

**CATAWBA VALLEY COMMUNITY
COLLEGE**

**RESPIRATORY THERAPY
STUDENT HANDBOOK**



**Catawba
Valley**

C O M M U N I T Y C O L L E G E

TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
Introduction	3
AARC Statement of Ethics and Professional Conduct	3
AARC Role Model Statement for Respiratory Therapists	4
Program Philosophy	5
CVCC Mission and Vision	6
CVCC Core Values	6
People to Know At CVCC	7
Program Advisory Committee Members	8
Accreditation	9
Americans with Disabilities Act	9
Program Goals and Standards	11
Program Competencies	11
Retention	12
Readmission	12
Auditing Respiratory Therapy Courses	13
Remediation	13
Student Due Process	13
Grading	14
Academic Dishonesty	14
Academic Integrity	15
Attendance	15
Employment	16
Student Responsibilities in Clinical Practice	16
Health and Physical Examination Requirements	16
Liability and Malpractice Insurance	17
Injury or Accident	17
Cell Phones	17
Smoking	17
Clinical Attendance Policy	18
Policy for Trips	20
Inclement Weather	20
Clinical Dress Code	20
Evaluation of Clinical Practice	21
General Responsibilities	24
Confidentiality	25
Dismissal	25
Membership in Professional Organizations	26
Summary	26
Guideline Agreement	27

INTRODUCTION

Welcome to the Respiratory Therapy Program at Catawba Valley Community College. Respiratory therapy is an essential part of the practice of medicine so a Respiratory Therapists' role in the healthcare team is vital. CVCC has developed this program based on the need for competent practitioners in the field of Respiratory Therapy. The program is a balanced program in which sound educational principles are emphasized in didactic classroom lectures, laboratory activities, and clinical training in affiliated clinical sites. Clinical competency is gained through practice in the laboratory and hospital. Training and working in an allied health profession requires a personal discipline in developing a professional image to benefit the patient and healthcare.

These disciplines include:

1. Performing confidently.
2. Establishing sound medical and professional ethics.
3. Following the program requirements.
4. Giving respect to those in authority.
5. Recognizing the patient as the first priority.

The purpose of this handbook is to share program policies, procedures, and requirements for successful completion of this program. It is important to understand the policies that apply to training. These policies are subject to change. Your thoughts and suggestions for improvements are encouraged. If you have any question concerning any specific policies or procedure, please feel free to contact the Program Director or Director of Clinical Education. Office hours will be posted at the beginning of each semester.

AARC STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT

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

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

3. Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
4. Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.
5. Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.
6. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
7. Promote disease prevention and wellness.
8. Refuse to participate in illegal or unethical acts, and refuse to conceal illegal, unethical, or incompetent acts of others.
9. Follow sound scientific procedures and ethical principles in research.
10. Comply with state and federal laws, which govern and relate to their practice.
11. Avoid any form of conduct that creates a conflict of interest, and follow the principals of ethical business behavior.
12. Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.
13. Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

AARC ROLE MODEL STATEMENT FOR RESPIRATORY THERAPISTS

As health care professionals engaged in the performance of cardiopulmonary care, the practitioners of this profession must strive to maintain the highest personal and professional standards most important standard in the profession is for that practitioner to serve as a role model in matters concerning health. In addition to upholding the code of ethics of this profession by continually striving to render the highest quality of patient care possible, the respiratory therapist shall serve as a leader and advocate of public respiratory health.

The respiratory therapist shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system.

The respiratory therapist shall support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs.

The respiratory therapist shall support research in all areas where efforts could promote improved health and could prevent disease.

The respiratory therapist shall provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients and the general public.

The respiratory therapist shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a personal effort to eliminate smoking and the use of other tobacco products from the home and the work environment.

The respiratory therapist shall strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet the health care needs of the patient or client.

PROGRAM PHILOSOPHY

In order to develop students to their full potential there must be a curriculum responsive to and responsible to students and the profession. The Respiratory Therapy faculty stresses cultivation of life-long learning, intellectual curiosity, moral and ethical integrity, technical competence, and interpersonal and cross-cultural communication skills.

All students have the capability to learn and the faculty believes in each student's desire to achieve their full potential through experiences that require active participation in the educational process. Dedication to the learning process during training is extremely important and is the key to success.

