



**Respiratory Therapist Program  
Wallace Community College**

**Student Handbook**

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## **INTRODUCTION**

The purpose of this manual is to provide information regarding policies and procedures within the Respiratory Therapist Program of Wallace Community College, so as to provide consistent and equitable treatment throughout the Respiratory Therapy Program.

Any revisions or addendum to this handbook will be provided in writing to each student and will become effective at the time specified on the written notice.

The faculty of the Respiratory Therapist Program welcomes each student and encourages each one in attaining his/her career goals. It is the intent of the faculty to support the success of each student by providing additional help and cooperation as needed. The faculty is available to answer any questions and assist with any problems that may arise.

**Ms. Judith L. Harrell, B.S. RRT**  
**Program Director**  
[jharrell@wallace.edu](mailto:jharrell@wallace.edu)

## **RESPIRATORY THERAPY**

### **I. Health Profession in Demand**

The field of Respiratory Therapy, one of the fastest growing, medical professions, needs dynamic, motivated individuals to serve the needs of critically-ill adults, children, and newborns. In addition Respiratory Care professionals play an integral part in the rehabilitation of patients suffering from a variety of cardiopulmonary diseases.

Whether in the intensive care unit, emergency room, rehabilitation clinic or even the patient's home, the respiratory care practitioners will be called upon to administer various treatment modalities/medications, perform diagnostic procedures, and/or manage sophisticated life support equipment.

Although the majority of Respiratory Therapists are employed by hospitals, opportunities to practice outside of the standard hospital setting are in demand. Other opportunities for the Respiratory Therapist include emergency transport and education.

### **II. Goals and Objectives**

The overall goal of the Associate in Applied Science Degree in Respiratory Therapy is “To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs)” as defined by the CoARC. A respiratory therapist is responsible for the administration, under physician's prescription, of many types of breathing therapeutics, utilizing specialized breathing equipment, aerosol, and humidity administration. The respiratory therapist works closely with the physician and also directly with the patient in the treatment situation, an attractive feature of this career.

The Respiratory Therapist Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC).

### **III. Required Competencies**

Respiratory Therapist Students must demonstrate numerous competencies representing all three learning domains: the cognitive, psychomotor, and affective domains. Students learn, practice, and verify these competencies in a number of settings including the classroom, laboratory, and clinic. Respiratory therapy laboratories provide students with the opportunity to view demonstrations, evaluate and practice with medical devices, and perform simulated clinical procedures. In addition to the cognitive skills required in the class room, students must demonstrate psychomotor skills in manipulation of patients and equipment, as well as general professional behaviors, like team-building and interpersonal communications. To satisfy laboratory and clinic requirements, students must perform all procedures without critical error.

**Wallace Community College  
RESPIRATORY THERAPIST PROGRAM**

**Wallace Community College** will provide reasonable accommodations for students with special needs.

The following functions are the **Minimum Physical Abilities** required in order to fulfill the duties of a Respiratory Therapist student.

<b>Physical Requirements</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Constantly</b>
Walking			X
Sitting	X		
Standing		X	
Stooping		X	
Bending		X	
Kneeling		X	
Twisting		X	
Climbing Stairs		X	
Crawling	X		
Stretching/Reaching			X
Pushing/Pulling			X
Hearing (to normal limits)			X
Seeing (to normal limits)			X
Speaking (to normal limits)			X
Hand-Finger Dexterity			X
Lifting/Carrying up to 75 pounds		X	
Manipulate Jointly up to 500 pounds		X	
Exposure to Bloodborne Pathogens		X	
Exposure to Dust	X		
Exposure to Chemicals	X		
Exposure to Noise	X		

## THE RESPIRATORY THERAPIST CODE OF CONDUCT

The Respiratory Therapist Student Code of Professional Conduct is **supplementary** to the “Student Code of Conduct” published in the Wallace Community College Catalog. The faculty members of this program at Wallace Community College have an academic, legal and ethical responsibility to protect the public and health care community from inappropriate professional conduct or unsafe behaviors in the practice of healthcare. Acceptance into the program commits the individual to abide by the Code of Professional Conduct. Each student will:

- Attain personal mastery of knowledge and skill in their designated health area through honest effort;
- Relate to those who receive your services with compassion, truthfulness, and respect;
- Relate to peers, teachers, and other caregivers in a spirit of collaboration and mutual respect;
- Recognize and honor privileged information from both patients and colleagues;
- Conduct him/herself in accordance with program policy and Wallace Community College policies.

Examples of unprofessional or unethical conduct include, but are not limited to:

- Conduct as determined by the faculty to be unbecoming or unethical in a person training to practice in a health related field or detrimental to the interests of the public, patients, students;
- Fraud or misrepresentation of themselves for obtaining medical information on persons outside their realm of clinical/fieldwork experience;
- Making false or misleading statements regarding one’s level of skill or ability to treat persons;
- Use of any false, fraudulent or deceptive statement in any document connected with field of study;
- Engaging in inappropriate conduct with a patient;
- Impersonating another person licensed to practice in the health field;
- Use of substance(s) which impairs cognitive function and/or decision making;
- Conduct which is likely to deceive, and with potential to harm the public;
- Obtaining any payment for services by fraud or misrepresentation;
- Being found mentally incompetent or insane by a court of competent jurisdiction;
- Any offenses resulting in arrest which jeopardizes required cleared background check.

### **Unprofessional or Unethical conduct could mean immediate dismissal from the program.**

I have carefully read the Wallace Community College Respiratory Therapist Professional Code of Conduct and hereby declare that I will adhere to this code from the time of signing and throughout my enrollment in a health program at Wallace Community College.

Student Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Student (Print) \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## **RESPIRATORY THERAPIST PROGRAM POLICIES AND PROCEDURES**

In addition to program specific policies the Respiratory Therapist student is expected to abide by general student policies as stated in the WCC College Catalog and Student Handbook.

