



**Respiratory Therapist Program
Wallace Community College
Student Handbook**

2025-2026

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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.

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RESPIRATORY THERAPY

A. **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. Students are responsible for reporting their needs to the ADA Compliance Office and providing proper documentation of their disabilities. For detailed information on available services and eligibility, contact the ADA Compliance officer on the Wallace Campus at 334-556-2587; by fax at 334-556-2575; or in writing to ADA Compliance Officer, Wallace Community College, 1141 Wallace Drive, Dothan, AL 36303.

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

ESSENTIAL FUNCTIONS FORM
Wallace Community College

Respiratory Therapist Program

The Alabama Community College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective respiratory therapy care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the respiratory therapist program with or without reasonable accommodations. The respiratory therapist program and/or its affiliated clinical agencies may identify additional essential functions. The respiratory therapist program reserves the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the respiratory therapist program one must possess a functional level of ability to perform the duties required of a respiratory therapist. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary for the respiratory therapist program. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations provided will be determined and applied to the respective respiratory therapist program and may vary from reasonable accommodations made by healthcare employers.

The essential functions delineated below are necessary for respiratory therapist program admission, progression and graduation and for the provision of safe and effective physical therapy care. The essential functions include but are not limited to the ability to:

WALLACE COMMUNITY COLLEGE
Respiratory Therapist Program
ESSENTIAL FUNCTIONS VERIFICATION
(To be completed and turned in after acceptance at New Student Orientation)

DIRECTIONS:

Read each function and the example of behavioral criteria for each. Respond in the appropriate column as to whether you fully meet the criteria (100%) or are unable to fully meet the criteria (less than 100%) You **need to be very honest about your responses**. If you respond **LESS** than 100% to any criterion, please explain in the space provided or enclose additional information. You must read and respond to **EACH** criterion and signify your status on the last page. **YOUR PHYSICIAN MUST ALSO VERIFY YOUR STATUS ON THE LAST PAGE.**

DISCLAIMER

The following statement of criteria is not intended as a complete listing of RPT practice behaviors but is a sampling of the types of abilities needed by the RPT student to meet program objectives and requirements. The RPT Program or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The RPT Program reserves the right to amend this listing based on the identification of additional standards of criteria for RPT students.

FUNCTIONS	EXAMPLES OF CRITERIA	100%	LESS	EXPLANATION
Cognitive and critical thinking abilities are sufficient to make clinical judgments and meet laboratory objectives and requirements.	<ol style="list-style-type: none"> 1. Can comprehend new knowledge and apply it in RPT practice 2. Can analyze situations and identify cause-effect relationships 3. Can organize, program-solve, and make decisions 4. Can meet mental competency requirements of the Alabama Board of Respiratory Therapy. 5. Can compute mathematical problems 6. Can operate a computer after an orientation 			
Interpersonal abilities are sufficient to interact purposefully and effectively with others.	<ol style="list-style-type: none"> 1. Can establish rapport with individuals 2. Can interchange ideas in a group 3. Can perceive emotions displayed by others 4. Can convey sensitivity, respect, tact, and a mentally healthy attitude in interpersonal relationships 			
Fine motor skills and hand/eye coordination are sufficient to safely fulfill laboratory objectives and requirements.	<ol style="list-style-type: none"> 1. able to manipulate small objects and dials on equipment 2. Can manipulate objects without extraneous motions, tremors or jerking 3. Can write the English language legibly, Using correct grammar and syntax. 			
Auditory ability is sufficient to communicate effectively with others, to monitor and assess patient status, and to fulfill all laboratory objectives and requirements.	<ol style="list-style-type: none"> 1. Can hear high and low frequency sounds, such as telephones, monitor alarms, emergency signals, weak cries of infants and weak calls for help 			
FUNCTIONS	EXAMPLES OF CRITERIA	100%	LESS	EXPLANATION