In order to become a professional, a practitioner must be responsible to their chosen field. This is accomplished through one's intellectual curiosity. The ability to ask appropriate questions, investigate and follow-through in a mature way is the mark of a true professional.

The nature of health care demands an ethical and moral approach to the profession. To care for persons whose health is impaired depends on the expertise and

wisdom of practitioners who value the patient's rights to receive an adequate standard of care. Good manners, courtesy, and respect for the rights and feelings of others are the keystones that keep the profession's foundation solid.

Contemporary health care involves employing highly technical equipment in the care of seriously ill patients. The degree of knowledge and skill necessary to safely use this equipment on patients requires students to remember facts and apply operational principles and judgments to clinical situations.

Interpersonal and inter-disciplinary communication skills with regard to cultural differences are essential to every facet of health care. Respiratory therapy practice demands attentive listening and a focus on the needs of those with whom communication is intended. Communication, both verbal and nonverbal, with patients and other allied health team members, provides information, perspective, and encouragement to others.

CVCC MISSION AND VISION

Mission

Catawba Valley Community College is an innovative, comprehensive community college that fosters an environment focused on Academic Excellence, Globalization and Diversity, Economic and Workforce Development, and Student and Community Engagement to empower individuals and enrich the community through premier educational programs and services centered on teaching and learning.

Vision

The vision of Catawba Valley Community College is to be the standard of excellence for programs, services, and facilities for community colleges in the nation.

CVCC CORE VALUES

Catawba Valley Community College is an innovative, comprehensive community college that fosters an environment focused on Academic Excellence, Globalization and Diversity, Economic and Workforce Development, and Student and Community Engagement to empower individuals and enrich the community through premier educational programs and services centered on teaching and learning. Our campus community has identified the following seven core values and bases its operations and services upon these values:

1. Student Success
2. Excellence in Teaching and Lifelong Learning
3. Economic and Workforce Development
4. Quality Stakeholder Engagement
5. Global Perspectives
6. Embracing of Diversity
7. Integrity and Ethics

PEOPLE TO KNOW AT CVCC

Garrett Hinshaw, Ed.D
President

Dr. Keith Mackie, Ed.D
Vice President of Instruction

Bill Dulin
Vice President of Technology and Student Services

Dr. Kimberly Clark, EdD
Dean – School of Health and Public Services

Catherine A. Bitsche, EdS., R.R.T.
Program Director, Respiratory Therapy Program

Robin L. Ross, M.S., R.R.T.
Director of Clinical Education, Respiratory Therapy Program

John Dew, M.D.
Medical Director, Respiratory Therapy Program

Caroline Farmer
Director of Admissions Health Services

Vicky Kerley
Secretary, School of Health and Public Services

RESPIRATORY THERAPY PROGRAM ADVISORY COMMITTEE

Grace Sparks -CVCC Adv. Comm. Chair	Frye Regional Medical Center
Jimmy Phillips	Catawba Valley Medical Center
Bob Noble	Iredell Memorial Hospital
Fred Hefner	Lake Norman Regional Medical Center
Judy Hilton	Valley Nursing Center
Laurie Joplin	CMC - Lincoln
Shaun Kreuger	Gaston Memorial Hospital
Lucille Goddard	Forsyth Regional Medical Center
Kathleen Venator	Blueridge Healthcare System
Tony Long	Industry Representative
Deb Holcomb	Community Rep
Lori Dennis	CVCC Alumnus
Jason Elder	Part time faculty
Heather Smithey	Part time faculty
Kim Clark	Dean – Administration Rep
Joleen Sadowski	2 nd year rep
Stephen Goetz	1 st year rep
Catherine Bitsche	PD
Robin Ross	DCE
John Dew, MD	Medical Director

ACCREDITATION

Catawba Valley Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and School to award associate

degrees. The Respiratory Therapy program at Catawba Valley Community College has been granted accreditation status by the Commission on Accreditation for Respiratory Care.

AMERICANS WITH DISABILITIES ACT

Catawba Valley Community College does not discriminate against qualified individuals with disabilities and will attempt to provide reasonable accommodations as required by law. The contents of this manual will not be discriminatory to anyone.

