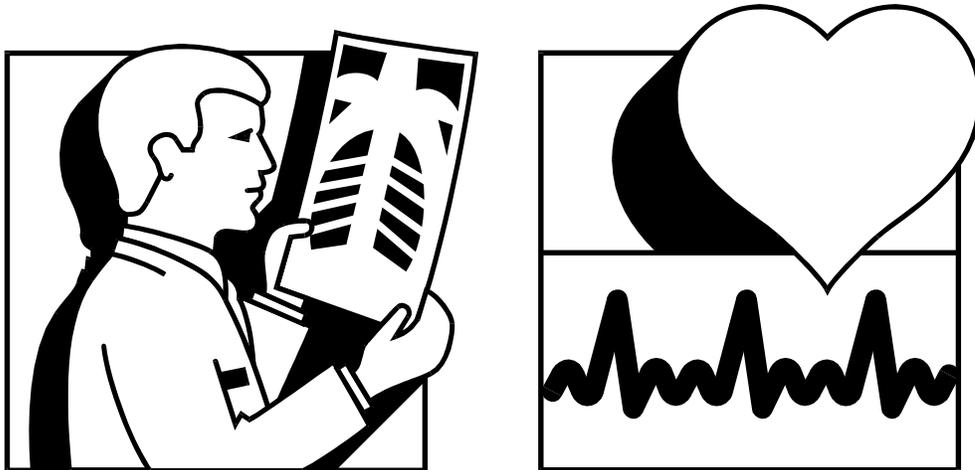


# DSC

DALTON STATE COLLEGE

## RESPIRATORY THERAPY PROGRAM STUDENT HANDBOOK



# **DALTON STATE COLLEGE RESPIRATORY THERAPY PROGRAM**

Welcome to DSC and respiratory program. We are pleased that you have chosen Respiratory therapy as your profession. The field of respiratory therapy is new and the opportunity for growth and advance your carrier is only limited by your attitude, work ethics, and willingness to achieve higher goals; respiratory therapy would enable you to realize and achieve your goals.

The purpose of this handbook is to familiarize you with policies and rules that have been set to guide you throughout your school years. Changes in policy, rules, and procedures will be reflected in the handbook as necessary, and you will be informed of the changes as an addendum to this handbook. Also, the DSC catalog may include policies that are not included in this handbook. RT students must adhere to all policies not defined in this handbook or course syllabus. Every effort is made to keep students informed of any changes.

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Dalton State College  
Department of Respiratory Therapy Education

## **Mission Statement**

**The mission of the Respiratory Therapist program is to provide an educational program that assures opportunities to individuals that will enable them to obtain the knowledge, skills, and attitudes necessary to succeed in the field of respiratory therapy.**

## **Goals of the Program**

**Goal: Upon the completion of the respiratory care program, the graduate will be a competent advanced-level respiratory therapist.**

### **Standards:**

- a. Upon completion of the program, the student will demonstrate the ability to comprehend, apply and evaluate clinical information relevant to his or her role as an advanced respiratory therapist.**
- b. Upon completion of the program, the student will demonstrate the technical proficiency in all skills necessary to fulfill the role as an advanced level respiratory therapist.**
- c. Upon completion of the program , the student will demonstrate professional behavior consistent with the employer's expectations for the advanced level respiratory therapist**

## **TECHNICAL STANDARDS**

**The Americans with Disabilities Act requires that careful consideration be given to all applicants seeking education or employment. The act also requires that accommodations be provided to the disabled person when proven to be reasonable. The act also supports the identification of essential job functions that may be used in conjunction with other selection criteria in the screening of potential applicants for a professional curriculum or employment.**

**The Respiratory Care Professional (RCP) is a care giver with the responsibility of providing life supporting therapies and diagnostic services. Implied in this care giving role are essential job functions that require the RCP to demonstrate certain cognitive, psychomotor, and affective skills. The performance of these job functions must be consistent with the expectation that the RCP must not place himself / herself, a fellow worker, or the patient in jeopardy because of physical or mental disabilities.**

