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ABOUT THE RESPIRATORY CARE PROGRAM

RESPIRATORY CARE PROGRAM MISSION STATEMENT
The Mission of the Mohawk Valley Community College, Respiratory Care Program is to provide evidence-based instructional resources that will enable students to develop the knowledge, skills, attitude, and critical thinking which are necessary to become successful, competent and compassionate respiratory therapists. The respiratory program fosters health advocacy through education, teaching excellence, exemplary practice, community engagement and encourages lifelong learning.

RESPIRATORY CARE PROGRAM VISION STATEMENT
The Mohawk Valley Community College Respiratory Care Program is designed to prepare students to enter the workforce with respiratory care related occupational skills, be a critical thinker and a safe, competent and skillful practitioner.

MVCC CIVILITY STATEMENT
Mohawk Valley Community College is committed to civility in and out of the classroom. MVCC believes everyone has the right to an environment that creates the safe opportunity for educational, professional, and social development. MVCC recognizes its responsibility to model and encourage a culture of civil behavior.

MVCC TITLE IX STATEMENT
Title IX states that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Protections also extend to sexual harassment and assault or violence that impairs or interferes with access to equitable educational and employment opportunities. For more information visit the Title IX website at: www.mvcc.edu/title-ix.

DISCLAIMER
This Respiratory Care Policy and Procedure Manual serves as a supplement to the information provided by the MVCC Human Resources website (https://www.mvcc.edu/human-resources), the College Catalog and the Respiratory Care Student Handbook. It is not intended to supersede any policies, procedures, or regulations contained therein. The information in this manual is subject to change at the discretion of the Respiratory Care Program faculty/Coordinators. Adequate notice will be given should a change to the program policies and procedures be warranted.
Respiratory Care Program

The MVCC Respiratory Care Program is nationally accredited by the Commission on Accreditation for Respiratory Care (CoARC). The program policies and procedures discussed in this manual apply to all Respiratory Care faculty and students, regardless of the instructional location.

MVCC Respiratory Care Program courses are sequential and begin in the fall semester. The length of the Respiratory Care Program for a full-time student is two years (four 14-week fall/spring semesters, plus a final six week summer session).

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Total Credit Hours: 65</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Semester</strong></td>
<td></td>
</tr>
<tr>
<td>CF100 College Foundations Seminar 1</td>
<td>3</td>
</tr>
<tr>
<td>EN101 English 1: Composition 3</td>
<td>3</td>
</tr>
<tr>
<td>BI216 Human Anatomy &amp; Physiology 1</td>
<td>4</td>
</tr>
<tr>
<td>RC101 Basic Science for Respiratory Care</td>
<td>2</td>
</tr>
<tr>
<td>RC103 Cardiopulmonary Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>RC111 Principles of Respiratory Care 1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Second Semester</strong></td>
<td></td>
</tr>
<tr>
<td>BI217 Human Anatomy &amp; Physiology 2</td>
<td>4</td>
</tr>
<tr>
<td>RC112 Principles of Respiratory Care 2</td>
<td>4</td>
</tr>
<tr>
<td>RC115 Cardiopulmonary Diseases</td>
<td>3</td>
</tr>
<tr>
<td>RC131 Clinical Practicum 1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Third Semester</strong></td>
<td></td>
</tr>
<tr>
<td>EN102 English 2: Ideas &amp; Values in Literature</td>
<td>3</td>
</tr>
<tr>
<td>MA108 Concepts in Mathematics or MA110 Elementary Statistics</td>
<td>3</td>
</tr>
<tr>
<td>RC213 Principles of Respiratory Care 3</td>
<td>2</td>
</tr>
<tr>
<td>RC232 Clinical Practicum 2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Fourth Semester</strong></td>
<td></td>
</tr>
<tr>
<td>RC111 Principles of Respiratory Care 4</td>
<td>1</td>
</tr>
<tr>
<td>RC131 Clinical Practicum 1</td>
<td>3</td>
</tr>
<tr>
<td>RC215 Principles of Respiratory Care 4</td>
<td>1</td>
</tr>
<tr>
<td>RC234 Clinical Practicum 4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Summer Session</strong></td>
<td></td>
</tr>
<tr>
<td>RC215 Principles of Respiratory Care 4</td>
<td>1</td>
</tr>
<tr>
<td>RC234 Clinical Practicum 4</td>
<td>5</td>
</tr>
</tbody>
</table>

The MVCC Academic Calendar (https://www.mvcc.edu/registrar/academic-calendar) for each academic year can be found on the MVCC website, in the College Catalog (https://www.mvcc.edu/admissions/college-catalog), and in the Appendix.

MVCC Anti-Discrimination Policy

MVCC is committed to fostering a diverse community of faculty, staff, and students, as well as ensuring equal educational opportunity, employment, and access to services, programs, and activities. MVCC does not discriminate on the basis of race, color, national origin, religion, creed, sex, age, disability, gender identity, sexual orientation, pregnancy, predisposing genetic characteristics, domestic violence victim status, marital status, military status, criminal conviction, or retaliation for opposing unlawful discrimination practices. MVCC is committed in policy, principle, and practice to maintain an environment free of intolerance, illegal, or discriminatory behavior toward any person. This commitment is consistent with federal and state laws and College policy. The College’s Affirmative Action Officer is the Director of Human Resources, Room 113 of the Academic Building, Utica Campus, Telephone: 315-792-5496.
Respiratory Care Program Organizational Chart/Chain of Command

The respiratory care students and faculty are expected to conduct themselves as professionals by following the identified chain of command at all times. At any time during the program, if the students have a problem/concern/complaint, they should first address their issue with a full-time program faculty member. Problems with adjunct clinical instructors or preceptor clinical experiences should be addressed with the Respiratory Program Clinical Coordinator or Program Coordinator (if the Clinical Coordinator is unavailable).

If the student still has a problem/concern/complaint after meeting with a Respiratory Program faculty member/Clinical Coordinator/Program Coordinator, then the student should make an appointment with the Associate Dean of the Health Professions Department (Melissa Copperwheat – PH349). If the problem/concern/complaint remains, the student should then consult with the Vice President for Learning & Academic Affairs (Dr. Lewis Kahler, PH395). The College’s entire Academic Complaint Policy can be found in the online MVCC Student Handbook. (https://www.mvcc.edu/student-handbook/policies-and-regulations/academic-complaint-policy)
Respiratory Care Advisory Committee

An Advisory Committee is a group of persons chosen from the community of interest to advise the college regarding the educational program. MVCC’s Respiratory Care Program maintains an active Advisory Committee as required by the Commission on Accreditation for Respiratory Care (CoARC). The MVCC Respiratory Care Program Advisory Committee membership includes the College President, the Vice-President of Learning and Academic Affairs, the school of STEM/Health and Social Science Dean, Health Professions Department Associate Dean, the program Medical Directors, the respiratory program full-time faculty, a college faculty member not directly associated with the program, a representative from each clinical affiliate, a sleep medicine member, a home care representative, a health professional not directly associated with the program, a program graduate, and a first and second year respiratory care student (appointed by the program faculty). Two or three Advisory Committee meetings are held each year.

The purpose of the Advisory Committee is to assist the Respiratory Care Program in: creating a bridge between the program and the community; encouraging up-to-date and relevant educational processes; reviewing curriculum; facilitating the acquisition of equipment, textbooks and related library and audio-visual materials; marketing the program; locating qualified faculty; assist with job placement of graduates; annual review of program goals and standards; promoting community service by respiratory students; ensuring availability of appropriate clinical resources; and involvement in the accreditation process. The Advisory Committee provides input and guidance to ensure that the program is meeting the needs of the community and the national need for graduating qualified, safe and competent respiratory therapists.
Prerequisite Criteria for the Respiratory Care Program

Current MVCC students must successfully complete all prerequisites prior to acceptance into the Respiratory Care Program.

- Students must have the most recent of the following: minimum college GPA of 2.5 (minimum 12 credits or more) or high school average of 80 to be considered for admission to the Respiratory Care Program.
- High school chemistry (with lab) or its equivalent with a minimum grade of 70 must have been completed within 7 years.
- High school biology (with lab) is recommended for the student.
- An appropriate MVCC Mathematics Placement test result, or MA089 Arithmetic, MA090 Essential Math Skills, or MA091 Introductory Algebra is required.
- For students completing mathematics and chemistry prerequisites by taking equivalent courses, a minimum grade of C is required.
- Proof of current American Heart Association CPR course for Healthcare Providers certification must be on file in the Respiratory Care Office prior to starting clinical courses. CPR certification must be kept current throughout the program.
- A Respiratory Care Student Physical Health Form and proof of immunizations must be submitted prior to participation in clinical courses, and updated annually at the student’s expense.

Note: Applicants may have no more than one repeat (F, D or W) in any of the above prerequisite college courses.

Advanced Placement Course Credits

Applicants completing Advanced Placement Course work in high school may be eligible for MVCC credit according to the chart on the previous page. Applicants must request that the College Board send an official copy of their AP score report to the MVCC Admissions Office in order for potential AP credit to be evaluated.
All prospective students must complete the following steps to officially apply for admission to the Respiratory Care Program

Note: If a student requires disability accommodations during any part of the application process, they should contact the Office of Accessibility Resources at 315-792-5644 or email tmariotti@mvcc.edu to discuss their needs.

SECTION 1: New Applicants to the Respiratory Care Program

Students New to MVCC:
Step 1: New students must complete an online MVCC college admission application (https://www.mvcc.edu/APPLICATION) and submit it, along with all official college or high school transcripts, to the Office of Records and Registration (Registrars) by March 1st. Students residing outside the United States should request a Professional Education Credential Evaluation Report from an evaluation service [such as World Education Services at www.wes.org]. International candidates can access the webpage link http://www.mvcc.edu/international-admissions/admissions-requirements for information.

Step 2: In order to be considered for admission into the Respiratory Care Program, candidates must complete the MVCC Placement Test and receive an eligible score on the math portion that will allow the student to enroll in MA108 or MA110. This placement testing process should be completed prior to March 1. Students may be exempt from taking certain portions of the placement test based on the College’s “Placement Testing Exemption Policy,” which can be found at: https://www.mvcc.edu/admissions/assessment-testing-center/exemption-policy.

Current MVCC Students
Step 1: Current students should contact the Health Professions Department at (315) 792-5373 to schedule an appointment with an appropriate advisor to begin the Respiratory Program application process.

Step 2: If all required prerequisites have been completed, the applicant will be directed to schedule an advising appointment with the Program Director.

All Applicants
Step 3: All new applicants to the program must complete a Respiratory Care Program Supplemental Application in the MVCC Admissions Office by March 1st. All applications will be reviewed by the Respiratory Care Selection Committee. Applications received after March 1st may be considered on a space-available basis. It is important that the applicant complete the application by printing legibly in blue or black ink.

Step 4: In addition to the Respiratory Care Application, students must attach a written Letter of Intent to emphasize what they can bring to the Respiratory Care Program and profession, including a reflection of their personal background and accomplishments. Within the Letter
of Intent, students should discuss their achievements, talents, long-term professional goals, and any additional significant information that they would like the Respiratory Care Selection Committee to consider. Respiratory Care students must also submit two letters of personal reference from a non-relative (a sample reference letter template can be found in Appendix). All applicants should submit material to the Respiratory Care Program Director by March 1st.

**Step 5:** An applicant who has met the minimum qualifications will be contacted for a personal interview to complete the admission process.

**Section 2: Transfer Applicants**

Transfer Applicants are applicants with transfer credit for Respiratory Care course(s) from another college. Transfer students who apply and meet all program and prerequisite criteria will be considered on an individual basis. The Transfer Application deadline is March 1st for fall term Respiratory Care courses and October 1st for spring term Respiratory Care courses. Students transferring into the MVCC Respiratory Care Program from another CoARC accredited respiratory program will be given credit according to MVCC Transfer Policies ([https://www.mvcc.edu/registrar/transfer-students](https://www.mvcc.edu/registrar/transfer-students)) and course descriptions.

**Section 3: Readmission Applicants**

It is possible for a student to gain readmission into the Respiratory Care Program if they have no more than one repeat (D, F, or W) of a respiratory care course. Unsuccessful completion of two or more Respiratory Care courses will result in academic dismissal from the program. Dismissed students are ineligible to return to the Respiratory Care Program. The Readmission Application deadline is March 1st, for fall term Respiratory Care courses and October 1st, for spring term Respiratory Care courses. Student seeking readmission to the program must notify the Program Coordinator in writing, requesting readmission and indicating the course and semester for which readmission is sought. Letters indicating intent of readmission should be sent directly to: Respiratory Care Program Coordinator, Payne Hall 351, MVCC, 1101 Sherman Drive, NY 13501. Readmission into the Respiratory Care Program and/or Respiratory Care course(s) requires approval of the Program Coordinator and is on a space-available basis.

**Transfer or Returning students**

Prior to beginning or resuming Respiratory Care coursework, transfer and returning students must:

- Call and schedule an appointment with the Program Director (315-792-5664).
- Submit proof of CPR certification to the Respiratory Care Clinical Coordinator.
- Submit a completed Respiratory Care Student Health Form to the Respiratory Care Clinical Coordinator.
- Pass applicable Proficiency Written and/or Skill Exam. Students transferring in clinical courses may be subject to skill testing of psychomotor skills related to applicable clinical objectives outlined for the semester for Clinical Practicum 1, 2, 3 or 4 if the course descriptions/outlines are comparable. A fee may be charged for proficiency exams.
- Pass the Respiratory Care Medication Written Exam with 80% accuracy, which includes medication calculations.
Section 4: Admissions Decision-Making Process

The Admissions decision-making process is conducted by the Respiratory Care Selection Committee. Applicants who have met all application requirements will be considered for admission. As this program is highly competitive, meeting initial eligibility requirements does not guarantee admission into the Respiratory Care Program. Academic transcripts, a completed Respiratory Care Application, Letter of Intent, two letters of personal reference, and a Personal Interview will determine the applicant’s standing for admission into the Respiratory Care Program.