The following activities are examples of the types of activities which a student in the Respiratory Therapy program will be required to perform, in order to successfully complete the program. If an accepted applicant believes he or she cannot meet one or more of the standards, the applicant should consult the Program Director or the Director of Clinical Education for the respiratory therapy program.

1. **Critical Thinking:** Respiratory therapy students should possess critical thinking ability sufficient for clinical judgment. For example: students must be able to identify cause and effect relationships in clinical situations; develop and/or participate in the development of respiratory care patient plans.
2. **Interpersonal skills:** Respiratory therapy students shall possess interpersonal abilities sufficient for interaction with individuals, families, groups, etc. from a variety of social, emotional, cultural and intellectual backgrounds. A student must be able to establish rapport with patients, families and other health care members.
3. **Communication skills:** Respiratory therapy students shall possess communication skills sufficient for interaction with others in verbal and written form. For example: explain treatment procedures, initiate health teaching, document and interpret therapeutic interventions and patient/client responses.
4. **Mobility:** Respiratory therapy students shall possess physical abilities sufficient to move room to room and maneuver in small spaces, stand and walk extensive periods of time. For example: move around in patient's rooms, workspaces and treatment areas, administer cardiopulmonary procedures.
5. **Motor skills:** Respiratory therapy students shall possess gross and fine motor abilities sufficient to provide safe and effective respiratory care procedures. For

example: set up, calibrate and use equipment, position patients/clients, perform CPR.

6. Hearing: Respiratory therapy students must possess auditory ability sufficient to monitor and assess health needs. For example: hear monitor alarms, emergency signals, auscultatory breath and heart sounds, and cries for help.
7. Visual: Respiratory therapy students shall possess visual ability sufficient for observation and assessment necessary for patient care. For example: observe patient/client responses, see calibration and alarms for equipment, patient assessment.
8. Tactile: Respiratory therapy students shall possess tactile ability sufficient for physical assessment. For example: auscultation, percussion, palpation and the therapeutic modalities related to therapeutic interventions. For example: insertion of arterial lines, chest tubes, performs percussion and vibration treatments.
9. Weight – Bearing: Respiratory therapy students shall possess the ability to lift and/or manipulate 40-50 lbs. For example: Position patients/clients, move equipment.
10. Cognitive abilities: Respiratory therapy students shall possess ability to be oriented to time, person and place, organize responsibilities and make decisions. For example: student shall assess patient/client complaints and implement appropriate treatment.
11. Occupational exposures: Respiratory therapy students may be exposed to communicable disease and/or bodily fluids, toxic substances, medicinal preparations, and shall use appropriate precautions at all times. For example: The student may be assigned an AIDS patient and shall provide total care using universal precautions, the student will be in an environment where there will be exposure to Latex.

(Examples are not all inclusive)

RESPIRATORY THERAPY PROGRAM GOALS AND STANDARDS

GOAL : To prepare Catawba Valley Community College Respiratory Therapy graduates to function as competent Respiratory Therapists at the advanced level.

STANDARDS:

- a. Upon completion of the program, the student will be able to demonstrate his/her cognitive ability to function effectively as a Respiratory Therapist at the advanced level.
- b. Upon completion of the program, the student will be able to demonstrate his/her psychomotor ability to function effectively as a Respiratory Therapist at the advanced level.
- c. Upon completion of the program, the student will be able to demonstrate his/her affective ability to function effectively as a Respiratory Therapist at the advanced level.

PROGRAM COMPETENCIES

Upon completion of the program the student will demonstrate the ability to:

1. Communicate effectively in written, oral, and computer modalities.
2. Demonstrate the ability to critically think and problem – solve.
3. Develop evidence based practices through the effective application of independently researched information.
4. Recognize and respect diversity.
5. Foster a global healthcare perspective.
6. Evaluate, monitor, and record patients' responses to prescribed respiratory care and recommend diagnostic and/or therapeutic procedures and modifications as indicated by relevant clinical information across the lifespan.
7. Participate in development of respiratory care plans based on analysis of data.
8. Recommend and administer appropriate therapeutic and life-support procedures.
9. Ensure appropriateness of equipment selection based on respiratory care plan and monitor equipment to assure infection and quality control.