All respiratory therapist program students must maintain a grade of "C" in all courses in the curriculum in order to progress to the next term of instruction or to graduate. Students who fail to achieve a "C" or above in a major required course cannot progress and must withdraw from the Program but can apply for readmission. **A minimal grade of 75 constitutes a "C" in Respiratory Therapist courses.**

As outlined in the catalog all RPT students must achieve a grade of 80% or greater on each **Clinical Proficiency Examination** in order to progress to the next term of instruction or to graduate from the program. Only one retest per term will be permitted. However, the original grade will be used for the overall average for that course. The Clinical Proficiency Examination will be scheduled well in advance of the testing date, and will usually be preceded by a review session.

**A course syllabus** for each respiratory therapist course will be provided to each student stating the grading policy for that specific course. The grading policy for each course is based upon the discretion of each individual instructor as stated in the course syllabus.

### **I. RPT Courses and Grades**

#### **A. Grading System**

90-100	= A
80-89	= B
75-79	= C
60-74	= D (74.4 is a failing grade)
59-below	= F

#### **B. Course taught by the RPT Program.**

1. The student receives a grade according to his/her level of performance in each course. Patient care demands at least a minimal level of competence; therefore, the student must achieve a "C" level of performance for progression to the next respiratory care sequential course. If a student scores less than the minimum required passing score, he/she will be allowed to retest only once after a conference for remediation with the Program Director and Director of Clinical Education. If the student scores less than the required minimum passing score on the retest the student will not be able to successfully complete the course objectives and a grade of "F" will be assigned at the end of the term unless the student initiates a course withdrawal request according to current college policy.
2. The student must perform all of the criteria for RPT laboratory practical with a minimal competency grade of "C". A student receiving a grade of "D" or below for his/her performance on the laboratory practical must withdraw from the RPT program. Students who withdraw or are unable to progress in the RPT program may apply for readmission the following year.

**The faculty reserves the right to require that a student demonstrate the minimally acceptable achievement in all portions of the program whether this be a unit of work within a course or the total course content. NOTE: ALL Clinical Proficiency Exams REQUIRE a minimum passing score of 80%.**



3. If a student develops a pattern of poor practical exams, intervention from the course instructor to remediate the situation may be as follows:
  - a. **The student** will schedule a conference with the instructor to discuss the student's grade and possibly determine reasons for the failing grade.
  - b. After the instructor and student determine reason(s) for the grade, if appropriate, the instructor and student will make remediation plans regarding the student's grade. This will be done in one or several ways, such as:
    - 1) Read material pertaining to laboratory practical again, as well as additional material for better understanding.
    - 2) Write report or case study on material field.
    - 3) Other variables in assisting student to improve:
  - c. The instructor has the final decision in how remediation should be handled.
    - 1) If the student cannot or will not comply with the instructor's intervention or if the student receives a "D" or below, the student must withdraw from the RPT program.
    - 2) If a student receives a grade of "D" or below in any RPT course he/she must withdraw from the RPT program

## II. Attendance

### A. Class

**NOTE: Students are expected to be in class EVERY CLASS DAY AND ON TIME.**

Students are expected to attend all classes for which they are registered. Students should recognize at the beginning of their college career that a mature acceptance of their academic responsibilities is a requisite for accomplishment in college work; this applies particularly in the area of class attendance. Policies on workbooks, assignments, in-class projects and missed exams are addressed on each course syllabus. Allied Health Programs are extremely demanding of student time and energy and even one missed class day can result in academic difficulty. In order to meet the requirements for program completion in a CoARC accredited Respiratory Therapy Program and to be eligible for NBRC exams students are required to have sufficient quality and duration to meet program goals and acquire the competencies needed to practice in the Respiratory Therapy profession.

### B. Absence

Upon **the Second absence** in any given course or clinical, the student will be referred to the Program Director and/or Director of Clinical Education for counseling.

### C. Clinical

See Attendance policy under clinical policies and procedures

## III. Guidelines Concerning Attendance in RPT Lab Courses

Attendance for laboratory practice is strongly encouraged. The laboratory instructor will keep daily records to include absence, tardiness, and early departures. Success in the courses and the program are strongly related to laboratory participation.

NOTE: **Students are required to wear their clinical uniform (scrubs) to all labs.**

## IV. Guidelines Concerning Examinations, Quizzes, and Make-Up Work

- A. Daily quizzes, pop-tests, laboratory assignments, or other work which generates a daily grade **will not qualify** for make-up work. If an absence results in a missed daily grade, then the daily grade will stand as a **zero**. The decision to make exceptions to this rule rests with the individual instructor and individual situations would be considered only in light of "special circumstances".

- B. **Major Examinations** are those examinations that count more than 10% of the final grade as a single test grade and will follow the RPT course calendar in blackboard. **Major Examinations** qualify for make-up work if the absence is considered excused. It is the responsibility of the student to schedule a make-up examination with the instructor immediately upon return to school. The request for make-up work should be rendered in writing. If the student does not schedule make-up with the instructor within **TWO days** after their return to classes, then the instructor may not allow a make-up examination and the grade will stand as a zero.

**Major Examinations** will always be scheduled well in advance, therefore if an absence is anticipated on an exam date; the student should notify the instructor in advance of the date of testing.

#### V. **Program Completion/Readmission Policy**

- A. It is neither implied nor stated that a student enrolled in the Respiratory Therapist Program will complete their degree in a two year period. Actual program completion time will be determined by successful fulfillment of **all** program requirements. The time required for program completion will be affected by successful completion of all program requirements on a timely basis, student's course load per semester, and the availability of faculty, classes and laboratory competencies.
- B. Students who withdraw or are unable to progress in the Respiratory Therapist program may apply for readmission. The Respiratory Therapist Admissions Committee will consider readmission requests on an individual basis. Decisions regarding readmission will be based on program readmission policies in effect at the time of request and availability of openings. Students must apply for readmission by writing a letter to the Respiratory Therapist Admissions Committee, Respiratory Therapist Program, Wallace Community College, 1141 Wallace Drive, Dothan, AL, 36303. To allow timely scheduling of the readmission examination, this letter should be postmarked no later than 60 days prior to the desired date of readmission. Failure to submit this request on time will result in denial or delay of readmission. **To complete readmission requirements, students must achieve a passing score (80%) on a readmission examination.** The readmission examination will be composed from the content of the last *Cumulative Clinical Proficiency Examination* and *Clinical Skills Examination* successfully completed by the student. Failure to achieve a passing score on the readmission examination will result in denial of readmission.

