Respiratory Therapy Program

Clinical Preceptor Manual

V. 2025

Clinical Preceptor Manual

The information contained in this manual is provided as a reference to support clinical preceptors when planning for and evaluating the performance of assigned CCC Respiratory Therapy students.

Clinical education is a vital component in healthcare education. We are very grateful for your participation in preparing respiratory therapists professionals for tomorrow.

As a new respiratory therapy program, we look forward to establishing a collaborative and mutually beneficial relationship between our faculty and affiliated clinical sites and their staff.

Your comments, requests, suggestions, and complaints are always welcome as they serve as valuable tools for improvement. Also, please contact us if you are willing to serve on the RPT Program Advisory Committee, the purpose of which is to assist in program development and assessment.

With our sincere thanks,

Emily Russell, MSRC, LRT, RRT, RPFT
Director of Clinical Education (DCE)

Christy Goodwin, BSHS, LRT, RRT, RRT-ACCS, AC-E
Program Director

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Respiratory Therapy Program
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Respiratory Therapy Program

Mission

The mission of the Calhoun Community College respiratory therapy program is to graduate knowledgeable, skilled, competent, and professional entry-level respiratory therapists for the provision of quality respiratory care that meets the needs of employers and the public.

Vision

In accord with the core values and vision of the College, the respiratory therapy program vision is committed to student success. Faculty seek to provide students with the knowledge to demonstrate technical competence in entry-level respiratory therapy skills, make sound clinical decisions, and provide safe, effective, and compassionate respiratory care to a diverse patient population.

Philosophy

- We believe that respiratory care is an essential component in the care of individuals with breathing disorders. The respiratory therapist, by aiding in the diagnosis, treatment, and rehabilitation of patients, is a vital member of the healthcare team who promotes awareness of the profession.
- We believe our mission is fulfilled by a scientific educational plan with a strong clinical component, which presents instruction in a logical sequence and provides ample opportunity for knowledge acquisition and the development of critical-thinking, problem-solving, psychomotor, and affective skills.
- We believe in curriculum which emphasizes the humanistic aspects of patient care as well as professional behaviors that facilitate positive relationships with patients and healthcare team members including, but not limited to, respect and sensitivity for age, gender, ethnic, cultural, ideological and spiritual differences.
- We believe learning is a shared process in which both the student and instructor accept responsibility for the learning objectives. As adult learners, respiratory therapy students are expected to actively participate in the learning process, effectively communicate their needs to appropriate individuals, and fully utilize the opportunities provided by the educational program. We believe learning is more likely to occur in an atmosphere in which students feel accepted, respected, and valued.
- We believe respiratory therapy education responds to changes in healthcare and incorporates those changes into the educational plan. Therefore, the program collaborates with employers, clinical education facilities, and graduates, and values active input from all in the community which it serves.

Program Goal

In accord with the Standards of the Commission on Accreditation for Respiratory Care (CoARC), the goal of the CCC respiratory therapy program 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).

Accreditation

The program is in the process of seeking accreditation from the Commission on Accreditation for Respiratory Care (CoARC). However, CCC can provide no assurance that accreditation will be granted by the CoARC. The program received CoARC approval of its initial Letter of Intent on July 12, 2024 and has submitted a Provisional Accreditation Self Study Report (PSSR). Once approved, the program will progress to a site visit and final report from CoARC. Students cannot be enrolled in the program until the status of "Provisional Accreditation" has been granted.

Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd, Telford, TN 37690
telephone: (817) 283-2835
email: webmaster@coarc.com website: https://coarc.com/
Calhoun Community College Respiratory Therapy Program Number: 200685

Any person may submit a complaint to CoARC about an accredited program. CoARC will investigate and act on any complaint filed in accordance with the Accreditation Policies and Procedures Manual. https://coarc.com/students/complaint-process/

Program Outcomes / Assessment Measures

(Tracked annually and average rates published for the last 3-year cycle)

	MEASURES	THRESHOLD
Retention	% of students who enrolled and completed the RPT program	≥70%
NBRC TMC High Cut Score	% of graduates who pass the TMC exam with a High Cut Score	≥60%
Clinical Simulation Exam	% of graduates who pass the Clinical Simulation exam and obtain the RRT Credential	≥30%
Employment	% of graduates employed in the field or continuing their education	≥90%
Graduate Satisfaction	% of graduates that report satisfaction with the adequacy of preparation for entry-level RPT practice	≥80%
Employer Satisfaction	% of employers that agree the CCC RPT graduate was adequately prepared for entry into practice	≥80%

The program goal and assessment measures are established to help ensure overall success of the educational program and its students and as a means of evaluating program effectiveness in supporting the mission of Calhoun Community College.

An Associate of Applied Science Degree in Respiratory Therapy is awarded to graduates of the program by Calhoun Community College.

Clinical Education Facilities

Clinical Site Selection Criteria

- Sites must have the clinical resources and provide student supervision sufficient to facilitate the achievement of program goals. This includes:
- Facilities that employ or have the potential to employ licensed respiratory therapists.
- In-patient facilities of various sizes such as small community hospitals to large medical centers. Additional sites will include physician offices, sleep labs, rehabilitation centers, and providers of home health care and DME.
- Clinical facilities that provide students with a broad exposure to RT experiences including, but not limited to: adult care settings, critical care / ICU and emergency care, neonatal and pediatric care, home health care, respiratory medical equipment, diagnostics and sleep medicine.
- Ideally, all clinical sites will be located within 100 miles of the CCC Huntsville campus. Student assignments to clinical facilities will be based on learning needs and not the geographical proximity to their home. The DCE will ensure that facility assignments offer all students the opportunities to achieve the learning outcomes.