10. Participate in the cardiopulmonary education of patients across the lifespan.
11. Assist physicians in therapeutic and diagnostic cardiopulmonary procedures.
12. Work effectively as a member of an inter-disciplinary team.
13. Maintain the highest standards of ethical conduct.

RETENTION

For retention and promotion in the Respiratory Therapy Program the student must, in the judgment of the faculty, satisfy the requirements of health, conduct, and scholastic achievement. In addition to meeting the established criteria of the college, the student must schedule all courses in a sequence pattern as outlined by faculty advisors.

Each student must maintain a "C" or better in all respiratory therapy classes in order to continue in the program on schedule. The student must make a "C" (2.0) in all other supporting classes. These classes may be repeated one time in order to obtain a grade of "C." Failure to maintain academic requirements will temporarily discontinue the student's participation in the program. All students must also successfully pass a clinical lab practicum at the end of each semester to continue in the program.

Courses may be repeated but because many RCP classes have pre-requisite requirements, the student's progress may be delayed. In cases of this nature, the faculty approves scheduling of the student's classes after counseling with the student. If a student fails a course twice, they will be ineligible for re-admission to the Respiratory Therapy Program.

READMISSION

Students who have previously been in the respiratory therapy program, but whose studies were interrupted for any reason may reapply to the program. Readmission is based on the admissions standards in effect at the time of re-admission. Minimum admission requirements may have changed since prior admission. Additional requirements may be necessary in special situations, such as physician or psychiatrist statement, if requested. Students who are re-admitted are expected to audit all prior courses.

AUDITING RESPIRATORY THERAPY COURSES

Auditing fees are the same as those for students enrolling for credit. Any person who desires to audit must have already taken the course or its equivalent and received a satisfactory grade. The respiratory therapy program may restrict the number of auditing students. The auditing student is required to attend and participate in all classroom learning experiences. Audits are not available in the clinical area. Auditing students are encouraged to contact the faculty member(s) teaching the course for the nature of assignments prior to enrolling for an audit. Although tests and assignments will be scored, no grade can be given for an audited course.

REMEDIATION POLICY

The faculty of the Respiratory Therapy program at CVCC are available to assist students. We offer supplemental instruction to students at their request. Times for didactic, or laboratory remediation must be mutually agreed on by the teacher and students. Students and instructors will come to sessions prepared to ask and answer questions or demonstrate and allow practice time for skills. These sessions may be requested in groups or individually.

The faculty members are available by phone and e-mail for specific needs. Please do not hesitate to ask for assistance with problems that arise with didactic, laboratory, or clinical requirements or schedules.

If a student is unable to, with these means for extra assistance, meet the course outcomes, the faculty will counsel the student and try to direct them to resources they need to either succeed in the program or change to another course of study.

STUDENT DUE PROCESS

Students who have a grievance may have their grievance reviewed in accordance with the student due process policy listed in the college catalog.

CVCC GRADING SCALE

A = 93-100

B = 86-92

C = 78-85

D = 70-77

F = Below 70

ACADEMIC DISHONESTY POLICY

Students at CVCC are expected to be honest in all academic pursuits, whether class, lab, shop, or clinical. Acts of academic dishonesty are considered unethical and subject to behavior sanctions. Examples of academic dishonesty include, but are not limited to the following:

1. Sharing information about the content of quizzes, exams, classroom/lab/shop/clinical assignments (scheduled or make-up) without approval of the instructor including but not limited to unauthorized copying, collaboration, or use of notes, books, or other materials when preparing for or completing examinations or other academic assignments (scheduled or make-up).
2. Buying, selling, or otherwise obtaining a copy of a quiz, exam, project, term paper, or like document, without approval of the instructor.
3. Plagiarism, which is defined as the intentional representation of another person's work, words, thoughts, or ideas (from any source) as one's own.
4. Failing to follow approved test taking procedures by performing such acts as the following:
 - a. Looking on another student's test
 - b. Use of unauthorized notes; written, electronic, or otherwise
 - c. Changing answers after exam is scored
 - d. Verbal, non-verbal, or electronic communication with another student during an exam
5. Falsifying documentation of clinical hours, preceptor evaluations, or signatures, whether intentional or not.