#### VI. **Attitude**

*Students* are expected to demonstrate interest, ability, and aptitude for responsibilities as a RPT student. Unsatisfactory conduct may be considered grounds for probation or dismissal from the RPT Program or the college. Disregard for patient's welfare, disinterest in studies (as shown by frequent tardiness and absences), failure to cooperate in class assignments and discussions, being disruptive in the class room, and dishonesty on written examinations are examples of behaviors that can be interpreted as unsatisfactory conduct. All instructors reserve the right to dismiss a student from the classroom if disrespectful or disruptive behavior is exhibited toward the instructor(s) or fellow students.

#### VII. **Student Regulations**

The RPT Program abides by the policies and procedures set forth by Wallace Community College and the Respiratory Therapist Program.

#### VIII. **Physical and/or Mental Disability**

In the event that a student incurs a physical and/or mental disability while in the RPT Program, the student will be maintained only if the disability does not inhibit the effectiveness of the student in the clinical areas and does not present a safety hazard for patients, other students, or personnel.

**IX. Pregnancy Policy**

Wallace Community College students must all adhere to the absentees/tardy policies of the school (see WCC catalog). Should a student need time off due to pregnancy, that student can continue in the regular curriculum sequencing should no more than three weeks total be missed during pregnancy, to include postpartum. All work and/or clinical must be made up before the end of that semester. If not, the student will receive a grade of "I" that must be resolved within the first six weeks of the next semester.

In the event of, but not limited to, such circumstances as pregnancy and delivery, hospitalization, prolonged illness, injury, or surgery, the student will be required to submit verification from the approved health care provider that he/she is fit for duty prior to a return to the clinical area. Pregnant students must submit this verification at the beginning of each academic semester during the pregnancy and following delivery. Failure to do so may result in withdrawal from the clinical area.

**Should the student be absent for more than three weeks, that student must withdraw and follow the readmission policy and guidelines.** Special cases will be reviewed on an individual basis.

**XII. Disruptions**

Cell phones, pagers, and other electronic communication devices are prohibited at clinical or during classroom or laboratory instruction. Students are not allowed personal use of the telephones at clinical sites.

Class should never be interrupted by activation of these devices. Use of these devices in Respiratory Therapist professional courses is considered unprofessional behavior. An emergency situation must be approved by the instructor before class.

**XIII. Attendance**

The student is expected to attend **ALL** clinical rotations at their scheduled times. Tardiness or absenteeism is not acceptable. The attendance habits developed in this program will carry over into the student's professional life after completion of the program. The hospitals take note of the attendance patterns of the students and this is a determining factor regarding potential employees. The attendance policy will be adhered to without exception.

Each student receives a daily grade on each assigned clinical day. These daily grades will not qualify for make-up work. Therefore, any clinical absence will result in a zero for the daily grade until makeup policy has been followed and makeup day completed.

Students enrolled in the respiratory therapy program clinical courses are subject to failing to successfully complete the clinical course objectives when they accumulate **more than** the following number of absence

RPT 210	1 CLASS MEETING
RPT 220	1 CLASS MEETING
RPT 230	1 CLASS MEETING
RPT 240	1 CLASS MEETING

**Students who accumulate more than the allowable NUMBER of absences will be unable to complete course objectives and therefore a grade of "F" will be awarded upon course completion unless the appropriate make-up procedures are followed or the student initiates a request for withdrawal according to current college policy.**

**If the absence is of an excusable nature (as determined by program faculty) make-up time MAY be allowed. This would allow the student to continue in the program.**

Application for make-up time must be made to the Clinical Director utilizing an appropriate request form.

- A. Any absence must be reported to the clinical instructor 30 minutes prior to the scheduled time. The Director of Clinical Education (DCE) must be notified as well. Failure to notify the clinical instructor and DCE will result in the student being placed on probation. The second occurrence may result in the student being dismissed from the program.
- B. Any student that arrives after the schedule clinical and lab time will be sent home, receive a zero for the day and will have to follow the make-up policy for clinical and lab absences. For all RPT on campus theory classes, students are expected to attend all classes and be on TIME!
- C. The DCE must document that each student attends all of the clinical time they are assigned each semester. Therefore, **all clinical time missed must be made up.**
- D. **All** make-up days must be approved through the Director of Clinical Education. The student must make-up time missed within two weeks of the absence.
- E. If a student fails to attend a make-up day, another absence will be recorded in the attendance record and the student will be placed on probation. Upon the second occurrence of this nature the student will be dismissed from the program. **It is the student's responsibility to see that all make-up days are approved through the DCE's office.**
- F. Although making up missed clinical time is required, it will not remove the absence from the student's attendance record. The day missed could still adversely affect the student's clinical grade.
- G. If the student must leave the clinical site early, the time must be made up within the following week. The student will not be allowed to stay past the designated clinical time to leave early at a future date. Missed hours can only be made up after they are missed.
- H. Students are not permitted to contact the clinical sites directly regarding clinical schedule changes. They must be coordinated through the Director of Clinical Education. Failure to comply will result in an absence for the day(s) affected.
- I. Failure to follow the assigned clinical schedule times and locations without prior faculty approval will result in an **absence** for the day (s) and **Clinical Suspension**. Upon the second occurrence the student will be dismissed from the program.
- J. Any clinical days missed due to disciplinary action will be subject to a reduction in the clinical grade as per policy for daily grades in clinical or lab.
- K. All Respiratory Therapy seminars or meetings attended in lieu of clinical days will be documented with a paper written by the student describing the content of the event. The paper is to be attached to a daily evaluation form and turned in as usual on the next day of class.