**The purpose of the following is to identify the essential functional requirements of the RCP in the categories of visual acuity, hearing, physical ability, speech, manual dexterity, and mental stress. The examples below are not all inclusive and additional disabilities that prove to prevent the performance of the RCP essential job functions may be considered on a case by case basis.**

## **Physical Standards for Respiratory Care Professionals**

Students **must** be able to:

- **Lift** up to 50 pounds to assist moving patients.
- **Stoop & Crouch** to adjust equipment.
- **Kneel** to perform CPR.
- **Reach** in order to plug in equipment.
- **Handle & Grasp** syringes, scopes, tubes.
- **Stand** for prolonged periods of time.
- **Push and Pull** large wheeled equipment.
- **Walk** for extended periods of time and distances.
- **Hear** verbal directions, gas flow, alarms, and breath sounds through a stethoscope.
- **See** patient conditions such as skin color and work of breathing, and see equipment.
- **Talk** in English goals and procedures to patients and communicate with physicians and co-workers about patient conditions.
- **Read** typed, handwritten, and computer information in English.
- **Write** in English to communicate pertinent orders and information to patient charts, both handwritten and typed.
- **Function** calmly under stressful situations.
- **Maintain composure** while managing multiple tasks simultaneously.
- **Prioritize** multiple tasks.
- **Exhibit** social skills necessary to interact effectively with patients, families, supervisors and co-workers of the same or different cultures.

## **CHEATING POLICY**

**Every student is expected and required to do his or her own work in the course and all other courses at DSC. Any instances of cheating or plagiarism, as expressed in the college catalog and student handbook will be reported to the vice president for Student Affairs. Dismissal from the course with a grade of F and from the RT program is the minimum penalty; other measures may be taken by the appropriate committee as warranted. Any form of falsification on clinical check-off skills or clinical attendance and evaluation forms is considered to be cheating and will result in dismissal from the program.**

## **WITHDRAWAL FROM COURSE**

**Students wishing to withdraw from the course may do so without penalty until the midpoint of the semester, and a grade of W will be assigned. After midpoint, withdrawal without penalty is permitted only in extreme cases of hardship as determined by the vice president for Academic Affairs. It is the student's responsibility to withdraw.**

## **COURSE REQUIREMENTS**

The RT student is required to complete all assignments and clinical rotations in an acceptable manner as deemed acceptable by the instructor and program policies. To pass each course, the student must have a 75% overall average in the class and satisfactory completion of clinical and laboratory requirements. Students are required to take the Self-Assessment Certification Respiratory Test (SCRT) during the second Fall semester and the Self -Assessment Registry Respiratory Test (SRRT) and the Self-Assessment Clinical Simulation Examination (SCSE) mid-point of their last Spring Semester. Students must pass the SCRT and the SRRT to graduate. Students are responsible for the purchase and expenses of these tests and of any re-test necessary.

## **GRADING SCALE**

The following grading system is used;

A - 90 - 100

B - 80 - 89

F - 74-0

C - 75 - 79

\* All RT courses must be completed with a grade of C or better for the student to advance in the program.

## **CURRICULUM CHANGES**

The faculty may change or alter curriculum format or chronology, didactic or clinical course structure, and departmental policies as needed to improve the educational experiences for the student.

## **CURRICULUM STRUCTURE**

Satisfactory academic standing in the respiratory therapy program is dependent on mastery of each course at the time the course is offered. The minimum requirement for the mastery of an RESP course is a 75% average for all graded activities and the maintenance of a cumulative GPA of at least 2.0 for courses taken at DSC for credit toward an AAS degree in respiratory therapy. Students will not receive credit toward satisfying the graduation requirements of the respiratory therapy program for any course in which they earn a grade of less than a "C."

If a grade of less than a "C" is received in a prerequisite course, the student will not be allowed to continue on track until the course is passed with a score of 75% or greater. This situation will require withdrawal from the program and/or delaying the date of graduation. If the student withdraws from the program, they are required to reapply for enrollment in the program the following year. There is no guarantee that a spot will be available for the student in the program the following year. Decisions will be based on the faculty's judgment of the student's ability to successfully complete the program and availability of courses, labs and clinical sites. Students who do not meet program requirements and expectations can be dismissed from the program. Students should speak with their course director and advisor immediately about problems they are having in any of their courses. In addition, students must report any grade less than 75 on any graded activity to their faculty advisor.

