by registered Respiratory Therapists.
- To help satisfy the need in the local and regional communities for competent Respiratory Therapists.

Philosophy

The Faculty of the Respiratory Care Program believes that:

- the purpose of the program is to serve students who wish to become Registered Respiratory Therapists; and that by so doing, the program serves the future patients of these students;
- knowledge, skills, behavior and attitude are of equal importance in the development of Respiratory Care practitioners;
- the graduates of the program should possess competence at the level of the advanced practitioner, with adequate knowledge in the scientific foundation; critical thinking skills; and strong ethical principles;
- the program faculty and students hold sacred the dignity and worth of all people regardless of race, creed, sex, disadvantage, handicap, or social status;
- becoming a professional Respiratory Therapist is a noble objective worthy of intense effort.

Program Description

This program prepares the graduate to take an active role in the maintenance and/or restoration of cardiopulmonary homeostasis. The curriculum includes intensive course work in the supporting sciences and general education areas. Classroom instruction is supplemented with learning experiences in the campus laboratory and in area hospitals. Students enrolled in the Respiratory Care Program are required to achieve a minimum grade of "C" in each Respiratory Care course.

Although hospitals employ the majority of Respiratory Therapists, other employers include home care providers, medical clinics, nursing homes and other health related industry.

Graduates are qualified to take the national board examination in Respiratory Care in order to receive the Registered Respiratory Therapist (R.R.T.) credential.

Program Competencies

Upon completion of the Respiratory Care Program, the student can:

1. Communicate Effectively
 - A. Read and listen with comprehension
 - B. Speak and write clearly using standard English.
 - C. Interact cooperatively with others using both verbal and non-verbal means.
 - D. Demonstrate information processing through basic computer skills.
2. Think Critically
 - A. Make connections in learning across the disciplines and draw logical conclusions.
 - B. Demonstrate problem solving through interpreting, analyzing, summarizing, and/or integrating a variety of materials.
 - C. Use mathematics to organize, analyze, and synthesize data to solve a problem.
3. Learn Independently
 - A. Use appropriate search strategies and resources to find, evaluate, and use information.
 - B. Make choices based upon awareness of ethics and differing perspectives/ideas.
 - C. Apply learning in academic, personal and public situations.
 - D. Think creatively to develop new ideas, processes, or products.
4. Examine Relationships in Diverse and Complex Environments
 - A. Recognize the relationship of the individual to human heritage and culture.
 - B. Demonstrate an awareness of the relationship of the individual to the biological and physical environment.
 - C. Develop an awareness of self as an individual member of a multicultural global community.
5. Performance cardiopulmonary diagnostic procedures, patient assessment, and respiratory care plan.
6. Administer therapeutic and life support procedures in the management of patients with cardiopulmonary impairment.
7. Evaluate appropriateness of prescribed respiratory care and recommend modifications where needed.
8. Select, assemble, check correct malfunctions, and assure cleanliness and calibration of respiratory care equipment.

9. Maintain an ethical and effective relationship with the health care team.
10. Perform essential elements of patient educations.
11. Demonstrate an awareness of organizational and management principles as related to respiratory care.
12. Perform and act on the results of advanced patient assessment techniques.
13. Assist the physician in special procedures of cardiopulmonary care.
14. Demonstrate skills and attitudes needed to maintain professional and technical competence.
15. Demonstrate the ability to think abstractly, reason logically, and apply problem solving skills in the practice of respiratory care.
16. Recognize the impact of decisive ideas and events in human heritage.
17. Develop and perform basic search strategies and access information in a variety of formats, print and non-print
18. Analyze, summarize, and interpret a variety of reading materials.
19. Think critically and make connections in learning across the disciplines.
20. Elaborate upon knowledge to create new thoughts, processes and/or products.
21. Demonstrate an awareness of ethical considerations in making value choices.

Madisonville Consortium for Respiratory Care Education Technical Standards

Purpose

To provide students/applicants with an understanding of the physical demands, communication skills and cognitive level required for the program. These standards are based on tasks which are performed by Respiratory Therapists on a regular basis.

Standard	Issues	Examples of Required Activities
Critical Thinking Skills sufficient to make clinical judgment.	Critical Thinking	Assess patients physical and psychosocial needs in a variety of clinical settings by utilizing interpretation of written, verbal and sensory observations to determine appropriate therapies for patient care.
Problem solving skills appropriate to adjust therapies in response to patient needs	Problem Solving	Adjust therapeutic interventions to meet the needs of patients in a variety of settings
Interpersonal skills sufficient to allow appropriate interaction with individuals and groups from a variety of cultural and socioeconomic backgrounds.	Interpersonal Relationships	Interacting with patients, families, co-workers and others to create and maintain professional relationships
Written and verbal communication that is appropriate to create clear and concise dialogue in a clinical setting	Communication	Communicate effectively with patients, physicians, families and other staff members to assure appropriate patient care.
Physical abilities appropriate to maneuver in small spaces while maneuvering equipment	Mobility	Move safely in a patients' room. Safely maneuver equipment and apply equipment to patients in a variety of situations often in confined spaces. Perform CPR including chest compressions and intubation
Gross and fine motor skills appropriate to perform patient care procedures to national standards which include safety and efficiency	Motor Skills	Safely care for patients by manipulating machine controls and equipment. Occasionally crouching, squatting or bending to obtain/evaluate equipment and patients: assist patients from lying to sitting and or standing positions; hand eye coordination sufficient to perform an arterial blood gas puncture and suctioning
Appropriate physical strength and endurance to be able to access patient as well as perform therapies on patients for extended periods of time	Strength and Endurance	Transporting patients and equipment within a facility; standing or being mobile in clinical settings for 6 hours or more; strength to perform intubation and assist in moving of patients in beds on stretchers and wheelchairs. Constant standing walking and lifting of up to 20 pounds

Auditory ability sufficient to monitor and assess health care needs of patients	Hearing	Hear monitor alarms, equipment audible alarms, voices with background noise and through protective equipment, calls for help
Tactile ability appropriate for assessment of physical health conditions	Tactile	Be able to palpate patient pulses. Perform didactic and therapeutic percussion and physical assessment of the chest
Ability to deal effectively with stressful situations and maintain a professional and positive interactions with others	Temperament	Perform procedures on patients who are in pain due to a variety of reasons. Maintain a sense of professional behavior when under stress

AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles.

Respiratory Therapists shall:

Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. Actively maintain and continually improve their professional competence, and represent it accurately.

Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.

Respect and protect the legal and personal rights of patients they care for, including the right to informed consent and refusal of treatment.

Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.

Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

Promote disease prevention and wellness.

Refuse to participate in illegal or unethical acts, and refuse to conceal illegal, unethical or incompetent acts of others.

Follow sound scientific procedures and ethical principles in research.

Comply with state and federal laws which govern and relate to practice

Avoid any form of conduct that creates a conflict of interest, and shall follow the principles of ethical business behavior.

Promote health care delivery through improvement of the access, efficacy, and cost of patient care.

Refrain from indiscriminate and unnecessary use of resources.

Description of the Respiratory Care Profession

Respiratory Care is a profession involved in supporting cardiopulmonary health, rehabilitation, therapeutics, and life support. Therapists are also extensively involved in cardiopulmonary diagnostic testing, patient evaluation and care planning. They work with patients of all ages from pre-mature infants to the elderly. They work in a variety of healthcare settings such as hospitals, clinics, nursing homes and home care. Therapists use knowledge of patient physiology, and advanced technology in planning and delivery of respiratory care. Most states require licensure certification and/or registry by the National Board of Respiratory Care.

Respiratory Care Scope of Practice

The practice of Respiratory Care encompasses activities in: diagnostic evaluation, therapy, and education of the patient, family and public. These activities are supported by education, research, and administration. Diagnostic activities include but are not limited to: (1) obtaining and analyzing physiological specimens; (2) interpreting physiological data; (3) performing tests and studies of the cardiopulmonary system; (4) performing neurophysiological studies; and (5) performing sleep disorder studies.

Therapy includes but is not limited to application and monitoring of: (1) medical gases (excluding anesthetic gases) and environmental control systems; (2) mechanical ventilator support; (3) artificial airway care; (4) bronchopulmonary hygiene; (5) pharmacological agents related to respiratory care procedures; (6) cardiopulmonary rehabilitation; and (7) hemodynamic cardiovascular support.

The focus of patient and family education activities is to promote knowledge of disease processes, medical therapy and self-help. Public education activities focus on the promotion of cardiopulmonary wellness.

Graduation Requirements

All courses specifically state the required objectives, goals, and outcomes of each course, which will lead to all terminal objectives being met and the program's mission accomplished.

Program Graduation Requirements

- Successful completion of all clinical and program competencies.
- Successful completion of all RCP coursework with a minimum of "C" in each course.
- Successful completion of all required general education course work.
- Successful completion of all required clinical performance evaluations.
- Successful completion of a NBRC RRT SAE.
- Attendance at an exam preparation seminar.

Respiratory Care Advanced Placement Policy

The Madisonville Consortium for Respiratory Care Education does not give advanced placement to any student. All applicants are considered on an equal basis. Should it become necessary to limit admission to the program the program will follow the KCTCS senate rules for respiratory care admission.

Respiratory Care Admission for Currently Practicing CRT's

Respiratory Care: National Board For Respiratory Care (NBRC) Examination

A student who has passed the NBRC entry-level examination to the Respiratory Care Program will be awarded thirty-seven to thirty-nine (37 – 39) semester hours of credit after completion of at least 15 credit hours of the general education courses in the approved curriculum. The student must also provide evidence of successful completion of the American Heart Association Basic Life Support course for health care providers. Credit will be awarded for the following courses in the Respiratory Care Program:

RCP 110	Cardiopulmonary Anatomy and Physiology	3
RCP 120	Theory and Principles of Respiratory Care	4
RCP 125	Basic Cardiopulmonary Evaluation	4
RCP 130	Pharmacology	3
RCP 150	Clinical Practice I	2
RCP 175	Clinical Practice II	3
RCP 180	Ventilatory Support	3
RCP 190	Advanced Ventilatory Support	2
RCP 200	Clinical Practice III	3
RCP 210	Cardiopulmonary Pathophysiology	3
RCP 212	Neonatal / Pediatric Respiratory Care	3
RCP 225	Clinical Practice IV	3
RCP 228	Preventive and Long Term Respiratory Care	1
*RCP 204	Special Procedures I	2

*Credit for RCP 204 will be awarded to the Certified Respiratory Therapist who additionally provides documentation of training/certification for Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Procedures (NRP).

Note: Students seeking the Associate in Applied Sciences from an advanced level practitioner respiratory care program must complete an individualized orientation program to assist in the transition from entry to advanced level program.

Program of Study
KCTCS AAS Curriculum -- Advanced Respiratory Care Practitioner

COURSE #	COURSE	CREDIT HOURS
RCP 110	Cardiopulmonary Anatomy and Physiology	3
RCP 120	Theories and Principles of Respiratory Care	4
RCP 125	Cardiopulmonary Evaluation	4
RCP 130	Pharmacology	3
RCP 150	Clinical Practice I	2
RCP 175	Clinical Practice II	3
RCP 180	Ventilatory Support	3
RCP 190	Advanced Ventilatory Support	2
RCP 200	Clinical Practice III	3
RCP 204	Emergency & Special Procedures	2
RCP 210	Cardiopulmonary Pathophysiology	3
RCP 212	Neonatal/Pediatric Respiratory Care	3
RCP 214	Advanced Diagnostic Procedures	2
RCP 225	Clinical Practice IV	3
RCP 228	Preventive & Long Term Respiratory Care	2
RCP 250	Clinical Practice V	3
BIO 137	Human Anatomy & Physiology I	4
BIO 139	Human Anatomy & Physiology II	4
MT 150	College Algebra or	3
MT 110	Applied Mathematics	3
BIO 225	Principles of Microbiology or	3
BIO 227	Medical Microbiology	4
PY 110	General Psychology or	3
SOC 101	Intro to Sociology or	3
PSY 100	Intro to Psychology	4
COM 252	Intro to Interpersonal Communications or	3
COM 181	Public Speaking	3
ENG 101	Writing I	3
CIS 100	Introduction to Computers or proof of computer literacy	3
	Heritage and Humanities	3

Curriculum is subject to change.

Course Description

RCP 110 (3) Course ID:003786

Cardiopulmonary Anatomy and Physiology

Provides an in-depth analysis of the respiratory and circulatory systems with emphasis on the interaction of systems in gas exchange and acid-base balance as well as the structure and function of the chest cage, mechanics of breathing and control of respiration. Lecture: 3 credits (45 contact hours). Prerequisite: BIO 137 with a grade of C or better. Corequisite: BIO 137.

Components: Lecture

RCP 120 (4) Course ID:003787

Theory and Principles of Respiratory Care

Presents the principles and techniques of therapeutic procedures used in respiratory care, including safe handling and administration of medical gases, uses of humidity, aerosol therapy, lung inflation techniques, bronchial hygiene therapy and airway care. Presents indications, contraindications, and physiologic effects of each therapy with emphasis on safety and appropriateness of care. Prerequisite: (BIO 137 and (MT 110 or MT 145 or MT 150 or equivalent) with a grade of C or better) Prerequisite or Corequisite: (BIO 137 and (MT 110 or MT 145 or MT 150 or equivalent). Lecture: 3 credits (45 contact hours). Laboratory: 1 credit (60 contract hours).

Components: Laboratory, Lecture

RCP 125 (4) Course ID:003788

Cardiopulmonary Evaluation

Examines cardiopulmonary assessment with in-depth coverage of invasive and non-invasive arterial blood gas interpretation, electrocardiography and assessment of chest and neck imaging. Prerequisite: (RCP 110 and BIO 137 and (MT 110 or MT 145 or MT 150 or equivalent) with a grade of C or better). Prerequisite or Corequisite: RCP 110. Lecture: 3 credits (45 contact hours). Laboratory: 1 credit (60 contact hours).