**XIV. Application for make-up time must be made to the Clinical Director utilizing the appropriate request form.**

The following procedure **must be strictly followed** in order to ensure that make-up time is allowed. If the student fails to complete the make-up procedure according to policy, they will be unable to meet course objectives and would be awarded the grade of "F" at the end of the term unless they initiate a withdrawal request according to current college policy.

- A. **FORM "A"** documenting a clinical absence and requesting make-up must be submitted to the Director of Clinical Education on the **FIRST** day the student returns to classes. **Failure to submit FORM "A" on the first day of return to classes** will result in the student being unable to make-up the absence and a grade of "F" will be issued at the completion of the course unless the student initiates a course withdrawal according to current college policy.
- B. **FORM "A"** should be used by the student to **explain** why the absence should be considered "excused". Excused status is not automatic and absences are not considered excused will not qualify for make-up. Students should be specific in the information provided on **FORM "A"** since this information will be used by program faculty to determine if the absence should be considered excused.
- C. **FORM "A"** must be completed by the student and submitted to the Director of Clinical Education in order to obtain **FORM "B"** (CLINICAL MAKE-UP DOCUMENTATION).

All make-up hours must be **scheduled** with a clinical instructor using **FORM "B"**. Any make-up hours not verified by a clinical instructor will not be accepted. **FORM "B"** must be submitted to the clinical instructor at the clinical site **BEFORE** any make-up work will be allowed. Form A and Form B are included in the student handbook.

- D. Approved make-up hours will be completed within two weeks of the first day the student returns to classes, at the time scheduled by the Director of Clinical Education. Make-up time will be scheduled on the shift and on days at the convenience of the clinical instructor.
- E. Once make-up time is scheduled with the clinical instructor the student must complete the make-up hours as scheduled.
- F. Clinical instructors will verify make-up hours using **FORM "B"**. **FORM "B"** must be completed and submitted with a completed clinical log sheet at the end of the clinical session.
- G. Exceptions to this strict policy will be made only in rare circumstances. The decision to modify any of these policy provisions rests with the Director for Clinical Education and Program Director.
- H. Students must submit a **written request** for consideration of any exception on the calendar day of their return from absence.

FORM "A"  
JUSTIFICATION FOR CLINICAL ABSENCE  
AND  
REQUEST FOR MAKE-UP

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

Current Date: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Reason for Absence:

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Supporting Documentation:

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Doctor's Excuse	yes	no	(please attach)
Court Summons	yes	no	(please attach)
Other	yes	no	(please attach)

Number of clinical absences this semester: \_\_\_\_\_

Number of total clinical absences this semester: \_\_\_\_\_

Conference required:      yes                  no

Date and time of conference: \_\_\_\_\_      N/A

Make-Up approved:      yes                  no

Signature of Clinical Director: \_\_\_\_\_      Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_      Date: \_\_\_\_\_

FORM "B"

CLINICAL MAKE-UP DOCUMENTATION

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Make-Up Site: \_\_\_\_\_

Date for Clinical Make-Up: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Documentation of Clinical Activity  
(Attach clinical log sheet as necessary)

Signature of Clinical Instructor/Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Time In: \_\_\_\_\_

Time Out: \_\_\_\_\_

Comments:

Student Signature: \_\_\_\_\_

## **XV. Competencies/Evaluations**

- A. Each student will complete the prescribed clinical competencies as noted in their syllabi each semester, and a master list of the RPT competencies is provided below. The student must assure that these are completed. The proper sequence will be covered by the clinical director. It is the student's responsibility to see that all competencies are completed in the laboratory each semester. Clinical competencies are to be completed in accordance with the clinical course syllabi and the clinical core competencies master document.
- B. If the student receives an evaluation that is unsatisfactory, or less than satisfactory they will be counseled. Upon the second unsatisfactory evaluation, the student is on probationary status and re-evaluated by the Director of Clinical Education. Upon the third unsatisfactory evaluation, the student will be dismissed from clinical resulting in dismissal from the program. No Exceptions!
- C. Failure to safely perform a critical skill in the clinical setting will result in remediation of the student. Upon the second failure the student will be dismissed from the program.
- D. Evaluations are turned in to the designated faculty weekly. These evaluations are to be completed by the preceptor. Any information that is forged will result in expulsion from the program.

### **RPT CLINICAL COMPETENCIES**

#### **CLINICAL COMPETENCIES**

Adjunctive Breathing Techniques  
Arterial Line Monitoring  
Arterial Line Sampling  
Arterial Puncture  
Bacteriologic Surveillance  
Basic Spirometry  
Bedside Pulmonary Function  
Breath Sounds  
Bronchoscopy Assisting  
Capillary Sampling  
Changing ventilator circuit  
Chest Percussion and Postural Drainage  
Chest Tubes  
Chest X-Ray Interpretation  
CPAP  
CVP and PAP Monitoring  
DPI Administration  
ECG  
Endotracheal Suctioning  
End-Tidal Monitoring  
Equipment processing  
Extubation  
Flutter Valve Therapy  
Hand Washing  
Vest Airway Clearance System  
Incentive Spirometry



Initiation of Mechanical Ventilation  
Initiation on Newborn Mechanical Ventilation  
Intrapulmonary Percussive Ventilation  
Intubation  
Isolation Procedures  
Manual Resuscitation  
MDI Administration  
Monitoring Mechanical Ventilation  
Monitoring Cuff Pressure  
Monitoring Newborn Mechanical Ventilation  
Nasotracheal Suctioning  
NON-Invasive Mechanical Ventilation  
Oxygen Administration  
Oxygen Concentrations  
Oxygen Supply Systems  
PEP Mask Therapy  
Physical Assessment  
Pressure Support  
Pulse Ox Monitoring  
Small Volume Neb Therapy  
Spontaneous Breathing  
Parameters  
Tracheostomy and Stoma care  
Transcutaneous Monitoring  
Vital Signs  
Wave Form Analysis

### **XIII. Clinical Grades and Evaluation Tools**

Each student receives a daily grade in two areas. The first is the daily evaluation tool, and the second is the clinical log sheet of activities performed during the clinical rotation for each assigned clinical day. These documents are provided for the student in this handbook to assess prior to beginning clinical rotations. These daily grades will not qualify for make-up work. Therefore, any clinical absence will result in a zero for the daily grade until makeup policy has been followed and makeup day completed.