### **Dalton State College, Respiratory Therapy Program, AAS Curriculum**

As a Respiratory Therapy Student, you will use the contents of this handbook during your program of study. The program is designed to train competent therapists, and your total

commitment is required. Program contents are subject to change to improve the learning environment or comply with future learning requirements. Students will be notified in writing of any required changes. The current curriculum is listed below.

<b>Curriculum 2008-2009 Associate of Applied Science in Respiratory Care</b>			
<b>Freshmen Year</b>			<b>Credit Hours</b>
<b>Fall Semester</b>	RESP 1100	Introduction to Respiratory Care	3
	RESP 1111	Fundamentals of Resp. Care Practice	4
	RESP 1131	Patient Assessment	4
<b>Spring Semester</b>	RESP 1121	Clinical Practicum I	5
	RESP 1132	Respiratory Care Pharmacology	3
	RESP 1133	Cardiopulmonary A & P	3
<b>Summer Semester</b>	RESP 2110	Mech. Ventilation and Critical Care	4
	RESP 2201	Clinical Practicum 1A	3
	RESP 2310	CardioPul. Disease and Treatment	3
<b>Fall Semester</b>	RESP 2210	Clinical Practicum II	5
	RESP 2121	Neonatal & Peds Resp Care	2
	RESP 2130	Specialized Areas of Resp Care	2
<b>Spring Semester</b>	RESP 2220	Clinical Practicum III	5
	RESP 2330	Credential Preparation	1

## **RESPONSIBILITIES OF STUDENTS**

- No food or drink allowed in areas with computers or respiratory equipment.

- **Maintain orderliness in classroom and lab at all times**
- **Clean, replace, and maintain equipment used in lab**
- **Students must inform the program office of any change of a address or telephone number**
- **Students are expected to provide their own transportation at their own expense to all clinical sites.**
- **All RT students are required to subscribe to liability insurance.**
- **Students must always be prepared at clinical sites and lab experiences with stethoscope, watch with a second hand, and a black ink pen.**
- **Students are expected to conduct themselves at all times in a dignified manner, a manner which conforms to the ethics of the profession as stated in the attached American Association for Respiratory Care Statement of Ethics and Professional Conduct and which instills patient confidence in his/her abilities as a health care practitioner.**
- **No pagers or cell phones in clinical areas. In the classroom, pagers and phones must be on vibration to avoid disruption of the class and may not be used in any manner in the classroom, lab, or clinical location.**

## **GENERAL APPERANCE/DRESS CODE**

- **Personal hygiene and neatness should be observed at all times.**
- **Males must be cleanly shaven or any facial hair should be neatly trimmed**
- **Identification-Name pin on the upper left side of uniform.**
- **Students must wear uniform and lab coats (as designated by Director of Clinical Education) when assigned to patient care areas.**
- **Shoes should be black or white, closed toe and secured heel, hospital appropriate, and clean**
- **Nails to be short and clean, no artificial nails allowed**
- **No strong perfumes, cologne, lotions or creams.**
- **Avoid excessive make-up.**
- **Long hair must be tied back.**
- **Minimal conservative jewelry-limit to one pair of ear posts or studs, No other visual jewelry worn in piercing will be allowed, this includes tongue, lip and eyebrow piercing. The only rings allowed are wedding bands or sets.**
- **Any tattooing should remain covered while in clinical.**
- **Students may be dismissed from the clinical site by the Director of Clinical Education if student's appearance is not appropriate and the hours missed must be made up at the DCE convenience.**

## **HEALTH CARE/SAFETY POLICY**

- **All illnesses or infectious diseases must be reported to the program director or director of clinical education. Should a student become ill while on clinical duty, he/she should report to their preceptor and clinical director immediately.**
- **Students WILL NOT present themselves to a doctor in the clinical rotation concerning their own or family medical problem.**
- **Students are responsible for their own medical expenses, illnesses or accidents. It is suggested that each student have hospitalization insurance. The school does not have a physician assigned to the care of students.**
- **Procedure for Student Injuries acquired in Clinical/Hospital Property:**