<p>Visual ability is sufficient to monitor and assess patient status and to fulfill laboratory objectives and requirements. Instruments to enhance or correct vision are portable, usable in small spaces and in varying levels of light and do not disrupt care or cause discomfort to patients.</p>	<ol style="list-style-type: none"> 1. Am able to discern the full spectrum of colors and to distinguish color changes 2. Can accurately read numbers and letters in fine print, such as would appear on therapist or monitoring equipment in varying levels of light (daylight to very dim light) 3. Can read for long periods of time 4. Can read cursive writing such as would be found on patient's charts 5. Can detect changes in the Environment 			
<p>Tactile ability and sense of smell are sufficient to assess patients and the environment.</p>	<ol style="list-style-type: none"> 1. Can palpate and count pulses 2. The use of a stethoscope to obtain blood pressure and breath sounds. 3. Can discern physical characteristics through touch, such as texture, shape, size, location, and others 4. Can smell body and environmental odors, such as infected wounds or burning electrical equipment 			
<p>Communication abilities are sufficient to convey thoughts in verbal and written form so that they are understood by others.</p>	<ol style="list-style-type: none"> 1. Has sufficient English language abilities to understand printed materials, classroom lectures; instructional, medical, or other directives; and patient questions and/or responses 2. Has sufficient English language abilities to be understood in verbal and written communications 4. Can teach a concept and test for understanding 5. Can interpret feedback or messages 			
<p>Physical mobility is sufficient to fulfill classroom, clinical, and program objectives safely and effectively.</p>	<ol style="list-style-type: none"> 1. Can maintain balance in any position and can stand on both legs for long periods of time. Move from room to room in a timely manner, maneuver in small spaces, & climb stairs. 2. Can freely move all joints through functional range of motion 3. Can achieve certification in cardiopulmonary resuscitation at the BCLS (Basic Cardiac Life Support) level 			
<p>Strength (gross motor skills) and endurance are sufficient to safely fulfill clinical laboratory objectives and requirements.</p>	<ol style="list-style-type: none"> 1. Can stand and walk for 10 hours or more in a clinical situation 2. Can position, lift, and transfer patients from all surfaces without injury to the patient, self, or others 3. Can push or pull heavy objects, such as occupied hospital bed, without injury to patient, self, or others 			

Student's Name (please print)

Student's Signature

Date

**Wallace Community College
Respiratory Therapist Program**

**HEALTH RECORD AND
STATEMENT OF ESSENTIAL FUNCTIONS
SIGNATURE PAGE**

STUDENT STATEMENT

I have reviewed the Essential Functions for this program and I certify that to the best of my knowledge, I have the ability to perform these functions. I understand that a further evaluation of my abilities may be required and conducted by the RPT faculty, if deemed necessary, to evaluate my ability prior to admission to the program and for retention and progression through the program.

Student Signature

Date

Student's Name (Printed)

PHYSICIAN STATEMENT

Is this person's mental and physical health sufficient to perform the classroom, laboratory, and clinical duties of the respiratory therapist student?

YES _____ NO _____

If no, please explain. (attach additional sheet if necessary)

Physician Signature

Date

Physician's Name (Printed)

Address

Contact Number

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 unprofessional 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.

IV. RPT Courses and Grades

A. Grading System

90-100	= A
80-89	= B
75-79	= C
60-74	= D
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.

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

V. 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

VI. 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 & Lab coats) to all labs.

VII. 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 20% of the final grade as a single test grade and will follow the RPT course calendar in Canvas. **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. **The highest possible score on a major exam that must be rescheduled due to absence is 85%.**

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.

VIII. 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.

IX. 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 classroom, 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.

X. Student Regulations

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

XI. 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. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the respiratory therapy program. The

respiratory therapy faculty reserves the right at any time to require an additional medical examination at the student's expense, in order to assist with the evaluation of the student's ability to perform the essential functions.

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. Clinical 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 (DCE). 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 which 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:

Supporting Documentation:

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

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

XVI. Clinical Grades and Evaluation Tools

All students are recorded and accessed in the Trajecsys ® program utilized by the program and obtained through the WCC Bookstore. Students are required to keep updated and accurate records of clinical attendance and performance in the system. Students are required to clock in at the Clinical Center daily, using the Trajecsys ® program.