Candidates will be invited for a personal interview after the Respiratory Care Program Selection Committee has completed a preliminary review of the applicant’s qualifications. Invitations for a personal interview are issued only to those applicants whose records and other stated qualifications appear sufficiently strong to justify consideration for program admission. Only those applicants whose files are complete will be considered for an interview. Those applicants not issued an interview invitation will receive a letter of refused acceptance so that the individual will be able to act accordingly on his/her future plans without delay.

The Respiratory Care Selection Committee will meet after March 1st to select candidates for acceptance into the Respiratory Care Program. All decisions of the Committee are final. For those students applying by the March 1st deadline, letters of acceptance or refusal for the Respiratory Care Program will be mailed to candidates no later than April 15th. Those applicants who have been accepted into the Respiratory Care Program will be notified by email for further registration instructions. Applicants who have not been accepted may re-apply to the Respiratory Care Program. Students will continued to be accepted into the Respiratory Care Program until it is full (28 students) or until mid-August.
Graduation Requirements

Academic requirements for successful completion of the Respiratory Care Program are:

- Pass each individual course in the Respiratory Care course sequence and Human Anatomy and Physiology 1 and 2 with a minimum grade of “C” (RC101, RC103, RC111, RC112, RC115, RC131, RC213, RC232, RC233, RC234, RC214, RC215, BI216, BI217)
- Receive at least a passing grade (“D” or better) in all other required courses
- Take the AMP Therapist Multiple Choice (TMC) and Clinical Simulation Self Assessment Exams (SAEs) (cost $30-70 each)
- Take the Kettering National Review Seminar (approximate cost $280-325) while enrolled in RC233 - Clinical Practicum 3
- Attain at least a 2.00 cumulative grade point average in the A.A.S. program at the time of graduation
- Complete the MVCC Diversity and Global View (DGV) requirements

Important notice for all Respiratory Care Students:
If a student has legal charges pending or has been convicted of a felony and/or misdemeanor, licensure may be delayed or denied by the applicable state licensing board. Students may be subject to criminal background checks and/or blood screening tests at their own expense. Additionally, applicants should understand that they may be required to obtain the above mentioned documents for future gainful employment. If they are unable to successfully obtain the proper documented immunizations and background clearance, their opportunities for employment within the healthcare industry may be limited.
Respiratory Care Essential Functions

The following essential skills and relevant activities are listed so that potential students can decide whether or not they may be able to complete the physical demand requirements for the Respiratory Care Program. Applicants must sign the Essential Function Acknowledgement Form within the Health Care Form to indicate their review of the Respiratory Care Program Admission Application.

MVCC complies with the Americans with Disabilities Act of 1990. The College will endeavor to make reasonable accommodations for an applicant with a disability, who is otherwise qualified. Applicants who are unsure if they can meet these essential skills or know they will need help in meeting them should contact the college’s Office of Accessibility Resources at (315) 792-5644, PH104 to discuss accommodations and/or auxiliary aids.

The effective Respiratory Therapist is an individual with an interest in working with and helping people and possesses an aptitude in math and science. The Respiratory Therapist must have the mechanical aptitude to work with equipment used to deliver therapy, as well as sophisticated life support, diagnostic, and monitoring instruments. He/she should be in good health and should possess the necessary physical attributes to move freely and quickly about health care facilities (sometimes in confined spaces), be on their feet for an extended period of time, and assist in the positioning/moving of patients and equipment. Therapists must have the physical ability to perform cardiopulmonary resuscitation (external cardiac compressions) and the tactile sensitivity to draw blood, as necessary.

The physical aspects of the job require considerable effort on a constant basis as in lifting, pulling or pushing heavy loads (bulky, awkward, more than 50 lbs.) The Respiratory Therapist is viewed as a model for good health practices; therefore, smoking by respiratory students and practicing therapists is strongly discouraged.

Respiratory Therapists must have the ability to manage time effectively, exercise independent judgment, assume responsibility for their own work/actions, and sometimes work under stressful conditions. They must possess ethical judgment, integrity, honesty, dependability, and accountability.

It is necessary for prospective Respiratory Care students to realize the cognitive, psychomotor and behavioral skills that must be mastered to successfully complete the curriculum.

MVCC seeks to provide equal access to its programs, services, and activities for people with disabilities. Therefore, to the extent practicable, the College will endeavor to make a reasonable academic adjustment for an applicant with a disability, who is otherwise qualified.
The essential functions of a student enrolled into the Respiratory Care Program requires that the student, with or without reasonable accommodations, be able to:

1. Demonstrate the ability to perform essential functions for a maximum of a 10-hour shift. (Standard B)
2. Demonstrate the ability to protect a patient when the patient is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers. (Standard B)
3. Demonstrate the ability to safely move a patient weighing more than 100 pounds from one surface to another using the appropriate level of help. (Standard B)
4. Demonstrate safe body mechanics in the process of all patient treatments, including lifting and carrying small equipment (less than 50 pounds) and moving large equipment (more than 50 pounds). (Standard B)
5. Demonstrate the ability to manipulate dials on equipment. (Standard B)
6. Demonstrate the ability to coordinate simultaneous motions. (Standard B)
7. Demonstrate the ability to perform occasional overhead extension. (Standard B)
8. Demonstrate the ability to hear blood pressure, heart, and lung sounds with or without corrective devices. (Standard B)
9. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones. (Standard B)
10. Demonstrate the ability to perform interventions such as sterile procedures, dressing changes and administer medications (including dosage calculations when necessary) following infection control procedures. (Standards A & B)
11. Demonstrate adaptability to change in a dynamic healthcare environment. (Standard A)
12. Demonstrate the ability to establish effective relations with others. (Standard C)
13. Demonstrate the ability to communicate effectively, safely and efficiently in English by:
   (Standard A,C )
   • explaining procedures
   • receiving information from others
   • receiving information from written documents
   • exhibiting appropriate interpersonal skills
   • conveying information to others verbally
   • conveying information to others in writing
14. Demonstrate the ability to analyze and document assessment findings and interventions. (Standard A)
15. Demonstrate the ability to distinguish color changes. (Standards A & B)
16. Demonstrate the ability to detect an unsafe environment and carry out appropriate emergency procedures including: (Standards A & B)
   • detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke and spills.
   • detecting high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.
AAS Respiratory Care Program Goals, CoARC Goals, Standards and Evaluation Systems 2018

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).

Standard A (Cognitive):
Upon completion of the program, students will demonstrate the ability to comprehend, apply and evaluate clinical information relevant to their roles as registered respiratory therapists (cognitive domain).

Evaluation systems:
1. NBRC TMC exam (cut score set by NBRC)
3. NBRC Clinical Simulation exam (cut score set by NBRC)
4. Employer survey (rating of 3 or better on Likert Scale of 1-5)
5. Graduate survey (rating of 3 or better on Likert Scale of 1-5)

Standard B (Psychomotor):
Upon completion of the program, students will demonstrate the technical proficiency in all skills necessary to fulfill their roles as registered respiratory therapists (psychomotor domain).

Evaluation Systems:
1. Employer survey (rating of 3 or better on Likert Scale of 1-5)
2. Graduate survey (rating of 3 or better on Likert Scale of 1-5)

Standard C (Affective/Behavioral):
Upon completion of the program, students will demonstrate behavioral skills essential to functioning as effective registered respiratory therapists (affective domain).

Evaluation Systems:
1. Employer survey (rating of 3 or better on Likert Scale of 1-5)
2. Graduate survey (rating of 3 or better on Likert Scale of 1-5)
General Information for Respiratory Care Faculty

Hiring Practices
The hiring of faculty for the Respiratory Care program follows the non-discriminatory policy as stated on the MVCC Human Resources website for prospective employees (https://www.mvcc.edu/human-resources/prospective-employees):

‘MVCC does not discriminate. MVCC is an affirmative action, equal opportunity employer. Women, minorities, veterans, and people with disabilities are encouraged to apply. Mohawk Valley Community College does not discriminate on the basis of race, color, national origin, religion, creed, sex, age, disability, gender identity, sexual orientation, pregnancy, predisposing genetic characteristics, domestic violence victim status, marital status, military status, criminal conviction, or retaliation for opposing unlawful discrimination practices. Mohawk Valley Community College is committed in policy, principle, and practice to maintain an environment which is free of intolerance, illegal or discriminatory behavior towards any person. This Commitment is consistent with federal and state laws and College policy.’

Faculty Information

Full-time Faculty
Full-time Respiratory Care faculty are hired according to the requirements as determined by the Health Professionals Department and the Office of Human Resources.

Minimum Qualifications for Full-Time Faculty:
Full-time faculty must have a valid New York State Registered Respiratory Therapist (RRT) license, an Associate in Applied Science degree in Respiratory Care AND a baccalaureate degree in respiratory care or a related field, a minimum of four (4) years’ experience as Registered Respiratory Therapist with at least two (2) years of recent clinical experience as a Respiratory Therapist including adult and neonatal or pediatric critical care, and current Basic Life Support (BLS) credentials. Full-time faculty are required to be members of the AARC and NBRC. Because travel to off-campus clinical sites is required, faculty must currently possess or be able to obtain a valid driver’s license at the time of hire and maintain a valid driver’s license throughout the duration of the appointment. Faculty must have a health physical exam yearly and keep current with required immunizations as required by the clinical affiliate. Preferred qualifications include a Master’s degree in Respiratory Care or a related field and Advanced Cardiac Life Support.

Part-time Faculty
Historically, part-time faculty have been referred to as “adjunct” faculty at MVCC. Appointment as a part-time faculty member does not carry with it any provision for promotion or tenure. Courses to which part-time faculty members are appointed are subject to cancellation by the
Respiratory Care Program due to low enrollment or other unforeseen conditions. There will be no remuneration for cancelled courses. For additional information related to part-time faculty requirements, obligations, and benefits, please visit the MVCC Adjunct Faculty page at https://www.mvcc.edu/adjunct-faculty. This Policy and Procedure Manual should be used in conjunction with the College Catalog and communication with the Program Coordinator and Clinical Coordinator to answer questions.

All part-time faculty must complete an application to MVCC through the Human Resources Department at MVCC (AB113). The most recent and up-to-date versions of the following documents/information must be provided to Human Resources and/or the Respiratory Care Program Director at the time of hire and updated as required:

- NYS Registered Respiratory Therapist License (to Respiratory Program Director)
- Picture Driver’s License (to Human Resources)
- American Heart Association BLS Card (to Respiratory Program Director)
- Resume/CV (to Human Resources and Respiratory Program Director)
- Clinical Instructor Physical Health Form (to Human Resources)
- Any other certifications or credentials that you may have (i.e. ACLS, PALS, NRP, ACCS, SDS, NPS, CPFT/RPFT) (to Respiratory Program Director)
- Malpractice Insurance Information (if applicable) (to Respiratory Program Director)

Failure to submit any of these documents may result in a delay or cessation in the hiring process. Please submit to the Respiratory Program Office located in Payne Hall (PH) 351. It is the responsibility of the individual faculty member to keep the Office of Human Resources apprised of changes in address (home/business), phone number(s), degrees, etc. MVCC will not be responsible for any difficulties resulting from the faculty member’s failure to report a change of address or phone number. You can check or change your personal information on Banner Web.

**Minimum Qualifications for Adjunct Faculty**

**Didactic Courses** – Bachelor’s Degree required, Master’s Degree preferred. RRT credential, NYS Registered Respiratory Therapist License and clinical experience that make the faculty qualified in the content area they are teaching. Required to be members of the AARC and NBRC.

**Clinical Courses** – RRT credential and NYS Registered Respiratory Therapist license with related clinical experience (at least 2 years of full-time employment as an RRT is required). A CRT credential is acceptable if the clinician has significant clinical experience in their specialty area of expertise. Bachelor’s or Master’s Degree preferred. Required to be members of the AARC and NBRC. Clinical Instructors must have a health physical exam yearly and keep current with required immunizations as required by the clinical affiliate. The physical exam form is kept on campus in the Human Resources Department.
All Faculty

Technology
Communication is primarily conveyed with students and program faculty through the MVCC email system. All faculty will have an email account through MVCC and are expected to check their email accounts at least every 48 hours. Faculty are also expected to return email queries from students or other faculty members within 48 hours. In addition, all faculty will have access to the online Blackboard course for which they teach. Blackboard will contain relevant announcements, documents, and other resources necessary to participate in course instruction.

Orientation
Orientation of the faculty to the Respiratory Program clinical policies and required documentation for clinical instructors is provided by the Clinical Coordinators prior to the first clinical session taught. The Program Coordinator will orient classroom instructors to college policies related to teaching lectures/labs. Clinical faculty must orient to the clinical affiliate where they will do clinical instructing regarding the computer system, the physical layout of the affiliate, the respiratory departmental policies/procedures and any “Learning Modules” required by the clinical affiliate in consultation with the affiliate Respiratory Department management.

Faculty Meetings
Two clinical faculty meetings are held each academic year (in August and January) that faculty are expected to attend on the MVCC campus (date, time, and location to be announced by e-mail, phone and/or text). Faculty not in attendance will be prohibited from performing instruction until they meet with the Respiratory Care Program Clinical Coordinator. At one clinical meeting each year, review of clinical evaluations from Clinical Practicum 1-4 from 25% of the previous graduating class cohort are reviewed and discussed, to work toward inter-rater reliability when completing clinical evaluations. (See Inter-Rater Reliability Plan in the Appendix.) Clinical faculty are expected to complete Clinical PEP materials and participate in any educational opportunities related to clinical instruction and/or clinical evaluation provided by the College or through the New York State Society for Respiratory Care (NYSSRC) educational meetings.