1. The clinical preceptor will notify the Director of Clinical Ed. And initiate an incident report.
  2. The clinical instructor will provide the student with treatment options based on the hospitals protocol.
  3. Student will decide treatment options. If the student is unable to make treatment decision, then the treatment option will be made based upon the professional judgment of the clinical instructor.
  4. If the hospital protocol is refused, then a waiver must be signed by the injured student and the student will be responsible for the cost involved with the chosen treatment.
- Some clinical sites routinely require background checks prior to student attending rotations at those facilities. Students are required to meet these obligations at their own expense. All students are required to rotate through specific local affiliates. Should one of these affiliates refuse to allow the student access to their facility for clinical rotation due to the student's background check, the student will be dismissed from the respiratory therapy program. Background check are done prior to program acceptance and any additional background checks that are requested are the student's responsibility to complete.
  - All Students are required to pass a drug screening by a prescribed medical clinic prior to the beginning of the first clinical rotation. All testing fees are the responsibility of the student. Should a faculty member suspect drug/alcohol usage while on program activities, the faculty member will ask the student to leave the area for a private and confidential discussion. If the decision is made to immediately drug test the student, the student will immediately go to a faculty prescribed drug screening location. The cost of the test will be the responsibility of the student. Refusal to comply with drug testing will result in dismissal from the program. The student will be suspended from all program activities until the case has been reviewed by the appropriate personnel.
  - Physical examinations will be required for all entering students. The following immunizations are required for entry into the program, for the protection of students and patients:

Measles-Mumps-Rubella (MMR) not required for those born before 1957  
Tuberculin skin test (PPD) within 6 months of first clinical rotation, then yearly

Hepatitis-B Series

Diphtheria- Tetanus (DT)

Varicella (chicken pox)

Failure to complete the physical exam prior to the beginning of in-hospital clinical practice, or provide documentation of all immunizations, will result in the student being withheld from clinical attendance.

## **INCLEMENT WEATHER**

**Generally, if Dalton State College is closed, the RT program will be closed. All clinical hours missed due to snow must be made up. Director of clinical education will designate a date for snow days to be made up. Also, see policy in DSC catalog.**

## **PATIENT CONFIDENTIALITY**

**All students and faculty are bound by the established professional code of ethics and HIPPA concerning patient confidentiality. Students may not use patient name on student case study report. The patient's chart may not be copied for study.**

## **ATTENDANCE POLICY FOR CLINICAL ROTATIONS**

**Students are expected to attend clinical rotations regularly and to be on time for each rotation. Attendance and punctuality includes beginning of clinical rotation, return from breaks and staying until assigned completion of rotation. Any missed rotation without acceptable excuse or approval by Coordinator of Clinical Education will drop one letter grade (i.e., A drops to B, B drops to C, etc.) Tardiness or early dismissal from clinical rotations will not be tolerated. Two incidents of tardiness or early dismissal without approval or permission by Coordinator of Clinical Education will be equivalent to one unexcused absence from clinical rotation. After absence from three clinical rotations, a meeting with the Coordinator of Clinical Education is mandatory, at this point the student may be dropped from the class and a grade of "F" will be given. Each excused absence from clinical rotation must be made up as a 12 hour shift. Each unexcused absence form clinical rotation must be made up by completing two eight hour shifts.**

**It is impossible to complete this program if you miss clinical hours.**

**All absences must be made up. The make-up schedule is determined at the discretion of the director of clinical instruction. All make ups must be approved by the DCE. Time not made up before the end of the semester schedule will result in the student receiving an "I", incomplete, for the semester grade. Time not made up prior to the end of the following semester will result in the grade being changed to an "F".**

- **Obtaining an excused absence from clinical**

1. The Director of Clinical Education and clinical instructor(s) should be notified 24 hours in advance of the expected absence, whenever possible. DCE and clinical sites should be notified 1 hour prior to beginning of shift of absence. Failure to notify the appropriate personnel may result in disciplinary action, including dismissal from the program.
2. Written documentation by a physician must be presented for absences of three consecutive days or at the request of the Director of Clinical Education. A student may be requested to clear student health prior to returning to clinic.
3. Documentation is required for each period of absence.
4. If students become ill or have an emergency the morning of clinical, they should call the clinical director and hospital department prior to the beginning of that clinical rotation.