Components: Laboratory, Lecture

RCP 130 (3) Course ID:003789

Pharmacology

Provides an in-depth study of pharmacological agents, their use in the practice of respiratory care for patients with cardiovascular or pulmonary impairment as well as accuracy in drug calculations and delivery. Lecture: 3 credits (45 contact hours). Prerequisite: (RCP 110 and (MT 110 or MT 145 or MT 150) with a grade of C or better). Corequisite: RCP 110 and (MT 110 or MT 145 or MT 150).

Components: Lecture

RCP 150 (2) Course ID:003790

Clinical Practice I

Observation and/or participation in techniques for chest physical assessment, medical gas administration, humidity and aerosol therapy and bronchial hygiene in the assigned clinical setting. Clinical: 2 credits (120 contact hours). Prerequisite: RCP 120 with a grade of C or better; Valid Health Care Provider CPR card. Corequisite: RCP 120.

Components: Clinical

RCP 175 (3) Course ID:003791

Clinical Practice II

Students will participate in the health care team while practicing techniques of respiratory care including airway management and bronchial hygiene in the assigned setting. Clinical: 3 credits (180 contact hours). Co/Prerequisite: RCP 150 with a grade of C or better.

Components: Clinical

RCP 180 (3) Course ID:003792

Ventilatory Support

The technological and physiological aspects of mechanical ventilation including the theory of operation, classification and management of the patient ventilatory system are covered. Lecture: 2 hrs; Laboratory: 4 hrs. Co/Prerequisite: RCP 120 and RCP 150 with a grade of C or better.

Components: Laboratory, Lecture

RCP 190 (2) Course ID:003793

Advanced Ventilatory Support

Advanced concepts in ventilatory support including monitoring and management of the patient ventilator system are addressed. Lecture: 1.5 hrs; Laboratory: 2 hrs. Co/Prerequisite: RCP 180 with a grade of C or better.

Components: Laboratory, Lecture

RCP 200 (3) Course ID:003794

Clinical Practice III

Provides practice in adult mechanical ventilation procedures and airway management in the critical care setting while continuing to perform other respiratory care skills. Prerequisite: RCP 175 with a grade of C or better. Clinical: 3 credits (180 contact hours).

Components: Clinical

RCP 204 (3) Course ID:003795

Emergency & Special Procedures

Prepares students to participate in advanced emergency life support and special procedures. Prerequisite or Corequisite: [(RCP 130 and BIO 139) with a grade of C or better]. Lecture: 2.5 credits (37.5 contact hours). Laboratory: 0.5 credit (30 contact hours).

Components: Laboratory, Lecture

RCP 210 (3) Course ID:003796

Cardiopulmonary Pathophysiology

Addresses the etiology, diagnosis, clinical manifestations and management of cardiopulmonary disorders as related to respiratory care. Prerequisite: [RCP 110 or (RCP 201 and RCP 185) with a grade of C or better] or consent of instructor. Lecture: 3 credits (45 contact hours).

Components: Lecture

RCP 212 (3) Course ID:003797**Neonatal/Pediatric Respiratory Care**

Addresses the normal structure and function of the respiratory and cardiovascular systems including acid-base physiology. Prerequisite: [RCP 110 or (RCP 185 and RCP 201) with a grade of C or better] or consent of instructor. Prerequisite or Corequisite: RCP 190 with a grade of C or better or Consent of Instructor. Lecture: 2.5 credits (37.5 contact hours). Laboratory: 0.5 credits (30 contact hours).
Components: Laboratory, Lecture

RCP 214 (3) Course ID:003798**Advanced Diagnostic Procedures**

Prepares students to assist physician in advanced diagnostic, and therapeutic procedures. Prerequisite: BIO 139 with a grade of C or better. Lecture: 2.5 credits (37.50 contact hours). Laboratory: 0.5 credits (30 contact hours).
Components: Laboratory, Lecture

RCP 225 (3) Course ID:003799**Clinical Practice IV**

Provides observation and practice of advanced cardiopulmonary evaluation techniques while improving efficiency in the ventilatory management of patients. Prerequisite: RCP 200 with a grade of C or better. Clinical: 3 credits (180 contact hours).
Components: Clinical

RCP 228 (2) Course ID:003800**Preventive and Long-Term Respiratory Care**

Covers prevention of cardiopulmonary disorders and care of individuals with long term cardiopulmonary disability. Addresses psychosocial and physical needs of clients with emphasis on improving the quality of life and cardiopulmonary reserve. Prerequisite: [RCP 110 or (RCP 195 and RCP 210 and RCP 212 and RCP 226) with a grade of C or better] or consent of instructor. Lecture: 2 credits (30 contact hours).
Components: Lecture

RCP 250 (3) Course ID:003801**Clinical Practice V**

Prepares students to participate in effective and efficient planning, managing and delivering respiratory care to diverse client populations in various settings. Prerequisite: RCP 225 with a grade of C or better. Clinical: 3 credits (180 contact hours).
Components: Clinical

Grading Policies

Students enrolled in the Respiratory Care Program are required to maintain a minimum grade of “C” in each Respiratory Care course.

GRADING SCALE:

90 - 100	A
80 -89	B
75 -79	C
68 - 74	D
Below 68	E

A grade of “I” means part of the work of the course remains undone. It is given only when there is a reasonable possibility that a passing grade will result from completion of the work. The instructor will give an “I” grade when the reason for incompleteness is unsatisfactory to the instructor.

- Distribution for the various components for each course will be determined by the instructor and be included in the syllabus for the course.
- Students will be informed of their progress at midterm and at the end of each semester.
- When a student experiences difficulty mastering competencies in any course, he/she is expected to seek extra help from the instructor of the course.
- When a student’s average falls to an unacceptable level, he/she will be notified and a schedule for remediation will be planned
- Students are expected to submit their own work. Evidence of plagiarism, copying, or any other form of cheating or fraudulence will result in forfeiture of the grade for the work and formal disciplinary action will be taken.
- “To communicate effectively using standard English” requires that writing skills be evaluated utilizing various assignments. With further attention to the evaluation of the student’s writing, “faculty are expected to call attention to and penalize for errors in English usage and require the rewriting of papers which do not meet acceptable standards.” (C.C.S. Rules, Section V, 232)
- Late submission of any assigned work will result in a grade reduction to be determined by the instructor of the course.

Student Progress

It is essential for all students to be aware of their progress toward course and program competencies/goals. Therefore, the following steps will be taken by program students and faculty to assure all students are aware of their progress and have sufficient time to correct deficiencies.

- All students are required to check all course online grade books at least weekly. This activity may be monitored by program faculty to assure compliance.
- Any student who makes less than a 75% on any exam in a didactic course is required to receive remediation with a peer tutor and prove improvement/competency on course material prior to taking the next written examination.
- Any student who fails two or more consecutive examinations in a didactic course, or whose course average is less than 75% will be contacted by program faculty to discuss the students' deficiencies. The program faculty will work with the student to create a plan of action to assist the student in meeting course/program competencies and or goals.
- All students who are in clinical rotations are required to check their daily evaluations in DataARC at least weekly.

**MADISONVILLE COMMUNITY COLLEGE
RESPIRATORY CARE PROGRAM
STUDENT ACTION PLAN**

Student Name: _____ **Date:** _____

Courses: _____

Current GPA: _____ **Follow Up Meeting Date** _____

WEAKNESS/STRENGTHS

PLAN OF ACTION

RECOMMENDED RESOURCES

Consequences, as detailed in the student handbook, have been discussed and the student is aware of possible outcomes if the issues leading to this Action Plan are not corrected.

Instructor: _____ **Date:** _____

Student: _____ **Date:** _____

Attendance Policies

Attendance and punctuality are necessary for success in any didactic or clinical course. The faculty understands that unavoidable circumstances may cause you to be absent or tardy; however, repeated absences and tardiness indicate a deeper problem. Absenteeism/tardiness may result in a grade reduction (as determined by the instructor of each course) or the assignment of a letter grade of "E" if absences are deemed excessive.

General Rules of Conduct

Students enrolled in the program are entitled to an educational environment free from discrimination, harassment in any form, and intimidation. Students are expected to maintain accepted standards of conduct which includes; courtesy, honesty, respect for the rights of others and orderly behavior and compliance with established college policy. In an effort to ensure an environment conducive to learning, the college has an established code that is expected to be followed by all students (refer to the Community College Code of Student Conduct). Students who fail to do so will be subject to disciplinary action.

Classroom and Laboratory Etiquette

- All students are expected to be responsible for maintaining a pleasant and safe classroom and laboratory environment.
- Eating and drinking in the classroom is at the discretion of the instructor. Students are responsible for cleaning up after themselves. Any problems will result in the privilege being revoked. Food and drinks are **not** allowed in the laboratory.
- The use of tobacco products is not allowed in any classroom or laboratory.
- All cell phones and pagers must be turned off or silent during classes, as well as in the clinical facilities. In case a of potential emergency situation, upon requested permission from the instructor they may be answered after being excused from class or patient area.
- Students are responsible for all information discussed in the classroom, laboratory and clinical post conference.
- If a student is absent they are responsible for contacting the course instructor prior to the next class meeting to obtain necessary information. Students who are absent and do not contact the course instructor prior to the next class meeting will not receive extra time to complete assignments. The last work policy for the course will be followed.
- Students should not attempt to operate any equipment until they have received appropriate instruction for its use.
- When using equipment, please treat it kindly.
- All equipment should be disconnected from any power source and returned to the appropriate storage area at the end of laboratory sessions.
- All unsafe or malfunctioning equipment should be reported to the instructor immediately so it may be repaired or taken out of service.
- Manual and text guidelines for safety should be followed when handling equipment, medical gases and supplies.
- Lab benches should be cleared of all books and papers at the end of laboratory sessions.

Student Files

There is a file folder for each student containing all hard copy information pertaining to that student (immunizations, exams, action plans, laboratory competencies, etc). All folders are the property of Madisonville Community College. Students may request access to the contents of the folder during office hours when necessary. Folders are stored in a secure location on the Health Campus for a minimum of 5 years after graduation. All records will be destroyed before disposal to maintain confidentiality. Each student also has an electronic clinical file which is maintained on Data Arc for a minimum of 5 years, and then permanently deleted.

Professional Organizations

The **American Association for Respiratory Care (AARC)** is your professional organization. It is beneficial to hold student membership and be an active member in your professional organization. Student membership is available at a reasonable rate.

The Association is primarily responsible for developing educational opportunities for its members and ensuring that the standards of care and practice in the profession are developed and maintained. One ongoing project of the Association is to develop and upgrade written clinical practice guidelines, or standards, for the Respiratory Care profession as well as for use by government agencies and other health groups. In addition, the AARC develops materials that members can use in their community health promotion and disease prevention activities. The faculty strongly recommends students become members of their professional organization.

The AARC monitors both federal and state legislative and regulatory activity that might affect the health and health care of our nation, such as issues related to Medicare, smoking or hiring practices of health care workers

Benefits include:

- Automatic membership in the Kentucky Society for Respiratory Care (KSRC)
- Discounts in registration fees at AARC/KSRC sponsored educational programs
- Respiratory Care — a monthly scientific journal
- AARC Times — a monthly magazine for Respiratory Care Practitioners
- Association with other Respiratory Care students and professionals
- A forum for voicing your concerns for the profession
- Future employers look favorably at graduates who have been and are members of the AARC!

Health Occupations Students of America (HOSA) is your student organization. HOSA promotes strong leadership skills and professionalism between disciplines.

- ***All students who are enrolled in the Respiratory Care program are required to join and actively participate in the local HOSA Chapter.***

Learning Resources

Madisonville Community College

The library at Madisonville Community Colleges Health Campus provides the following to students:

Computers are available for student use for:

- Internet access
- Kentucky Commonwealth Virtual Library (KCVL)
- On-line data bases
- Respiratory Care clinical simulation practice and tutorials

Books may be checked out for 2 weeks and are renewable

- Fines for overdue books are \$0.10/day/item
- A copy machine for student use at a nominal fee

Library cards may be used at all MCC Libraries

Regional Medical Center Medical Library

The library located at Regional Medical Center is also available for student use.

A large number of professional print journals are available at the Health Campus and Regional Medical Center Libraries

Student Services

- Job placement
- Counseling for career/personal needs
- Financial aid
- Tutoring
- Minimum of two conferences per semester with Faculty

Due Process/Program Grievance

The program respects the student's right to grievance or appeal decision, which they perceive to be unfair.

The program follows the College's Academic Appeals Policy found in the KCTCS Code of Student Conduct.

Refer to the KCTCS Code of Student Conduct for the detailed steps to follow, located at the last section of this handbook or can be accessed at:

<http://www.kctcs.edu/student/code.htm>

RESPIRATORY CARE Projected Program Cost

ITEM	COST
Books	\$550.00
Lab Coats (2)	\$70.00
Scrubs (2 sets)	\$100.00
Shoes (1) Pair	\$70.00
ID Badge	\$5.00
Stethoscope	\$76.00
Liability Insurance (\$20 per yr.)	\$20.00
NBRC Application Fee (CRT Exam \$190/RRT Exam \$390)	\$580.00
Watch with Second Hand	\$30.00
Cap, Gown, Diploma Cover for Graduation	\$40.00
Hepatitis Vaccine	\$200.00
Attendance of Examination Preparation Seminar	\$300.00
School Pin	\$40.00
Online CRT Preparation Course	\$50.00
HOSA Dues	\$12.00
Misc. Equipment (Pocket Mask, etc.)	\$50.00
Calculator	\$25.00
Tuition (74 Hrs. @ \$130)	\$9,620.00
Mock NBRC CRT	\$40.00
Mock NBRC RRT	\$100.00
Portable Storage Device "Jump Drive"	\$30.00
Estimated Total Cost	<u>\$12,008.00</u>

Program Assessment and Governance

The students' input in the program's governance is extremely valuable. There will be several areas of program operation evaluated during the students' educational experience. Suggestions for improving the program through assessment surveys or in class or personal discussions are welcomed and encouraged.