Professional Development Opportunities
MVCC supports a robust professional development program available to both full- and part-time faculty. Full-time faculty attend a New Employee Orientation when they are first hired, and participate in New Faculty Institute the first two years of their appointment to the College. Sabbatical Leave and a Tuition Waiver/Assistance Program available to full-time faculty to encourage their pursuit of continued educational opportunities. In addition, the College annually sets aside funds which faculty can apply to for support of travel and attendance at off-campus workshops and conferences. Full- and part-time faculty can participate in the professional development activities provided through the SUNY Center for Professional Development and the on-campus MVCC Enrichment Institutes, which are offered three times a year.
Faculty Grievance Procedures
The grievance procedure for all full-time MVCC instructors is outlined in Article 15 of the Agreement (http://mvccpa.org/pa-contract/article-1-recognition/) between the County of Oneida, the Board of Trustees of MVCC, and the MVCC Professional Association (PA). The grievance procedure for all part-time MVCC instructors is outlined in Article 7 of the Agreement (http://mvccapa.ny.aft.org/key-documents) between the county of Oneida, the Board of Trustees of MVCC, and the MVCC Adjunct and Part-time Association (APA). If an MVCC faculty member wishes to file a grievance, they should contact their respective union representative.

Faculty Dress/Behavior
Faculty are expected to be appropriately dressed based on the instructional environment. In the classroom, business casual dress (at a minimum) is expected. In clinical, faculty should wear clean and pressed dress slacks/skirt in basic colors with clean and pressed shirt or scrub top, a long sleeve white lab coat, appropriate footwear (no clogs, sandals, high heels or boots), their SUNY/MVCC Photo ID and nametag identifying them as an MVCC Respiratory Care Program Clinical Instructor. Proper hygiene and grooming are required of all faculty. Clinical faculty should avoid applying perfume or fragrances to their person that could be harmful to patients with hyper-reactivity to scents. Professional language and behaviors are required of all MVCC faculty.

Instructional Settings
Lecture and Laboratory Sessions
All didactic and laboratory instruction is offered only on the MVCC Utica Campus. Course outlines exist for each of the Respiratory Care courses which include core student learning outcomes. All instructors teaching the courses must ensure that opportunities are presented for students to meet the core outcomes. Teaching assignments are managed by the Respiratory Care Program Coordinator, Clinical Coordinator and the Associate Dean of the Health Professions Department. Course times and locations will be relayed to faculty prior to the start of the semester.

Clinical
For clinical instruction, the students rotate through the clinical affiliates. There are specific sites that are utilized for certain rotations. This rotation process insures that all students in the program have comparable learning experiences. The following are common sites for clinical experiences. Faculty should visit the accompanying links to each site for additional information.

Instructional Format
The Respiratory Care Program follows the MVCC policies on curricular planning and course selection of all academic programs. Discipline faculty are involved with course and program curricular development and revision from the onset. This ensures instruction in the program provides the appropriate rigor and content, and are informed by Advisory Board suggestions, national standards, and expectations from employers, transfer institutions, and external accrediting agency requirements, as appropriate. The MVCC College-Wide Curriculum Committee and other stakeholders, including the Academic Department and the Vice President
for Learning and Academic Affairs, approve changes to all programs. MVCC Board of Trustee, SUNY, and NYSED approval is also required for new programs and for those having changes that total one-third or more of the program requirements.

The Respiratory Care Program welcomes creative and innovative methods of delivery to disseminate course content. Faculty have the freedom to create instructional materials and implement teaching methods that they feel will better contribute to student learning, provided that they do not contradict the methodologies required by a course or the information provided by course textbooks. Faculty should refrain from utilizing bias and/or opinion as the basis of instruction and should deliver information that is evidence-based and/or based on scientific data. Clinical faculty are welcome and encouraged to develop “worksheets” for students to utilize during clinical sessions as a means of effective use of clinical time not spent actually interacting with patients. The Program Coordinator or Clinical Coordinator will provide part-time faculty with course times and locations, instructional materials (textbooks, PowerPoints, handouts, etc.), student rosters, and a course syllabus and calendar.

Clinical Sites

<table>
<thead>
<tr>
<th>Site</th>
<th>Instruction</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohawk Valley Health System (St. Elizabeth’s Campus)</td>
<td>ICU, Med-Surg, Sleep, Emergency Department, Operating Room, Cardiac testing, Cardiac Catheterization</td>
<td><a href="http://mvhealthsystem.org/location/st-elizabeth-campus">http://mvhealthsystem.org/location/st-elizabeth-campus</a></td>
</tr>
<tr>
<td>Mohawk Valley Health System (St. Luke’s Campus)</td>
<td>ICU, Med-Surg, Sleep, Emergency Department, Operating Room, Cardiac testing, Cardiac Catheterization</td>
<td><a href="http://mvhealthsystem.org/location/st-lukes-campus">http://mvhealthsystem.org/location/st-lukes-campus</a></td>
</tr>
<tr>
<td>Upstate Medical University Hospital (Syracuse)</td>
<td>ICU, Med-Surg, Pediatrics, Emergency Department</td>
<td><a href="http://www.upstate.edu">http://www.upstate.edu</a></td>
</tr>
<tr>
<td>Oneida Healthcare</td>
<td>Long-term Vent care</td>
<td><a href="https://www.oneidahealthcare.org">https://www.oneidahealthcare.org</a></td>
</tr>
<tr>
<td>Rome Memorial Hospital</td>
<td>Med-Surg, Pulmonary Function Tests, Pulmonary Rehab</td>
<td><a href="http://www.romehospital.org/">http://www.romehospital.org/</a></td>
</tr>
<tr>
<td>Bassett Medical Center (Cooperstown)</td>
<td>Critical Care, Cardiac Catheterization</td>
<td><a href="https://www.bassett.org/medical/locations/hospitals/bassett-medical-center">https://www.bassett.org/medical/locations/hospitals/bassett-medical-center</a></td>
</tr>
<tr>
<td>Crouse Hospital (Syracuse)</td>
<td>ICU, Med-Surg, Neonatal Intensive Care Unit, Sleep</td>
<td><a href="https://www.crouse.org/">https://www.crouse.org/</a></td>
</tr>
</tbody>
</table>

Assignments/Tests/Exams

Lecture

Depending on the course or methodology, students may be required to complete various assignments to pass the course. Please refer to the course specific syllabus, calendar, or Blackboard page for more information regarding assignment details. Grading of assignments and exams will be done in a timely manner by all faculty and returned to students with appropriate comments.
Clinical
Students are required to complete and submit various clinical assignments which are outlined in the Clinical Outline and Clinical Packet. Please refer to the course specific syllabus and course schedule for more information regarding assignment details. Grading of assignments and exams will be done in a timely manner by all faculty and returned to students with appropriate comments.

Missed/Cancelled Class/Clinical

Lecture
If a faculty member needs to cancel class due to illness, personal reasons, or other professional commitments, it is important for him/her to officially notify their students and the Program Coordinator in a timely fashion. The instructions detailed on the Class Cancellations page at https://www.mvcc.edu/adjunct-faculty/class-cancellations should be followed. Students should be made aware of any assignments or readings faculty may require in lieu of class for that day. A make-up class will be arranged with the Program Coordinator’s assistance.

Clinical
In the event that an instructor needs to cancel a clinical, the instructor should notify the Clinical Coordinator as soon as possible, so alternative arrangements can be made for clinical instruction or experiences. The part-time faculty will not be paid for clinical sessions missed. There may be an alternate day scheduled for a clinical “make-up” at the discretion of the Clinical Coordinator.

In the event that MVCC cancels classes across campus (usually due to weather), there is to be no clinical for that session. If the students are already present at the clinical site when MVCC closes, then students will be dismissed from clinical when it is safe to travel. No patient care by students should occur at the clinical affiliate after the announced MVCC closure.

Class or Clinical Observation
To provide feedback to new part-time faculty members, and to obtain information on their instructional techniques, the Program Coordinator (for lecture) or the Clinical Coordinator (for clinical sessions) will periodically (every 1-2 years) observe part-time faculty in the academic and/or clinical setting. Part-time faculty members will receive a written evaluation after the observation. Part-time faculty members are welcome to consult with and seek assistance from full-time faculty by contacting the appropriate college office, by phone, e-mail or by texting.

Grade Reporting
All instructors will complete mid-semester and final semester summative evaluations of all students in Lecture courses. The Clinical Coordinator submits the midterm and final clinical grades for clinical instructors online through Banner Web on the date specified by the College Office of Records of Registration (Registrar). Final semester clinical grades are determined by the Clinical Coordinator according to the Clinical Practicum 1, 2, 3 and 4 Outlines, designating the weights given to the various evaluation methods (written exams, mock credentialing exams,
case scenario exams, assignments, and clinical evaluation grades) when determining the final clinical grade.

All faculty members must submit grades on time according to the semester schedule. Failure to do so may result in students not being certified for financial aid or graduation, may hinder academic disciplinary actions from being taken in a timely manner, and may delay the process of posting grades to students.

**Lecture and Clinical Respiratory Care Program grading system:**

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>89.5-100%</td>
</tr>
<tr>
<td>B</td>
<td>79.5-89.4%</td>
</tr>
<tr>
<td>C</td>
<td>69.5-79.4%</td>
</tr>
<tr>
<td>D</td>
<td>59.5-69.4%</td>
</tr>
<tr>
<td>F</td>
<td>&lt;59.5%</td>
</tr>
</tbody>
</table>

MVCC has clearly defined policies and procedures for determination of student probation, suspension, and/or dismissal. These policies are outlined in the MVCC online Student Handbook (https://www.mvcc.edu/student-handbook/policies-and-regulations/code-of-conduct-and-commitment-to-civility). As noted by the handbook, final grades for a student suspended or dismissed from the College will be determined by the faculty members’ grading scale listed on each course syllabi. Any work not completed at the time of the suspension will be factored in as zeros. Grades of incomplete or ongoing are not options for those students suspended from the College.

**Clinical Sessions**

Clinical Instructors are expected to arrive to the clinical site 20-30 minutes before the clinical shift to select the patient therapies or patient monitoring they will assign each student and communicate the student assignments to the staff respiratory therapists before the students proceed to the clinical area for actual patient care. Students cannot be paid by the clinical affiliate during the clinical session. Students should not be assigned to administer care to a family member or significant other during the clinical session. It is the student’s responsibility to notify the clinical instructor if assigned to any patient who is a family member/relative or significant other. Cell phone use is prohibited during clinical hours by clinical instructors, except during meal/break periods. Cell phones should be kept OFF and hidden from view, except during break periods (meals/break).

During the first clinical session at a clinical affiliate, the clinical instructor will orient the students to the facility using the Clinical Affiliate Orientation document (in Appendix), including instructor expectations and goals for the semester/rotation. The clinical instructor should take care in organizing the student assignments to facilitate an adequate number and equitable variety of clinical skills among the students each clinical shift. The Clinical Outline and Clinical Packet help guide the clinical instructors as to what clinical skills the students are responsible for each semester.
The clinical instructor is expected to remain at the clinical affiliate for the entire clinical shift (0645-1520 or 1345-2220) supervising, observing, guiding and educating students as they complete their clinical assignments. During the clinical session, the students and instructor are allowed 30 minutes for a shift meal and a 15 minute coffee break. Clinical instructors are required to complete any documentation required by the clinical affiliate regarding countersigning student entries in the patients’ medical records.

The clinical instructor is responsible for signing off the clinical skills required to be completed for each semester in each student’s Clinical Practicum 1, 2, 3 and 4 packets, as they are performed on patients (or simulated if necessary). The clinical instructor should effectively utilize clinical “down time” when the students are not actually performing therapy by engaging the students in appropriate learning activities (examples: reviewing respiratory therapy content, reviewing patient cases/disease entities, examining Chest X-Rays, reviewing clinical worksheets, classifying ABG results, and reviewing ventilator modes/settings). Questioning students is encouraged (in a private setting) to assess their knowledge level and clarify didactic concepts. Students should give a report at the end of the shift to the respiratory staff or the clinical instructor. Adult patient-ventilator system checks should be performed every two hours by students during Clinical 3 and 4, to maximize student interactions with the patients and the ventilators. A brief group conference between the clinical instructor and students at the end of the clinical shift is suggested, having each student identify and explain something learned during the shift. This is helpful in sharing insights and other students’ experiences.

**Clinical Instructor Documentation**

Each adjunct clinical instructor is expected to email a brief summary of the shift activities to the Clinical Coordinator within 24 hours after the completion of each clinical session. The email should include the variety of therapies completed, the number of tasks accomplished during the shift, student strengths/weaknesses, any physician input, any problems encountered, any clinical jeopardy situations that arose, didactic content that was reviewed with the students, and clinical skills “checked-off” in the Clinical Packets. The instructor must complete documentation daily monitoring student attendance/tardiness, physician interaction, student completion of the required skills in the Clinical Packet, and student performance regarding evaluation items during each clinical shift.

If a student exhibits behavior that qualifies as “Clinical Jeopardy” in nature, then the clinical instructor will contact the Clinical Coordinator to decide if a Clinical Jeopardy will be assigned to that student. (Please see Clinical Jeopardy Policy.) Two respiratory program faculty are required to decide if a Clinical Jeopardy should be assigned to assure inter-rater reliability for this serious designation. Students are allowed only three Clinical Jeopardies during the entire respiratory program before program dismissal is required. If it is decided that the incident is indeed a Clinical Jeopardy, then the clinical instructor will complete the pink “Clinical Jeopardy” form, specifically outlining the details surrounding the incident that endangered patient safety. The student is required to sign the Clinical Jeopardy form, acknowledging that a discussion of the incident occurred and the gravity of the behavior regarding patient safety. Other clinical forms required to be completed are included in the Appendix of this manual.
CLINICAL COURSE POLICIES
2018-2019

These policies are in effect for the entire academic year and apply to the Clinical Practicum 1, Clinical Practicum 2, Clinical Practicum 3, and Clinical Practicum 4 (RC131, RC232, RC233, and RC234).