Each student will be evaluated by the clinical instructor who was in charge during the student's clinical rotations for each particular clinical area. Grade computation may vary from semester-to-semester. Grade composition for each semester will be provided to the student at the beginning of each semester.

Students are accountable for completing all components of the clinical grade. The student will receive a grade of "I" until all components are completed. If after six (6) weeks the grade is not changed, it becomes an "F".

Wallace Community College and the Respiratory Therapist Program are **adult** educational programs. Students are expected to conduct themselves as adults and attend classes in a responsible manner. When absences do occur, the student must understand the impact they may have on academic progress within the program.

**WALLACE COMMUNITY COLLEGE  
ALABAMA COLLEGE SYSTEM  
RPT FIRST YEAR CLINICAL EVALUATION TOOL**

**Psychomotor Task Evaluation**

Clinical faculty routinely uses the following scoring system when evaluating student performance of specific tasks in **8 categories**, for which there is a **total of 24 points possible**. The third category is the **Clinical log sheet** and is **worth 26 points**. **Total possible points for clinical grade per rotation is 50 points**.

**Evaluation Scale**

**Description**

- |             |   |
|-------------|---|
| 0           | Unable to perform task  |
| 1 Poor      | Performs task less than 75% correctly. Tasks are below standards expected, with constant instruction.   |
| 2 Fair      | Performs task correctly, 75-89%, but still requires frequent instruction.                               |
| 3 Excellent | Performs task correctly 90-100% consistently and meets standards expected; requires minimal instruction |

**Grading Scale**

- 45 – 50 = A
- 44 - 39 =B
- 38 - 33 = C
- 32 and below = D and is not a passing score for a clinical rotation

A task score of 0 in the safety task may result in the student’s removal from the clinical site and/or a mandatory remedial counseling session with the DCE and/or Program director.

**Failure of the clinical component of the course will occur if a student incurs “0’s” on three different days throughout the clinical experience. The student must also meet the requirements for the number of successful care plan as determined by the Director of Clinical Education. Care plans that are not submitted on time per the clinical instructor’s requirements will receive a grade of 0 as per the rubric.**

**Student Signature \_\_\_\_\_ Student Name (printed) \_\_\_\_\_**

**Date \_\_\_\_\_**

**WALLACE COLLEGE  
RPT  
FIRST YEAR CLINICAL EVALUATION TOOL**

**Student Name:** \_\_\_\_\_ **Clinical site:** \_\_\_\_\_

**Unit/Floor:** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

**Date:**

Competency										
<b>I. Professionalism:</b> Demonstrates professionalism: 1. Maintains appropriate professional interactions at all times to include, dress code, punctuality, confidentiality and personal integrity. 2. <b>If a score of 0 applies student will be sent home with no makeup rotation according to the policy of the Respiratory</b>										
<b>II. Safety:</b> Safely and consistently performs all aspects of patient care while keeping the clinical instructor informed of patient status.										
<b>III. Clinical paperwork to include clinical log sheet:</b> Complete and submitted on time per clinical instructor requirements										
<b>IV. Assessment:</b> 1. Begins to collect appropriate subjective/objective patient data to include cultural considerations and all body systems										

2. Begins to apply appropriate patient data to physical patient assessment										
<b>V. Organization:</b> Begins to identify potential/actual patient diagnoses for selected patients throughout the clinical day, and in post-conference.										
<b>VI. Documentation:</b> Begins to document patient care correctly, and in a timely manner. Student begins to use computer charting, and use patient data base.										
<b>VII. Evaluation:</b> Begins to identify ways to improve clinical performance, evaluate one's strengths and weakness, and to seek appropriate guidance from instructor.										
<b>VIII. Critical Thinking</b> 1. Begins to demonstrate the ability to transfer learning from one situation to another. 2. Begins to incorporate suggestions into the learning experience.										
<b>TOTAL</b>										
<b>Students Initials</b>										
<b>Instructors Initials</b>										

Student initials indicate that student has read the evaluation and has had the opportunity to discuss it with the instructor

**FINAL CLINICAL EVALUATION**

<b>Attendance:</b>	Absences(s) _____
<b>Student Signature:</b> _____	<b>Date:</b> _____
<b>Instructor Signature:</b> _____	<b>Date:</b> _____

**WALLACE COMMUNITY COLLEGE  
ALABAMA COLLEGE SYSTEM  
SECOND YEAR RPT CLINICAL EVALUATION TOOL**

**Psychomotor Task Evaluation**

Clinical faculty routinely uses the following scoring system when evaluating student performance of specific tasks in **8 categories**, for which there is a **total of 24 points possible**. The third category is the **Clinical log sheet** and is **worth 26 points**. **Total possible points for clinical grade per rotation is 50 points**.

**Evaluation Scale**

**Description**

- |             |   |
|-------------|---|
| 0           | Unable to perform task  |
| 1 Poor      | Performs task less than 75% correctly. Tasks are below standards expected, with constant instruction.   |
| 2 Fair      | Performs task correctly, 75-89%, but still requires frequent instruction.                               |
| 3 Excellent | Performs task correctly 90-100% consistently and meets standards expected; requires minimal instruction |

**Grading Scale**

- 45 – 50 = A
- 44 - 39 =B
- 38 - 33 = C
- 32 and below = D and is not a passing score for a clinical rotation

A task score of 0 in the safety task may result in the student’s removal from the clinical site and/or a mandatory remedial counseling session with the DCE and/or Program director.