Class Representative

Students have the opportunity to elect one of their peers to represent the concerns of the group while serving as a student member of the Respiratory Care Advisory Committee.

Student Employment Policy

Students who are enrolled in an accredited Respiratory Care program may be employed as a student Respiratory Care practitioner (RCP). The Limited Mandatory Certificate issued by the Kentucky Board for Respiratory Care (KBRC) governs the duties of the student RCP. The Limited Certificate must be applied for before beginning employment.

The following are requirements of the program:

- The student must not be on probation for any reason at any time during the time of employment.
- The student must maintain a "C" average in each course and clinical performance must be evaluated as satisfactory.
- The student must complete specific competencies to be eligible.
- The student must maintain regular attendance.
- If the student is too ill to attend scheduled clinics or didactic sessions, then the student is considered too ill to work as a student RCP. The student must attend clinical or class for the full day. Should the student call in for clinics or class, and work as a student RCP the same day, it is considered as a violation of program policy. The employer will be contacted and informed.
- Employment time is not substituted for clinical experience.
- Clinical performance evaluations may not be completed during the time the student is employed.

Delineation Between Clinical Time and Clinical Site Employment

While enrolled in and attending the Respiratory Care program many students are employed at various clinical sites. There must remain a clear distinction between the student and employee roles; and to that end:

- Students must not be utilized at facilities to substitute for clinical, instruction, or administrative staff.
- Students must not complete clinical coursework while working in an employee status at any clinical site.
- Students may not receive/accept remuneration in exchange for work performed at or during their clinical education, course work, and experiences.

201 KAR 29:010. Activities Under Limited Mandatory Certification.

Relates to KRS 314A.110

Statutory Authority: KRS 314A.205(3)

NECESSITY, FUNCTION AND CONFORMITY: KRS 314A.205 requires the board to evaluate the qualification of candidates for mandatory certification and to establish guidelines to make evaluations. This administrative regulation lists the qualifications for limited mandatory certification and clarifies requirements as well as the types of activities which are permissible by persons holding limited mandatory certification.

Section 1. To be eligible for limited mandatory certification as a respiratory care practitioner, the applicant shall:

- (1) Be actively enrolled in an accredited program as defined by KRS 314A.010(5).
- (2) Have documented competency in a minimum of six (6) of the following areas as it related to KRS 314A.010(8):
 - (a). Oxygen therapy;
 - (b). Assessment of patients cardiopulmonary status;
 - (c). Cardiopulmonary resuscitation
 - (d). Ethics of respiratory care and medical care;
 - (e). Humidity therapy;
 - (f). Aerosol therapy;
 - (g). Airway clearance techniques;
 - (h). Chest physiotherapy;
 - (i). Gas therapy; and
 - (j). Respiratory assist device (RAD); and
- (3). Submit documentation of authorization of employment on the Application for Limited Mandatory Certification by the director of the applicant educational program and also by the appropriate supervisory personnel in the health care facilities in which the applicant intends to practice respiratory care.

Section 2. Upon completion of the accredited program, the holder of a limited certificate shall apply for temporary mandatory certificate or a mandatory certificate by completing the Application for Mandatory Certification as a Respiratory Care Practitioner.

Section 3. "Continuous mechanical or physiological ventilatory support" as used in KRS 314A.110(3) shall be considered to be the establishment, management, or termination of mechanical ventilation. A person holding a limited mandatory certificate shall prohibited from performing these functions, as well as arterial puncture and blood gas analysis. Persons holding a limited mandatory certificate may perform any other respiratory care procedure or function for which they have received training, if they are done under the supervision of an individual holding mandatory certification by this board.

Section 4. A person shall not practice under a limited mandatory certificate is he or she has been previously been approved by the board for a temporary certificate.

Section 5. Incorporation by Reference. (1) The following material is incorporated by reference:

- (a). Application for Limited Mandatory Certificate, 8/94; and
- (b). Application for Mandatory Certification as a Respiratory Care Practitioner, 3/97.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Respiratory Care, 301 East main Street, Suite 900, Lexington, Kentucky 40507, Monday through Friday, 8 a.m. to 4:30 p.m. (17 Ky.R. 2918; eff. 4-11-91; Am. 27 Ky.R. 3130; 28KyR. 68; eff. 6-16-2001).

Inclement Weather Policy

The following is a list of the media resources that will be used to announce any delays and schedule changes to the college calendar. Please keep a copy of the station/s related to your geographic area.

Madisonville

WKTD	93.9 FM
WFMW	730 AM
WWKY (WHRZ)	97.7 FM
WYMV	106.9 FM
WTTL	1310 AM

Hopkinsville

WHOP	98.7 FM
WHOP	1230 AM

Owensboro

WBKR	92.5 FM
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Evansville - TV

WEHT 25 (ABC)
WTVW 7 (Fox)

Paducah

WKYQ	93.3 FM
WDDJ	96.9 FM

Paducah TV

WPSD (Channel 6)

Information related to delays and/or schedule changes may also be found on the following websites:

On the Web Page: - www.cancellations.com

OR

MCC Webpage: www.madisonville.kctcs.edu

All students are strongly encouraged to sign up for the SNAP notification system. This system provides notification of any campus emergencies and schedule changes due to weather.

Academic

- If classes at Madisonville Community College are canceled due to inclement weather conditions, coursework will be reassigned as necessary.

Clinical

- If classes at Madisonville Community College are canceled due to inclement weather conditions, clinical rotations will be rescheduled whenever possible.
- Even if classes are not officially cancelled, do not come to class or clinicals if you feel the conditions are hazardous to your safety, or if the college is closed.
- Students not reporting to class or clinicals due to bad weather are still required to call the Director of Clinical Education an hour before they are to report.

Field Trips

During the course of the students' training field, trips may be scheduled. All students are expected to participate in these trips. The trips will be announced in a timely manner to allow sufficient time to make any arrangements that need to be made.

Health and Safety

School Related Accidents and Incident Reports

Rules

- Accident school coverage is only provided by MCC for the student while attending class or clinicals.
- When an incident occurs, notify a clinical instructor as soon as possible and then notify program faculty.
- An incident report is written documentation of the facts concerning injury to patient or student.
- Fill out a form as soon as possible no matter how trivial the incident may appear to be at the time (within 24 hours).
- In addition to the incident form, submit a summary of the incident to be kept in the student's program file.
- Personal injuries and illness requiring medical treatment becomes the financial responsibility of the student.

The College's insurance policy can change at any time due to the type of coverage and company insured with.

Procedure

Responsibility	Action
Student	<ul style="list-style-type: none">• Notifies clinical instructor or supervisor (in the absence of instructor) as soon as possible after incident (within 24 hours).• Notifies program faculty as soon as possible. KCTCS incident form must be filled out within 24 hours of incident.• Clinical instructor or program faculty will direct student to proper place to seek treatment dependent upon severity of injury.• Gives fully completed incident form to appropriate person.(facility form to radiology supervisor and school form to program director)• Gives incident summary to program faculty, as well as a copy of the incident form.• Arranges payment for personal injury or sickness.
Clinical Instructor	<ul style="list-style-type: none">• Assists student in filling out appropriate forms.• Advises the student to seek medical attention if injured.• Reports documentation to clinical coordinator or program director.
Program Faculty	<ul style="list-style-type: none">• Assists student in filling out forms.• Files summary in student program file.• Reports documentation to Program Director.• Provides student with school accident form.
Chief Tech or Designee	<ul style="list-style-type: none">• Accepts responsibility for student in absence of instructor.• Assists student in filling out forms.
Program Director	<ul style="list-style-type: none">• Reviews all documentation.

- A student who becomes ill or is injured at the clinical site must report to the assigned instructor and the Director of Clinical Education as soon as possible. He/She will determine if it is necessary for the student to be seen by the employee health nurse or the emergency department will be made.
- The student is required to fill out an incident report at the school and the facility in the event of an injury or incident. An incident report is written documentation of the facts concerning injury to the patient or student.
- Fill out the incident report as soon as possible no matter how trivial the incident may appear at the time. The form must be completed within 24 hours of the accident or incident.
- A copy of the form will be kept in the student's program file.
- Personal injuries and illness requiring medical treatment are the financial responsibility of the student.
- If the student is required to have continuing medical treatment for a limiting disability or condition, the student is responsible for notifying the program faculty as soon as it is made known to the student.
- It is recommended that the student maintain individual health insurance coverage.

Liability Insurance

All students are required to carry professional liability insurance. Insurance must be purchased through a group plan offered by Madisonville Community College and proof of coverage must be presented to the Director of Clinical Education **before** a student begins clinical assignments.

Communicable Disease Prevention

Immunizations

Written proof of the following required immunizations must be submitted to the Director of Clinical Education. Required immunizations include:

- TB Skin Test -- Mantoux method tuberculin skin test within one calendar year.
- Must be negative (0mm) reading. If student has had a positive TB skin test, documentation that appropriate medical follow-up has occurred must be provided.
- Measles (Rubeola) immunity. Those students born in 1957 or after must submit one of the following:
 - Documentation of 2 MMR or Rubeola vaccines; **OR**
 - Positive Rubeola titer; **OR**
 - Written documentation from physician that student has had the disease (10 day-measles, Rubeola).

- Although not mandatory, is highly recommended that persons at occupational risk of Hepatitis B infection/exposure to blood and body fluids should be vaccinated when they are in training. The vaccination series is the responsibility of the student. If you choose NOT to be immunized for Hepatitis B, you must sign a declination form.
- If the student does not have documentation of current TB skin test and/or Rubeola immunity, testing and/or vaccinations are available at local county health departments for a nominal fee, or through the physician of your choice. The testing/vaccination is the responsibility of the student.
- **Documentation must be submitted at least 2 weeks prior to beginning clinical affiliation, to prevent delay of rotation.**

Disease Prevention

All Respiratory Care students, in order to protect themselves, fellow health care workers, and patients will comply with each of the following:

- All of the program's clinical affiliate policies regarding infection control will be observed.
- Uniforms/street clothes and lab coats will be fresh each day.
- All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient's diagnosis.
- Disposable gloves will be worn in all cases when contact with blood or body fluids is anticipated. Disposable gloves are MANDATORY for all patient transfers.
- Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated.
- Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids.
- Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.
- Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.
- Good hand-washing practices will be carried out before and after each patient contact.
- Students with a communicable disease will avoid patient contact until resolved.
- Any student who has or who contracts a communicable disease as so stated by a physician will be dismissed from class and clinical with an excused absence.
- It is the student's responsibility following any absence due to a communicable disease to complete tests and assignments missed during their absence.
- Re-entry following an absence due to a communicable disease is contingent on a signed physician's statement stating the student is no longer communicable.

Bloodborne Pathogen Policy

Prior to beginning clinical experience, the Respiratory Care student will have completed instruction in the policy regarding Bloodborne Pathogens. This instruction will be in accordance with the OSHA Bloodborne Pathogen Disease training standard. Once the clinical experience begins the respiratory care student will abide by the following rules:

- Participate in any clinical affiliate required Bloodborne Pathogen training.
- Follow the clinical affiliate policy and procedure concerning Bloodborne Pathogens.
- Report any exposure to bloodborne pathogens to the Director of Clinical Education immediately. If she is not immediately available contact the clinical instructor and the program director.
- Disposable gloves will be worn in all cases when contact with blood and body fluids is anticipated.
- Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- Eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- Blood or body fluid inadvertently coming into contact with the skin should be quickly and thoroughly washed away.
- Students that experience exposure to blood or body fluid will report to their clinical instructor and the Director of Clinical Education and follow clinical exposure protocol.
- Cuts, scratches or other non-intact skin will be covered to avoid blood and body fluids.

All of the program's clinical affiliate policies regarding infection control will be observed.

Student Injury – Exposure to Blood or Body Fluid

Infectious Diseases

Each clinical facility is expected to practice universal precautions in the care of all patients. The student respiratory therapist is educated in, and is expected to be knowledgeable in the practice of these precautions in the care of all patients.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner that follows the clinical facilities guidelines will result in disciplinary action and may result in dismissal from the program.

Procedure for Accidental Exposure to Blood or Body Fluid

All contaminated needle sticks or bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

If a student sustains a puncture wound:

- Withdraw the needle or other object immediately.
- Immediately wash hands/area of puncture wound using soap and water; follow with application of povidone iodine or alcohol
- Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
- Wipe away any blood.

If a student receives a spray or splash of body fluids:

- To eyes, nose or mouth – irrigates with a large amount of water.
- To a break in the skin, follow, procedure for puncture wound(above)

The student will report the incident immediately to the Clinical Instructor and the Director of Clinical Education. The student must complete an exposure form according to the policy of the clinical facility.

The student will follow the clinical facilities procedure for reporting and follow- up of exposure. Any required incident report must be completed before leaving the facility.

The student will seek a risk assessment and determination of recommended screening, treatment and follow-up from the Infection Control Practitioner.

Student Injury-Exposure Report

Student Name: _____ **Date:** _____

Clinical Facility: _____ **Clinical Instructor:** _____

Description of injury/exposure: _____

- _____ Completion of required reports and evaluation as required.
- _____ Screening, advice, referral for testing, treatment and counseling.
- _____ Analyze the occurrence regarding implication, if any for future practice.

Student Signature

Date

Instructor Signature

Date

**Director of Clinical Education
Signature**

Date

Upon completion, this form will be placed in the student's clinical file.