Instructors have the authority to impose a warning, probation, or dismissal from the class for acts of academic dishonesty relative to classes under their supervision.

Students have an obligation to report any acts of academic dishonesty to the instructor or appropriate campus authority when reasonable grounds exist for such a report. Students also have a responsibility to cooperate in the investigation of any alleged acts of academic dishonesty. Failure to report acts of academic dishonesty could result in a behavior sanction as outlined in College catalog.

ACADEMIC INTEGRITY

All students are expected to follow CVCC's policy concerning academic integrity and student conduct. Any student who disagrees with a sanction has the right to follow the appeal process outlined in the CVCC General Catalog.

ATTENDANCE POLICY

Punctual and regular class attendance is required of all students attending CVCC. Regardless of the reason for an absence, the student misses vital information. The student is responsible for all class work covered during absences from class. When an unavoidable absence occurs the student should contact the instructor who may permit the student to make up work missed. In such cases, it is the student's responsibility to complete the work missed, within a reasonable period of time, as determined by the instructor. Appointments and other outside activities scheduled by the student should be planned without conflicting with class or clinical times. If tardiness and absences become excessive and minimum course objectives cannot be met, the student will be notified and will be withdrawn from the course.

EMPLOYMENT

If the student is employed by a health care facility, he/she should be aware that the nature of his/her duties should in no way be related to duties as a Respiratory Therapy student. The hospital and/or health care facility are responsible for the student's actions while employed. Neither the Respiratory Therapy faculty nor Catawba Valley Community College are responsible for any student's activities while on duty as an employee. Respiratory Therapy students may not be gainfully employed during assigned clinical hours. Students must not be substituted for paid staff while in a student capacity in the clinical setting.

STUDENT RESPONSIBILITIES IN CLINICAL PRACTICE

CVCC, as the sponsoring institution for the Respiratory Therapy program, will provide competency-based clinical education as a component of the academic education of future Respiratory Therapists. In an allied health field such as Respiratory Therapy there is responsibility placed on the students to become mature, professional, responsible, competent members of the healthcare team. Health professionals often experience stress due to the responsibilities involved in the chosen field of study. Technical and communication skills are necessary for dealing with critically ill or injured patients. Patience is required to handle children and elderly patients, and the critical procedures involving premature infants, cardiac patients, as well as patients requiring routine procedures. These and other clinical skills can only be acquired through practice under closely supervised conditions. With these ideas in mind, the student is assigned to the clinical setting to acquire the skills necessary to perform as a competent respiratory therapist.

HEALTH AND PHYSICAL EXAMINATION REQUIREMENTS

1. The student must have a health examination consisting of a general physical, which includes a medical history, immunization documentation, and other laboratory tests as specified on the Health Examination Form.
2. A negative drug screen and a state-wide criminal background check are required.
3. The student is required to attend in-service training defining OSHA standards for health and safety in the workplace and HIPAA to protect the patient's privacy while in a healthcare facility.

4. HEPA masks are required for clinical practice and the student is responsible for knowing the correct size required.

LIABILITY / MALPRACTICE INSURANCE

Students enrolled in the Respiratory Therapy Program are required to purchase liability/malpractice insurance. The premium for this insurance is paid once annually with tuition and fees through the college business office. The student must provide proof of insurance to the program faculty.

INJURY OR ACCIDENT

In the event an injury or accident occurs while the student is at a clinical affiliate, the instructor at that site should be notified immediately so that proper procedures may be followed. Payment for use of medical services available in the clinical facility will be the responsibility of the student. Students are strongly encouraged to carry health and accident insurance. Student accident insurance is available through the Business Office and must be paid at the time of registration at the beginning of each semester.

CELL PHONES

Students may have cell phones in class set on vibrate. They must remove cell phones from the desk area during examinations. Students are expected to deliver quality care to the patients they encounter in the clinical setting and personal phone calls are disruptive to patient care. Cell phones should not be carried on a student's person during clinical hours. In the event of a need for communication during scheduled clinical hours, prior approval from the clinical preceptor is required to allow a student to carry a cell phone. Using a cell phone during clinical time without permission of a clinical preceptor will be grounds for dismissal from the program.