Clinical Site Affirmation Form / Written Agreements

- Every clinical site must complete a CoARC Clinical Site Affirmation form. The DCE uses the information to ensure that sites meet program needs for clinical education experiences and the staffing considered necessary for student teaching and evaluation
- Each site must have a formal, written and signed affiliation agreement with Calhoun Community College prior to student assignment to the clinical site.

Patient Rights

Patients have the right to know a student is involved in their care. Students must wear identification badges indicating their status as a student and always introduce themselves to all clients as a Student Respiratory Therapist when in the clinical setting. Patients have the risk-free right to refuse care from a student.

Site Evaluation

The DCE continually evaluates affiliated clinical facilities to ensure resources and student supervision are sufficient to facilitate the achievement of program goals. This assessment takes place during recurrent visits when students are assigned to the facility. Information regarding sites is also acquired from responses on the Student Evaluations of Clinical Site Survey which is completed by at the conclusion of each clinical rotation. Students are asked questions regarding their perceptions on the amount of supervision; the staff's modeling of effective professional behaviors, as well as the availability of learning experiences. Consistencies in evaluations will be used to determine the capability of a clinical site to provide students with the needed educational opportunities.

Clinical Educators - Roles and Responsibilities

Director of Clinical Education (DCE)

- Plans for and coordinates the clinical education of respiratory therapy students.
- Seeks and maintains written agreements with clinical facilities in a sufficient quantity and variety to provide the quality experiences required by students to meet their learning outcomes.
- Serves as a liaison between the program and the affiliating clinical facilities; assigns the clinical site for each student experience, schedules experiences with the facility, and is responsible for maintaining communications between the academic program and clinical facilities.
- Monitors the academic performance of students to ensure the criteria for participating in clinical experiences is met prior to assignment to a facility.
- Assists the student in clarifying the education goals for field experiences.
- Ensures adequate supervision of students through communication with the clinical preceptor and student via regular site visits, phone calls, and email.
- Encourages and assists in clinical site and clinical faculty development by providing feedback about the students' clinical experiences at the site and offering individual training or coordinating workshops to meet stated needs.
- Assigns the student final clinical course grade.

Clinical Preceptors

- Must be employed by the clinical site at which they are supervising students.
- Must have at least one year of experience and be licensed in their field.
- Have access to the CCC RT Clinical Preceptor Manual, which outlines their roles and responsibilities, the clinical policies and procedures of the program, and the use of the program's student clinical assessment tools.
- Should consistently demonstrate clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the RT profession.
- Should possess effective communication and interpersonal skills.
- Should have the time, ability, and willingness to plan, guide, directly supervise, teach, and assess students in order for them to achieve the objectives of the clinical rotation.
- Cannot be assigned to oversee more than two students at any given time.
- Orient students to the unit they are assigned, shift responsibilities, and expectations
- Facilitate physician student interactions
- Provide constructive verbal feedback and objectively evaluate and document the student's clinical performance including the attainment of objectives.
- Converses with the DCE during site visits and communicates promptly when there are concerns about the student which may include:
    - -Knowledge deficits and/or lack of competence in skills
    - -Student breach of safety procedures or measures to insure patient confidentiality
    - -Behavior or attitude problems which, in the opinion of the preceptor, are counter-productive to respiratory care
    - -All student tardies and absences.

Clinical Preceptor Rights

Calhoun Community College places great value on clinical faculty, their expertise, and the experiences provided by affiliate facilities that enable students to meet learning objectives and complete their education. Though not employed by CCC, clinical preceptors are granted rights and privileges in relation to their role as educators.

- Clinical preceptors are encouraged to communicate, either formally or informally, their thoughts and ideas regarding the strengths and weaknesses of any component of the curriculum to the DCE, RT Program Director, and or Dean.
- A clinical preceptor has the right to dismiss a student from a facility as they deem appropriate. RT faculty request that any concern necessitating dismissal be reported to the DCE or program director as soon as possible. If the student requires disciplinary action, it will be addressed following consultation with the preceptor, the DCE, the student, and the program director.

Clinical Sites and Program Assessment

- Clinical preceptors' comments regarding the program are requested on the Preceptor Evaluation of Student form.
- Preceptor observations, suggestions for program improvement, and complaints are welcomed during DCE site visits, by email, or telephone.
- Advisory Committee clinical site representatives will be asked to complete the CoARC Personnel Program Resource Survey once a year to evaluate the CCC Respiratory Therapy Program as another opportunity of providing feedback for improvement.

Program Communication and Complaints

The director of clinical education and program director are always available in the event of a problem when students are assigned for experiences. All contacts from clinical affiliates is welcome, especially in the event of concerns.

Facilities and their staff have the right to file a formal complaint against the CCC RT program, the faculty, and/or a student of the program. Management of a complaint regarding a student during a clinical affiliation will be initiated within 24 hours and will include a written response with the steps taken for resolution of the problem, and acknowledged by signatures of the clinical preceptor and DCE. As necessary, the program director and/or Health Sciences Dean will be involved to determine resolution.

Respiratory Therapist Students

Clinical Learning

- Students participate in clinical experiences integrated throughout the RT program. Generally, clinical learning experiences will be 12.5 hours in length and scheduled on specific days dependent on the program semester in which the student is enrolled.

- While participating in a clinical learning experience the student must stay in the assigned area. Students are not permitted to leave a designated clinical site to observe in another area unless approved by the preceptor, clinical coordinator, program director, or medical director.