HEPATITIS B VACCINE INFORMATION

The Disease

Hepatitis B virus, one of at least three Hepatitis viruses, is an important cause of viral Hepatitis. The illnesses caused by or related to Hepatitis B are serious, resulting in death in about 1% of those infected. Complications of the disease include a variety of liver disorders, including cirrhosis and cancer. Most patients recover completely, but about 6 – 10% become chronic carriers and can continue to transmit the virus to others. There may be as many as 0.5 to 1.0 million carriers in the United States.

Transmission and Risks

The disease is transmitted chiefly through contact with infected blood and blood products. Health care providers therefore at increased risk of acquiring the disease. The risk for health care providers can vary dependent upon the amount and type of patient contact. Though the risk of acquiring Hepatitis B through the clinical experience is probably lower in some facilities due to the low incidence of the disease, the decision to receive or decline the vaccine deserves your careful consideration.

The Vaccine

Various pharmaceutical companies have developed vaccines that provide protection from Hepatitis B. Field trials have shown 80 –95% efficacy in preventing infection among susceptible persons. The duration of protection and the need for booster doses is not yet known. Adult vaccination consists of three intramuscular injections of the vaccine. The second and third doses at one and 6 months respectively, after the first.

Waiver Format

- Consistent with guidelines developed by the CDC and the American Hospital Association, certain employees have been identified as being at relatively higher risk of exposure to Hepatitis B. Respiratory Care has been designated in this group.
- Perhaps one in 50 employees of health care institutions have an acquired immunity to Hepatitis B through previous illness or exposure and would not need the vaccine. This can be determined by a laboratory-screening test.
- The Hepatitis B viral vaccine is available through the Health Departments, personal physicians or any hospital.
- As with any immunization, there are disadvantages and risks. If you wish further advice, please contact your personal physician.

Clinical Facilities

Regional Medical Center

900 Hospital Drive
Madisonville, KY 42431
(270) 825-5155

Coal Miners Clinic

440 Hopkinsville Street
Greenville, KY 42345
(270) 338-8000 (Main switchboard)

Trover Clinic

200 Clinic Drive
Madisonville, KY 42431
(270) 825-7238

Methodist Hospital

1305 N. Elm St.
Henderson, KY 42431
(270) 827-7584

Muhlenberg Community Hospital

440 Hopkinsville St.
Greenville, KY 42345
(270) 338-8000

Owensboro Medical Health Care System

811 E. Parrish Ave.
Owensboro, KY 42303
(270) 688-2000

Corner Home Care

108 E. Washington
Princeton, KY 42445
1-800-788-3346

Corner Home Care

5010 Backsquare Drive
Owensboro, KY 42303
(270) 686-7000
(800) 766-7235

St. Mary's Medical Center

3700 E. Washington Ave
Evansville, IN 47750
(812) 485-4829

Affiliate Site Clinical Instructors:

Mike Sisley, RRT – Owensboro Medical
Hilary Risinger, RRT – Methodist Hospital
Dan Weller, RRT, CRNA --Muhlenberg Community Hospital
Brian Kessler, RRT – St. Mary's Medical Center
Vicki Walters, RRT – Muhlenberg Community Hospital
Paige Bilbro, RRT – Coal Miners Clinic

- Other appointed staff may also serve as clinical preceptors in the affiliate site facilities.

Attendance in Clinical Areas

- Students are expected to attend **all** scheduled clinical sessions.
- Data Arc is used for tracking attendance. Each student is responsible for clocking themselves in/out. No other student is to sign another student in or out. Falsifying DataArc information will be considered academic dishonesty and treated as such in the disciplinary process.
- If a student fails to clock in/out on a clinical day he/she will receive a written warning and a 10% grade reduction on the first offense. All occurrences there after will result in a “0” (zero) for their daily clinical grade.
- Students may not leave the clinical facility during clinical hours without first obtaining permission from the Director of Clinical Education. When permission is granted, the assigned instructor will be notified by the Director of Clinical Education.
- The Respiratory Care Program **requires** students who are assigned to a clinical site to inform the Director of Clinical Education if he/she is going to be tardy or absent. The student should call no less than one (1) hour before clinical assignments begin. If Director of Clinical Education cannot be reached, the student may call the Program Director.
- Since punctuality and reliability are essential for success in your career, and a characteristic sought by all employers, students who are late for clinical assignments will receive **a 10% grade reduction** on their daily evaluation for EACH tardy.
- Tardies are defined as ≥ 10 minutes late. (If the student arrived on time but was unable to clock in the clinical preceptor should document arrival time in the comment section on the evaluation form.)
- Students who are **absent** from a clinical assignment will receive a zero (**0**) for the daily grade once allowed absences have been taken. A grade of zero will also be applied for any daily work assigned that day.
- If a student leaves their assigned clinical facility greater than 15 minutes early without consent of the instructor of record, a written warning and 10% grade reduction will result. Repeated offenses will be deemed excessive absences from clinical time.
- Absences that are deemed **excessive** by the Director of Clinical Education will result in an incomplete for the course. The student will be required to make up the missed time or, at the discretion of the Director of Clinical Education, may be required to repeat the entire course if it is not feasible to make up the time.

Clinical Task Performance Evaluation System

Task performance evaluations are used to evaluate clinical competency. The student may elect to perform a task performance evaluation after the following criteria are met:

- Completion of the didactic coursework for a specific skill.
- Simulation or task evaluation and check off in the laboratory setting.
- Observing and assisting the clinical instructor in the procedure.

It is the student's responsibility to determine when he/she feels ready to be evaluated on a specific skill. Students must request to attempt the evaluation and provide the instructor with the skill performance evaluation form prior to the task is performed. The instructor will observe the student perform the entire task unassisted.

The instructor records the evaluation of the student's performance on the provided form. Failure when performing a clinical skill does not imply an end to the clinical experience. The student may attempt the task again when he/she has reviewed the procedure and feels prepared. Successful completion of the evaluation does **NOT** imply an end to the performance of that skill. Students are required to routinely perform the skill in order to maintain a competent level of proficiency.

A list of the required performance tasks is included in this handbook. The evaluations must be performed in the clinical setting before completion of the program will be recognized.

In the event a student has not completed the required evaluations at the time of graduation, the faculty will evaluate the student's clinical records to determine if sufficient opportunities were available for the student to perform the required evaluations on an actual patient. If lack of opportunities is established, the student will be allowed to demonstrate task performance through simulation.

Clinical Assessment

During the student's clinical education, clinical instructors and program faculty, on an ongoing basis, will evaluate his/her performance. The student is evaluated on specific skills as well as on overall performance. A student's overall performance is assessed by the Director of Clinical Education and assigned clinical instructors during each clinical course and at the end of each semester.

Conferences will be scheduled with the Director of Clinical Education at the end of each semester to review the student's progress and standing.

AFFECTIVE DAILY EVALUATIONS

- On days when students are assigned to clinicals, the instructor to whom they are assigned will evaluate them.
- Evaluation forms are available on-line through Data Arc.

THE STUDENT MUST:

- Complete the applicable daily logs in Data Arc for every clinical day, with the exception of clinical simulation rotations.
-
- Give the instructor the completed form **at least 30 minutes** before the end of the clinical day.

THE CLINICAL INSTRUCTOR WILL:

- Score the student's performance on a 1 – 5 scale on the applicable evaluation on DataArc.
- Provide a written comment when any falls outside the expected norms.
- Validate the daily log completed by the student.

The Program Faculty believe if when the student is evaluated as anything other than "average" it is critical to the student's learning experience to have full documentation of the behaviors that placed their performance in a higher or lower category. The instructor will:

- Answer any questions the student has about the evaluation.
- Submit the completed evaluation.

THE STUDENT WILL:

- Electronically sign the evaluation acknowledging they have seen and reviewed the evaluation.

The Program Faculty believes it is critical for the student to take the opportunity to ask the instructor questions about any area of the evaluation that is unclear.

TASK PERFORMANCE EVALUATIONS

- All performance evaluations are to be handled following the steps listed above.
- Task Performance Evaluations are to be completed and submitted to the Director of Clinical, within two weeks of date performed to receive full credit online through Data Arc. All clinical forms are due within two weeks of the date performed to received full credit.
- Any hard copies of clinical forms are to be turned in to the Director of Clinical Education's office in the appropriate folder.

Adult Daily Log

Student:		Clinical Instructor:	
Date:		Clin. Inst. Signature:	
Clinical Site:		Area:	
Location:			
Physician Contact	Time	Brief Description of the activity including Physician name.	
Patient Focused			
Tutorial			
Small Group			
Large Group			

Describe today's most significant experience.

NOTE: Please enter the number of observations, performances with assistances and performances unassisted for each procedure.

Adult Floor Therapies

Procedures	Obs.	Perf. w/asst.	Perf. unasst.	Procedures	Obs.	Perf. w/asst.	Perf. unasst.
General				Aerosol & Humidity Therapy			
Isolation Procedures				Face Tent			
Charges				Face Mask			
Patient Data				Trach Collar			
Vital Signs				T-Piece			
Chest Assessment				Ultrasonic Nebulizer			
Patient Assessment				Aerosol Drug Administration			
X-ray Interpretation				Metered Dose Inhaler			
Oxygen Therapy				Dry Powder Inhaler			
Nasal Cannula				Small Volume Nebulizer			
Simple Mask				Hyperinflation Therapy			
Partial Rebreather				Incentive Spirometry			
Non-Rebreather				Intermittent Positive Pressure Breathing			
Air Entrainment Mask				Bronchial Hygiene Therapy			
Pulse Oximetry				Chest Physiotherapy			
Transport with Oxygen				Coughing			
				Breathing Exercises			
				Mucous Clearance Adjuncts			
				Intrapulmonary Percussive Ventilation			
				Generic			
				Generic			

Adult Critical Care							
Procedures	Obs.	Perf. w/asst.	Perf. unasst.	Procedures	Obs.	Perf. w/asst.	Perf. unasst.
Resuscitation				Ventilatory Care			
Setup & Ventilation via Endotracheal Tube				Ventilator Setup			
Setup & Ventilation via Mask				Routine Ventilator Check			
Adult CPR Airway & Ventilation				Ventilator Parameter Change			
Adult CPR Compressions				Ventilator Circuit Change			
Suction Procedures				Ventilator Graphics Analysis			
Endotracheal Suctioning				Capnography			
Nasotracheal Suctioning				Weaning from Mechanical Ventilation			
Tracheal Suctioning				Weaning Parameters			
In-Line Suctioning				Weaning			
				Noninvasive Positive Pressure Ventilation			
Endotracheal Tube/Tracheostomy Care				Noninvasive Ventilator Setup			
Securing Artificial Airway				Noninvasive Ventilator Check			
Tracheostomy Care				Patient Transports			
Cuff Management				Manual Ventilation during Transport			
Heat/Moisture Exchanger				Transport Ventilatoon Setup			
Intubation				ICU Performance Level			
Extubation				Surgical ICU			
Aerosol Drug Administration				Medical ICE			
In-Line Metered Dose Inhaler				Generic			
In-Line Small Volume Nebulizer				Generic			

Adult Diagnostics

Procedures	Obs.	Perf. w/asst.	Perf. unasst.
Pulmonary Function Testing			
Peak Flow			
Bedside Spirometry			
Spirometry			
Methacholine Challenge			
Nitrogen Washout Helium Dilution			
Diffusion Study			
Plethysmography			
Pulmonary Function Test Quality Assurance			

Procedures	Obs.	Perf. w/asst.	Perf. unasst.
Pulmonary Testing			
Bronchoscopy Assisting			
Metabolic Assessment			
Stress Testing			
Adult Sleep Studies			
Radiology Testing			
Lung Scan			
Computed Tomography Scan			
Magnetic Resonance Imaging			

Arterial Blood Gases			
ABG Sampling			
ABG Analysis			
ABG Analyzer Quality Assurance			
Hemodynamic Monitoring			
Arterial Line Sampling			
Pulmonary Artery Line Sampling			
Pulmonary Artery Pressure Measurement			
Thermodilution Cardiac Output Measurement			

Cardiology Testing			
Electrocardiography			
Cardiac Catheterization			
Echocardiography			
Holter Monitoring			
Generic			
Generic			

CLINICAL AFFECTIVE EVALUATION

Affective Evaluations are intended to be completed at the end of each clinical area or unit rotation and again at the end of the clinical course

Student	
Clinical Instructor	Name: _____ Signature: _____
Date	
Clinical Site	
Area	

Likert scale: 5 - exceptional, 4 - above average, 3 - acceptable, 2 - below average and 1 - unacceptable.