SMOKING POLICY

CVCC is a tobacco - free campus. Tobacco use is prohibited at all times, by all persons, in all locations. This includes clinical facilities to which a student is assigned.

CLINICAL ATTENDANCE POLICY

Because of the diversity and spontaneity of clinical experiences available to respiratory therapy students, regular attendance at clinical rotations is essential. Unlike classroom and laboratory experiences, the types of learning experiences available in the clinical setting are often unplanned. Therefore, attendance at all clinical rotations is of utmost importance for the student to gain the most from his/her clinical practice. Success as a practitioner correlates with the amount of time spent in clinical training. Clinical practice is the central activity through which the components of competence; knowledge, technical skills, values, and attitudes are developed.

A policy regarding absenteeism and tardiness has been established in accordance with the above philosophy and to allow students to develop work habits considered essential for a professional healthcare employee. Written probation is the consequence for not following the clinical attendance policy. This is followed by dismissal for continued absenteeism or tardiness. Students are expected to be present and prompt at all clinically related program activities.

Definition of Clinical Absences

Students are required to submit verification for any clinical absence.

Excused absences are verifiable through documentation. Examples include: Illness documented by a physician; death in the immediate family documented by an obituary; vehicle breakdown documented by a receipt for towing/repair; birth of a child.

Unexcused absences are defined as any absence without proper verification. Any student who is absent for 2 clinical days in a semester will be placed on probation.

PTO

Students have the opportunity to earn clinical time off by participation in health care activities outside of class and clinical requirements, with prior approval of the DCE. This PTO may be used in the event of an excused absence. The maximum allowable clinical hours that may be substituted per semester is equivalent to one clinical day of time.

Make – up

Any absence from clinical (excused or unexcused) must be made up on the students own time. Arrangements for make-up time is the responsibility of the student.

Call-in

The DCE and clinical site must be notified at least thirty minutes prior to starting time if the student is going to be absent. Students should request to speak to the shift supervisor on duty or leave a recorded message as instructed by the facility. In the event the supervisor is not available, the student is responsible for recording the name of the person receiving the message.

Tardiness

Students are expected to report to clinical assignments on or before the scheduled starting time. The clinical site must be notified at least thirty minutes before the starting time if the student is going to be late. Students who are habitually late will be counseled by the program faculty in an attempt to identify and correct the problem.

Leaving a clinical site

Leaving clinical during the scheduled clinical time will be grounds for dismissal from the respiratory therapy program. If the student needs to leave a clinical facility due to unforeseen circumstances or an emergency, the DCE must be notified.

Certificate of Perfect Attendance

Perfect attendance for a semester will be rewarded with a “Certificate of Perfect Attendance” which will become part of the student’s permanent record. An exemplary attendance record is advantageous to the graduate seeking employment.

POLICY FOR TRIPS

Students may be given the opportunity to attend a convention or seminar in Respiratory Therapy. When this occurs, the student will be given the option of going to the seminar or attending clinical. All fees and expenses are the financial responsibility of the student along with transportation to and from the seminar.

Students going to seminars will be required to attend all required lectures. If a student is not in clinical or in attendance at seminar lectures, this is considered an **unexcused absence**.

INCLEMENT WEATHER

Please follow the procedure for inclement weather in the CVCC Catalog. Inclement weather closings are posted on the CVCC website during periods of inclement weather.

CLINICAL DRESS CODE

The image projected to patients must be of a clean, caring, and professional individual in order to promote an atmosphere of comfort, security, and confidence. To project this image the following dress code has been adopted:

1. The uniform shall consist of a clean, long sleeve white lab coat with a CVCC student patch sewn on the right sleeve to be worn over a scrub suit of the designated color.
2. CVCC student identification badges are required at all times while at the clinical affiliates.
3. Hair should be kept clean and neat. Hair of a length below the collar must be tied back or pulled up on top of the head.
4. Men need to be clean-shaven every day. Mustaches and beards are permitted but must be kept neatly trimmed.
5. Jewelry must be conservative and kept to a minimum. Wedding rings, graduation rings and watches are permitted. Earrings should consist of one stud-type earring per ear. Body piercings, with the exception of earrings, should not be able to be seen. If so, they are to be removed while the student is in the clinical setting. Tattoos should be kept covered and not be observable by others. In areas such as neonatal ICU and surgery, jewelry is not permitted.