**Note:** All students require submission of a complete physical examination performed by a health care provider using the MVCC Respiratory Care Student Health Form annually. Students will not be allowed to attend clinical sessions if this documentation is incomplete.

All students must purchase liability insurance at the time of clinical course registration.

**Introduction**
The following clinical policies mirror hospital policies for employed respiratory care staff. When students attend clinical sessions at each clinical affiliate, they are making an impression (positive and/or negative) on the respiratory care department management, respiratory care staff, other health professionals (doctors, nurses, etc.), hospital management, as well as patients and their families/visitors. During clinical sessions and specialty rotations (inside and outside the respiratory department) students need to display safe, competent and professional behaviors, language and psychomotor skills, in addition to demonstrating a sound knowledge base, with or without a clinical instructor present. Student conversations during each clinical session need to be civil, respectful and positive in nature (students should not use clinical downtime to be gripe sessions about their clinical or didactic training). Students need to view every clinical session as an ongoing interview for potential future employment. Clinical affiliate respiratory care managers and staff appreciate students who use discretion and display a positive attitude about learning. If each student approaches every clinical session in this manner, they will improve their chances of securing employment post-graduation and becoming effective, productive respiratory therapists.

**Note to Instructors:** Students should not be assigned to administer care to a family member or significant other during the clinical session. It is the student’s responsibility to notify the clinical instructor if assigned to any patient who is a family member/relative or significant other.

**I.0 Records:**

1.1 Each clinical instructor shall maintain a record of student attendance, performance evaluations/grades, and anecdotal records.

1.2 Each student shall maintain, neatly and in order, the clinical packet provided at the beginning of each semester. The original copy of a student’s performance objectives should be available during all clinical sessions. This is the only copy of this document, and is the responsibility of the student. Should the student lose any portion of Clinical Packet 1, 2, 3, or 4 then those performance skills must be repeated by the student.
1.3 It shall be the student's responsibility to assure that he/she has been evaluated and signed off on all the clinical performance objectives each clinical semester.
1.4 Falsification of any portion of these permanent records could result in termination from the program. (See 7.0)
1.5 A written record of any consultations between clinical instructors, the Clinical Coordinator, or Program Coordinator and any student related problems with clinical progress, attendance or tardiness difficulties and all disciplinary problems shall be maintained on a Student Contact Form. These reports will list the names of those present, the date and time of the meeting, the problems discussed, recommendations made and will be signed by all present, including faculty and student.
1.6 Students will have access to patient medical records and must follow each clinical affiliate Confidentiality Policy as previously described (see MVCC Respiratory Care Program Confidentiality Statement).

2.0 The Clinical Session:
2.1 The length of each clinical day will be approximately eight hours and 35 minutes.
2.2 It shall be the responsibility of the clinical instructor to determine which cases warrant early release on an individual basis.
2.3 For day clinical sessions, students are to be present and ready to begin at 6:45am on day rotations and 1:45pm for evening rotations.
2.4 Students, like staff members, are allowed one-half hour for meals and a fifteen minute coffee break during the shift. The instructor should be made aware of the student's whereabouts at all times; instructors will provide guidance to students as to when they should take breaks, meals and when to leave at the end of the shift. Instructors must be notified when a student leaves the clinical affiliate at the end of the shift or leaves the affiliate for any reason. Occasionally, it may happen that the tempo of activity may quicken, eliminating any possibility for the break/meal periods as outlined. This is a recurrent aspect of health care work and nothing can be done to avoid it. If you need to take a break during clinical sessions to use the bathroom, emotionally collect yourself (de-stress), eat/drink or if you do not feel well, please notify your clinical instructor and they will provide guidance in this regard.
2.5 Cell phone use is strictly prohibited during clinical hours except during lunch or break periods (or if given instructor permission). Cell phones should be kept OFF and hidden from view except during break periods (meals/break).

3.0 Attendance:
3.1 Attendance is required during all scheduled clinical sessions by all students wishing to complete their eligibility for the A.A.S. degree requirements.
3.2 Students shall be allowed one notified absence during each clinical semester (not each rotation). This absence is reserved for illness or family emergencies only.
3.3 In the event of extenuating circumstances that necessitate a student's absence or tardiness, the student in question must notify the clinical instructor at the affiliate hospital within fifteen (15) minutes prior to the start of the scheduled shift.

3.4 Any absences beyond the allowed one notified session, if accepted policy is followed, shall be made up on a one-to-one basis. Absenteeism in excess of this one session per semester is allowed for only significant reasons that can be documented. Students shall be required to provide written physician justification for prolonged absences (2 or more days). Instances of this sort will be evaluated individually by the Clinical Coordinator and the clinical faculty involved. Based on this evaluation, a decision regarding make-up clinical time will be made.

3.5 All required make-up and/or assignments must be completed prior to the start of the following semester. Arranging make-up time is to be done through the Clinical Coordinator and is the responsibility of each student.

3.6 Clinical make-up time that is outstanding at the end of the semester will result in the issuance of a grade of Incomplete (I). Failure to make up required absence time prior to the start of the following semester may result in the grade being changed to an "F" grade for the semester in which the excessive absences occurred. This will result in prevention of the student from progressing in the program.

3.7 Failure to report an expected absence shall be considered a serious breach of professional conduct and **will not be tolerated**. If the student fails to show up for clinical and never calls in advance they will receive a Clinical Jeopardy. The student shall be required to make up this unnotified absence on a two to one basis. Each unnotified absence will result in a Clinical Jeopardy being awarded. (See Clinical Jeopardy policy).

3.8 Every student is required to arrive prepared to begin clinical responsibilities on or before the time required by the clinical schedule.

3.9 Tardiness is not considered acceptable in the workplace and is not acceptable during clinical sessions. An unnotified tardiness will be defined as any arrival to clinical after the designated start time, (6:45am for day sessions and 2:15pm for evening sessions) without proper prior notification having been made to the clinical instructor (as noted in sec 3.3). An unnotified tardiness will result in a Student Conference Related to Clinical Progress. Two conferences related to clinical progress constitutes one Clinical Jeopardy. All time missed due to tardiness must be made up after notifying the Clinical Coordinator. This policy will be strictly enforced. **No Exceptions!**

4.0 **Dress Code/Required Supplies:**

4.1 The dress code for both men and women shall be a clean, white short lab jacket (available from the MVCC Bookstore) with an MVCC patch sewn on the left hand front side of the coat under where the approved nametag will be worn. Khaki (tan) colored dress slacks or skirt and a dark green, MVCC labeled polo shirt (from the MVCC bookstore). The approved nametag and an MVCC picture ID (clipped to the front lapel of the lab jacket, or worn on a tear away lanyard) are also required to be worn to every clinical session. The MVCC picture ID is obtained from the Student ID
Office on the first floor of Payne Hall. ID holders and lanyards are also available in the MVCC bookstore. All slacks and skirts must be of a dress type – no jeans, cargo pants, or denim material allowed. Skirts (no shorts of skorts) must be of a length no more than two inches above or below the knee. All clothing should be neat, clean and pressed to show a professional appearance. Stockings are required with skirts; socks or stockings must be worn with slacks. Polished, sensible shoes or “sneakers” (reserved for hospital work only) are required. High heels, open toed shoes, sandals, clogs, hiking/cowboy boots are NOT acceptable foot apparel.

4.2 The student shall appear at the scheduled clinical site in accordance with the program dress code policy. (See 4.5 below)
4.3 The clinical instructor shall determine whether questionable items concerning dress shall be allowed.
4.4 Should the student be considered as NOT meeting the dress code, the student may be sent home and be required to return properly uniformed.
4.5 Failure to comply with the dress code will result in a Student Conference Related to Clinical Progress. Two conferences related to clinical progress constitutes one Clinical Jeopardy. (See Clinical Jeopardy policy).
4.6 Due to the close and personal basis of patient/student relationships upon which the success of the therapy often depends, the following will not be permitted: excessive make-up, perfume/cologne, aftershave, jewelry (except a wedding band), bracelets, dangling earrings, long fingernails, nail polish (except clear), body piercing jewelry (except 1-2 earring/ear - no nose, eyebrow, tongue jewelry, etc.), or controversial personal items worn in such a fashion as the patient could observe. Any visible tattoos must be covered while attending clinical sessions.
4.7 Good personal hygiene is expected of all students. Men should be clean-shaven or have a neatly trimmed beard or mustache. A clean body including hair, nails, teeth and breath are expected daily in the hospital. All students are expected to wear unscented deodorant/antiperspirants to clinical sessions to prevent offensive body odor. Hair should be off the collar for men and women (no unnatural hair color allowed - ie. purple, green, blue, orange, etc.).
4.8 Cell Phones, smoking paraphernalia, chewing tobacco, gum and/or candy is to be hidden from the patient's view at all times while outside the respiratory care department during clinical hours. Gum or candy chewing and cell phone use are NOT allowed while in patient care areas.
4.9 Each clinical session, the student shall be prepared to perform assigned tasks by bringing with them a black pen, a small notebook for writing notes, a working watch (with second hand), goggles, calculator and a stethoscope.

5.0 Professional Conduct:
5.1 Each student is required to conduct him/herself in a professional manner while in the clinical affiliate or while wearing uniform identifying themselves as MVCC students in public. Each student’s attitude, appearance, language and conduct are viewed as a reflection of the clinical affiliate and MVCC as well as the profession of
Respiratory Care. For these reasons, each student shall reflect the highest standards of professional demeanor at all times.

5.2 All the MVCC Respiratory Care clinical affiliates are currently "smoke free" institutions inside the facility and outside on all the hospital grounds. Smoking is prohibited during clinical hours, even when you are in your vehicle on the hospital grounds. Because respiratory students and practitioners are viewed as role models for respiratory health practices, smoking in public is strongly discouraged after clinical hours as well.

5.3 Unethical or otherwise unprofessional conduct by acts of commission or omission will not be tolerated (including misconduct in the handling of medications/drugs). Any breach of ethical or professional conduct standards will result in a Clinical Jeopardy being awarded, and may result in additional disciplinary action up to and including dismissal from the program. (See Clinical Jeopardy policy, item 6.0.)

5.4 All students are expected to remain with the assigned clinical instructor or within the clinical areas to which he/she is assigned. Each student is expected to complete his/her clinical assignment each day. Under no circumstances shall any student leave the area to which he/she is assigned or wander to areas not assigned without the express permission of the clinical instructor.

5.5 Under no circumstances shall any student conduct personal or business affairs within any clinical affiliate during scheduled hours. No cell phone calls or text messages should be sent or received during clinical hours (except during break periods).

5.6 All students are to remain in the clinical affiliate at all times during scheduled clinical hours. No student shall leave the clinical affiliate without the express permission/notification of the clinical instructor.

5.7 Each student shall conduct himself/herself and follow explicitly the affiliate policies governing hospital employees in general and respiratory care department staff in particular. These shall be outlined by the clinical instructor during the first session at the clinical affiliate.

6.0 Patient Safety:

6.1 Patient safety is of paramount importance during all clinical sessions. All clinical instructors hired by MVCC are experienced professionals and their judgment takes precedence over any student’s in patient care situations. In the event that a clinical instructor sees the need to intervene when patient care is being delivered by a student, the student is to step away or leave the patient area as directed without question. The instructor will assure the therapy session is completed following accepted practices and will discuss the occurrence with the student individually in a private location as soon as possible.

6.2 Each student must assure that they notify their clinical instructor/preceptor when they perform a procedure for the first time in a patient situation, so they can be directly observed/supervised.
6.3 Certain clinical procedures must always be performed under supervision by a clinical instructor or approved staff. These include: N-T suctioning; arterial puncture; a-line insertion and blood sampling; repositioning/securing an artificial airway (ETT or trach tube); intubation; initiation of mechanical ventilation or NPPV or high flow/high humidity nasal cannula (Vapotherm/Neptune); extubation; changing a trach tube; ordered ventilator control changes; transport of a mechanically ventilated patient; and CPR (cardiac compression and/or manual ventilation).

6.4 Students must follow each clinical affiliate policies regarding the safe delivery of medications/drugs and utilize all clinical affiliate equipment in a safe manner.

7.0 Clinical Jeopardy:

7.1 Clinical Jeopardy is defined as any situation in which a student fails to comply with the overriding principles of care, compromising optimum patient outcomes. The overriding principles of care, as defined by the Health Professions Department programs, includes safety, caring and asepsis.

7.2 Anytime a Clinical Jeopardy situation occurs the clinical instructor will complete a Clinical Jeopardy form (after consultation with the Clinical Coordinator or Program Coordinator [if the Clinical Coordinator is unavailable]), outlining the specific situation and the remediation/make-up time required.

7.3 Three Clinical Jeopardy situations from the time a student enters RC131 (Clinical Practicum 1) through completion of RC 234 (Clinical Practicum 4) will constitute a clinical FAILURE. Three Clinical Jeopardies will also result in the student being dismissed from the program and unable to re-enter in the future.