Each student receives a daily grade. The grade consist of the daily evaluation tool which includes 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. 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 **5 categories**, for which there is a **total of 100 points possible**.

**Each category is worth:
0 points to 20 points.**

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 _____

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

2. Begins to identify potential/actual patient diagnoses for selected patients.										
V. Critical Thinking 1. Begins to demonstrate the ability to transfer learning from one situation to another. 2. Begins to incorporate suggestions into the learning experience.										
TOTAL										

Date:

Students Initials											
Instructors Initials											

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

Clinical Progress Notes

Student Comments

Instructor Comments (REQUIRED)

**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 **5 categories**, for which there is a **total of 100 points possible**.

**Each category is worth:
0 points to 20 points.**

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												
<p>I. Professionalism: Demonstrates professionalism:</p> <p>3. Maintains appropriate professional interactions at all times to include, dress code, punctuality, confidentiality and personal integrity.</p> <p>4. If a score of 0 applies student will be sent home with no makeup rotation according to the policy of the Respiratory Program</p>												
<p>II. Safety: Safely and consistently performs all aspects of patient care while keeping the clinical instructor informed of patient status.</p>												
<p>III. Clinical paperwork to include Clinical Log Sheet:</p> <p>1. Completes and submits on time per clinical instructor requirements.</p> <p>2. Organizes and carries out clinical assignment in timely manner</p> <p>3. Documents patient care correctly and in a timely manner, with adequate use of computer charting, and use of patient's data base.</p>												

IV. Assessment: 1. Collects appropriate subjective/objective patient data to physical patient assessment and all body systems. 2. Identifies potential/actual patient diagnosis for selected patients.															
<table border="1"> <tr> <td>V. Critical Thinking</td> </tr> <tr> <td>1. Demonstrates ability to transfer learning from one situation to another.</td> </tr> <tr> <td>2. Incorporates suggestions into learning experience</td> </tr> </table>	V. Critical Thinking	1. Demonstrates ability to transfer learning from one situation to another.	2. Incorporates suggestions into learning experience												
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2. Incorporates suggestions into learning experience															
TOTAL															