Student Competence

- Clinical experiences are scheduled to maximize the learning opportunities of the student. Specific assignments are not made until the applicable course content has been successfully completed.
- Students are taught, practice, and assessed on the understanding and performance of all skills prior to being deemed capable of performing them in the clinical area. The evaluation of skills competence includes attaining a minimal 75% grade attainment on both written and practical laboratory exams as well as 100% compliance on critical safety elements.
- Performance criteria during clinical assignments varies depending on the student progression through the RT curriculum plan. Performance criteria and professional competencies are noted in RPT course syllabi.
- It is prohibited for a student to attempt / perform skills in the clinical setting which they have not been trained and deemed competent through on-campus evaluation.
- By the completion of the final (5th) semester, each student should have satisfactorily performed all skills needed to function as an entry-level respiratory therapist.

Clinical Assignments

Clinical assignments are determined for the student by the DCE based on individual learning needs, not geographical proximity to their home. Students are expected to have reliable transportation, flexibility in their personal schedules, and the willingness to commute to clinical sites in north and central Alabama and southern Tennessee.

The goal is to provide students with a variety of patient populations, acuity levels, and skills experiences in a variety of healthcare settings over the course of the program.

Encounters or observations in which the students can participate while at clinicals may include the following: specialized procedures such as CT scan, MRI, bronchoscopy, thoracentesis, physician rounds, disaster drills, emergency team response (Code Blue), patient transport, patient education, departmental meetings, and in-service activities.

Students are instructed to make certain the clinical preceptor knows of their whereabouts at all times during the assignment and to be dismissed by the preceptor before leaving the clinical site.

Student Requirements

Clinical facility written agreements include requirements that help to ensure the safety of patients, staff and students. Prior to clinical assignment, every RT student must have on file:

1. A current **CCC Health Sciences Division Student Health Form** signed by a MD, CRNP, or PA attesting to the student's ability to meet the RT Eligibility Criteria (Appendix A).

   Students must notify RT program faculty of changes in their health status that necessitate precautions or would prohibit or limit their ability to fully participate in clinical activities. Students under the care of a physician for a temporary but limiting illness, injury, surgery, or due to pregnancy and childbirth are required to submit a signed medical release allowing them to resume laboratory and/or clinical participation. The DCE is responsible for communicating student health concerns to the clinical facility.

2. Proof of a current negative **tuberculosis** two-step skin test (initial) or 3 consecutive years of a TB one-step skin test, or a QuantiFERON test or, in the case of previous positive TB testing, chest x-ray results demonstrating no communicable disease.
3. Proof of vaccination to prevent **tetanus** administered in the past ten years.
4. Proof of vaccination to prevent **chickenpox** or a positive varicella titer.
5. Proof of vaccination to prevent **measles, mumps**, and **rubella** (MMR) or a positive rubella titer.
6. Proof of **COVID** immunization.
7. Proof of completion of a **hepatitis B** vaccination series or proof of immunity to hepatitis B or a signed waiver acknowledging risk.
8. Proof of vaccination for the **current influenza season** for clinical opportunities October to March.
9. A waiver for allergy or religious exceptions is accepted with documentation for immunization requirements.
10. Proof of **current CPR certification** at the healthcare provider level.
11. Proof of **liability insurance** purchased through the CCC Health Sciences Division.
12. Proof of **drug and alcohol screening** and a **background check** with results deemed suitable per CCC HSD policies for student assignment to clinical experiences.
13. Documentation of instruction and understanding of **HIPAA**, **OSHA Bloodborne Pathogen Practices Standards** and **CDC Universal Precautions** including the use of personal protective devices and the disposal of hazardous waste.
14. A copy of a valid **driver's license** and CCC **student identification card**.

Student Employment / Compensation

- Students are not considered as employees of clinical facilities or the College and do not expect or receive compensation from the facility or College for participation in RT clinical experiences.
- Students must not be used to substitute for clinical, instructional, or administrative staff.
- In the event a student is employed by a facility where they have been assigned for clinical learning, job experiences cannot be substituted for clinical requirements. Clinical competencies

are to be completed during non-paid scheduled CCC Respiratory Therapy Program clinical rotations.

- If employed by a clinical facility, a student is NOT permitted to perform any service as an employee during a clinical assignment. The student must complete the scheduled clinical time and log their time out of that area before assuming work responsibilities of their employed position. The CCC Student RT uniform is not to be worn while working as an employee.

- All activities required in the program are educational and students cannot be substituted for staff of clinical affiliates.

Student Attendance Policies

Students are expected to be punctual and attend all assigned clinical experiences. Due to curriculum / graduation requirements, all clinical hours must be completed. Clinical absences may prohibit the student's ability to successfully complete a clinical course and progress in the RPT program.

Arrival: A student is to arrive at least 15 minutes prior to the assigned start time and be prepared to begin on time. Upon arrival at the clinical site, the student is to introduce him/herself to the staff and ask the preceptor to sign him/her in. The student should become familiar with the clinical site and follow the directions of the assigned preceptor.

Tardiness: A student is considered tardy for any arrival after the assigned start time. If the student will be unable to arrive at the clinical site on time, but can arrive within one (1) hour of the scheduled time, the student should:

- Call the clinical site immediately to inform them that he or she will be late. A clinical site may choose not to allow the student to attend the clinical day if tardy and the student will be considered absent.
- As soon as possible, after contacting the clinical site, the student should email or call the DCE to report the tardy arrival or absence.
- If the student cannot arrive within one (1) hour of the scheduled shift start time, he/she will be considered absent for the clinical day and should follow the policy regarding Absences.