6. All students should take extra care to maintain the best personal hygiene possible. Strong perfumes, colognes, and after-shave lotions should be kept to a minimum as they may put a cardiopulmonary compromised patient in danger. Make-up and cosmetics should be in good taste and discreet. Mouthwash or breath fresheners may be necessary during the day. Deodorants/antiperspirants may also be needed so offensive odors do not handicap interaction with patients, family members and other health care professionals.
7. All students must keep their fingernails clean and short. This is to protect both the student and patient from injury. Acrylic or other applied nails are not permitted.
8. Chewing gum is prohibited in the patient care areas because of the unprofessional appearance it presents.
9. A stethoscope must be purchased for use during laboratory and clinical practice. Students are required to have their stethoscopes with them during all clinical assignments.
10. Protective eyewear must be purchased to protect the student from exposure to contaminated blood and body fluids.
10. Students are responsible for knowing the correct size information for HEPA respirators.
11. Students must have a **black** ink pen with them during clinical assignments. Never use any other color of ink in the clinical setting.
12. Students must have a calculator for use during clinical assignments.
13. A watch with a second hand is required for all clinical assignments.

Showing up to clinical unprepared may result in the student being asked to leave the facility. This is considered an unexcused absence.

EVALUATION OF CLINICAL PRACTICE

In order to evaluate the essential elements of student performance in the clinical setting, DataArc is used to document performance.

Clinical Knowledge and Performance Evaluation (Affective Evaluation)

The Clinical Knowledge and Performance Evaluation enables the clinical preceptor to evaluate students in the following areas of clinical performance and competency:

1. Appearance
2. Attendance
3. Punctuality
4. Dependability/Reliability
5. Effective functioning as a member of the healthcare team
6. Contributes to a positive departmental environment
7. Acceptance of supervision
8. Appropriate patient interaction
9. Ethical/Professional behavior
10. Effective communication
11. Time management
12. Self direction
13. Confidence
14. Active participation in clinical activities

The rating form is organized into statements describing the dimensions of student clinical effectiveness. The preceptor will provide a rating only for those areas that apply to the student performance and for which the instructor has had adequate opportunity to observe. The preceptor uses the grading rubric provided in the DataArc tool which corresponds to the performance level achieved by the student.

The expected level of knowledge and performance is outlined in the course syllabus that the clinical preceptors and students are provided with at the beginning of each clinical course. In the preceptor training provided by the DCE, preceptors are encouraged to provide comments regarding student performance and recommendations for further review/practice on the tool. Students are required to review and electronically sign the daily affective evaluation record for each clinical day.

Clinical Knowledge and Performance Evaluation (Psychomotor Evaluation)
Proficiency Requirements

Each clinical syllabus includes a required clinical competency list. The competencies are graded according to the rubric provided on the tool.

The Evaluation Process

The student's progression toward clinical competence will be formally evaluated at least two times. These two occasions are referred to as ***Phase One*** and ***Phase Two*** evaluations.

Phase One

Phase One is a pre-clinical or laboratory evaluation. Following adequate instruction and practice for a procedure, the student's performance will be evaluated in the laboratory setting. The student must complete both peer and instructor check-offs. It is the responsibility of the student to be prepared for the evaluation session. The student will not be able to practice a procedure in the clinical setting until he/she has passed the performance evaluation in the laboratory.

Phase Two

During Phase Two evaluations, the student's performance of a procedure will be evaluated in the clinical setting. Phase Two evaluations are conducted only after the student has completed three documented clinical performances.

The Evaluator's Role

The evaluator must perform at least two different roles. These roles involve clinical instruction and evaluation. As instructors, we provide direct clinical supervision and facilitate learning. As evaluators, the role of the preceptor is significantly reduced. When the student performs an evaluation session, it is assumed the student can perform the procedure **without assistance of any kind**. If it becomes necessary for the evaluator to intervene, either to safeguard the patient's welfare or to expedite completion of the procedure, the evaluation must be repeated after the student has had further practice.