Students Initials												
Instructors Initials												

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

Clinical Log Sheet

<u>PATIENT ASSESSMENT</u>	Observe	Perform	Total	<u>AIRWAY PLACEMENT & MANAGEMENT</u>	Observe	Perform	Total
INTRODUCTION				PLACEMENT OF ORALPHARYNX AIRWAY			
VITAL SIGNS				PLACEMENT OF NASALPHARYNX AIRWAY			
INSPECTION				SPUTUM INDUCTION			
ASCULTATION				CHECK ET TUBE PLACEMENT			
INTERVIEW				STABILIZE ET TUBE			
INSPECT CHEST X-RAY				CHECK CUFF PRESSURE			
a)Verify ETTube Placement				VERIFY TRACH SIZE AND MAKE/CLEANING			
b)Abnormal Findings				PLACEMENT OF PMV			
				PERF. EXTUBATION PROCEDURE			
				CO2 DETECTION			
				BAG-VALVE-MASK			
<u>AEROSOL DRUG ADMINISTRATION</u>	Observe	Perform	Total	<u>MECHANICAL VENT</u>	Observe	Perform	Total
JET NEB				VENT TESTING & TROUBLESHOOTING			
BAN NEB				VENT Setup			
CONTINUOUS NEB				VENT ASSESSMENT			
IN-LINE NEB				WEANING/ PRESSURE SUPPORT			
MDI				BIPAP			
DPI				CPAP			
				<u>DIAGNOSTICS</u>	Observe	Perform	Total
<u>PEDIATRICS</u>	Observe	Perform	Total	HEMODYNAMIC MONITORING			
AEROSOL TX				Bronchoscopy			
a)Jet Neb				Hyperbaric Medicine			
b)Ban				<u>INFECTION CONTROL</u>	Observe	Perform	Total
c)Continuous Neb				HAND WASHING/FOAMING			
O2 ADMINISTRATION				EQUIPMENT PROCESSING			
PULMONARY HYGIENE				ISOLATION PROCEDURES			
a)Artificial Airway Suction					Observe	Perform	Total
b)NTS							
				<u>ER PROCEDURES</u>	Observe	Perform	Total
<u>PULMONARY HYGIENE</u>	Observe	Perform	Total	OBSERVE EMERGENCY INTUBATION			
CPT				<u>EDUCATION</u>	Observe	Perform	Total
HIGH FREQUENCY VEST				ASTHMA EDUCATION			
PERCUSSION				SMOKING CESSATION			
SPUTUM INDUCTION				PRE-OP TEACHING FOR CABG			
SUCTION (In-Line vent)					Observe	Perform	Total
SUCTION (Kit)							
NASOTRACHIAL SUCTION				<u>HYPERINFLATION THERAPY</u>	Observe	Perform	Total
VAPORIZER				INCENTIVE SPIROMETRY			
<u>PROTOCOLS</u>	Observe	Perform	Total	IPV			
O2					Observe	Perform	Total
CPT				<u>O2 ADMINISTRATION</u>	Observe	Perform	Total
AERO				NASAL CANNULA			
IS				SIMPLE MASK			
NTS				PARTIAL REBREATHAR			
				NON-REBREATHAR			
				HIGH FLOW CANNULA			
<u>ADJUNCTIVE THERAPY</u>	Observe	Perform	Total				
FLUTTER VALVES							
PEP THERAPY							
<u>BEDSIDE MECHANICS</u>	Observe	Perform	Total				

a)Ve with Wrights
 b)Vital Capacity
 c)NIF
 RAPID SHALLOW BEATHING INDEX

ABG
 Arterial Blood Gas (Puncture)
 A-line Arterial Blood Gas
 Infant Arterial Blood Gas
 Capillary Blood Gas

Observe	Perform	Total

HIGH FLOW OXY MASK
 VENTURI MASK
 AFM
 AFT
 TRACH COLLAR
 T-TUBE
 HIGH FLOW DEVICE (OPTIFLOW)

O2 CYLINDERS
 E SIZE CYLINDER
 PATIENT TRANSPORT WITH O2
 USE & MAINT. OF O2 ANALYZ. & CAL.

Oserve	Perform	Total

NEONATAL
 O2 Administration
 Suction
 Transcutaneous Monitoring
 Mechanical Ventilation
 Non-Invasive Ventilation
 CPAP
 BIPAP

Observe	Peform	Total

Preceptor Signature _____

Student Signature _____

Instructor Signature _____

DAILY PERFORMANCE EVALUATION:

Excellent _____

Acceptable _____

Unacceptable _____

XVII. 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.

XVIII. 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.

Dress Code:

Approved WCC, Dothan Uniforms (white lab coat with collar, Cherokee Revolution scrubs/Grape, 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, earrings, 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. Hair must be worn up off the collar. All TATOOS must be covered up and not visible in the hospital or other clinical setting.

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)
- E. Jewelry is restricted for all students to a watch with a second hand, wedding rings. 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.***
- F. The use of tobacco products while on College property as well as Clinical Site property is strictly prohibited. In accordance with the College’s Tobacco-Free Policy, a *tobacco product*

is defined as all tobacco-derived or containing products, including and not limited to, cigarettes (e.g., clove, bidis, kreteks), electronic cigarettes, cigars and cigarillos, hookah smoked products, pipes and oral tobacco (e.g., spit and spit less, smokeless, chew, snuff) and nasal tobacco. It also includes any product intended to mimic tobacco products, contain tobacco flavoring or deliver nicotine, to include water vapor emitting products.

G. 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.

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.

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, will not be tolerated. Students falsifying information, to include documentation on patient's records or student's 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 course's 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: _____