7.4 The following are examples of conduct which may result in a Clinical Jeopardy:

a) reporting to any clinical affiliate in a mentally impaired or inebriated condition resulting from the use and/or abuse of alcoholic beverages or impairing substances;

b) use of any chemical substances not prescribed by a physician during clinical hours;

c) violation of the confidentiality of patient records/information by discussing them with individuals not involved in the patient's care;

d) leaving patient bedrails down or jeopardizing the patient’s safety in any way;

e) an unnotified absence;

f) delivering therapy to the wrong patient;

g) delivering incorrect medication and/or oxygen % to a patient (wrong drug or drug dose);

h) repeated tardiness, even if the notification policy is followed;

i) not checking a patient’s identity (with 2 forms of ID) before delivering therapy;

j) unsafe handling of medications/drugs;

Behavior that will result in a Student Conference Related to Clinical Progress includes (two Student Conferences Related to Clinical Progress constitutes a Clinical Jeopardy):
a) coming unprepared to clinical without physical items like stethoscope, watch, pen, clinical packet, etc. or mentally unprepared to perform skills;
b) proceeding to perform therapy without checking physician’s orders and/or doing a medical record review;
c) performing therapy without assessing the patient’s vital signs or breath sounds;
d) recording patient information in the incorrect patient’s medical record;
e) leaving the clinical affiliate with patient medications or syringes;
f) failure to adhere to the dress code;
g) failure to complete assigned therapies/procedures;
h) failure to assure current ventilator/equipment settings according to the physician orders;
i) failure to document therapy/procedures performed;
j) unethical and/or unprofessional behavior. This includes disrespectful language to patients, hospital visitors, fellow students, instructors or hospital staff;
k) inadequate or inappropriate interpersonal communication issues;
l) one unnotified tardiness;
m) violating standard and/or transmission based precautions;
n) missing more than the allowed one session of clinical per semester without a physician’s note.

8.0 Immediate Dismissal from the Program

8.1 Certain conduct on the part of a student may result in immediate dismissal of the student from the program. The following are examples of conduct which may result in termination from the program:
   a) any illegal activity;
   b) stealing from a patient, staff, student/instructor or clinical affiliate;
   c) falsifying college or hospital records;
   d) conduct that results in actual harm to or death of a patient;
   e) conduct that endangers the health or well being of a patient, hospital visitor, fellow student, instructor or hospital staff.

The student will be notified of a program dismissal decision within one week of the occurrence. Program dismissal will result in the student being unable to re-enter the program in the future.

9.0 Library Materials:

9.1 Each affiliate respiratory care department and medical library has agreed to make available to students during clinical time, texts, monographs, periodicals, reprints and other reference material.

9.2 Any student assigned reference material shall assume total and final responsibility for its condition, return or replacement, and she/he shall not release that material to any other individual.

9.3 Any student assigned reference material shall return such material on or before the date due.
9.4 If any student is found in possession of reference material from any clinical affiliate that they have not officially signed out, it shall be assumed that the student has stolen the material. The theft of affiliate reference material shall be deemed a gross unprofessional act and may result in the termination from the program.

10.0 Grading:

10.1 In order to receive a passing grade for the clinical semester, the student must:
   a) successfully complete the stated performance clinical objectives;
   b) demonstrate an acceptable level of competence (C or better) while in clinical;
   c) perform in a consistently safe manner while in the clinical setting.

The evaluation system for clinical practicum is based on the assignment of letter grades. It must therefore be able to accomplish two things, namely:
   a) differentiate between those students who can perform with at least a minimally acceptable degree of competence and those who cannot; and
   b) divide those students who can perform satisfactorily into categories based upon the quality of their performance. To differentiate between satisfactory and unsatisfactory, it is reasonable to focus upon the student's final level of clinical performance. Such an approach, however, is not acceptable when trying to identify better than average performance. Therefore, the following criteria will serve as minimum basis for assignment of letter grades.

1) To earn a grade of "C" the student must perform at a minimally acceptable level (as determined by the instructor's evaluation using the approved tool) for no less than the final 4 weeks of a complete clinical practicum. This timeframe demands at least a minimum degree of consistency while at the same time providing the student with the "benefit of the doubt" in the evaluation process by recognizing that some individuals do progress at a slower rate.

2) To earn a grade of either A or B, it is required that the appropriate level of performance (as defined by the approved evaluation tool) be exhibited by the student for at least the final half of a given clinical practicum. Grades of A or B, therefore, require that the student demonstrate considerable consistency in exhibiting this high level of performance.

10.2 A final clinical grade of at least "C" is necessary for the student to advance to the next clinical course.

10.3 Grades for clinical practicum for each individual will be computed as follows:
   The clinical grades are determined using the applicable clinical evaluation form completed on each student mid-semester and at the end of each clinical semester. Each student completes a Self Mid-semester Evaluation and hands it into to their primary clinical instructor. The clinical instructors complete a Mid-semester evaluation on each student in their clinical affiliate. Each primary clinical instructor discusses the mid-semester clinical evaluation with each student and compares their evaluation with the student's self-evaluation to identify strengths and areas that need improvement. The instructor's evaluation
determines the mid-term clinical grade for each student. A final clinical evaluation is completed by the clinical instructor(s) and discussed with the student individually during an evaluation conference at the end of each semester.

The clinical evaluation form includes items that have been assigned numerical values. During the evaluation, each item level earned by the student is totaled and multiplied by a factor (to ease the assigning of letter grades by basing the evaluation on 100%). The weighted average of the general performance from the rotation clinical evaluations will comprise the final clinical grade. When computing the final clinical grade the following numerical equivalents will determine the letter grade for each student.

\[
A = 89.5-100, \ B = 79.5-89.4, \ C = 69.5-78.4, \ D = 59.5-69.4, \ F = \text{below 59.5}
\]

A final grade of at least a C (when all rotations are included) is required for all clinical courses to be able to progress to the subsequent clinical course sequence.

10.4 Once the final grade has been computed, there will be no downgrading.
10.5 Any student who is unable to satisfy, within the clinical practicum time frame, the minimum performance requirement stated above is granted a grade of “D” or "F". This student is no longer eligible to continue the regular sequence of clinical courses in the Respiratory Care Program.

11.0 Clinical Waiver:

11.1 The possibility for "testing out" of part of the clinical experience is available to certain full-time students enrolled in the Respiratory Care Program. In order to qualify for this, the student must:

a) have completed at least one (1) year of full-time work experience in Respiratory Care or its part-time equivalent (approximately 2000 hours) just prior to admission into the program;

b) submit a letter of recommendation from his/her respiratory care supervisor or Medical Director to the MVCC Respiratory Care Program Clinical Coordinator;

c) be in good academic standing for the last enrolled semester; and

d) pay the necessary skill testing fee to the college Business Office.

The mechanism to provide advanced standing in the clinical is the clinical waiver proficiency exam(s) in which the student is required to perform those tasks, which are required during the regular clinical rotation, in addition to taking written exams when applicable. The student may, in separate exams, test out of Clinical Practicum I and 2 only, and the skills test is to be conducted by the Program Coordinator, Clinical Coordinator, or clinical instructor. If the student to be tested has received their clinical experience locally, the test must be conducted at an institution other than that at which he/she has been employed and by individuals other than those with whom he/she has worked.
To facilitate a student's preparation for the exam, he/she:
   a) will receive a copy of the entire clinical packet in advance of the test date;
   b) will be allowed access to the applicable clinical materials prior to the test date;
   c) will be notified who is to conduct the exam; and
   d) will be afforded the opportunity to meet with the examiner prior to the test date, if desired.

The exam will be conducted for one day, but may well be of shorter or longer duration at the discretion of the evaluator. The evaluation of the student will be pass/fail. Students will be evaluated based on their performance and on their ability to answer related questions. During the evaluation, the instructor will utilize the same format and tools which are used during the regular clinical experience. A summary of the exam performance evaluation will be written and discussed in detail with the student. All parties will sign the evaluation to verify that this discussion has taken place.

12.0 Policy Modifications:
   These policies are subject to change and modification following periodic review by the program faculty, the clinical affiliates and program Advisory Committee. Changes in policy will be placed in effect following a reasonable period of written notification and will be binding on students, faculty and clinical affiliates and will supersede prior policy.
MVCC RESPIRATORY CARE PROGRAM
CHARTING POLICY/PROCEDURES

Charting/documenting/recording information in the patient’s medical record is a skill that improves with practice and experience. All of the MVCC Respiratory Care Program clinical affiliates have converted to some degree of computerized medical records. Students will receive instruction/training at each affiliate on required computer documentation procedures before starting actual patient care. Clinical instructors will be reviewing and “co-signing” all student chart entries in patient medical records (hard copy and computer). Instructors may require you to show him/her practice charting on the computer before allowing you to chart in the actual medical record or before saving the computerized chart entry. Unless your instructor tells you otherwise, you should plan to show all charting to him/her before actually recording and saving in the patient’s medical record. Paper charting is a skill which will be required in the event of a computer server problem at your assigned clinical affiliate. The policies and procedures listed below will be followed for charting/documenting by all instructors and should provide guidance for appropriate student documentation in the medical record. The first incidence of failure to follow these documentation policies/procedures could result in a Clinical Safety. The second episode of inappropriate/incorrect charting in a semester will result in a Clinical Jeopardy. Falsely charting of any type will result in a Clinical Jeopardy on the first episode. Students and Instructors must abide by affiliate policies regarding safe-guarding Patient Confidentiality and following HIPAA guidelines. Students should not leave patient medical records open and visible on computer screens when they are not in direct attendance.

1. Documentation is to be done on the clinical affiliate computerized medical record system. In the event of a failure of the computer system, all charting will be completed on paper in black INK (unless hospital policy specifies otherwise).
2. Charting should be completed immediately after treatments are performed whenever possible. In instances where this is not possible, charting of first rounds must be completed before beginning second round treatments during the shift.
3. Computerized charting will only allow you to chart in specific medical record areas based on the clinical affiliate policies.
4. Documentation in the medical record must be complete (including all patient assessment monitoring and equipment settings) according to each clinical affiliate policies (including scanning of drugs during medication delivery).
5. Use only hospital approved abbreviations when typing comments in the computerized record. If unsure of an abbreviation acceptance, spell out the word.
6. Proper spelling is required for all typed comments in the medical record; look up any words of which you are unsure.
7. Charting should never be done in such a way as to give the impression that you are diagnosing, stating a medical conclusion/opinion, or interpreting patient behavior. Just state the facts as they occurred. Quotes from the patient are encouraged using quotation marks. Future tense should NOT be used when charting – only state what was done, not what might or could happen in the future.
8. If an ordered therapy cannot be given due to patient unavailability or refusal, the date, time and ordered therapy should be recorded. The practitioner should provide a brief explanation why the therapy was not given. The patient’s nurse should be notified that the ordered therapy was not given and this notification should also be stated in the record.

9. Students must complete the necessary documentation procedures so that their medical record entries be counter-signed by their clinical instructor, according to clinical affiliate policy.

10. Safety procedures must be followed to protect patient confidentiality while students are using computers in patient care areas. Students should not leave computer screens open and visible when they leave the computer for any reason.

11. Students are NOT allowed to copy a medical record entry of a previous practitioner or student and enter that copied entry into the medical record; each student entry on the medical record regarding equipment settings must be checked and verified during medical record documentation.

12. When performing charting each medical record entry (hard copy and computerized) must include the following:
   - The date and time of therapy.
   - Type of treatment
   - Medication delivered (specific amount of drug and diluent, or number of puffs when applicable)
   - A brief description of the patient’s reaction to therapy including:
     - How the treatment was tolerated by the patient
     - Vital signs before, during and after treatment (Pulse and Respiratory Rate always. B/P is suggested to be recorded whenever a drug is given, CPT performed, or positive pressure therapy is utilized).
     - Breath sounds before and after treatment (even if there is no change in breath sounds with the treatment).
     - Description of cough and sputum produced.
     - Special observations (ex. adverse reactions and remedial actions if any).

13. A medical record is a legal document and can be used as evidence in court proceedings. The medical record is the property of the health care facility. The patient is not be permitted to read their own record. (Patients are allowed access to their medical records by putting the request in writing according to hospital policy. The request is reviewed by the patient’s physician and either granted or denied).

**Hard copy/paper charting specifics:**

A. Each sheet of paper charted in the medical record must have the patient’s name and hospital ID number on them (using the patient’s ID sticker).

B. Sign your name legibly when paper charting; first initial and last name followed by “SRT” (Student Respiratory Therapist). Initials only should NOT be used.

C. Ditto marks CANNOT be used.
D. Do not leave blank lines between medical record entries if the practitioner who gave the treatment before you forgot to chart, he/she may chart after you by simply writing the time they gave the treatment and recording “late entry” next to the time.

E. If limited space is available for charting at the bottom of the page, the practitioner should determine the amount of space he/she will require before beginning to chart on that page. If there is any doubt that the complete note will not fit in the space provided, the practitioner should draw a single line through the blank lines and start a new page. (Do not spread one treatment entry over 2 pages or front to back of a single page).

F. Be considerate to those charting after you. If there is limited space available after charting a treatment, stamp a new record sheet for the person who will be charting next.

G. Mistakes on paper charting should NOT be erased or scribbled over. If an error is made, mark through it with a single line, indicate an error was made by writing “incorrect entry” over it, and initial the error.

H. In order for paper medical records to be accepted as evidence in court proceedings, any notes must be signed, and the individual must be able to recognize his/her handwriting and notes (imperative to chart legibly).
Health Professions Department
Policy for Sharps Incident

The following procedure is to be followed if a faculty member/staff member or a student receives a needle stick in the clinical facility, college laboratory or during any rotation.

1. The incident is to be reported immediately to the clinical instructor.

2. Any sharps/needle stick exposure incident is to be reported by the clinical instructor to the Associate Dean within 24 hours.

3. The individual must be treated according to the CDC Guidelines.

4. A college and/or clinical agency incident report is to be completed at the time of injury and coordinate with the charge nurse to inform the hospital supervisor.

5. The individual is to be sent immediately to the Emergency Department if a contaminated sharps/needle stick exposure incident occurred in a healthcare facility.