Absences: If it is necessary for a student to be absent from a clinical day, the student must:

1. Contact the scheduled clinical site at least one hour in advance:
   -report your name and class semester
   -provided reason for the clinical absence, and
   -obtain the name of the person with whom you spoke at the clinical site

2. Contact the DCE by email (preferred) or by telephone (a voice mail message is acceptable) after notifying the clinical facility and provide:
   -your name
   -the clinical absence incl. the date, assigned hours, and facility
   -the name of the person at the facility the clinical absence was reported to
   -the reason for the absence

Inclement Weather Policy

In the event of inclement weather on a clinical assignment day, students are expected to follow the policies and guidelines of the facility to which there are assigned. If the CCC campus is closed, but a clinical agency remains open, the student is expected to make an effort to punctually report for the experience. If a student deems travel to the facility to be unsafe, they must contact both the facility and DCE before the scheduled start time to report the absence. There will be no penalty for missed clinical hours due to road closures or other weather hazards.

Student Clinical Dress & Grooming

It is imperative that the student's physical appearance be impeccable. Personal hygiene, appropriate clothing, and a smile are all important aspects of a professional presentation. CCC RT students represent a highly respected profession in the medical community and therefore, professional appearance is mandatory. Students are expected to present a neat, well-groomed, and professional appearance. Dress, grooming, or hygiene unbecoming to the profession should not be tolerated by clinical facilities.

Proper clinical attire must be worn at all times and the student must have all required equipment/supplies on hand during clinical rotations.

Gloves and any other appropriate/required PPE are to be worn in the clinical setting during patient care. Gloves must be properly disposed of prior to leaving a patient room. Hands are to be cleaned before and after every patient contact.

Students are expected to abide by additional clinical affiliates dress code policies.

RT Student Uniform

Scrub pants and top
- Program designated brand of royal blue scrub top with program emblem and black scrub pants, both of a length as to not to ride up or down to expose undergarments or skin when sitting, bending, and/or reaching.
- Uniform components should not be too loose or tight and should be neatly pressed

Undershirts (permitted if needed)
- Long-sleeved or short-sleeved shirts in solid black or white are permitted under top
- Must be tucked into pants / cannot extend below the hem of the scrub top

Shoes
- White or black leather sneakers or uniform shoes; upper material must be impermeable to liquids
- Closed toe shoes with non-slip soles required; high-heeled, slip-on, foam, five toe, and/or platforms not permitted
- Socks must be worn and shoes must be laced, tied &/or zipped at all times

Lab Coat/Scrub Jacket Solid Color (permitted but not required)
- Designated brand of royal blue or black scrub jacket permitted or a short white lab coat.

ID Badge
- The CCC RT Student ID badge, attached to the outer layer of clothing at the chest, must be prominently displayed at all times during clinical experiences.
- The student must also wear any additional facility-specific badge above the waist.

Jewelry
- A watch with a second hand or timer function is required, Smart watches may not be worn
- Bracelets, necklaces, eyebrow rings, nose rings, and tongue piercings are not allowed
- Small stud earrings, 1 per ear, are permitted
- Simple wedding bands are permitted

Tattoos & Visible body marks
- Tattoos and other body markings on the arms, hands, neck, head, or face, must be covered
- Visible tattoos on the arms require the addition of a long sleeve shirt underneath the scrub top
- Other body alterations and/or branding must not be visible

Hair/Hats
- Hair must be neat and clean and long hair must be pulled back and secured so as not to interfere with patient care or vision or become a safety issue.
- Hair color should be in a natural tone. Unnatural hair colors (i.e. blue, green, pink, etc.) are not permitted in the classroom, lab or clinical setting. Preceptor concerns with unusual hair styling or other grooming concerns should be communicated to the DCE.
- No hats or caps are to be worn. Head coverings approved by faculty such as hijab or scrub cap must be single solid color black or white.

Facial hair and make-up
- Beards and mustaches are permitted if neat and trimmed. Otherwise, students must be clean-shaven. Students must comply with CDC guidelines pertaining to mask seals.
- Make-up should be natural-looking with no fake eyelashes or other adhesive modifications.

Fingernails
- Fingernails must be clean and without nail polish and not extend beyond 1/4 inch from the fingertip
- Artificial/acrylic nails, adhesives, or coverings of any kind are not permitted due to infection control issues.

Deodorant / Cologne
- The student should smell fresh without overpowering scents; lightly scented deodorant is permitted
- Other perfume, cologne, lotions, and fragranced products are not permissible as they can be offensive to many patients, particularly those with allergies or compromised pulmonary function.

Required for Clinical Rotations
- Stethoscope
- Pen
- Highlighter
- Pharmacology cards
- Bandage scissors
- Calculator (battery powered)
- Clipboard /pocket notebook
- Watch with second hand or digital timer function
- Required reading material (clinical handbook, textbooks)

Smoking

- The use of any type of tobacco product and e-cigarettes is forbidden while on the CCC campus, the campus of a clinical facility, and while wearing the RT student uniform. The smell of cigarettes is offensive and any student smelling of smoke should be dismissed from the clinical experience.

Eating

- Eating and drinking are prohibited except during scheduled breaks.

Phones

- Cell phone use is strictly prohibited during a clinical assignment. Cell phone use and texting must be confined to breaks when the student is "off duty" and away from patient care areas. The use of cell phones during clinical experiences is considered unprofessional behavior and consequences to the violation of the policy will be serious.
- In the interest of maintaining patient privacy rights, respiratory therapy students are prohibited from taking photos or videos during clinical assignments. This includes photos of the facility, patients, their family members, facility staff, medical records, and test results.
- Students are forbidden to use facility telephones for personal calls.