- **Tardiness is not tolerated in this program**  
If a student will be late, he/she should notify the clinical director and the hospital department. Two days being tardy will result in one absence being recorded, and will need to be made up as an absence by the student.
- **Leave of Absence**  
Leave of absence shall be considered on an individual basis. Leave shall be granted only for reasons such as military service, extended illness, and personal emergencies. The Director of Clinical Education must approve all leave of absences from clinical.
- **Personal Time Off**  
In case of death in the immediate family (mother, father, grandmother, grandfather, brother, sister, child or spouse, or spouses immediate family) a three-day leave will be granted. This time does not need to be made up. You are responsible for content of course that may be missed during this time.
- **Special Considerations for Time Off**  
Each student should attempt to schedule appointments with physicians and dentists during his/her free time. In **special cases**, permission may be granted by the Clinical Director so that the student may keep appointments during clinical periods.
- **Penalty of Unexcused Absences**  
Three unexcused absences will result in your letter grade being lowered. For example, if you have a “B” in a clinical rotation and you are absent 3 times your grade will be lowered to a “C”. Remember that two days being tardy is equal to one absence.

## **CLINICAL TIME OFF POLICY**

**Students enrolled in the Dalton State College Respiratory Therapy Program will be eligible to earn Clinical Time Off (CTO) to be used during the last four semesters of the program.**

**CTO may be earned by volunteering for Respiratory Therapy related service projects or fund-raisers, attending profession related conferences or educational seminars, or participating in Respiratory Club activities or program specific activities as specified and approved by program faculty.**

**Students will be eligible to earn up to 24 hours of Clinical Time Off. Once 24 hours have been earned, no more time may be credited to the student’s CTO account until the balance is less than 24 hours. No more than 24 CTO hours may be used in per semester during the spring of the freshman year, fall of the sophomore year and spring of the sophomore year. No more than 12 CTO hours may be used during the summer semester.**

**Clinical Time Off may be used in exchange for clinical hours required as make-up for excused absences. CTO may be used for up to ½ of make-up time for an unexcused clinical absence. Use of all CTO requires prior approval by the Coordinator of Clinical Education. The Clinical Time Off request/approval form**

must be completed and approved by the Coordinator of Clinical Education prior to use of earned hours. Due to clinical education requirements, scheduled CTO may not be used during rotations scheduled at T.C. Thompson's Children's Hospital, EMC Cath Lab, Sleep Lab or clinical rotations scheduled with a physician.

Clinical Time Off accounts will be managed by the Coordinator of Clinical Education and a balance may be reviewed upon the student's request. Adequate proof of participation in an activity qualifying the student to earn CTO must be presented to the Coordinator of Clinical Education for approval. CTO will be awarded as one hour CTO for every one hour of participation in an approved activity. Travel time or overnight stays will not be included in time earned. Students will be eligible to earn one hour of CTO for each classroom/lab course in which the student has maintained perfect attendance, and two hours for each clinical practicum with perfect attendance.

The Clinical Time Off policy is designed to create a reward system for students with excellent work ethic and professionalism. Any abuse of this policy will result in disciplinary action and may result in dismissal from the program.

## **COMPETENCY FOR PERFORMING PATIENT CARE PROCEDURES**

Students are allowed to provide patient care on the skills they have been checked off on by instructors in school or at the clinical facility. The clinical instructors are aware of your competency level and the type of procedures that you may perform. Performing any procedure that the student has not been checked off on may result in legal action against student and also may result in dismissal of student from the program.