Appearance						
	5	4	3	2	1	NA
1	Professional appearance (cleanliness, grooming and proper attire).					
	Always exceptionally neat and well groomed. Always wears appropriate attire.	Appearance is consistently appropriate and wears appropriate attire.	Is usually neat and well groomed. Usually wears appropriate attire.	Appearance is occasionally less than appropriate	Appearance is rarely appropriate.	Not Observed
Dependability / Reliability						
	5	4	3	2	1	NA
2	Attendance					
	Never Absent		Rarely absent but informs appropriate personnel		Absent repeatedly and neglects to inform appropriate personnel	Not Observed
3	Arrives to work prepared and on time.					
	Always arrives on time and prepared	Regularly arrives on time and prepared	Is seldom late or unprepared, but notifies appropriate personnel	Is periodically late or unprepared	Is frequently late and unprepared	Not Observed
4	Dependable / reliable (Completes assignments with minimal direction, trustworthy, credible, responsible)					
	Is always dependable and skillfully completes tasks	Is very dependable and completes tasks	Is dependable and accomplishes tasks with minor assistance	Somewhat dependable and is inconsistent in completing tasks	Is rarely dependable and has difficulty completing tasks	Not Observed
Interpersonal Relations / Communications						
	5	4	3	2	1	NA
5	Functions effectively as a member of the healthcare team					
	Excellent team worker, effectively consults, integrates and shares information with team members	Very good team worker, relates well to team members and usually consults and shares information	Good team worker, consults and shares information with team members when encouraged	Poor team worker, rarely consults or shares information with team members	Not a team player, doesn't know when to consult or share information with team members	Not Observed
6	Contributes to a positive environment within the department (likable, friendly, helpful, loyal)					
	Exceptionally friendly, helpful, loyal and always speaks with good purpose	Consistently friendly, helpful, loyal and usually relates well with personnel	Usually friendly, relates well with other personnel the majority of the time	Sometimes moody or unfriendly, does not always speak with good purpose	Unable to get along with others or makes no attempt, sometimes creates friction	Not Observed
7	Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)					
	Always seeks constructive feedback, accepts guidance, and changes behavior for personal improvement	Consistently shows a willingness to accept suggestions, shows improvement in behavior the majority of the time	Usually accepts guidance or direction, frequently improves behavior	Sometimes willing to accept direction, rarely modifies behavior	Rarely accepts guidance or direction, is defensive or argumentative and unwilling to change behavior	Not Observed

8	Appropriately interacts with patients (courteous, thoughtful, empathetic, displays patience, and non-judgmental).					
	Always demonstrates respect, sensitivity and consideration for others, consistently anticipates and attends to patient's and family's needs for comfort and help	Consistently shows concern and support of others, usually anticipates and attends to the patient's and family's needs for comfort and help	Usually concerned for and supportive of others, reasonably aware of and attentive to patient's and family's needs for comfort and help	Seldom shows concern or interest in others, inconsistent in attending to patient's and family's needs for comfort and help	Selfish, sometimes inconsiderate or rude, unaware of patient's needs or insensitive to patient's or family's feelings	Not Observed
9	Conducts himself/herself in an ethical and professional manner (displays integrity, sincere and applies discretion).					
	Always exhibits concern for the dignity and welfare of patients and team members; prevents conflict of interest; always takes measures to deal with conflict effectively	Consistently displays concern for dignity and welfare of patients and team members; prevents conflict of interest; seeks assistance when conflict arises	Generally displays concern for dignity and welfare of patients and team members; avoids conflict of interest; and recognizes conflicts as they arise	Sometimes neglectful of patients or team members dignity or welfare; occasionally fails to recognize conflict of interest; needs direction in avoiding conflict	Is negligent or inconsiderate of patients or team members dignity or welfare; or demonstrates conflict of interest; or provokes conflict	Not Observed
10	Communicates effectively within the healthcare setting (communicates appropriate information, applies confidentiality, uses appropriate medical terminology).					
	Always communicates in a concise manner; relating appropriate and complete information; always maintains confidentiality	Consistently communicates important information; regularly ensures confidentiality	Usually communicates in a thorough manner; ensures confidentiality	Needs some prompting in gathering and accurately communicating information; at times is negligent in maintaining confidentiality	Has difficulty collecting and communicating appropriate information; fails to maintain confidentiality	Not Observed
Quality of Work						
	5	4	3	2	1	NA
11	Efficient planning and management of time (prioritizes work, adapts to changing workload and completes assignments on time).					
	Plans ahead, always works efficiently and manages time wisely	Completes assigned tasks in a timely fashion, and seldom needs direction	Completes assigned tasks, needs occasional direction	Inconsistent in completing tasks and needs help in prioritizing work	Rarely completes assigned tasks, wastes time and needs constant assist. and direction	Not Observed
12	Is self-directed and responsible for his/her actions.					
	Is self-directed and manages work responsibly	Needs minimal amount of supervision and accepts responsibility	Needs normal amount of supervision and usually accepts responsibility	Requires frequent direction and has difficulty assuming responsibility	Requires constant supervision and dodges responsibility	Not Observed
13	Confident in abilities, exercises good judgment and maintains composure in stressful situations.					
	5	4	3	2	1	NA
	Self confident, always seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations	Respects limitations, recognizes professional boundaries, usually seeks assistance when necessary, usually remains calm in stressful situations	Recognizes limitations the majority of the time, occasionally seeks assistance when necessary, acts appropriately in stressful situations	Not always aware of limitations or professional boundaries, occasionally fails to seek assistance which jeopardizes patient care	Doesn't know when to seek assistance, oversteps professional boundaries and makes inappropriate decisions that are harmful to patient care	Not Observed
14	Participates in educational activities that enhance clinical performance.					
	Readily initiates learning activities and participates willingly in learning activities	Sometimes initiates learning activities and participates willingly in learning activities	Participates willingly in learning activities	Participates willingly in learning activities when prompted	Participates only with encouragement from Instructor or Supervisor	Not Observed

Please write any additional summative comments for this student here:

NASOTRACHEAL SUCTIONING



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EQUIPMENT AND PATIENT PREPARATION

1. Evaluates indication for procedure based on patient's inability to clear secretions with best cough and presence of audible secretions (ref. #1)
2. Reviews patient chart for significant findings and data
3. Identifies and gathers the necessary equipment (gloves, suction catheter, water based lubricant, nasopharyngeal airway if appropriate, sterile water & container, manual resuscitator, appropriate sized mask, oxygen source, vacuum source & tubing)
4. Applies 3 or more mL of an alcohol-based hand rub to palm and rub hands together covering all surfaces of each hand until hands are dry (**Caution: should take at least 15 seconds for hands to become dry**); or if hands are visibly dirty or contaminated perform hand wash using a vigorous rubbing action for at least 10 seconds; and uses appropriate isolation precautions (CDC-ref #2)
5. Introduces self to the patient, stating name, department; confirms patient identification.
6. Explains the purpose of the procedure, including risks and safety precautions
7. Confirms patient and/or family understanding of the procedure

IMPLEMENTATION OF PROCEDURE

1. Checks function of manual resuscitator (proper gas outlet and flow, corrects leaks as necessary)
2. Position patient's head/neck in mild extension (sniffing position) (ref. #3)
3. Selects proper size of suction catheter
4. Puts on protective gloves using sterile technique; connects suction catheter to vacuum source; adjusts vacuum pressure; suctions sterile water to confirm operation
5. Assess need for supplemental oxygen (e.g. pulse oximeter, heart monitor) and pre-oxygenate as appropriate for more than 30 seconds
6. Monitors oxygenation status prior to, during, and after the suctioning event. (ref. #1)
7. Lubricate catheter and gently insert through nasal passage directing the catheter towards the septum and the floor of the nasal passage, if resistance is encountered gently twist while advancing the catheter (ref. #3)
8. Continues to advance catheter through oropharynx and into the trachea while evaluating position to reduce incidence of esophageal placement, speech should become hoarse or whisperlike with correct tracheal placement (ref. #4)
9. Advance catheter until patient coughs or resistance is met (ref. #3)
10. Apply negative pressure while the catheter is being withdrawn; duration of each suctioning event should be approximately 10-15 seconds (ref.#1); assess need for subsequent suction events before removing the catheter from the nose
11. Assess need for supplemental oxygen (e.g. pulse oximeter, heart monitor) and hyper-oxygenate as appropriate for more than 1 minute following each suction event

12. Repeat cycle only as indicated (cycle consists of assessing patient response, evaluating oxygenation status, and suctioning event)
13. Monitors patient response (i.e. breath sounds, oxygen saturation, respiratory rate and pattern, heart rate and rhythm, sputum characteristics, presence of bleeding, level of pain, cough, and ICP (ref. #1)
14. Responds to hazards or complications as appropriate (e.g. mechanical trauma, misdirection of catheter, desaturation, dysrhythmias, bronchospasm, changes in hemodynamic status, elevated ICP) (ref. #1)

FOLLOW-UP

1. Evaluate outcome of suctioning procedure (positive outcomes may include: improved breath sounds, removal of secretions, and improved SpO₂)
2. Decontaminates hands with an alcohol-based hand rub or performs a 15 second hand wash
3. Records relevant data in patient chart and appropriate departmental records

DEMONSTRATES KNOWLEDGE OF FUNDAMENTAL CONCEPTS (ref. #1 & #3)

1. Identifies indication for suctioning
2. Identifies potential complications associated with suctioning
3. Identifies indication for nasopharyngeal airway
4. Identifies appropriate vacuum pressures

CLINICAL COMPETENCY PERFORMANCE CRITERIA

1. Displays rational judgment and is able to explain the relationship between theory and clinical practice.
2. Performs procedure in a reasonable time frame and with attention to appropriate detail
3. Maintains aseptic technique and takes appropriate safety precautions
4. Communicates clearly, and in a courteous manner

Additional Comments: include errors of oversight or sequence, strengths and weaknesses during procedure (i.e. knowledge, communication skills, and patient interaction skills)

Summary performance evaluation

Please use the following criteria and select the appropriate pop-up menu.

Satisfactory - ready for clinical application with minimal supervision. Performed procedure accurately, or was able to correct performance without injury to the patient or decreasing effect of therapy being given.

Unsatisfactory performance – not ready for clinical application. Requires remediation under one of the following categories

Minor - Unsatisfactory: needs to review fundamental concepts or requires re-evaluation of minor deficiency(s) (ex. forgets to wash hands during the Follow-up stage. Must be re-evaluated on this step not the whole procedure).

Major - Unsatisfactory: requires additional supervised clinical practice and complete re-evaluation of the procedure.

REQUIRED: Summary Performance Evaluation

References:

- 1) AARC Clinical Practice Guideline: "Nasotracheal Suctioning" RC 1992;37: p898-901
- 2) CDC, Guideline for Hand Hygiene in Healthcare Settings. MMWR Oct. 25, 2002; vol. 51(No. RR-16)
- 3) Scanlan CL, Spearman CB, Sheldon RL: "Egan's Fundamentals of Respiratory Care" Mosby 7th, 1999, Ch. 29
- 4) Burton GG, Hodgkin JE, Ward JJ: "Respiratory Care A Guide to Clinical Practice" Lippincott 4th, 1997, Ch. 19

Summative Performance Evaluation:	
Satisfactory	_____
Minor Unsatisfactory	_____
Major Unsatisfactory	_____

Name of person being evaluated	

Signature of Direct Supervisor	_____
	Date

Clinical Grading System

Clinical grades earned are based on a % in the following areas:

- Daily Evaluation/Clinical Log
- Written Assignments
- Oral assignments
- Professional Evaluation
- Examinations

The percentage weight of the grade varies with the semester and is clearly detailed on the course syllabus each semester.

Area Rotations

Fall of 1st Year - RCP 150

Chart Review and "Soaping" (RMC)
Emergency Department (RMC)
Observation and assist with general floor therapies (RMC)
Observe in Critical Care Units (RMC)
Post Anesthesia Care Unit (RMC)
Surgery Observation RMC)
Observation with assist with general floor therapies (MCH)

Spring of 1st Year – RCP 175

Critical Care Unit (RMC, St. Mary, Owensboro Mercy, & Methodist Hospital)
Emergency Department (RMC & St. Mary's)
General Floor Therapies (RMC, Muhlenberg Community Hospital, Methodist Hospital, Owensboro Medical Health System)
Muhlenberg Community Hospital for Intubation
Prepare Written Case Study
Surgery Rotation (RMC) for Intubation
Computer simulations and Tutorials (Health Campus)

Fall of 2nd Year --RCP 200/RCP 225

Blood Gas Analysis (Owensboro Mercy Health Care Systems & RMC)
Cardiac Rehab (RMC)
Computer Simulations and Tutorials (Health Campus)
ECG (RMC)
Emergency Department (RMC & St. Mary's)
Critical Care Unit (RMC, St. Mary's & Owensboro Medical, Methodist Hospital)
Home Care and Equipment Orientation (Corner Home Care – Princeton/Owensboro)
NICU (RMC)
ABG Puncture (RMC)
Surgery Rotation for Intubation (Muhlenberg Community Hosp)
X-Ray/Cath Lab (RMC)

Spring of 2nd Year – RCP 250

Patient Rounds with Medical Director (RMC)
Oral Case Study presentation
Critical Care Unit (RMC, St. Mary's, Owensboro Medical & Methodist Hospital)
Emergency Department (RMC & St. Mary's Med Ctr.)
Stress Testing – (RMC)
Home Care Visit (Corner Home Care – Princeton/Owensboro)
NICU – (RMC)
NICU – (St. Mary's Medical Center)
NICU – (Methodist Hospital)
Patient Rounds with Residents and Drs. Wood, King, Hanke (RMC)
Pulmonary Rehab – (RMC)
Sleep Lab - RMC

These assignments may vary as we are continually seeking new clinical facilities.

Clinical Standards of Appearance and Attire

Because people form impressions, usually within the first 15 - 30 seconds after being introduced, it is important that you give an appropriate, visual impression. If, in the patient's eye, the student does not look professional, it may affect the student's ability to interact with the patient. Standards of clinical appearance and attire are set and enforced by the faculty of the Respiratory Care Program. Failure to abide by these standards will result in the student being sent home to correct the problem, and deduction of points on the semester professional evaluation.

Basic Grooming - Meticulous personal hygiene is required!

Hair Must be clean and **off** the face. Long hair must be managed so that it does not fall forward when attending to the patient. Conservative hair color and professional style required and must meet the approval of the faculty. Male students hair should be no longer than collar length.

Beards & Mustaches Beards and mustaches are permitted; however they must be kept short, neatly trimmed and clean. If a male student wishes to grow a beard, he must notify clinical faculty. Otherwise the student is expected to be clean-shaven at all times

Nails Fingernails must be kept short, trimmed and clean. Nail polish must not be chipped and must be clear or neutral color. **Absolutely** no acrylic, artificial or nail overlays allowed.

Make-up Conservative application of make-up is allowed, with a light shade of lipstick.

Deodorant Deodorant should be applied daily, and reapplied throughout the day as needed.