**Failure of the clinical component of the course will occur if a student incurs “0’s” on three different days throughout the clinical experience. The student must also meet the requirements for the number of successful care plan as determined by the Director of Clinical Education. Care plans that are not submitted on time per the clinical instructor’s requirements will receive a grade of 0 as per the rubric.**

**Student Signature** \_\_\_\_\_ **Student Name (printed)** \_\_\_\_\_

**Date** \_\_\_\_\_

**WALLACE COLLEGE  
SECOND YEAR RPT  
CLINICAL EVALUATION TOOL**

**Student Name:** \_\_\_\_\_ **Clinical site:** \_\_\_\_\_ **Unit/Floor:** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

**Date:**

Competency												
<b>I. Professionalism:</b> Demonstrates professionalism: 3. Maintains appropriate professional interactions at all times to include, dress code, punctuality, confidentiality and personal integrity. 4. <b>If a score of 0 applies student will be sent home with no makeup rotation according to the policy of the Respiratory Program</b>												

<p><b>II. Safety:</b> Safely and consistently performs all aspects of patient care while keeping the clinical instructor informed of patient status.</p>												
<p><b>III. Clinical paperwork to include Clinical Log Sheet:</b> Completes and submits on time per clinical instructor requirements</p>												
<p><b>IV. Assessment:</b> 1. Collects appropriate subjective/objective patient data to include cultural considerations and all body systems</p>												
<p>2. Applies appropriate patient data to physical patient assessment</p>												
<p><b>V. Organization:</b> Organizes and carries out clinical assignment in timely manner</p>												
<p><b>VI. Documentation:</b> Documents patient care correctly and in a timely manner, with adequate use of computer charting, and use of patient's data base.</p>												
<p><b>VII. Instructor Evaluation:</b> 1. Actively participates in shift report</p>												
<p>5. Identifies ways to improve clinical performance</p>												
<p><b>VIII. Critical Thinking</b></p>												
<p>1. Demonstrates ability to transfer learning from one situation to another.</p>												
<p>2. Incorporates suggestions into learning experience</p>												



<b>TOTAL</b>													
--------------	--	--	--	--	--	--	--	--	--	--	--	--	--

<b>Students Initials</b>													
<b>Instructors Initials</b>													

Student initials indicate that student has read the evaluation and has had the opportunity to discuss it with the instructor

<b>FINAL CLINICAL EVALUATION</b>	
<b>Attendance/Punctuality:</b>	Absence(s) _____
Student Signature (End of Term) _____	Date _____
Instructor Signature (End of Term) _____	Date _____

### Clinical Log Sheet

<u>PATIENT ASSESSMENT</u>	Observe	Perform	Total	<u>AIRWAY PLACEMENT &amp; MANAGEMENT</u>	Observe	Perform	Total
<b>INTRODUCTION</b>				<b>PLACEMENT OF ORALPHARYNX AIRWAY</b>			
<b>VITAL SIGNS</b>				<b>PLACEMENT OF NASALPHARYNX AIRWAY</b>			
<b>INSPECTION</b>				<b>SPUTUM INDUCTION</b>			
<b>ASCULTATION</b>				<b>CHECK ET TUBE PLACEMENT</b>			
<b>INTERVIEW</b>				<b>STABILIZE ET TUBE</b>			
<b>INSPECT CHEST X-RAY</b>				<b>CHECK CUFF PRESSURE</b>			
a)Verify ETTube Placement				<b>VERIFY TRACH SIZE AND MAKE/CLEANING</b>			
b)Abnormal Findings				<b>PLACEMENT OF PMV</b>			
				<b>PERF. EXTUBATION PROCEDURE</b>			
				<b>CO2 DETECTION</b>			
				<b>BAG-VALVE-MASK</b>			
<u><b>AEROSOL DRUG ADMINISTRATION</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>	<u><b>MECHANICAL VENT</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>
<b>JET NEB</b>				<b>VENT TESTING &amp; TROUBLESHOOTING</b>			
<b>BAN NEB</b>				<b>VENT Setup</b>			
<b>CONTINUOUS NEB</b>				<b>VENT ASSESSMENT</b>			
<b>IN-LINE NEB</b>				<b>WEANING/ PRESSURE SUPPORT</b>			
<b>MDI</b>				<b>BIPAP</b>			
<b>DPI</b>				<b>CPAP</b>			
<u><b>PEDIATRICS</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>	<u><b>DIAGNOSTICS</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>
<b>AEROSOL TX</b>				<b>HEMODYNAMIC MONITORING</b>			
a)Jet Neb				<b>Bronchoscopy</b>			
b)Ban				<b>Hyperbaric Medicine</b>			
c)Continuous Neb							
<b>O2 ADMINISTRATION</b>				<u><b>INFECTION CONTROL</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>
<b>PULMONARY HYGIENE</b>				<b>HAND WASHING/FOAMING</b>			
a)Artificial Airway Suction				<b>EQUIPMENT PROCESSING</b>			
b)NTS				<b>ISOLATION PROCEDURES</b>			
<u><b>PULMONARY HYGIENE</b></u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>	<u>Observe</u>	<u>Perform</u>	<u>Total</u>	



**NEONATAL**

**O2 Administration**

**Suction**

**Transcutaneous Monitoring**

**Mechanical Ventilation**

**Non-Invasive Ventilation**

**CPAP**

**BIPAP**

<b>Observe</b>	<b>Perform</b>	<b>Total</b>

**Preceptor Signature** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Instructor Signature** \_\_\_\_\_

**DAILY PERFORMANCE EVALUATION:**

**Excellent** \_\_\_\_\_

**Acceptable** \_\_\_\_\_

**Unacceptable** \_\_\_\_\_

**Clinical Policies and Procedures:** The following policies are applicable to the Respiratory Therapist Program at Wallace Community College. Any breach of these policies may lead to failure of the course in which the student is registered; dismissal from the program; dismissal and/or expulsion from the Health Division or College based on the severity of the breach. All offenses are categorized according to severity, and penalties are assigned according to the category of offense. A copy of the Wallace College, Dothan Respiratory Therapist Program Student Counselling report is included in this handbook to acquaint each student with its content.