6. If the incident occurred in the MVCC lab, the student/faculty must report to the MVCC Student Health Center immediately. In the event, the Student Health Center is closed, the individual must report on the next day of business. If the incident is with a contaminated sharp/needle, the student must report to an Emergency Department or Urgent Care.

7. A copy of the incident report and the ED report, if applicable, must be on file in the MVCC Student Health Center.
Respiratory Program Contacts

Program Coordinator/Instructor
John Ringlehan, BS RRT
PH373: 315-792-5476
jringlehan@mvcc.edu

Clinical Coordinator/Instructor
Michael Brown, BS RRT
PH351: 315-792-5671 Office
315- 404-9168 Cell
mbrown2@mvcc.edu

Faculty/Instruction:
Stephanie Carissimo
Instructor, BS RRT
PH351; 315-
scarissimo@mvcc.edu

Affiliate Respiratory Care Department Phone List

<table>
<thead>
<tr>
<th>Institution</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Bassett Medical Center</td>
<td>(607) 547-3456 (hospital)</td>
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<td>(607) 547-3205 (department)</td>
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<tr>
<td>Crouse Hospital</td>
<td>315-470-7111 (department)</td>
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<tr>
<td>Faxton campus of Mohawk Valley Health System</td>
<td>315-624-6200 (hospital)</td>
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<tr>
<td>Oneida Healthcare</td>
<td>315-363-6000 (hospital)</td>
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<td></td>
<td>Extension 1275 (department)</td>
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<tr>
<td>St. Elizabeth Medical Center campus of Mohawk Valley</td>
<td>315-798-8100 (hospital) or</td>
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<tr>
<td>Health System</td>
<td>315-798-8366 (department)</td>
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<td></td>
<td>315-798-8269 (department)</td>
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<tr>
<td>St. Joseph’s Hospital</td>
<td>315-448-5111 (hospital)</td>
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<td>315-448-5860 (department)</td>
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<td>St. Luke’s campus of Mohawk Valley Health System</td>
<td>315-624-6000 (hospital)</td>
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<td>315-624-6686 (office)</td>
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<td></td>
<td>Call the operator and page respiratory beeper</td>
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<tr>
<td>SUNY Upstate University Medical University</td>
<td>315-464-4487 (department)</td>
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<tr>
<td>Rome Memorial Hospital</td>
<td>315-338-7000 (hospital)</td>
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<tr>
<td></td>
<td>315-338-7160 (department)</td>
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SCHEDULED CLINICAL EXPERIENCES

Clinical Practicum 1 (RC 131) is the initial clinical experience that begins during the Spring semester of year one. Clinical Practicum 1 is scheduled one session per week (Wednesdays) from 6:45am-3:20pm. Clinical experiences are spent at one clinical site during Clinical Practicum 1, with one specialty rotation (cardiopulmonary rehabilitation with a preceptor). Regular clinical sessions are directly supervised by a college employed, respiratory care instructor (full time or adjunct).

Clinical Practicum 2 (RC 232) is held during the Fall semester of year two and involves two sessions of hospital experience per week (Tuesdays and Thursdays) from 6:45am-3:20pm or 1:45-10:20pm. Most clinical sessions are spent at the Utica clinical affiliates, Upstate Medical University or Crouse Hospital during Clinical Practicum 2. Specialty rotations for specified sessions require travel to various sites (including Cooperstown, Oneida, Rome and Syracuse) for the following experiences: pulmonary function testing, cardiac diagnostics, cardiac catheterization, open heart operating room, sleep lecture and lab (evening/night shift), ED/CPR, and home care. Most clinical experiences are directly supervised by a college employed instructor while specialty experiences involve preceptorships with unpaid volunteers.

Clinical Practicum 3 (RC 233) is held during the Spring semester of year two and involves two sessions of hospital experience per week (Tuesdays and Thursdays) from 6:45am-3:20pm or 1:45-10:20pm. The majority of clinical sessions are spent at one clinical affiliate during Clinical Practicum 3 in either Utica or Syracuse. Each student will also be scheduled for the following specialty rotations: routine pediatric respiratory care at SUNY Upstate Medical University in Syracuse, an ACLS course, and a physician preceptorship. Specialty rotations on specified days require travel to various sites including Cooperstown and Syracuse. Most clinical experiences are directly supervised by a college employed instructor, while others (special rotations) involve shadowing preceptors. The three day Kettering Review classes occur toward the end of Clinical Practicum 3.

Clinical Practicum 4 (RC 234) is held during the summer session at the end of year two and involves five sessions per week for 5 weeks. Clinical experiences focus on neonatal, pediatric and adult critical care. All students are scheduled for at least two weeks at Syracuse affiliates (neonatal critical care at Crouse Hospital and pediatric critical care at SUNY Upstate Medical University) and may involve some evening experiences. Specialty rotations include patient assessment and critical care monitoring at Bassett Healthcare in Cooperstown and chronic ventilator care at Oneida Healthcare. The remaining time frame is spent at Utica affiliates providing students a capstone experience that is designed to assist with the transition from being a student to a practicing therapist. PALS and NRP courses are provided during the summer session as well as the Therapist Multiple Choice and Clinical Simulation SAEs.
APPENDIX

Mohawk Valley Community College
Respiratory Care Program
Candidate Reference Guide

Reference Information

Reference Name: ________________________________________________________________

Institution/Position: __________________________________________________________________

Address: ________________________________________________________________________

Daytime Phone: ________________________ E-Mail address: __________________________

What is your relationship to the applicant? ___________________________________________

How long have you known the applicant? _____________________________________________

How well do you know the applicant? _______________________________________________

With what organization or institution were you affiliated when you interacted with the applicant? __________________________________________________________________

<table>
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<tr>
<th>Descriptor</th>
<th>Excellent 5</th>
<th>Good 4</th>
<th>Average 3</th>
<th>Below Average 2</th>
<th>Poor 1</th>
<th>Not Observed 0</th>
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<td>Ethical and Professional Behavior</td>
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Please write a brief narrative (below or on an attached sheet), taking into consideration how you think this applicant would perform as a health care provider with responsibility for the needs of an ill patient. Please include character issues, achievements and other descriptions that outline positive attributes of the applicant. Include any reservations about the applicant you may have.
Respiratory Care Program Inter-Rater Reliability Plan

The Inter-Rater Reliability Plan attempts to maintain consistency between evaluators of clinical performance using the evaluation tools designed for this process. MVCC utilizes the respiratory program full-time faculty and paid adjunct clinical instructors to supervise clinical sessions for Clinical Practicum 1, 2, 3 and 4.

Clinical Evaluations:
New clinical Instructors will be oriented to the clinical documents (including the Clinical Evaluation forms) by the Director of Clinical Education (DCE) prior to the first clinical session. Clinical Instructors will complete the yellow Clinical Activity Record for each clinical session, recording the therapy/tasks assigned to each student. Comments about each student’s performance are made throughout the clinical session, outlining strengths and weaknesses for each student by the clinical instructor on the yellow Clinical Activity Record. At the end of each clinical session, the Daily Evaluation of Clinical Performance (for Clinical Practicum 1, 2, 3 and 4) will be completed for each student (documenting each student’s performance in the safety, affective, and psychomotor domains – mirroring the Evaluation of Clinical Performance for Clinical Practicum 1 & 2 and Clinical Practicum 3 & 4 documents). Notes/comments about each student are included in the margins of this form, transcribed from the Clinical Activity Record. The number and variety of tasks completed by each student are included in the “Comprehensive Skills” area of the Daily Evaluation of Clinical Performance 1, 2, 3 and 4 forms. The Daily Evaluation of Clinical Performance documents are essential for accurately completing of the Evaluation of Clinical Performance for Clinical 1 & 2 and Clinical 3 & 4, mid-semester and end of the semester.

Mid-semester each student completes a “Self-Assessment” using the Evaluation of Clinical Performance document. Each student’s Self Assessment of their clinical performance is collected and reviewed by each clinical instructor prior to the clinical instructor’s completion of the mid-semester Evaluation of Clinical Performance for Clinical Practicum 1 & 2 and Clinical Practicum 3 & 4. The clinical instructor discusses all the items on the evaluation form they completed during a private meeting with each student, providing examples and dates of specific instances of strengths and areas that need improvement. The instructor evaluation and the student’s self-assessment are compared, contrasted and discussed during this meeting. Both the student and the instructor sign the mid-rotation evaluation form completed by the instructor. At the conclusion of the semester, the instructor completes the Final Evaluation of Clinical Performance and discusses the evaluation privately with the student. The student and instructor sign the Final Evaluation of Clinical Performance document and the student is provided the opportunity to write comments on the form, should they desire to do so. During the evaluation meetings, students are provided verbal opportunities to discuss any problems they encountered at the clinical affiliate or with the instructor(s) and make suggestions for improvement of the clinical experience that would enhance learning.
Clinical instructors with less than one year of instruction experience will complete the Evaluation of Clinical Performance document(s) independently and then review them with the DCE (or Program Director if the DCE is unavailable) before discussing them with each student. The DCE/Program Director will provide input about the assessment areas assigned for each evaluation item, encouraging consistent completion of the Evaluation of Clinical Performance documents based on student performance. When more than one clinical instructor supervises the students during the semester, then all the clinical instructors will complete the evaluation form as a group, with more weight given to the instructor who has had the most exposure to the student to determine the items evaluation grade assigned.

Clinical Instructors will be required to attend clinical faculty meetings held twice each year to discuss relevant clinical policies and problems encountered during clinical sessions the previous semester, with the DCE and other clinical instructors. Yearly, the clinical instructors will be provided student evaluations of them completed by the students from the previous year; the DCE will discuss these evaluations with each clinical instructor. The DCE will visit each clinical instructor once every 1-2 years to perform an on-site evaluation of their clinical instruction abilities and to monitor the clinical instruction provided to the freshmen and senior students, as a means to assure consistency and adequate quality of instruction. An evaluation of the clinical instructor by the DCE will be completed and reviewed with each clinical instructor; the clinical instructor is provided a copy of the DCE’s evaluation copies and a copy is kept in their on-campus personnel file.

At one of the clinical faculty meetings each year, the Final Evaluation of Clinical Performance documents from Clinical Practicum 1, 2, 3 and 4 from the previous graduating class will be reviewed by all the clinical instructors attending the meeting. Evaluations for 25% of the most recent graduated student cohort will be reviewed; to include students across the grade spectrum (a student with excellent clinical performance, a student with a low passing clinical performance, a student who experienced problems during clinical and students with mid-range grades). Any student who has a numerical clinical grade from Clinical Practicum 1-4 that has changed more than 10 points, is discussed in detail to determine the reason for the large grade change. The clinical evaluations are examined for trends and discussed with the group. Specific trends examined include: Do particular clinical instructors assign grades that are consistently harder or easier than the average? What instructor comments provided on the evaluation forms are particularly helpful to students? Do certain clinical instructors lack detail in their clinical evaluation document completion? These discussions assist with uniform completion of the clinical evaluation documents and improve consistency among the various clinical instructors.

**ACTION PLAN:** Clinical instructors who have been found to be consistently outside the 10 point grade rule for final clinical grades, will be required to review their student clinical evaluations with the DCE or Program Coordinator prior to delivery to the student, as a form of remediation.
to improve consistency with the use of the evaluation tool. If clinical instructors do not improve in their deficient completion of the Final Evaluation of Clinical Performance documents, they will not be utilized to teach clinical sessions in the future.

Clinical instructors are expected to attend any training provided to improve their clinical instruction and student evaluation abilities. All instructors are expected to complete any “Clinical PEP” and/or other training when it is offered. Instructors who do not attend clinical meetings, do not participate in training offered or the Clinical PEP, will not be utilized to teach clinical sessions going forward.
ACADEMIC CALENDAR 2018-2019

Fall 2018
Full Term (15 weeks) Sept 5 – Dec 14, 2018
Term A Sept 5 – Oct 23, 2018
Term B Oct 24 – Dec 14, 2018
August 22 Payment due and schedule cancellation
August 29 Faculty Return
Sept 3 Labor Day. (College Closed)
Sept 4 Last day 100% refund (15 week courses and Term A)
Sept 4 Student Convocation
Sept 5 First day of instruction (Wednesday) (15 week courses and Term A)
Sept 11 Last day for 75% refund (15 week courses)
Sept 11 Last day for 25% refund (Term A)
Sept 18 Last day for 50% refund (15 week courses)
Sept 24 Last Day for 25% refund (15 week courses)
October 8 Columbus Day. College open. Classes are in Session.
October 10 Last Day to withdraw (Term A)
October 23 Midterm of the semester (15 week courses)
October 23 Last day of Instruction (Term A)
October 24 Instruction begins (Term B)
October 26 Midterm grades due at noon (15 week courses)
October 29 Final grades due at noon (Term A)
October 30 Last day 25% refund (Term B)
Nov 12 Priority Registration Spring 2019
Nov 14 Last Day to withdraw (15 week courses)
Nov 19 Spring 2019 Open registration to all students
Nov 21-23 Thanksgiving Recess (No classes)
Nov 22-23 College closed
Dec 3 Last day to withdraw (Term B.)
Dec 14 Last Day of instruction (15 week courses and Term B)
Dec 17-18 Final Exams
Dec 20 Fall 2018 Commencement (Thursday)
Dec 20 Final Grades Due at noon (15 week courses and Term B)
Dec 24-Jan 1 College closed

INTERSESSION

December 26 Instruction begin
January 16 Instruction ends
January 18 Final Grades due