Fragrance **COLOGNE, PERFUME, SCENTED BODY WASH, LOTIONS OR SCENTED AFTER SHAVE IS NOT ALLOWED!** Many of our patients have *severe allergic reactions* to these "triggers". Many other patients who are nauseated experience exacerbation of the nausea when exposed to these offenders.

Tattoos All tattoos must be completely covered.

Jewelry Jewelry should be kept to a minimum so as not to interfere with patient care, infection control, or your personal safety.

Rings - a wedding band and/or engagement ring ONLY are permitted (rings of *any kind* are NOT PERMITTED to be worn in the NICU).

Watches - A watch with a second hand is required.

Necklaces – A single conservative chain may be worn inside the collar.

Earrings -- only small conservative earrings may be worn for pierced ears. Only a **matched pair** of earrings may be worn. Excessive ear piercings are not permitted.

Pins -- Students must seek approval from program faculty for any pins attached to the name badge.

Hair accessories – Accessories that are worn in the hair should be appropriate in style, color (gold, silver, white or the color of your hair). Large hairpieces are not allowed. **All accessories are to be solid in color.**

Body Piercing – Body piercing must not be visible to patients.

The clinical facilities and MCC will not be responsible for jewelry worn in the clinical area. The best policy is to leave your jewelry at home. You may be asked to remove anything from your person during clinical assignments, if it is deemed unprofessional. Chewing gum is not allowed in any facility during clinical rotations!

Clinical Attire

Scrubs Required uniform are to be worn.

Shoes Shoes must have heels and toes enclosed and should be white in color. Leather athletic shoes or support type shoes are appropriate and recommended. Basketball shoes ("high tops"), sandals, sling backs, ladies shoes with high heels are **NOT** acceptable.

Clinical attire must be worn to and from the clinical facility!

- School name badge, stethoscope and clinical notebook are considered part of your clinical attire. The student is responsible for having each of these items with them at all times when in the clinical area.
- Student Respiratory Therapists will present a neat and tidy appearance at all times.
- Clinical attire must be clean, neatly pressed and fit properly.
- Students are responsible for furnishing and laundering their own clinical attire.
- Smoking or the use of any tobacco products is not permitted in any clinical facility.
- Special areas may require specific dress attire and students will adhere to the institution/area dress code.

Please note: Any student who reports for clinical assignment and does not meet the above standards will be dismissed from the clinical area, and sent home to rectify the problem. Failure to abide by these standards will also result in the deduction of points on the student's semester professional evaluation

Clinical Conduct

- The student is expected to adhere to the standards of ethical professional behavior as set forth in the AARC Statement of Ethics and Professional Conduct for Respiratory Therapists.
- In regard to eating and drinking in the department, this is ruled by the clinical affiliate.
- Smoking is NOT allowed in any clinical affiliate. Smoking may occur outside in a designated area only when a student is on an assigned break or lunch.
- Unless there is an emergency, students are not permitted to receive or make **personal phone calls** in clinical affiliates. Emergency calls must be limited to one minute. Phones in the clinical facilities are for facility business only. If a student feels the absolute need to carry on personal business while in the clinical facility, it must be taken care of on or during lunch or break.
- Students can inform family or anyone trying to contact them, while on clinical rotations the proper procedure in getting in touch with them. First, call the school and tell the receptionist that there is an emergency and they need to contact this student. The receptionist will try to reach the Director of Clinical Education and she will contact the student at the clinical facility.
- All cell phones and pagers must be turned off or on “silent” during classes and in clinical facilities. In case potential emergency situation, upon requested permission from the instructor, they may be answered after being excused from class or patient area.
- The house paging system is to be used for locating individuals who do not carry a pager. It is not to be used to page your classmates to go to break, go to lunch, or just to find out where they are. To page over the house page, dial the operator and ask her/him to “please page John Smith for this extension.”
- At all times, please use **good telephone manners** when answering any hospital phone—identify the department or floor where you are located and yourself by your **full name**.

Example: “Respiratory Care Department—Kelly Hayes—How may I help you?”
- If the caller asks a question that you are unable to answer, ask the caller to be put on hold while you locate someone who can be of assistance to them. Do **not** attempt to make any appointments.
- Students are responsible to the Director of Clinical Education and the assigned clinical instructor when in the clinical facility.
- Students should make sure that their assigned clinical instructor knows their whereabouts at all times.
- Students are to park vehicles at the Health Campus and walk to clinical rotations at RMC.
- Students must notify the Director of Clinical Education before leaving the clinical facility before the normal scheduled time or on an errand.

- Students will assist in keeping the classroom clean and supply areas stocked.
- Students must maintain *prompt* attendance in all clinical assignments.
- Students must complete the required performance evaluations within the specified time and maintain proficiency.
- Students must complete all clinical assignments before the start of the next semester.
- Students must complete satisfactory rotations through each of the specialty areas.
- Students must demonstrate compassion and professional conduct at all times while working with patients.
- Students must communicate appropriately with patients, visitors and faculty staff.
- Students must communicate appropriately and work as a team member with fellow students, clinical instructors and program faculty.
- Students must exhibit professional conduct and adhere to the dress code at all times while assigned to the clinical area.
- Students must demonstrate the ability to cope and function during stressful situations.

Any infraction of the above will result in the necessary disciplinary actions.

Clinical Patient Care

- Correct patient ID must be made by checking the patient's armband, asking their name and date of birth.
- Address patients by the proper title (Mr., Miss, Mrs., Ms. etc.).
- Monitor and assess the patient throughout all procedures.
- Always assist patients in moving and aid them in any way to prevent harm.
- Notify the charge therapist or department director of any equipment malfunction.
- Report all incidents or accidents, regardless of how minor to the Director of Clinical Education.

If any student is found in violation of this policy he/she will be subject to disciplinary action and possible suspension.

Clinical Schedule

- Students are assigned clinical rotations by the Director of Clinical Education and/or the Program Director.
- Students are assigned to rotations at all clinical affiliates equally to ensure exposure to learning experiences. Students shall be given schedule opportunities for clinical rotations by the Director of Clinical Education. It is the student's responsibility to seek extra opportunities if they are having difficulty mastering a required clinical competency. All extra clinical opportunities must be approved by the Director of Clinical Education prior to the student's attendance in any clinical affiliate.
- The Director of Clinical Education shall be responsible for assuring all students are adequately supervised in all clinical locations. The Director of Clinical Education shall communicate with all clinical sites on a regular basis to assure an adequate number of appropriately trained clinical preceptors shall be available for all clinical rotation. The student to clinical preceptor ratio will never exceed 6:1. All Clinical affiliates will be provided with an advanced copy of the clinical schedule as well as clinical objectives for the clinical course prior to students beginning rotations in that facility.
- If a student or preceptor is concerned about the supervision of students within a facility they should contact the Director of Clinical Education. The concern will be investigated and follow up communication given to the individual within two weeks of reporting the concern.
- Students are not scheduled to replace technical staff and their schedule is not to be rearranged in order to cover when the department is experiencing a staffing shortage. A student cannot be pulled from their assigned area unless arrangements are made with the Director of Clinical Education. Most students would prefer to stay busy and for this reason additional assignments are encouraged but not at the expense of clinical education.
- Students who are scheduled for ½ day sessions are allowed one 15-minute break. Lunch is to be taken when the opportunity presents.
- Students who are scheduled for more than four (4) hours are allowed a ½ hour lunch break and one 15-minute break. An assigned lunch break will not be made, but may be taken at a time when your assigned clinical duties are completed or at the discretion of the clinical instructor. Situations arise from time to time when a break will not be allowed due to emergencies or other extenuating circumstances. However, every effort will be made to ensure that all students receive their break whenever possible.
- If the patient schedule does not afford the student a break, it **CANNOT** be taken in conjunction with the lunch break or by leaving early unless approved by the Director of Clinical Education. Any abuse of break times is subject to disciplinary action.

Student Identification

- All students are required to wear their school/program identification badges at all times when in a clinical facility on clinical assignment. The badge is to be worn with the picture visible at all times.
- No other type of I.D. badge may be worn when on duty as a student (i.e. no hospital employee badges may be worn).

Expectations During Low Patient Census

The program faculty understands that is the nature of a Respiratory Care Department to occasionally experience periods of low census.

It is the program's policy that students refer to the following list for performance expectations during such times.

- Clean and stock storage areas in the area to which assigned.
- Practice Respiratory Care procedures with another student.
- Review **Respiratory Care Clinical Practice Guidelines** located in the student classroom.
- Study the facility's reference books located in the student classroom.
- Ask the clinical instructor to review their opinions of your performance and ask for ideas on how to improve your performance.

Students are required to document how their time was spent during periods of low patient census on daily log sheet.

Medical Records

Students are allowed access to patient medical records and with this privilege comes the responsibility for maintaining PATIENT CONFIDENTIALITY.

- Medical records may not be removed from a Nursing Station or from the Medical Records Department at any time.
- Medical records may not be reproduced at any time in any form, for any purpose.
- Tape recorders or lap top computers are not allowed in the Medical Records Department.
- To view a medical record located in the Medical Record Department, you must have a completed request with all the required information completed on the form, the form must be signed by a full-time faculty member and ***you must give the department 24 hours notice.***

Confidentiality

- **Students Must NOT** discuss patients outside of the Respiratory Care Department, except in the classroom setting as part of an educational experience. During a classroom setting when information concerning a patient is being shared the student is to avoid using the patient's name.

Trover Foundation Compliance with the Health Insurance Portability and Accountability Act or HIPAA privacy Rules (see next 6 pages)

The student will be required to complete an examination covering the Foundation's policy regarding the federally Protected Health Information or PHI.

TROVER FOUNDATION

COMPLIANCE WITH HIPAA PRIVACY

By April 14, 2003, Trover Foundation must be in compliance with new federal laws call the Health Insurance Portability and Accountability Act of HIPAA Privacy Rules.

The Privacy Rules set national standards for the use and disclosures of patient information. In this session we cover the basics. Some employees will receive more training if their job requires it.

SO WHAT ARE WE TO PROTECT?

We have always been very careful to protect the patient's information, but now it is federally Protected Health Information or PHI. PHI includes:

- All patient identification (name, addresses, social security, date of birth, etc.).
- Medical Records.
- Billing documents.
- Faxes and emails containing the above.
- The spoken word regarding the patient.

HOW CAN WE LEGALLY USE PHI?

Here are a few reminders of how you can use and disclose PHI:

1. To treat the patient.
2. For payment for our services.
3. For health care operations like quality assurance.
4. For communications with the patient.
5. With a written authorization from the patient (Medical Records does this).
6. With the patient's permission, we can also provide status reports to family/friends.
7. We can provide patient name and a general condition report, unless the patient has asked that this information not be shared.
8. To meet public health and government requirements.

GENERALLY, WHAT DOES THE HIPAA PRIVACY RULE REQUIRE THAT WE DO?

For health care providers, the Privacy Rule requires activities, such as:

- ◆ Notifying patients about their privacy rights and how their information can be used.
- ◆ Adopting and implementing privacy procedures.
- ◆ Training employees so that they understand the privacy procedures.

- ◆ Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed. Jerry Kelley is our Privacy Officer.
- ◆ Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

Q. HOW DOES HIPAA BENEFIT PATIENTS?

- A.
- It established appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
 - It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patient's privacy rights.
 - It enables patients to find out about certain disclosures of their information that have been made.
 - It generally limits release of information to the minimum reasonably needed for the purpose of the disclosure. For example, lab employees seldom need access to the entire patient records to do their jobs.
 - It generally gives patients the right to examine and obtain a copy of their own health records and request corrections.
 - It empowers individuals to control certain uses and disclosures of their health information.

Q. CAN HEALTH CARE PROVIDERS ENGAGE IN CONFIDENTIAL CONVERSATION WITH OTHER PROVIDERS OR WITH PATIENTS?

A. Yes. The HIPAA Privacy Rule is not intended to prohibit providers from talking to each other and to their patients. The Privacy Rule recognizes that oral communications often must occur freely and quickly in treatment settings. The Privacy Rule also recognizes that overheard communications in these settings may be unavoidable and allows for these incidental disclosures.

Q. DOES THE HIPPA PRIVACY RULE REQUIRE HOSPITALS AND DOCTORS' OFFICES TO BE RETROFITTED TO PROVIDE PRIVATE ROOMS AND SOUNDPROOF WALLS TO AVOID ANY POSSIBILITY THAT CONVERSATION IS OVERHEAR?

A. No, the Privacy Rule does not require these types of structural changes to be made to facilities.

Q. MAY PHYSICANS OFFICES USE PATIENT SIGN-IN SHEETS OR CALL OUT THE NAMES OF THEIR PATIENTS IN THEIR WAITING ROOMS?

A. Yes. We may use patient sign-in sheets or call our patient names in waiting rooms, so long as the information disclosed is appropriately limited. For example the sign-in should not display medical information that is not necessary for the purpose of signing in such as: social security number, diagnosis, problem or complaint, why seeing physicians today or insurance information.

The Minimum Necessary Standard

The minimum necessary standard is derived from confidentiality practices in use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard does not apply to the following:

- ◆ Disclosures to or requests by a health care provider for treatment purposes.
- ◆ Disclosures to the individual who is the subject of the information.
- ◆ Uses or disclosures made pursuant to an individuals' authorization.
- ◆ Uses or disclosures that are required by other law.

Uses and Disclosures of Protected Health Information

For uses of protected health information, our policies and procedures identify the persons or classes of persons who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access. Our computer access policies with MediScribe and HBO are examples of limiting disclosure based upon need.

Of course, where protected health information is disclosed to, or requested by, health care providers for treatment purposes, the minimum necessary standard does not apply.

Emergency Codes at Regional Medical Center

Emergencies will be announced over the House Paging System. The following announced Codes denote an emergency condition.