Parking

- Prior to the clinical learning experience, students are instructed where they are allowed to park. The clinical preceptor should report any known student parking infractions promptly to the DCE by phone; a voice mail message is appreciated if the DCE is out of the office.

Loitering

- No student loitering on clinical premises is allowed once the experience hours have been completed.

Student Assessment

Clinical Evaluation

- The student is responsible for providing the preceptor with a Clinical Preceptor Evaluation Form and assuring that one is completed daily.
- The evaluation form is updated each semester to include additional respiratory care skills the student has learned as he/she progresses through the program. The student is responsible for informing the preceptor of any skill which he/she is not yet allowed to perform.
- The preceptor is asked to assign the student a daily grade of satisfactory or unsatisfactory on the listed knowledge, skills, and abilities. An unsatisfactory rating (1 or 2) will alert faculty that further student instruction and/or practice is needed.
- A candid appraisal is of great benefit to both the student and the respiratory therapy program.

5 = SATISFACTORY Student demonstrated mastery of skills; was able to perform skill completely with no guidance; has a thorough understanding of technique and performed skill in safe and efficient manner.
4 = SATISFACTORY Student was able to perform skill competently with minimal guidance; ability exceeds normal expectations and student is able to perform skill safely each time.
3 = SATISFACTORY Student performed skill according to established guidelines with moderate guidance; ability meets NORMAL expectations and is safe at all times.
2 = UNSATISFACTORY Student was able to perform the skill, but failed to meet normal expectations; requires constant guidance and supervision to assure patient safety.
1 = UNSATISFACTORY Student used poor technique; violated principles of infection control; was unable to perform skill; did not provide safe, effective patient care.

- A **rating of 1 or 2** will result in student counseling and remediation prior to next the next clinical assignment. Please provide specifics in the comments section of the evaluation when assigning this grade.

- A **rating of 3** indicates the student is performing at the expected level or above expectations with consideration if this is their first, second, third, or final clinical rotation.

- A **rating of 4 or 5** indicates the student has mastered a particular objective and has no need for improvement. Most students are not expected to attain a 4 or 5 until the final clinical experience

Earning a score less than (3) "satisfactory" on any component of the evaluation criteria will result in the student receiving a "U" or Unsatisfactory for the clinical day. Earning a score of less than 3 "satisfactory" on any other component of the clinical procedures criteria will be subject to the following:

- 1st occurrence: required remediation of the clinical procedure
- 2nd occurrence: a "U" for the clinical day; the student will be unable to return to clinical learning until he/she can demonstrate the correct clinical procedure / behavior in the skills lab through instructor evaluation
- 3rd occurrence: Three "Unsatisfactory" grades in any clinical course will result in failure of the course ("F") unless the student withdraws by the published deadline.

If the student is removed from a clinical learning experience for unprofessional behavior or patient endangerment or failure to comply with facility or RT program policies, a course grade of "F" may result.

If an infraction is deemed grievous enough, an unsatisfactory may result in failure of the RT clinical class and/or dismissal from the RT Program. Grievous acts include but are not limited to the following:

- patient endangerment
- unethical, illegal, and/or unprofessional behavior.

A student assigned a grade of unsatisfactory (U) must meet with the DCE to discuss the severity of the unsatisfactory. A grade of (U) unsatisfactory may include but not be limited to:

- Absence from an assigned clinical and failure to follow the notification policy
- Failure to submit the required clinical documents by the expected deadline
- Violation of the clinical dress code
- Lack of proper clinical equipment
- Sleeping during a clinical assignment
- Failure of the clinical experience as assessed by a clinical preceptor

Unsafe / Unprofessional Practice

A student shall at all times:

1. Provide safe and professional patient care and implement measures to promote a safe environment.
2. Comply with all policies, procedures, and rules related to academic and clinical performance by CCC, the RPT program, and by the clinical agency.
3. Not commit acts of omission or commission that cause or are likely to cause harm to patients.
4. Not attempt care / activities without adequate orientation, theoretical preparation, assistance, or supervision. The preceptor has ultimate responsibility for the patient. Under no circumstances should a student administer a patient a medication or treatment without being in the immediate presence of the preceptor.
5. Maintain patient confidentiality.
6. Take appropriate action to assure the safety of patients, self, and others.