SPRING 2019

Full Term (15 weeks) Jan 23 – May 7, 2019
Term A Jan 23 – March, 19, 2019
Term B March 20 – May 7, 2019
January 11 Payment due and schedule cancellation
January 16 Faculty Return
January 21  MLK Day (College Open, No Classes)
January 22  Last day 100% refund (15 week courses and Term A)
January 23  First day of instruction (15 week courses and Term A)
January 29  Last day for 75% refund (15 week courses), Last day for 25% refund (Term A)
Feb 5     Last day for 50% refund (15 week course)
Feb 11    Last Day for 25% refund (15 week courses)
Feb 11    Summer 2019 registration opens (matriculated students)
Feb 27    Last Day to withdraw (Term A)
March 11-15 Spring Break
March 19   Last day of Instruction (Term A)
March 19   Last day 100% refund (Term B)
March 19   Midterm of the semester (15 week courses)
March 20   Instruction begins (Term B)
March 22   Midterm grades due noon (15 week courses)
March 25   Final Grades due at noon (Term A)
March 26   Last day for 25% refund (Term B)
April 10    Last Day to withdraw (15 week courses)
April 15   Priority Registration Fall 2019
April 22   Open registration to all students Fall 2019
April 24   Last day to withdraw (Term B)
May 7     Last Day of instruction (15 week courses and Term B)
May 8-9    Final Exams
May 10    Spring 2019 Commencement (Friday)
May 13    Final Grades Due at noon (15 week courses and Term B)

**SUMMER 2019**

Term 1 (Full semester)    May 20– Aug 27, 2019
Term A (A session)        May 20 – July 9, 2019
Term B session            July 10- August 27, 2019
Term F (1st five weeks)   May 20 – July 24, 2019
Term G (2nd five weeks)   July 8 – Aug 9, 2019

May 16   Payment due and schedule cancellation
May 13   Faculty returns
May 17   Last day of 100% refund (15 week courses and Term A)
May 20   First day of instruction (15 week courses and Term A)
May 24   Last day of 75% refund (15 week courses)
May 24   Last day for 25% refund (term A)
June 3   Last day for 50% refund (15 week courses)
June 7   Last day for 25% refund (15 week courses)
June 25  Last day to withdraw (Term A)
July 9   Midterm (15 week courses)
July 9   Last day of Instruction (Term A)
          Last day of 100% refund (Term B)
July 10  Instruction Begins (Term B)
July 12  Final grades due at Noon (Term A)
July 13  Midterm grades due at noon (15 week course)
July 16  Last day 25% refund (Term B)
Aug 14   Last day to withdraw (Term B)
August 27   Last day of instruction (15 week term B)
August 28-29 Final exams
August 30   Final Grades due at noon

**Term F  May 20-June 24, 2019**
May 17   Last Day for 100% refund
May 20   Instruction Begins
May 24   Last day for 25% refund
June 13   Last day to withdraw
June 24   Last day of Instruction Final, Exams begin
June 26   Grades Due at noon

**Term G  July 8-August 9, 2019**
July 5   Last Day for 100% refund
July 8   Instruction Begins
July 12   Last Day for 25% refund
July 31   Last day to withdraw
Aug 9   Instruction Ends Final Exams begin
Aug 13   Grades Due at noon
MVCC Respiratory Care Program
Clinical Affiliate Orientation

1. Welcome: emphasis of semester (floor versus critical care)
   - Students and instructors are guests in the affiliate (proper professional behavior)

2. Introduction of affiliate department members:
   - Department manager/Clinical Coordinator (Asst. Director)
   - Shift Supervisor/Lead Therapist
   - Affiliate Medical Director
   - Review MVCC Respiratory Program Medical Director, Clinical Coordinator, Program Coordinator and Clinical Instructors for affiliate

3. Review college paperwork
   - Schedule, Clinical Packet, Outline, Clinical Evaluations
   - Clinical attendance and punctuality (sick days allowed)
   - Review grading (exams/oral exams-case scenarios)
   - Instructor expectations

4. Student responsibilities:
   - Procedures for each therapy type
   - Completing clinical objectives; complete, sign each objective form and hand-in packet to Clinical Coordinator at end of semester.
   - Dispose of any paperwork containing patient information before leaving affiliate to comply with HIPAA (paperwork disposal procedures)
   - Return equipment (oximeter) and medications before leaving the affiliate
   - Keep instructor aware of your presence and progress throughout shift

5. Procedures to follow when problems arise (clinical instructor, staff therapist, department manager/c clinical coordinator, nursing)

6. Parking information

7. Define clinical hours:
   - Instructor must know where students are during shift - students cannot go to break/meal leave affiliate without instructor awareness
   - Snow days/cancelling clinical (get student phone numbers)
   - Start of shift
   - Break/Lunch or Dinner
   - Report
   - End of shift

8. Supplies needed daily:
   - Dress code, name tag/Student ID, Clinical Packet/Outline, stethoscope, watch, clipboard, small pocket notebook, black pens, calculator, goggles, Oakes pocket notebook
   - (Helpful: sharpie, scissors, post-it notes, pocket dictionary)
9. Use of department by students:
   • Coat storage/Purses/lockers/ student paperwork location
   • Use of equipment

10. Department layout:
   • Clean/Dirty areas
   • Equipment cleaning
   • Location of equipment (tanks, batteries, disposables)
   • Changing equipment policy

11. Hospital/Campus tour
   • Floors, Critical Care Units, ED, OR, specialty areas (Pharmacy, PT, Radiology, RR)
   • Location of respiratory supplies and tank storage
   • Oxygen shut off valves, crash carts, clean and dirty utility room, supply location,
   • Hard copy medical records, hospital oxygen/air/suction outlets, hospital beds, call bells
   • Medication dispensing and storage (PYXIS)
   • Acceptable medical record research and charting areas
   • How to determine patient’s assigned nurse
   • Introduction of students to Head Nurse

12. Affiliate Medical Record:
   • Student access
   • Confidentiality/HIPAA
   • Record contents: Physician orders (new orders/change in orders), History and Physical,
     vital signs, test results (ABGs, Hematology, X-Rays, Chemistries, Microbiology, etc.)
   • Where to chart: oxygen therapy, treatments/procedures, patient monitoring/outcomes,
     medication delivery, ventilator settings, artificial airway monitoring, etc.
   • What to include when charting
   • How to chart refusals/treatments not given (patient unavailable)
   • Students and Instructors cannot take verbal orders from physicians

13. Performing therapy:
   • Check physician orders
   • Do not begin therapy without instructor permission/awareness
   • Introduce self/patient ID
   • Patient communication: professional boundaries
   • Vital sign, breath sound and pulse oximetry assessment
   • Stop therapy with specified vital sign changes (notify instructor)
   • Documenting

14. Review Affiliate Codes (paging of codes, student’s role):
   • Cardio-pulmonary arrest
   • Fire
   • Disaster
   • Active Shooter

15. Student participation in clinical events (hands-on and observation)

16. Phone use:
   • Procedure for calling in sick of late to affiliate and specialty rotations
   • Personal cell phone use
   • Affiliate phone system
MVCC Respiratory Care Program Clinical Document Summary

Instructor Forms

1. Clinical Packets and Clinical Outline
   - Specific Packets and Outlines for Clinical Practicum 1, 2, 3 and 4.
   - Each student has a clinical packet that contains the skills required to be observed and “checked-off” each semester by the clinical instructor.
   - The clinical instructor should make every effort to successfully sign off on ALL the identified skills in the Clinical Packet each semester for each student.
   - Each skill performance sheet (Pass/Fail) must be signed by the instructor and student.
   - The Clinical Outline provides guidance to the instructor about what clinical tasks the students are able to accomplish with patients each semester.
   - The Clinical Outline outlines the components used in the final Clinical Evaluation grade.

2. Clinical Activity Record (yellow form)
   - Fill out daily to track students’ assignments - avoid using entire patient name for HIPPA protection.

3. Daily Evaluation of Clinical Performance (white forms)
   - There are four different forms to monitor clinical activity for Clinical Practicum 1, 2, 3 and 4.
   - Front of this forms correlates with the descriptions on the Clinical Evaluation forms.
   - Back of this form records the number of skills performed daily by each student.
   - Completed daily on each student.
   - The margins of this form are a good place to log positive and negative events that occur by that student during clinical on that date. (used when completing the midterm and end of semester student evaluations.)

4. Evaluation of Clinical Performance (several paged white forms)
   - Completed by the clinical instructor mid-semester and at the end of the semester.
   - There are two separate Clinical Evaluation forms: one for Clinical Practicum 1 & 2 and a separate form for Clinical Practicum 3 & 4.
   - The student’s use this form to complete a Self-Evaluation of their clinical performance mid-semester.
   - Clearly mark on the document if the form is used for the Mid-semester, End of semester (final evaluation) or Self-evaluation (by the student).
   - Private meetings with each student occur to review the evaluations forms once completed mid-semester and end of semester. Both the clinical instructor and the student must sign these forms. Students may write comments on the bottom of the evaluation forms as desired.
   - The PEDS and NICU forms are separate Pass/Fail documents.
   - Students must demonstrate consistent behavior to earn ratings on the form better or worse than Satisfactory.

5. Clinical Absence/Tardiness form (white form)
   - Tracks information for the semester and student’s adherence to the attendance policy.
6. The Physician Instruction Record (tan form)
   - Any physician interaction is documented by the clinical instructor each clinical session

7. Clinical Jeopardy/Safety form (pink form)
   - Discussed in the Respiratory Student Handbook
   - Notify the Clinical Coordinator whenever an event occurs that may be considered a Clinical Safety or Clinical Jeopardy so two faculty members can decide on if the course of action going forward.

8. Patient Survey form (green form)
   - This form is provided by the clinical instructor to patients, family members or lay individuals who observe the student’s clinical performance by the clinical instructor during Clinical Practicum 3 and 4
   - 2-3 forms should be completed for each student

9. Student Clinical Progress form (yellow form)
   - This form is completed when students have not followed clinical policies related to: poor clinical progress, health form requirements, interpersonal, absence/tardiness, missing assignments, failure to complete assigned clinical tasks, dress code, not coming prepared to clinical or other deficiency issues.
   - This form is discussed with the student in a private meeting and signed by both the clinical instructor and the student.

10. Clinical Worksheets
    Instructors can utilize clinical worksheets for students to use during clinical down-time. These worksheets are used during clinical hours only and collected at the end of each clinical session by the clinical instructor. These worksheets are corrected before the next clinical session and returned to the student. These worksheets are a way to review areas of weakness that need remediation. These worksheets review didactic content and calculations as a means of review for students.

At the conclusion of each semester, the clinical instructor will organize these documents to be handed in to the Clinical Coordinator. Paperclip or staple all the yellow Clinical Activity forms, the white Daily Activity Records, and Clinical Evaluations for each student in chronological order. Also return the Absence/Tardiness forms, Physician Instruction Record forms, Clinical Safety/Jepoardy forms, Patient Survey form, Clinical Progress forms and Student Clinical Logs, in chronological order each semester to the Clinical Coordinator.

Corrected Patient Care Plans and ventilator worksheets are returned to the students (be sure no patient names appear on these forms)

Corrected Clinical Worksheets are collected and disposed of at the end of the semester.
**Student Forms**

1. Clinical Packets and Clinical Outline
   - Specific Packets and Outlines for Clinical Practicum 1, 2, 3 and 4
   - Each student has a clinical packet that contains the skills required to be observed and “checked-off” each semester by the clinical instructor
   - Each skill performance sheet (Pass/Fail) must be signed by the instructor and student.
   - The Clinical Outline provides guidance to the student about what clinical tasks the students are able to accomplish with patients each semester
   - The Clinical Outline outlines the components used in the final Clinical Evaluation grade
   - It is the student’s responsibility to successfully complete each skill in the Clinical Packets 1, 2, 3 and 4
   - The Clinical Packets 1, 2, 3 and 4 are handed in to the Clinical Coordinator once complete.
   - To successfully graduate from the respiratory program, all the performance skills must be successfully completed for all four Clinical Packets
   - The students will complete the Physician Interaction Record and Professional Involvement documents at the end of applicable Clinical Packets

2. Medical Record Research Guide (green form)
   - This form assists the student in collecting the relevant information when performing medical record reviews (use patient initials)
   - These forms must be discarded in a confidential document discard bin at the end of each clinical session at the clinical affiliate

3. Clinical Logs
   - Students will write a summary of the activities they performed or observed each clinical session and submit them to the clinical instructor daily.

4. Patient Care Plans, Ventilator Flow Sheets, and Clinical Worksheets (white form)
   - Completed by students as time allows and as the clinical instructor assigns
   - Student submit these forms to the Clinical Instructor at the end of each clinical session
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**PHYSICIAN LECTURE - TOPIC** ____________________________ **PHYSICIAN** ____________________________ **Location/Time** ____________________________

Please record any special procedures the students participate in, as well as any significant situations that arise on the back of this sheet. These documents are to be returned to the Clinical Coordinator at the end of the semester and will be kept on permanent record.
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# CLINICAL PERFORMANCE SUMMARY

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# CLINICAL PERFORMANCE SUMMARY

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MOHAWK VALLEY COMMUNITY COLLEGE
Respiratory Care Program

CLINICAL PRACTICUM 1 & 2
Clinical Affiliate
Instructor
Shift Hours
EVALUATION OF CLINICAL PERFORMANCE
Student’s Name
Number of Clinical Sessions
Semester
Year

This form is divided into two separate sections. Part A consists of a performance and conduct check list. Your clinical grade will be determined from this section. Part A has been divided into affective, psychomotor, and cognitive domains. Part B of the evaluation is a narrative section for student guidance in future rotations. Both portions must be completed by the clinical instructor(s) and discussed with the student during the evaluation.

This evaluation is intended to provide the student with definite feedback in the less concrete areas of clinical performance. Discussion of student progress with the instructor will aid in the formation of goals for the student and ultimately improve the student’s overall clinical performance.

PART A: SAFETY. The main focus of clinical evaluation is safety. All students must demonstrate that they consistently perform in a safe and conscientious manner in the clinical setting.