**Affiliate Specific Orientation (Aso)**

Although Respiratory Therapy is fairly standardized, each clinical affiliate may have specific guidelines that must be recognized. Therefore, each clinical rotation may also require an “Affiliate Specific Orientation” which must be completed prior to attending clinical.

**IX. Dress Code:**

**Approved** WCC, Dothan Uniforms (white lab coat, Cherokee grape scrubs, and white clinical shoes) and identification badges are to be worn for all learning lab, clinical rotations and lectures or library activity on non-clinical days. If a student is out of uniform or does not have the identification badge, they will be sent home, and required to make-up the clinical time at a later date.

**ALL CLINICAL SHOES MUST BE COMPLETELY WHITE. ABSOLUTELY NO CLINICAL SHOES WITH BRIGHT COLORS ALLOWED.**

**NOTE: THE APPROVED RESPIRATORY THERAPY CLINICAL UNIFORM MUST BE WORN ANYTIME A STUDENT IS AT A CLINICAL SITE OR ON CAMPUS FOR LAB/SKILLS SCHEDULED TESTING DATES. IF REPRESENTING THE PROGRAM FOR A SPECIAL EVENT UNIFORM MUST BE WORN FOR THESE OCCASSIONS.**

Make-up should be kept to a minimum. **THE ONLY JEWELRY THAT STUDENTS ARE ALLOWED TO WEAR DURING CLINICAL AND LAB ARE WEDDING RINGS.** No necklace, bracelets, etc. Only one second hand watch will be allowed in the clinical setting. Nail polish is not permitted. Fingernails should be kept clean and professional during clinical rotations! No long or acrylic nails.

**ABSOLUTELY NO EARRINGS OR OTHER BODY PIERCING ARE ALLOWED.**

Conservative tastes should be your guide to discretion. Many of the patients will be elderly and may object to overt and trendy fashion. Hair must be worn up off the collar. All TATOOS must be covered up and not visible in the hospital or other clinical setting.

**X. Personal Appearance**

- A. Good Personal Hygiene
- B. Beard and/or moustache should be well groomed.
- C. Hair should be kept neat. If hair exceeds shoulder length, it must be confined while in the clinical area to promote safety and prevent contamination.
- D. Fingernails must be kept clean and trimmed to moderate length. Only clear fingernail polish is permitted. (False nails are not permitted)
5. Jewelry is restricted for all students to a watch with a second hand, wedding rings, and one small pair of stud earrings **in the ears only**. No decorative necklaces, bracelets, program insignia, or other pins are allowed to be worn. ***Medic Alert jewelry may be worn if necessary. Medic Alert necklaces that can be tucked under the uniform are preferred.***
- E. The use of tobacco products (including smoke-less tobacco) while at clinical is strictly prohibited.

F. No perfumes or colognes permitted.

**Violation of any of the above policies will result in the student being sent home from the clinical site and will be counted absent.**

**Repeated counseling concerning the dress code can result in the student being dismissed from the clinical course. This would require that the student withdraw from the course according to college policy or be awarded the grade of "F" at the completion of the course for failure to meet course requirements.**

**XI. Student Responsibilities**

All students are expected to act in a mature, self-disciplined manner at all times. This behavior is necessary for the promotion of academic excellence and is outlined thoroughly in the Wallace Community College Catalog. It is suggested that the student take the time to review the Wallace Community Catalog issued by the College and available on the WCC website.

**XII. Professional Code of Conduct for Students in the RPT Clinical Phase**

The student who is involved in the clinical education phase is responsible not only to Wallace Community College, but to the hospital; and ultimately to the patient as well. Students must be aware that the clinical agency has the contractual right to prohibit a RPT student from being placed at the agency. If the program is unable to place the student for completion of course or program requirements, the student will be required to withdraw (or will be administratively withdrawn) from the course/program.

**NOTE: The instructor reserves the right to alter or modify these policies and guidelines in order to be in compliance with CoARC and the NBRC.**

**A. Student Behavior**

While at the clinical sites, all students are expected to behave in a professional manner. Conduct should never be disruptive to patients or employees. Loud talking, horseplay, profanity, abusive language, or the use of alcohol or other drugs will not be tolerated. The use of tobacco products (including smoke-less tobacco) while at clinical is strictly prohibited. During school or clinical time a student who engages in inappropriate conduct will be asked by the designee to leave the hospital premises and will receive disciplinary action according to the Wallace Community College Student Handbook section in the College Catalog.

**B. Student/Preceptor Relationship**

Students are expected to maintain a respectful attitude toward the preceptor and/or the designated staff member(s). Students should follow the directions as given unless the student feels uncomfortable or lacks the skill(s) to perform the services. Students should seek clarification of any procedure that he/she feels is unfamiliar.

The ultimate responsibility for patient care lies with the staff of the rotation site. If a conflict arises between the student and anyone at the rotation site, the student will immediately retire from the conflict and notify the Director of Clinical Education or Clinical Instructor as soon as possible or no later than the completion of the shift.

**C. Falsification Of Records**

Dishonesty, cheating, or stealing, in any form, any falsified information, documentation on patient's records or student's records is, according to the Student Counselling Report. Students found falsifying any records will receive Disciplinary action according to the Wallace Community College Catalog.

**D. Student/Patient Privacy**

All Respiratory Therapist students are held to the professional, legal, and ethical parameters of the Health Information Privacy and Accountability Act (HIPAA). Students must always respect the rights of the patients. These rights include the right to privacy, the right to dignity, the right to confidentiality of information, and the right to a sympathetic and compassionate understanding of the fears and insecurities which go along with being ill and hospitalized. The patient should always be treated as an individual of worth and dignity. The behavior of the student should inspire calm and confidence in the patient and should never be abrupt, hostile, condescending, or in any way unsettling to the patient.