## **DESCRIPTION OF CLASS OFFICERS DUTIES**

### **Office of the Class President:**

- Develops agenda for the class meetings with input from the Program Director.
  - Once a month meeting with the Program Director
  - Monthly class organization/evaluative meetings.
  - Organize fund-raising projects
  - Set objectives for the year (e.g., required budgets and educational meetings)
  - Assist in the evaluate of courses taught by faculty
- Monitors class morale
  - Identify and notify Program Director about problems with class morale
  - Informally meet with Program Director to assess class and program progress in goal attainment
- Represents the class
  - To the Advisory Committee for the Respiratory Therapy Program
  - Any school function or faculty necessary

### **Office of the Class Vice President:**

- Represents the class in the absence of the President

- **Assists the President in monitoring class morale**
- **Monitors and evaluates student support systems**
- **Implements directives from the President**

**Office of the Class Secretary/Historian**

- **Records meeting minutes**
  - of class meetings/combined class meetings
- **Responsible for class correspondence**
  - Communications as directed by the President
  - Class Evaluations
- **Chronicles the history of the class**
  - Takes pictures of class activities
  - Records brief descriptions of activities

**Office of the Class Treasurer:**

- **Responsible for class monies**
  - Opens bank account for the class
  - Gives an account of the monies at organizational and monthly meetings
- **Assists in fund-raising efforts**
  - Works with Secretary in communicating to fund-raising organizations
  - Works with the class to organize fund- raising efforts

# **American Association for Respiratory Care Position Statement**

## **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 or federal laws which govern and relate to their 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.**

## Outcomes Thresholds Grid

<b>PROGRAM OUTCOME</b>	<b>CUT SCORE/DEFINITION AS OF JULY 1<sup>st</sup>, 2011</b>	<b>THRESHOLD AS OF JULY 1<sup>st</sup>, 2011</b>
<b>CRT Credentialing Success</b>	NBRC passing score (set by NBRC)	80% of total number of graduates obtaining NBRC CRT credential (3-year average)
<b>RRT Credentialing Success</b>	N/A (programs are still be required to provide RRT outcomes data on annual reports, <b>however, no accreditation actions will be taken based on RRT credentialing success</b> ).	70% of the total number of graduates will obtain the RRT credential 3 year avg. <b>DSC Threshold</b>
<b>Retention/Attrition</b>	<p>Students formally enrolled in a respiratory care program that began fundamental (non-survey) respiratory care core coursework and have left for academic or non-academic reasons. Students who leave the program before the fifteenth calendar day from the beginning of the term with fundamental respiratory care core coursework and those students transferring to satellites are not included in program attrition.</p> <p><u>Academic</u> - Attrition due to failure to meet grades or other programmatic competencies (e.g. ethics, professionalism, behavioral) or another violation of an academic policy that results in a student's expulsion from the program.</p> <p><u>Non-Academic</u> - Attrition due to financial hardship, medical, family, deployment, changing course of study, relocation, or reasons other than those defined in</p>	40% attrition of the total number of students in the enrollment cohort (3-year average)

	<b>Academic.</b>	
<b>Positive (Job) Placement</b>	<p>Defined as a graduate who within twelve (12) months after graduation is:</p> <p>a. Employed utilizing skills as defined by the scope of practice within the respiratory care profession. (i.e. full- or part-time, or per diem), or</p> <p>b. enrolled full- or part-time in another degree program, or</p> <p>c. serving in the military.</p>	70% positive placement (3-year average)
<b>Graduate Survey – Overall Satisfaction*</b>	A rating of 3 or higher on a 5-point Likert scale for overall satisfaction.	At least 80% of returned graduate surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.
<b>Graduate Survey – Participation</b>	The total number of program graduates employed in respiratory care who return their graduate survey.	50% of the graduates have returned surveys (3-year average)
<b>Employer Survey – Overall Satisfaction*</b>	A rating of 3 or higher on a 5-point Likert scale for overall satisfaction	At least 80% of returned employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.
<b>Employer Survey – Participation</b>	The total number of employers of program graduates who return their employer survey.	50% of the employers have returned surveys (3-year average)
<b>On-Time Graduation Rate</b>	The Annual Report due July 1, 2011 require all programs to report their on-time graduation rate. This will be calculated as the number of students who graduate with their enrollment cohort (i.e., from enrollment date to expected graduation date) <b>divided</b> by the total number of students who enrolled in that cohort <b>minus</b> the number of students in progress and who attrited from that enrollment cohort. The enrollment date and the expected graduation date of each cohort are specified by the program.	Report only -no threshold established