The Student's Role

Before each evaluation, the student should:

1. Review the appropriate performance evaluation criteria.

2. Meet with the instructor to discuss any points of confusion.
3. Review the patient's medical record.
4. Ensure that all necessary equipment is readily available.
5. Be prepared to accept constructive criticism.

GENERAL RESPONSIBILITIES

1. Students are required to abide by the policies and procedures of the affiliates.
2. Students are responsible for transportation to the clinical sites
3. Students will be directly responsible to the Clinical Preceptor to whom they are assigned and responsible to the Director of Clinical Education.
4. Students will perform respiratory therapy procedures under the supervision of a clinical preceptor.
5. Student Signatures
 - a. All students should sign documentation with "SRT" after their name. (Student Respiratory Therapist)
 - b. All student signatures on patient and departmental records will be checked and co-signed by the clinical instructor and/or clinical preceptor.
6. Students are required to complete daily clinical patient assessments and daily clinical logs.
7. Students are required to complete a clinical preceptor evaluation form using the DataArc documentation system.
8. Students are required to conduct themselves in a socially acceptable manner at all times. When addressing classmates, instructors and co-workers in the clinical area, an appropriate title and surname are to be used unless hospital policy dictates otherwise.
9. As respiratory therapist in training, every effort should be made stop using tobacco.
10. A display of ill temper on the part of any student is inexcusable, even under trying conditions or situations. The student must remain in control of emotions. The quality and tone of the voice should be quiet, pleasant, and assuring. The use of profane or obscene language will not be permitted.

11. Possession of drugs such as alcohol, marijuana, or narcotics be permitted in the college or clinical site. A student found to be under the influence of while in clinical or class areas **will be dismissed from the Respiratory Therapy program.**
12. Falsification of documentation is considered unethical conduct and will result in dismissal from the program.

Students are expected to demonstrate acceptable work habits, display genuine relationships with people, develop effective communication skills, and demonstrate professional practices and behaviors. Any problems, concerns, or questions concerning any aspect of the student's clinical experience should be brought to the attention of the program faculty.

CONFIDENTIALITY

The chart is a legal document. The student while in clinic will have access to confidential patient information. It is imperative that the student remembers that no information about a patient is to be discussed with anyone who is not directly involved with the case. This violates the rights of the patient under law and the Health Insurance Portability and Accountability Act (HIPAA). Therefore, breach of confidentiality will not be tolerated. Violations of the confidentiality policy result in dismissal from the program.

Students will be involved in the day to day operations in several clinical sites. The people, procedures, patients, and staff activities should not be discussed outside that area. This should be treated as confidential information.

DISMISSAL FROM THE RESPIRATORY THERAPY PROGRAM

The Respiratory Therapy Program faculty reserves the right to dismiss from the program any student who fails to meet academic and/or non-academic criteria which include behavioral, attitudinal, ethical, and/or clinical standards. Further, students who present problems in physical or emotional health that do not respond to appropriate treatment and/or counseling within a reasonable period of time will be dismissed from the program. If a student is denied access to a clinical site for any reason, this may result in dismissal from the program. Students will also be dismissed if they demonstrate behavior

that conflicts with safety essential to the practice of respiratory care. Dismissal may occur at any point in any course in the program.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

All students enrolled in the respiratory therapy program are required to join the American Association for Respiratory Care (AARC), the NC Society of Respiratory Care (NCSRC) and the CVCC Association of Respiratory Care Students.

SUMMARY

This manual has dealt with policies that apply to Catawba Valley Community College students of the Respiratory Therapy Program. Students should take their education seriously and show an interest in order to make the most of the opportunity to learn. It is the sincere hope of the college that the student will make use of the numerous talents of the faculty and counselors in those instances where a need arises.

Please feel free to contact the program faculty with any questions or concerns regarding the policies contained herein. It is the policy of Catawba Valley Community College to offer all educational and employment opportunities without regard to race, color, national origin, sex, age or disability.

Last revision: 6/2009, 5/2010, 2/2011

PROGRAM HANDBOOK AGREEMENT

I have read and understand the Respiratory Therapy Student Handbook. I agree to abide by these guidelines for the school year _____.

Date _____

Signature of student _____

Signature of DCE _____