CODE	CONDITION	RESPONSE
BLUE	Medical Emergency	Students will respond to the area of the emergency. Two students will be assigned to remain and take part in the resuscitation. Those students not assigned will return immediately to their previously assigned duties unless directed otherwise by their instructor. An equal opportunity to gain experience in emergency patient care will be provided.
77 STAT	Emergency for a particular person or department	Same response as CODE 5 if the emergency is "Respiratory Care -- 77 STAT"
NOTE: Students assigned to the ICU/CCU/NICU will respond ONLY to emergencies in the unit to which they are assigned. Students who are assigned to other "special" rotations (Surgery, Cath Lab etc.) will not respond to emergency calls in other areas.		
YELLOW	Disaster	Report to the Respiratory Care Department for assignment.
BLACK	Bomb Threat	Report to the Respiratory Care Department for assignment.
PURPLE	Hostage	Remain where you are! Assure patient safety.
RED	Fire	If you are already in the area of the fire—Remember—"RACE"—Rescue; Alert; Confine; Extinguish! Report to the area of the fire. Be sure oxygen to the affected area is shut off at the proper zone valve. Use portable oxygen to evacuate patients receiving oxygen. Help evacuate other patients to safety. Close all doors in the area.
WHITE	Bioterrorism	Report to the Respiratory Care Department for assignment.
ORANGE	Hazardous Material	Stay where you are if you are not in the contaminated area. Be alert and avoid area.
PINK	Infant or Child Abduction	Be alert for any suspicious behavior and report to security department.
T	Trauma in the Emergency Department	Report to the Emergency Department after assuring your patient's safety.
GREEN	Elopement	Be alert for any suspicious behavior and report to security Department.
GRAY	Patient/Visitor Behavior	Be alert for any suspicious behavior and report to security Department.
SILVER	Weapons (Imminent threat to staff, patients & visitors)	Be alert for any suspicious behavior and report to security Department.
Note: Students assigned to ICU/CCU/NICU will respond only to emergencies in the unit to which they are assigned. Students who are assigned to other "special" rotations (Surgery, Cath. Lab, etc.) will not respond to Emergency calls in other areas.		

Madisonville Consortium for Respiratory Care Education

Performance Evaluation Summary Record

PROCEDURE	CLASS	LAB DATE	CLINICAL DATE	PRECEPTOR
Vital signs X 3 (pulse, respiratory rate, arterial blood pressure)	RCP 150			
Chest Assessment	RCP 150			
Oxygen Administration	RCP 150			
Pulse Oximetry	RCP 150			
Emergency Department	RCP 150			
Post anesthesia Care Unit	RCP 150			
Small Volume Nebulizer	RCP 175			
Meter Dose Inhaler	RCP 175			
Incentive Spirometry	RCP 175			
Chest Physiotherapy	RCP 175			
Intubation #1 & #2 – Muhlenberg	RCP 175			
Intubation #3 & #4 - RMC	RCP 175			
Adult Routine Ventilator Check	RCP 200			
Endotracheal Suctioning	RCP 200			
Arterial Line Sampling	RCP 200			
ABG Sampling Puncture	RCP 200			
ABG Analyzer / Quality Assurance	RCP 200			
Adult Weaning Parameters	RCP 225			
Adult Weaning	RCP 225			
Adult Ventilator Setup	RCP 225			
Adult Circuit Change	RCP 225			
Neonatal Routine Ventilator Check – St. Mary's	RCP 250			
Setup and Ventilation Via Endotracheal Tube	•			
Aerosol/Tent Therapy	•			
Nasotracheal Suctioning	•			
IPPB Therapy	•			

- As procedure is available.

- All required clinical performance competencies must be satisfactorily completed for successful completion of the clinical course to which they are attached. This requirement is in addition to having a grade of “C” or better in the course. Any student who does not complete all required competencies will receive a grade of “E” for the course and will not be permitted to continue in the program. Competencies not attached to a specific clinical course must be completed prior to the last day of the final clinical course (RCP 250). Failure to complete these competencies will result in an “E” in RCP 250.

Madisonville Consortium for Respiratory Care Education
Performance Evaluation Summary Record

CASE STUDIES	GRADE	WRITTEN ASSIGNMENTS	GRADE	ROTATION EVALUATION BY STUDENT	
WRITTEN #1					
WRITTEN #2					
ORAL #1					
PROFESSIONAL EVALUATIONS		EXAMINATION SCORES		IMMUNIZATIONS	
RCP 150		RCP 150		IMMUNIZATIONS COMPLETE	
RCP 175		RCP 175		IMMUNIZATIONS UPDTATED	
RCP 200		RCP 200		LIABILITY:	
RCP 225		RCP 225 (W) (SIMS)		LIABILITY INSURANCE	
RCP 250		RCP 250 (W) (SIMS)		LIABILITY RENEWED	

CASE STUDY FORMAT

The following is a GUIDE for preparing a written and oral case study. The same sequence is followed in each instance.

- 1). The case study *is* to be written in narrative form (just as you would tell a fellow practitioner about a patient).
- 2). It is **not** to be just a listing of medications, treatments, test, etc.
- 3). You are not to use abbreviations in the written study.
- 4). All ABG values are to be **reported and interpreted**. **You must include the FI02, the O2 delivery devices and ventilator settings, when appropriate. If the patient is breathing room air this must be noted.**
- 5). All **admission** results must be reported in the written form, as well as the range of normal values (this establishes a baseline from which we can assess future results. Any additional lab values reported should include only abnormal values and a comment stating "all other values were within normal limits." When presenting your oral study you are to **state only abnormal values on admission** (with the exception of ABG's).
- 6). Use only initials, **not patient or physician names.**

SEQUENCE OF STUDY

<u>PATIENT IDENTIFICATION:</u>	Initials, age, sex, race, present occupation, height, weight and any special features.
<u>CHIEF COMPLAINT:</u>	The patient's description, in his/her own words, of what brought him/her to the hospital.
<u>HISTORY OF PRESENT ILLNESS:</u>	When did this problem begin, what were the symptoms? Was there any treatment prior to entering the hospital?
<u>CURRENT MEDICAL HISTORY:</u>	Include previous medical problems, hospitalizations, allergies and meds taken at home.
<u>SOCIAL HISTORY:</u>	Include substance abuse such as tobacco (in pack years), alcohol, illicit or prescription drugs, and any significant previous occupations or exposures.
<u>FAMILY HISTORY:</u>	Include contributing factors only. If non-contributory or not available state "non-contributory" or "not available".
<u>PHYSICAL EXAM/REVIEW OF SYSTEMS:</u>	Begin with admission vital signs, lung sounds, presence of any adventitious sounds and include ONLY pertinent positives which have any bearing on the case.
<u>ADMISSION LAB RESULTS:</u>	All admission results must be reported in the written form, as well as the range of normal values (this establishes a base line from which we can assess future results). When presenting your oral study you are to state only abnormal values on admission (with the exception of ABD's). Don't forget to include admission ABG's, chest x-rays, and EKG's.

HOSPITAL COURSE:

Include date of admission, working diagnosis (impression), all treatment the patient received – not just Respiratory Care, results of the treatment or patient's response to treatment. Include daily vital signs, any other lab tests (remember to report only abnormal values and state "the remaining values were within normal limits"), special procedures, surgeries, medications (and changes in meds), ALL ABG's and their interpretation. The hospital course must be sequential, correlating all test results, x-rays, ABG's etc. In other words, give us the complete picture on a day-by-day basis. The discussion of the respiratory care procedures should be your major focus and should include the rationale (why this therapy was indicated for this particular patient; what was the patient's response to the therapy – cough; sputum production; change in condition as a result of the therapy; any adverse effects encountered as a result of the therapy, etc.

SUMMATION/CRITIQUE:

A brief synopsis of the hospital course – "the patient was admitted on – remained in the hospital for –days; received ----; improved and discharged on/expired". Did you agree with the patient's care? Why or why not? Suggestions for improvement? (Support your suggestions with a rationale). Was the correct form of Respiratory Care provided? On what rationale is this based? Was the charting adequate? Any other problems noted? What did you gain/learn by doing this study? What did you hope to teach your peers by presenting this patient's case?

In addition to the actual written case study, the following is required:

1. **Appendix A –** Includes definitions of all NEW or UNFAMILIAR terms or abbreviations encountered. All diseases or conditions affecting the patient must be defined.

Ex. CFS – cerebral spinal fluid.
Ex. Endarterectomy – excision of the thickened atheromatous tunica intima of an artery.
2. **Appendix B -** Medications (all home meds and meds patient received in the hospital). Include Trade and generic name, drug classification, indications for this patient, any adverse effects – common ones only.

Ex. Lasix^R (furosemide) – a diuretic used to increase urinary output and reduce edema. Major adverse effects are depletion of electrolytes, dehydration, and reduction of blood volume leading to circulatory collapse with the possibility of thrombosis and embolism, especially in the elderly.
3. **Bibliography Page**
 - ◆ Patient's Chart Medical Record #
 - ◆ Any resources used to prepare the study. Physician's Desk Reference or any other acceptable pharmacology text, Tabor's Cyclopedic Dictionary, textbooks or medical journals. Wilkins, Clinical Assessment in Respiratory Care is highly recommended as a resource.
 - ◆ Physicians' names (ED, attending and any consulting physicians).

KCTCS AAS CURRICULUM
Madisonville Consortium for Respiratory Care Education
Advanced Respiratory Care Practitioner

FIRST YEAR

SUMMER SEMESTER:

BIO 137	Human Anatomy & Physiology I*	4
MT 110	Applied Mathematics *	3
	OR	
MT 150	College Algebra* (or higher)	(3)
		(3)
Total		7

FALL SEMESTER:

RCP 110	Cardiopulmonary Anatomy and Physiology	3
RCP 120	Theory and Principles of Respiratory Care	4
RCP 130	Pharmacology	3
RCP 150	Clinical I	2
BIO 139	Human Anatomy & Physiology II*	4
ENG 101	Writing I*	3
		3
Total		19

SPRING SEMESTER:

RCP 125	Cardiopulmonary Evaluation	4
RCP 180	Ventilatory Support	3
RCP 175	Clinical Practice II	3
RCP 190	Advanced Ventilatory Support	2
COM 252	Introduction to Interpersonal Communications*	3
	OR	
COM 181	Basic Public Speaking*	(3)
		(3)
Total		15

KCTCS AAS CURRICULUM
Madisonville Consortium for Respiratory Care Education
Advanced Respiratory Care Practitioner

SECOND YEAR

FALL SEMESTER:

RCP 212	Neonatal/Pediatric Respiratory Care	3
RCP 214	Emergency and Special Procedures II	2
RCP 200	Clinical Practice III	3
RCP 225	Clinical Practice IV	3
BIO 208	Principles of Microbiology I	3
CIS 100	Introduction to Computers	3
	OR	
GE 150	Computer Literacy	(1)
		<hr/>
Total		15 - 17

SPRING SEMESTER:

RCP 204	Emergency and Special Procedures I	2
RCP 210	Cardiopulmonary Pathophysiology	3
RCP 228	Preventive and Long-Term Respiratory Care	1
RCP 250	Clinical Practice V	3
PY 110	General Psychology*	3
	OR	
SOC 101	Introduction to Sociology*	(3)
	OR	
PSY 223	Developmental Psychology*	(3)
	Heritage/Humanities*	<hr/>
Total		15

RESPIRATORY CARE SCHEDULE OF COURSES

FALL SEMESTER

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0730	RCP 200/225 (7:30-3:30)		RCP 200/225 (7:30-3:30)		RCP 200/225 (7:30-3:30)
0800		RCP 150 (8:00 – 12:00)		RCP 150 (8:00 – 12:00)	
0830	RCP 120 (8:00 – 12:00)		RCP 120 (8:00 – 12:00)		
0900					
1000		RCP 212 (9:30 – 11:45)		RCP 212 (9:30 – 11:45)	
1100					
1200					
1300	RCP 110 (1:00 – 2:30)	RCP 130	RCP 110 (1:00 – 2:30)	RCP 130	
1400		RCP 214 (1:00 – 2:30)		RCP 214 (1:00 – 2:30)	
1430					
1500					
1530					
1645					

Tina Siddon		Kelly Hayes
RCP 110 (2 nd Half)		RCP 110 (1 st Half)
RCP 120 (2 nd Half)		RCP 120 (1 st Half)
RCP 150		RCP 150
RCP 200		RCP 130
RCP 214		RCP 212
		RCP 225

RESPIRATORY CARE SCHEDULE OF COURSES

SPRING SEMESTER

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0800	RCP 250 (8:00 – 12:00)		RCP 250 (8:00 – 12:00)		
0900					
1000					
1100	RCP 180 (8:00 – 10:00 - Lec)	RCP 175 (8:00 – 2:00)	RCP 180 (8:00 – 10:00 - Lec)	RCP 175 (8:00 – 2:00)	
	RCP 190 (8:30 – 10:00 Lec) (Second Bi-term)	RCP 204 (8:00 – 12:00)	RCP 190 (8:30 – 10:00 Lec) (Second Bi-term)		
	RCP 180/190 (10:00 – 12:00 Lab)		RCP 190 (10:00 – 12:00 Lab)		
1200					
1300	RCP 125 (1:00 – 2:30 Lec)	RCP 210 (1:00 – 4:00)	RCP 125 (1:00 – 2:30 Lec)		
1400	RCP 228 (1:00 – 2:00)		RCP 228 (1:00 – 2:00)		
1430	RCP 125 (2:30 – 4:30 Lab)		RCP 125 (2:30 – 4:30 Lab)		
1500					
1600					
1630					

Tina Siddon		Kelly Hayes
RCP 125 (1 st Half)		RCP 125 (2 nd Half)
RCP 180		RCP 175
RCP 190		RCP 228
RCP 204		RCP 250
RCP 210		

COMPUTER LAB RULES

- 1. NO EATING OR DRINKING IN THE COMPUTER LAB.**
- 2. CLEAN UP AFTER YOURSELF.**
- 3. NO CHANGING SCREENSAVERS OR PERSONAL SETTINGS.**
- 4. LIMIT PAPER USE PLEASE.**
- 5. PRINT ONLY SCHOOL WORK.**
- 6. DO NOT CHANGE INK JET CARTRIDGES.**
- 7. DO NOT ADD PAPER.**
- 8. GET ASSISTANCE FROM CHRISSY IN NURSING LAB OR CINDY IN THE ACADEMIC BUILDING.**
- 9. PLEASE RESPECT OTHER STUDENTS WORKING IN THE LAB BY KEEPING YOUR VOICE DOWN.**

USEFUL TELEPHONE NUMBERS:

MADISONVILLE COMMUNITY COLLEGE (270) 821 - 2250

REGIONAL MEDICAL CENTER (270) 825 – 5100

RESPIRATORY CARE DEPARTMENT (270) 825 - 5886

KENTUCKY BOARD FOR RESPIRATORY CARE (859) 246 - 2747

NBRC (913) 599 – 4200

Ms. Siddon (270) 824 - 1748

Ms. Hayes (270) 824 - 1747

Accreditation Status

I have been informed that Madisonville Consortium for Respiratory Care Education is accredited by the Commission on Accreditation for Respiratory Care (CoARC). I am aware of the programs' accreditation status of probationary accreditation. I have been informed of what this accreditation status means to me, as a student enrolled in this program. I have been supplied with contact information for the CoARC.