**E. Disruptions**

Students are not allowed to have visitors during clinical hours. Electronic Communication devices are **Strictly Prohibited** in the clinical areas. The clinical supervisor (instructor, preceptor) or the clinical contact identified by the Program Director or Clinical Education Director is the emergency contact for the student's family or significant other.

**F. Smoking / Eating / Drinking**

Eating, or drinking is allowed in certain approved areas. Wallace Community College is a Tobacco free campus. **ABSOLUTELY NO SMOKING ALLOWED ON CAMPUS OR AT ANY CLINICAL SITE. No exceptions.**

**G. Identification**

All students are required to have a photo identification badge to utilize clinical agencies. The student is responsible for the cost of the photo ID and any replacement. Students will be dismissed for the day from the clinical experience if he/she does not have the ID badge in full sight while in the clinical agency.

**H. RPT Courses Cannot Be Taken As Audit**

It is now the policy of the Respiratory Therapist Program that no courses within the RPT curriculum will be made available for audit. This policy is effective as of February 7, 2002. Courses within the curriculum must be taken for credit even if a student chooses to repeat a course that has already been successfully completed.

**I. Repeating RPT Course For Credit**

If a student chooses to repeat an RPT course, that student is responsible for adherence to all rules, requirements, policies, and procedures. Failure to comply can result in counseling. Repeated counseling will result in the student being dismissed from the RPT program without the possibility of readmission. These guidelines and policies apply to all courses within the respiratory care curriculum. Other rules may apply to certain courses and the student is directed to each individual courses syllabus for more specific information concerning each individual course.

**J. Standards of Professionalism**

If at any time, a student disregards standards of professionalism or engages in behavior which endangers their self or others, he/she may be immediately removed from the clinical site. In this event, the student and the designee should contact the Director of Clinical Education.

Students who are deemed clinically incompetent will be removed from the clinical area. Repercussions are dependent on review of the allegations, demonstration by the student of the skills at the expected level of performance, and evaluation of the student's progress in the program. Repercussions are at the discretion of the reviewer(s).

**K. Drug Testing**

All RPT students must submit to initial and continuing drug testing at specified intervals, for cause or at random. Should the student refuse to abide by agency/WCC policy he/she will be administratively withdrawn from the course and may be denied readmission to the same or any other WCC health program.

**L. Clinical Rotation Compensation**

Each student will be required to sign the Student Clinical Rotation Contract prior to starting clinical rotations (see Student Clinical Rotation Contract form below)



**Wallace Community College**

**Associate Degree Respiratory Therapist Program**

**STUDENT CLINICAL ROTATION CONTRACT**

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

Student ID #: \_\_\_\_\_

I, \_\_\_\_\_, understand that the primary  
(Student Name)  
objective of the Respiratory Therapist program at Wallace Community College is to prepare program graduates to perform competently as a safe, professional respiratory therapist. In order to achieve this objective, it is necessary that each student complete \_\_\_\_\_ hours of clinical experience in a health care facility. Such experience is educational in nature and is designed to develop each student's professional skills in order that each student may demonstrate specific entry-level competencies upon program completion. Program objectives and entry-level competencies are stated in the College catalog.

As a condition for enrolling in the Respiratory Therapist program and subsequently participating in clinical experiences at

\_\_\_\_\_ to satisfy the requirements of  
(Health Care Facility)

\_\_\_\_\_ during the \_\_\_\_\_  
(Course Name and Number) (Semester)

semester, I, \_\_\_\_\_, understand that:  
(Student Name)

1. I am a student at the College, enrolled in a clinical course requiring my presence at a health care facility;
2. I am not acting as an employee of the institution or of the health care facility
3. I am not expecting and will not receive compensation for participation in the clinical course from either the institution or the health care facility;
4. I have not been promised and am not expecting to be offered a job at the health care facility as a result of participation in the clinical course.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Department/Division Chairperson Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# AARC

## Code of Ethics

As health care professional engaged in the performance of respiratory care, Respiratory Care Practitioners must strive, both individually and collectively, to maintain the highest personal and professional standards.

The principles set forth in this document define the basic ethical and moral standards to which each member of the American Association for Respiratory Care should conform.

The respiratory care practitioner shall practice medically acceptable methods of treatment and shall not endeavor to extend his/her practice beyond his/her competence and the authority vested in him/her by the physician.

The respiratory care practitioner shall continually strive to increase and improve his/her knowledge and skill and render to each patient the full measure of his/her ability. All services shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The respiratory care practitioner shall be responsible for the competent and efficient performance of his/her assigned duties and shall expose incompetence and illegal or unethical conduct of members of the profession.

The respiratory care practitioner shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient's medical care.

The respiratory care practitioner shall not accept gratuities for preferential consideration of the patient. He/She shall guard against conflicts of interest.

The respiratory care practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles. He/She should be familiar with existing state and federal laws governing the practice of respiratory care and comply with those laws.

The respiratory care practitioner shall cooperate with other health care professional and participate in activities to promote community and national efforts to meet the health needs of the public.

# AARC

## Role Model Statement For Respiratory Care Practitioners

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. A 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 care practitioner shall set himself/herself apart as a leader and advocate of public respiratory health.

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

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

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

The respiratory care practitioner shall uphold himself as a model for all members of the health care team by demonstrating his/her responsibilities and shall cooperate with other health care professionals to meet the health needs of the public.

**ACKNOWLEDGEMENT**

I have received a copy and reviewed the Wallace Community College Respiratory Therapy Program general departmental policies. I understand this policy and agree to abide by the rules of the College and the program. I also understand that failure to abide by the rules could result in dismissal from the RPT program without the possibility of readmission.

Student Name (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director, Clinical Education: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_