7. Provide care for the patient in a timely, compassionate, and professional manner.
8. Communicate with the patient and healthcare team in a truthful, timely, and accurate manner.
9. Actively promote the highest level of moral and ethical principles, and accept responsibility for his/her actions.
10. Treat others with respect and promote an academic and clinical environment that respects human rights, values, and choice of cultural and spiritual beliefs.
11. Be respectful, cooperative, inquisitive, and professional. Students should take care not to, under any circumstance, annoy, anger, or quarrel with anyone while representing the CCC RPT program. Uncooperative, argumentative, belligerent, and/or confrontational behavior is inappropriate student conduct and unprofessional, and will result in an "Unsatisfactory" grade for the clinical day, potential failure of the clinical course, and/or dismissal from the RPT program.
12. Collaborate and cooperate in every reasonable manner with academic faculty and clinical staff to assure the highest quality of patient care. Under no circumstances should a student argue with a preceptor. The student is in clinical training to observe and learn. Listen, watch, and understand. Be teachable. Not everyone does things the same way. Adapt to alternatives. The student should ask questions, but only at suitable times. Example: it may not be appropriate to ask questions during a code or in front of a patient.
13. Abstain from use of substances that impair judgement.
14. Remain awake during a clinical rotation. Sleeping is considered unprofessional behavior and will result in an "Unsatisfactory" grade for the clinical day, potential failure of the clinical course, and/or dismissal from the RPT program.
15. Report and document all patient assessments or observations, the care/practice provided by the student for the patient, and the patient's response to that care/practice.
16. Accurately and timely report to the appropriate practitioner errors in or deviations from the prescribed regimen of care/practice.
17. Not falsify any patient record or any other document prepared or utilized in the course of, or in conjunction with patient care.
18. Delineate, establish, and maintain professional boundaries with each patient. When providing direct patient care, the student shall provide privacy during treatment and care; and treat each patient with courtesy, respect, and with full recognition of dignity and individuality.
19. Not engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient; or engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.
20. Not misappropriate patient property or engage in behavior to seek or obtain personal gain at the patient's expense; or engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense; engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships. For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to the behaviors by the student set forth in this paragraph.
21. Not engaged in sexual contact or romantic relationships with a patient; engage in conduct that may reasonably be interpreted as sexual or romantic; engage in any verbal behavior that is seductive or sexually demeaning to a patient; or engage in verbal behavior that may be

reasonably interpreted as seductive or sexually demeaning to a patient/client. For the purpose of this paragraph, the patient is always presumed incapable of giving free, full, or informed consent to sexual or romantic activity with the student.

22. Not represent themselves as an RPT student or engage in patient care as a RPT student except as part of an assigned, planned learning activity in a practice setting integral to the curriculum.
23. Students are made aware that they will be exposed to contagious diseases during their clinical education and career. Prior to the initial clinical assignment, RT students receive training in infection control practices including universal precautions and the use of personal protective devices. Any breach of infection control by a student will result in an "Unsatisfactory" grade for the clinical day, potential failure of the clinical course, and/or dismissal from the RPT program.

CCC Respiratory Therapy Curriculum Plan

	General Education Courses *Prerequisite for Program Admission*	Weekly Theory Credit 1:1	Weekly Lab Credit 2:1	Weekly Clinical Credit 5:1	Weekly Contact Hours	Semester Credit Hours
ENG 101*	English Composition I	3			3	3
MTH 100*	Intermediate College Algebra	3			3	3
BIO 201*	Human Anatomy and Physiology I	3	1		5	4
BIO 202*	Human Anatomy and Physiology II	3	1		5	4
SPH 106 SPH 107	Fundamentals of Oral Communication - or- Fundamentals of Public Speaking	3			3	3
HUM/FA Elective	Art, Music, Religion, Philosophy, Literature, or Theatre	3			3	3
ORI 110	Freshman Seminar	1			1	1
PSY 200	General Psychology	3			3	3
EMS 100	Cardiopulmonary Resuscitation (optional)	1			1	1
	Total=	**23**	**2**	**0**	**27**	**23-25**
	Semester 1/Fall					
RPT 210	Clinical Practice I			2	10	2
RPT 211	Introduction to Respiratory Care	2			2	2
RPT 212	Fundamentals of Respiratory Care I	2	2		6	4
RPT 213	Anatomy and Physiology for the RCP	3			3	3
RPT 214	Pharmacology for the RCP	2			2	2
	Total=	**9**	**2**	**2**	**23**	**13**
	Semester 2/Spring					
RPT 220	Clinical Practice II			2	10	2
RPT 221	Pathology for the RCP I	2	1		4	3
RPT 222	Fundamentals of Respiratory Care II	2	2		6	4
RPT 223	Acid-Base Regulation and ABG Analysis	1	1		3	2
	Total=	**5**	**4**	**2**	**23**	**11**
	Semester 3/Summer					
RPT 234	Mechanical Ventilation for the RCP	2	2		6	4
RPT 231	Pathology for the RCP II	2	1		4	3
RPT 241	Rehabilitation and Home Care for the RCP	2			2	2
	Total=	**6**	**3**		**12**	**9**
	Semester 4/Fall					
RPT 230	Clinical Practice III			2	10	2
RPT 232	Diagnostic Procedures for the RCP	1	1		3	2
RPT 242	Perinatal / Pediatric Respiratory Care	2	1		4	3
RPT 254	Patient Assessment Techniques for the RCP	1	1		3	2
	Total=	**4**	**3**	**2**	**20**	**9**
	Semester 5/Spring					
RPT 240	Clinical Practice IV			4	20	4
RPT 244	Critical Care Considerations for the RCP	1	1		3	2
RPT 243	Computer Applications for the RCP		2		4	2
RPT 233	Special Procedures for the RCP	2			2	2
	Total=	**3**	**3**	**4**	**29**	**10**
	General Education Credit = Respiratory Therapy Coursework = Total Program Hours =					23-25 52 **75-77**

Respiratory therapists provide a broad range of patient care that includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to, the following competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing, or assisting in the performance of, prescribed diagnostic studies such as obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy, and modifying prescribed therapy to achieve the desired therapeutic objectives
- managing life support activities;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management;
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

Student Skills List

ADULT Clinical Competencies

- Hand Washing
- Vital Signs
- Nasal Cannula
- Simple, Partial or & Non-rebreather Mask
- Air Entrainment Mask
- Transport with Oxygen
- Trach Collar or T-piece Aerosol
- SVN-Small Volume Nebulizer
- PEP Therapy
- Chest Physiotherapy