Signature

Date

**Madisonville Consortium for Respiratory Care Education
State of Understanding**

I have read and understand the information in the Respiratory Care Program Handbook and agree to adhere to these stated policies. I further acknowledge that I have received a written copy, as well as information about online access, of the KCTCS Code of Student Conduct.

Student's Signature

Date

**Madisonville Consortium for Respiratory Care Education
Authorization to Release Reference information**

I hereby authorize the Program Director and/or Instructors in the Respiratory Care Program at Madisonville Community College to release information concerning my performance while enrolled in the program.

This information should only be released to prospective employers that I have given the Program Director and/or Instructors as references.

Student's Signature

Date

Madisonville Consortium for Respiratory Care Education Travel Form

This is to confirm that I understand that the Respiratory Care Program requires some travel as part of the program and that these trips may involve same day travel out of Madisonville as well as overnight travel for several days. I will not hold Madisonville Community College / Regional Medical Center or any faculty thereof responsible for any accidents or bodily injury that may occur to me as a result of this travel.

Student's Signature

Date

**Madisonville Consortium for Respiratory Care Education
Hazard Communication Program**

I, as a student in the Respiratory Care Program at Madisonville Community College, Health Campus, have had the Writing Hazard Communication Program explained and do understand that in some classroom/clinical procedures I may be exposed to hazardous materials.

Student's Signature

Date

Program Director Signature

Date

Madisonville Consortium for Respiratory Care Education Professional Standards

A student entering the profession of Respiratory Care must understand that they are entering a field of medicine that requires certain professional standards. Professional dress, appearance, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of a Respiratory Therapist present themselves to all ages, cultures, and various ethnic origins; therefore trendy modes of dress and appearance are not allowed.

The program has an established dress code and a code of conduct you must follow throughout the Respiratory Care program.

Your signing of the Professional Standards form indicates that you understand the requirements of the program and that you agree to abide by these standards.

Student's Signature

Date

Trover Clinic Foundation, Inc.

STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand and agree to strict adherences of the confidentiality standards with the Trover Clinic Foundation health care systems, including Loman C. Trover Regional Medical Center, Trover Clinic and all satellite clinics, and Trover Foundation Education Division.

I understand I am not permitted to discuss or to reveal in any manner or to copy or make available information gathered from my access to and communication with patients and staff within the Trover Clinic Foundation health care system.

My queries will be limited to information regarding patients with whom I am authorized to provide patient care services.

I understand violation of this agreement will result in immediate termination of my privileges and rotation and potential legal remedies where appropriate.

DATE

SIGNATURE

WITNESS

Trover Clinic Foundation, Inc.

STATEMENT OF UNDERSTANDING

I, _____, by signing this statement of understanding, do hereby represent that I have read and understand the following:

1. This student experience is for my benefit and; therefore, I will not be entitled to any wages, workers' compensation or other benefits from the Trover Health System.
2. The Trover Clinic Foundation is not responsible for any injuries, which I incur during my student experience. I acknowledge that I will be responsible for paying for any medical treatment I receive as a result of injuries incurred during the course of my student experience.

I have read and understand the above statements and accept them as conditions of my student experience.

STUDENT SIGNATURE

STUDENT NAME (PRINT)

WITNESS SIGNATURE

**Madisonville Community College
Respiratory Carey Program
Grounds for Dismissal**

The grounds for dismissal are listed below. Students should be aware that a student can be suspended from the program at any time for violation of any one of the grounds listed for either academic or disciplinary reasons. Due process would be followed in applicable situations.

- Failing grades in Respiratory and/or College courses (as outlined in the KCTCS Senate Rules).
- Insubordination
- The conviction and distribution of, or possession of illegal drugs or controlled substances.
- Failure to accomplish clinical assignments and course requirements.
- Unprofessional or unethical conduct.
- Cheating in related or professional courses.
- If a clinical education facility refuses to allow a student into their facility for violations such as theft, misconduct, refusal to obtain a required drug screen or background check, failure of before mentioned drug screen, refusal to maintain all immunizations as may be required by a facility; the student will not be allowed to continue in the program.

Please sign this form. This means that you are aware of these policies before entering the program.

Student Signature

Date

WEST AHEC/TROVER FOUNDATION STUDENT INFORMATION SHEET

(please print)

Date _____

Field of Study/Program _____ University/School _____

Name: _____

First MI Last Social Security #

Type of Rotation _____ Date of Rotation _____

Number of hours required, if applicable _____

Preceptor _____

Campus Address _____

City, State, Zip _____ School Phone _____

Permanent Address _____

City, State, Zip _____ Permanent Phone _____

Car Model/Year _____

Do you have personal health insurance? Yes _____ No _____

Policy name and number _____

In Case of Emergency, contact _____ Phone _____

Email address _____ Cell Phone _____

For Office Use Only:

TB _____ MMR _____ Hepatitis _____

Info sent _____ Evaluation _____ FP Brochure _____ Checks (T ____ H ____)

Contact: In Person _____ Telephone _____

Comments:

Madisonville Community College

Health Campus

Infection Control Program Statement of Understanding Universal Precautions Hepatitis B Vaccine

Student

Name: _____

Social Security: _____

_____ I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on bloodborne pathogens that make universal precautions mandatory in all healthcare settings.

Student's Signature: _____

_____ I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that MCC recommends that I take the hepatitis B vaccination prior to entering clinical training. I understand that by declining this recommendation to take the vaccine I will be at risk of acquiring a serious disease hepatitis. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish MCC with proof of vaccination within 10 days of taking the vaccination

OR

_____ I had the hepatitis B vaccination on ____, ____, ____, and have submitted proof of vaccination to MCC (attached).

Student's Signature: _____

Date Signed _____

To Be Signed by Legal Guardian if Student Is A Minor.

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature:

Date Signed

STATEMENT OF UNDERSTANDING

Student Name:	
Program:	
College:	

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.
2. For educational purposes and practice on “live” models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the college as to any problem that might be incurred as a result of these procedures.
3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.
5. I have been provided a copy of, read, and agree to adhere to the college’s policies, rules, and regulations related to the program for which I am applying.
6. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.
8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
9. I understand that I am liable for my own medical and hospitalization expenses.
10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum \$1,000,000/\$3,000,000 (or a greater amount of _____ as required by the Facility) limited professional liability insurance during the clinical phase of the program.

I have read and understand each term above, and agree to abide by this statement of understanding.

To be signed by legal guardian if applicant is a minor.

Student Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions.

ABUSE PREVENTION and REPORTING AGREEMENT

As a student at Trover Health System, I acknowledge that the philosophy and mission of the Trover Health System and Kentucky state statute strictly prohibits any form of abuse, neglect, involuntary seclusion or misappropriation of patient property. I agree that as a student at Trover Health System I will immediately report any incidents of actual or suspected abuse to a manager or Administration and the Compliance Officer/Risk Manager. Failure on my part to immediately report any actual or suspected abuse, neglect, involuntary seclusion or misappropriation of patient property can have serious consequences for the patient and others.

It is also my responsibility to abstain from any act, which may be abusive, (verbally, mentally or physically), to any patient, staff member or other individual related to the facility. I may not willfully withhold care to any patient nor place any patient in a secluded area for my own benefit or for punishment to the patient. Any property belonging to the patient (including food, telephone, clothing, money, etc.) may not be used or removed without the patient or responsible party knowing about it and giving consent. I understand that my commission of or participation in the commission of any of these acts will result in removal from Trover Health System as a student.

All allegations of abuse will be thoroughly investigated by Trover Health System, the appropriate state agencies and law enforcement.

I have had the opportunity to read, discuss, and ask questions regarding this information.

Student Signature

Date

Reference:
Responding to an Allegation or Evidence of Abuse on Trover Health System Premises
Policy and Procedure
Abuse Prevention and Reporting Policy and Procedure

ABUSE PREVENTION & REPORTING

All forms of abuse, neglect, involuntary seclusion and misappropriation of property of all residents is strictly prohibited.

Definitions:

"Abuse" means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish.

This includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well being. (This presumes that instances of abuse, even those involving a resident in a coma, cause physical harm or pain or mental anguish.)

"Verbal Abuse" is defined as the use of oral, written or gestured language that willfully includes disparaging, and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include but are not limited to threats of harm, saying things to frighten a resident (such as telling a resident that he/she will never be able to see his/her family again).

"Sexual Abuse" includes, but is not limited to sexual harassment, sexual coercion, or sexual assault.

"Physical Abuse" includes hitting, slapping, pinching, and kicking. It also includes controlling behaviors through corporal punishment.

"Mental Abuse" includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation.

"Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

"Misappropriation of resident property" means the deliberate misplacement, exploitation of wrongful temporary or permanent, use of a resident's belongings or money without the resident's consent.

"Involuntary seclusion" is defined as separation of a resident from other residents or from his/her room or confinement to his/her room (with or without residents) against the resident's will or the will of the resident's responsible party. Note: emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

Catastrophic reactions are extraordinary reactions of residents to ordinary stimuli, such as the attempt to provide care. "...catastrophic reactions are defined as reactions or mood changes of the resident in response to what may seem to be minimal stimuli (eg.: bathing, dressing, having to go to the bathroom, a question asked of the person) that can be characterized by weeping, blushing, anger, agitation, or stubbornness." Catastrophic reactions can indicate possible abuse.

COMPLIANCE WITH HIPAA PRIVACY
Trover Foundation
2005

QUIZ

1. The HIPAA Privacy Rules are _____?
 - A. National
 - B. State
 - C. City
 - D. County Standards

2. Protected Health Information (PHI) does not include which of the following?
Name
Social Security Number
Date of Birth
Automobile Type

1. We can legally use PHI for _____?
 - A. Treatment,
 - B. Payment
 - C. Health care operations
 - D. All of the above

4. Our Privacy Officer is _____?
 - A. Jerry Kelley
 - B. Dottie Alexander
 - C. Danny Barnett
 - D. Bob Dampier

5. The HIPAA Privacy Rules go into effect in __?
 - A. 2003
 - B. 2004
 - C. 2005
 - D. 2006

5. What department typically handles patient authorizations for release of records?
 - A. Medical Records
 - B. Accounting
 - C. Administration
 - D. Nursing

7. Which of the following is not a requirement of the HIPAA privacy rule?

- A. We must notify patients of their privacy rights
 - B. We must train our employees about HIPAA
 - C. We must adopt new or revised privacy procedures
 - D. We must soundproof patient room walls
8. The minimum necessary standard does not apply to which of the following?
- A. For Treatment purposes.
 - B. Patient requests for their information.
 - C. Uses as required by law.
 - D. All of the above.
9. What can be displayed on a sign in sheet in a waiting room?
- A. The patient's address
 - B. The patient's date of birth.
 - C. The patient's name
 - D. The patient's illness.
10. Our computer access policies with MediScribe and HBO are examples of:
- A. Limiting disclosure based upon need.
 - B. Unlimited disclosure.
 - C. Timed access.
 - D. None of the above.

Application Professional Liability Insurance for Health-Related Disciplines

Kentucky Community and Technical College System

Name _____ Social Security # _____

Home Address _____
(Street) (City) (County) (State)

College District/Campus _____

Policy period will be one (1) year from date application is received.

List of Covered Programs (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Bio-Medical Equipment | <input type="checkbox"/> Office Systems Tech |
| <input type="checkbox"/> Clinical Lab Tech | <input type="checkbox"/> Medication Aid |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Nurse Aid |
| <input type="checkbox"/> Dental Hygiene/Dental Assisting | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Nursing Assistant |
| <input type="checkbox"/> Interdisciplinary Early Childhood Education | <input type="checkbox"/> Nursing/PN & RN |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Health Information Tech | <input type="checkbox"/> Pharmacy Technology |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Medical Administrative Services | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Medical Information Tech | <input type="checkbox"/> Surgical Technology |
| | <input type="checkbox"/> Teacher Education |

I agree to notify the Business Office in writing of any incident that may result in a claim.

Date _____ Signed _____
(Applicant)

Annual student premium is \$20.00 (Prorating is not permitted)

To enroll, application must be completed, signed, dated and submitted to your College Business Office along with the premium.

Students must enroll in the professional liability insurance program prior to any clinical (patient care) activity.

(Items below line for College use only)

PAYMENT:	Cash	_____	Amount Received	_____
	Check	_____	Date Payment Received	_____
	Credit Card	_____	By (Initial)	_____