** Manual Ventilation via Mask

- Isolation Procedures
- Patient Assessment
- Breathing Exercises
- Coughing
- Pulse Oximetry
- Face Tent or Face Mask Aerosol
- MDI-Metered Dose Inhaler or DPI
- IS-Incentive Spirometry

** Adult CPR

** Charting: Patient Assessment / Care Documentation

** Manual Ventilation via ETT

PEDIATRIC Clinical Competencies

- Vital Signs
- Patient Assessment
- Simple, Non-Rebreather, or Air Entrainment Mask
- Face Mask Aerosol
- Peak Flow Meter

** Manual Ventilation via ETT

- MDI-Metered Dose Inhaler
- SVN-Small Volume Nebulizer via Mask, Mouthpiece

- Chest Assessment
- Nasal Cannula
- Pulse Oximetry
- IS-Incentive Spirometry

** Pediatric CPR

** Manual Ventilation via Mask

- Chest Physiotherapy

ADULT CARE

- Open ETT or Trach Tube Suctioning
- Inline SVN
- Transport via Manual Ventilation
- Non-Invasive Ventilator Set-up
- Mechanical Ventilator Set-up
- HME/Heated Wire Circuit change
- Trach Collar or T-piece Aerosol
- Trach Care
- PEP Therapy
- Manual Ventilation via Mask

** Adult CPR

- Chest Physiology
- Arterial Blood Gas Sampling
- IPV or IPPB
- EKG Monitoring
- Ventilator Trouble Shooting
- Ventilator Waveform Analysis

** Intubation

- Closed Inline ETT or Trach Suctioning
- Inline MDI
- Spontaneous Parameters
- Non-Invasive ventilator assessment
- Mechanical ventilator assessment
- Transport Ventilator Set-up
- Cough Assist
- IS-Incentive Spirometry
- Transport with Oxygen

** Manual Ventilation via ETT

** Charting

- Peak Flow Meter
- Arterial Blood Gas Interpretation
- Ultrasonic Nebulizer
- Securing the Artificial Airway
- Ventilator Circuit Change
- Cuff Management

** Extubation

INFANT/PEDIATRIC CARE

** Intubation

- Nasal CPAP
- Infant OxyHood
- Transcutaneous Monitoring Set-up
- Infant Ventilator Set-up
- Infant Ventilator Troubleshooting

** Surfactant Set-up and Delivery

- Capillary Gas Interpretation

** Manual Ventilation via ETT

- MDI-Metered Dose Inhaler via Mask or Mouthpiece

**Extubation

- Infant Nasal Cannula
- Capillary Gas Sampling
- Infant OxyHood
- Infant Ventilator Assessment
- Infant Ventilator Troubleshooting

** Nitric Oxide Set-up and Assessment

** Infant CPR

** Manual Ventilation via Mask

- SVN-Small Volume Nebulizer via Mask, Mouthpiece

Note: Procedures with ** must be performed under direct supervision at all times. Adult, Pediatric, and neonatal competencies of the same type cannot be substituted for each other.

Injury or potential injury during a student clinical experience:

If a student or a patient is injured or is involved in an incident with the potential for harm during a clinical experience the student is required to:

1. **Immediately** notify the clinical preceptor at the time of occurrence and complete an Incident Report (Appendix).
2. If the incident involved an exposure to blood or other potentially infectious body fluids, an Exposure Report (Appendix) must also be promptly completed. **Failure to report an exposure to blood or other body fluids may result in an "F" for the course and dismissal from the RT program.**
3. Follow the clinical facility's injury and/or exposure plan. (Treatment is at the expense of the student.)
4. As soon as possible, but within 24 hours, report the injury to the Director of Clinical Education.

Incident Reporting

A CCC Health Sciences Division Incident Report (Appendix) should also be completed by students and/or clinical faculty for the following occurrences:

- A sudden unexplained student illness requiring medical attention
- Any student behavior or code of conduct issue
- And/or another possible litigious incident including breaches of patient privacy.

The above list is not all inclusive. Incident reports should be completed when any potential patient or student safety concern or other event occurs.

The reports should be completed as soon as possible following student or patient treatment for injury. Incident reports are not to be photocopied and are to be submitted directly to the DCE.

Appendix

- A. CCC Respiratory Therapy Program Eligibility Criteria
- Accident / Incident Report
- Exposure Report

CALHOUN COMMUNITY COLLEGE

Health Sciences Division

Respiratory Therapy Program
Eligibility Criteria

Students enrolled in the respiratory therapy program are required to successfully complete both academic and clinical requirements. The purpose of the Eligibility Criteria is to delineate the cognitive, affective, and psychomotor skills deemed minimally necessary for admission, progression, and graduation, and for the provision of safe and effective patient care.

The Alabama Community College System endorses the Americans with Disabilities Act. Prior to enrollment in the respiratory therapy program, students are provided the Eligibility Criteria. If an individual cannot demonstrate the following skills and abilities, it is the responsibility of the student to request appropriate reasonable accommodations through the CCC Student Disability Services Office.

Physical Stamina and Dexterity sufficient to:

- Perform moderately taxing continuous physical work with infrequent breaks
- Walk for extended periods; walk quickly at times, including up and down stairs, in response to emergency situations
- Stand and maintain upright posture for prolonged periods of time to perform duties
- Lift/push/pull up to 50 lbs. to safely move equipment and supplies and to assist in moving patients
- Stoop, kneel, and reach in all directions to perform procedures and adjust equipment
- Possess the motor skills and manual dexterity to move and manipulate small and large equipment
- Competently perform CPR

Sensory Functions

- Auditory ability sufficient to:
    - Distinguish muffled sounds heard through a stethoscope or other assistive technology
    - Hear and discriminate high and low frequency sounds produced by the body, the environment, and respiratory equipment
    - Communicate effectively with others
- Visual acuity sufficient to:
    - observe and discern subtle changes in the patient condition and the environment
    - visualize different color spectrums and color changes
    - use instrumentation and operate equipment
    - read fine print, read for prolonged periods, read cursive writing, and read information displayed on monitors / equipment
- Olfactory ability sufficient to detect bodily and other odors in the environment
- Tactile ability sufficient to:
    - discern tremors, vibrations, pulses, temperature, moisture, shapes, size, location and other physical characteristics
    - accurately and reliably manipulate small instruments

Cognitive Abilities sufficient to:

- Comprehend, measure, calculate, compare, analyze, synthesize, integrate, interpret and apply information to formulate and implement safe patient care in a variety of healthcare settings
- Exhibit judgement and problem-solving skills to organize, prioritize, and complete tasks safely, accurately, and within an assigned time frame
- Recognize potentially harmful situations, materials, and equipment and to take measures to minimize the risk of injury to self, patients, and coworkers
- Perform simple to complex mathematical skills including addition, subtraction, multiplication, and the division of whole numbers and fractions for medication calculations
- Effectively read, write, and comprehend the English language and communicate effectively; discern and interpret nonverbal communication

Affective Abilities sufficient to:

- Work in a changing and stressful environment, displaying the ability to effectively adapt in the face of uncertainties or problems that might arise
- Provide quality care in a clinical environment which involves exposure to persons with physical and mental disabilities, pain, stress, and communicable disease, blood and body fluids, odors, and potentially hazardous substances
- Accept responsibility and accountability for one's actions, seeking supervision in a timely manner, and modifying one's own behavior when it interferes with learning or patient care
- Practice social behaviors that are appropriate to interpersonal and professional situations while conveying care, respect, sensitivity, tact, compassion, empathy, and tolerance toward others
- Collaborate with interprofessional health care providers and display attitudes consistent with ethical standards of the respiratory care profession

Safety is paramount in all health programs. Students shall not pose a direct threat to themselves or others. Direct threat is defined as a substantial risk of harm based on facts and that cannot be eliminated or reduced to an acceptable level through reasonable accommodation. A direct threat also includes an individual who knowingly engages in unsafe practices or disregards safety rules or procedures which results in a substantial risk of harm to themselves or others or in a substantial risk of property damage.

CALHOUN COMMUNITY COLLEGE

Health Sciences Division Incident Report

Name of Student: _____

Date of Occurrence: _____ Time: _____ Clinical Facility / Unit: _____

Type of Incident: ☐ potential student injury ☐ potential patient injury ☐ student illness
☐ behavior / code of conduct infraction ☐ other: _____

Name of Clinical Preceptor: _____ Date / time of notification: _____

Name of CCC faculty: _____Date / time of notification: _____

Was potentially infectious material(s) involved? ☐ No ☐ Yes: ☐ blood ☐ urine ☐ sputum ☐ feces

Was personal protective equipment in use at time of the incident: ☐ gown ☐ gloves ☐ mask ☐ eyewear ☐ headgear ☐ shoe covers

Details of the incident in the student's own words (work being performed, etc.) _____

_____

_____

Contributing factors: (accident, equipment malfunction, etc.):
_____

Action(s) taken: _____

_____

_____

Description of the incident by the CI: _____

_____

Comments / Actions / Recommendations of DCE to avoid repeat incident:
_____

_____

_____	_____	_____	_____
Student signature	Date	Clinical preceptor signature	Date
_____	_____	_____	_____
DCE signature	Date	Program Director signature	Date

CONFIDENTIAL! DO NOT PHOTOCOPY!
SUBMIT COMPLETED FORM TO RT PROGRAM DIRECTOR OR DCE ASAP

CALHOUN COMMUNITY COLLEGE

Health Sciences Division Exposure Incident

Student Name: _____ Date of Occurrence: _____ Time: _____

Location of Occurrence: _____

Potentially infectious material: □blood □ urine □ sputum □ feces □ other: _____
Type of Exposure: □ needle stick □ splash □ other: _____ To which body part: _____

Contact to bare skin with blood/other (Describe part of the body exposed incl. condition of the skin and the amount of potentially infectious material) _____
_____

Contact to mucous membranes, eyes, and/or mouth with blood/other (Describe the part of the body exposed incl. amount of potentially infectious material) _____

Describe any injury suffered in the event: _____

Name other persons exposed or injured: _____
_____

Personal Protective Equipment in use at time of the incident. (check all that apply)
□ gown □ gloves □ mask □ eyewear □ headgear □ shoe covers

List witnesses to exposure incident: _____

Briefly describe exposure incident (Work being performed, how incident was caused, and estimation of duration of exposure): _____
_____

Actions taken (Persons involved, decontamination, clean-up, reporting, etc.): _____
_____
_____
_____

Source of exposure known: □Yes □ No Blood testing done on exposure source? □Yes □ No

If No, why not? _____

Name and address of physician student plans to see for follow up:

_____

Were you told to keep the name of the source confidential? □ Yes □ No

_____ _____
Student Signature Date

_____ _____
Clinical Preceptor Signature Date

CONFIDENTIAL! DO NOT PHOTOCOPY!
SUBMIT COMPLETED FORM TO RT PROGRAM DIRECTOR OR DCE ASAP