The following items are considered when determining if a student is safe:
1. Consistently checks physician orders before instituting therapy.
2. Consistently assures the patient’s identity (with two forms of ID) before instituting therapy.
3. Closely monitors patients throughout administration of therapy.
4. Strictly follows standard precaution guidelines and techniques of asepsis.
5. Performs only assigned, authorized techniques and abides by departmental policies/procedures.
6. Reports safety hazards to the clinical instructor and always seeks the guidance of the clinical instructor when in doubt.
7. The student never jeopardizes the patient’s safety in any way.
8. The student always accurately and truthfully completes written records.

All students must be considered safe to be able to continue on in clinical. Any failures must be accompanied by a written explanation on an attached sheet.

Pass  Fail  (circle) This student consistently performs assigned duties in a safe and conscientious manner.

CHECK LIST
The items that follow are typical elements on which respiratory therapists are evaluated. Each level (Excellent, Satisfactory, Marginal or Not Satisfactory) has been assigned a numerical value. Those items concerning direct patient care skills have been weighted more heavily. To determine a clinical grade, item levels earned by the student are totaled and multiplied by the factor 2.5 (this is done to ease the assigning of grades by basing the evaluation on 100%). If further explanation is required, consult the grading policy in the course outline or the Clinical Coordinator of the Respiratory Care Program.

NOTE: Ratings of "Marginal" or "Not Satisfactory" must be explained under comments or on an attached sheet.
AFFECTIVE DOMAIN

1. INITIATIVE
   ____ (3 pts.) Excellent - the student always seems interested and exhibits the highest level of motivation. Always very willing to participate in clinical activities. Often volunteers. Free time is always utilized effectively. Demonstrates a desire to learn and seeks knowledge actively.
   ____ (2 pts.) Satisfactory - the student generally seems interested, willing to learn and seems motivated. Willing to participate in clinical activities. Free time is usually utilized participating in pertinent activities.
   ____ (1 pt.) Marginal - student interest is questionable. Sometimes reluctant to participate in clinical activities. Spare time is often not utilized to the fullest advantage.
   ____ (0 pts.) Not Satisfactory - the student exhibits a lack of interest. Must be coaxed to participate in clinical events. Spare time is excessive and is not utilized effectively.

COMMENTS:

2. PROFESSIONAL CONDUCT (cross out non-applicable statements)
   ____ (2 pts.) Excellent - the student exhibits the highest professional standards and respect for the hospital, patients/families, all hospital personnel, peers and clinical instructors. In all aspects of his/her daily performance the student exercises discretion and courtesy.
   ____ (1 pt.) Satisfactory - occasionally exhibits less than optimal professional behavior/language and/or less than optimal respect for the hospital, patients/families, hospital personnel, peers and/or clinical instructors, but not the degree that it would be considered unprofessional. The student exercises discretion and courtesy.
   ____ (0 pts.) Not Satisfactory - the student displays unprofessional behavior/language or displays lack of discretion or courtesy (indicate specifically).

COMMENTS:

3. ATTENDANCE AND PUNCTUALITY
   ____ (2 pts.) Satisfactory - follows established procedure for notifying the clinical instructor in case of impending tardiness or absence. Prompt arrangements are made with the Clinical Coordinator for make-up time.
   ____ (0 pts.) Not Satisfactory - excessive tardiness or absenteeism. Student failure to notify the instructor of impending tardiness or absence according to clinical policies.

COMMENTS:
4. RESPONSE TO CONSTRUCTIVE GUIDANCE
   ____ (3 pts.) Excellent - always willingly accepts and positively responds to learning directives and instructor guidance.
   ____ (2 pts.) Satisfactory - understands learning directives and attempts to carry out instructor suggestions.
   ____ (1 pt.) Marginal - although the student seems to listen to the instructor directives, suggestions are sometimes not implemented.
   ____ (0 pts.) Not Satisfactory - student seems indifferent or hostile during instructor interactions. Student performance does not change in response to suggestions.

COMMENTS:

5. FACILITY IN DEALING WITH PATIENTS
   ____ (6 pts.) Excellent - patient introductions and instructions are always organized, understandable and complete. The student easily converses with the patient and gains the patient's confidence. Is always very attentive to the patient's feelings and needs. Is obviously in control of the therapy session.
   ____ (5 pts.) Satisfactory - patient introductions and instructions are generally adequate and complete. The student seems attentive to the patient's feelings and needs, and usually succeeds in gaining the patient's confidence.
   ____ (3 pts.) Marginal - has some difficulty establishing patient rapport. Patient introductions and/or instructions are at times confusing and/or incomplete. The student seems awkward in interactions with patients, sometimes resulting in lack of patient confidence in or cooperation with the student.
   ____ (0 pts.) Not Satisfactory - student unable to establish patient rapport. The student seems not to be aware of or disregards the patient's needs and feelings. Patients often lack confidence in the student.

COMMENTS:

COGNITIVE & PSYCHOMOTOR DOMAINS

6. REPORT AT SHIFT CHANGE
   ____ (2 pts.) Excellent - clear, complete and organized report of pertinent events regarding patient care. Presentation includes the patient's primary medical diagnosis, as well as pertinent respiratory problem(s). Offers valuable suggestions or insight into the patient's clinical situation. Attention is given while others give report.
   ____ (1 pt.) Satisfactory - gives an accurate summary of patient status. Sometimes incomplete (leaving out non-critical items), not concise, and/or unorganized.
   ____ (0 pts.) Not Satisfactory - report is often incomplete, confusing, or includes irrelevant information. The student is often unaware of the patient's diagnoses/medical problems. Report of others is disregarded.

COMMENTS:
7. DOCUMENTATION

____(4 pts.) Excellent - documentation of therapy in the medical record includes those items as defined by the MVCC charting policy and departmental requirements. The recording of therapy is done in a timely manner after therapy is completed. Charting is consistently complete, correctly spelled and accurately conveys the results of therapy. Student consistently completes departmental records/paperwork and MVCC documentation (clinical logs) on time as required.

____(3 pts.) Satisfactory - documentation usually complete and performed in a timely fashion. Occasional spelling errors. Occasionally unclear, not concise, and/or lacking non-critical items. Student completes departmental records/paperwork and MVCC documentation (clinical logs) on time as required.

____(2 pts.) Marginal - documentation is sometimes incomplete, leaving out non-critical items. Charting responsibilities are sometimes delayed. Departmental or MVCC records are at times neglected/not completed in a timely fashion.

____(0 pts.) Not Satisfactory - documentation is frequently inaccurate, lacking critical items, and/or neglected/not completed in a timely fashion.

COMMENTS:

8. FACILITY IN DEALING WITH EQUIPMENT

____(5 pts.) Excellent - consistently demonstrates an in-depth knowledge of equipment mechanics and operation. The student is always methodical and skillful in equipment assembly and handling. Always recognizes and effectively addresses equipment malfunction(s). Always follows up on equipment related problems.

____(4 pts.) Satisfactory - the student exhibits an acceptable degree of dexterity in handling equipment. Knowledge of mechanics and operation of equipment is adequate. Recognizes equipment malfunctions and problems solves in an adequate manner.

____(2 pts.) Marginal - the student sometimes has difficulty in equipment assembly and manipulation. Seems to have a haphazard/trial-and-error approach to equipment. Incomplete knowledge of equipment mechanics and operation. A lack of recognition of equipment malfunction or ability to address equipment problems is sometimes apparent.

____(0 pts.) Not Satisfactory - the student is most often unable to assemble and/or manipulate equipment without assistance. Knowledge of equipment mechanics and/or operation is severely deficient. Unable to recognize or address equipment problems.

COMMENTS:
9. QUALITY OF WORK/WORK LOAD COMPETENCE
   ____ (6 pts.) Excellent - the student consistently demonstrates obvious skill in performance of assigned tasks without assistance. Assignments (clinical and homework) are consistently complete and timely, using accepted standards and methods. Competently completes an above average size work assignment independently.
   ____ (5 pts.) Satisfactory - the student generally demonstrates acceptable skill in performance of assigned tasks. Assignments (clinical and homework) are usually completed in a timely fashion using accepted standards and methods. Competently completes an average size work assignment with occasional guidance and/or assistance.
   ____ (3 pts.) Marginal - the student is frequently unable to perform without instructor guidance or assistance. Assignments (clinical and homework) are sometimes incomplete and/or not completed in a timely fashion. Unacceptable techniques are at times utilized. Frequently unable to competently complete an average size work assignment.
   ____ (0 pts.) Not Satisfactory - the student does not possess the skills necessary for clinical performance. Assignments (clinical and homework) cannot be completed without instructor guidance/assistance and/or are not completed in a timely fashion. Frequently unable to competently complete a below average size work assignment.

COMMENTS:

COGNITIVE DOMAIN
10. UNDERSTANDING THEORIES AND PRINCIPLES OF THERAPY
    ____ (6 pts.) Excellent (average > 90%) - student has a broad, in-depth understanding of theories and principles (indications, contraindications and hazards) of various therapies and other relevant information. The student is capable of perceiving relationships and easily applies didactic knowledge in clinical situations.
    ____ (5 pts.) Very Good (average 80-89%) - student has a good grasp of theories and principles of respiratory care. Is able to apply this knowledge clinically.
    ____ (4 pts.) Satisfactory (average 70-79%) - student has an adequate grasp of essentials (basic theories and principles). Generally seems to apply knowledge clinically.
    ____ (3 pts.) Marginal (average 60-69%) - knowledge of theories and principles lacking. Has difficulty perceiving relationships and applying didactic knowledge clinically.
    ____ (0 pts.) Not Satisfactory (average < 60%) - obvious deficiency in comprehension of basic theories and principles. Unable to relate knowledge to the clinical setting.

Quizzes __________________________

Final Written Examination Grade ___________ Final Average _________

Oral Exam or Case Scenario Grade ___________

Other ___________

COMMENTS:
Final Performance Evaluation Grade:
Total number of points from previous categories ________ x 2.5 = ________

PART B: NARRATIVE: Complete the questions by including explanatory comments
that are clear, concise and specific.

1. The student's primary strengths in clinical performance are: (Be specific)

2. The student's primary weaknesses in clinical performance are: (Be specific)

3. Recommendation for improvement in clinical performance:

The clinical grade for this rotation has been recorded and will be kept on file by the
Clinical Coordinator.

Student's Signature __________________________

Instructor's Signature ________________________ Date ___________________

At the conclusion of discussion of this evaluation, both the student and the instructor MUST sign in the
space provided. Signing by the student does not require or indicate agreement with this evaluation, it
merely signifies that the student has read and discussed this evaluation with the instructor. The student
is invited to enter written comments at the time of the evaluation, and should understand that such
comments will in no way affect future evaluations.

Student Comments:
MOHAWK VALLEY COMMUNITY COLLEGE
Respiratory Care Program

CLINICAL PRACTICUM 3 & 4
Clinical Affiliate
Instructor
Shift Hours

EVALUATION OF CLINICAL PERFORMANCE
Student's Name
Number of Clinical Sessions
Semester Year

This form is divided into two separate sections. Part A consists of a performance and conduct check list. Your clinical grade will be determined from this section. Part A has been divided into affective, psychomotor, and cognitive domains. Part B of the evaluation is a narrative section for student guidance in future rotations. Both portions must be completed by the clinical instructor(s) and discussed with the student during the evaluation.

This evaluation is intended to provide the student with definite feedback in the less concrete areas of clinical performance. Discussion of student progress with the instructor will aid in the formation of goals for the student and ultimately improve the student’s overall clinical performance.

PART A: SAFETY. The main focus of clinical evaluation is safety. All students must demonstrate that they consistently perform in a safe and conscientious manner in the clinical setting.

The following items are considered when determining if a student is safe:
1. Consistently checks physician orders before instituting therapy.
2. Consistently assures the patient's identity (with two forms of ID) before instituting therapy.
3. Closely monitors patients throughout administration of therapy.
4. Strictly follows standard precaution guidelines and techniques of asepsis.
5. Performs only assigned, authorized techniques and abides by departmental policies/procedures.
6. Reports safety hazards to the clinical instructor and always seeks the guidance of the clinical instructor when in doubt.
7. The student never jeopardizes the patient's safety in any way.
8. The student always accurately and truthfully completes written records.

All students must be considered safe to be able to continue on in clinical. Any failures must be accompanied by a written explanation on an attached sheet.

Pass Fail (circle) This student consistently performs assigned duties in a safe and conscientious manner.

CHECK LIST
The items that follow are typical elements on which respiratory therapists are evaluated. Each level (Excellent, Satisfactory, Marginal or Not Satisfactory) has been assigned a numerical value. Those items concerning direct patient care skills have been weighted more heavily. To determine a clinical grade, item levels earned by the student are totaled and multiplied by the factor 2.0 (this is done to ease the assigning of grades by basing the evaluation on 100%). If further explanation is required, consult the grading policy in the course outline or the Clinical Coordinator of the Respiratory Care Program.

NOTE: Ratings of "Marginal" or "Not Satisfactory" must be explained under comments or on an attached sheet.
AFFECTIVE DOMAIN

1. INITIATIVE
   ___(3 pts.) Excellent - the student always seems interested and exhibits the highest level of motivation. Always very willing to participate in clinical activities. Often volunteers. Free time is always utilized effectively. Demonstrates a desire to learn and seeks knowledge actively.
   ___(2 pts.) Satisfactory - the student generally seems interested, willing to learn and seems motivated. Willing to participate in clinical activities. Free time is usually utilized participating in pertinent activities.
   ___(1 pt.) Marginal - student interest is questionable. Sometimes reluctant to participate in clinical activities. Spare time is often not utilized to the fullest advantage.
   ___(0 pts.) Not Satisfactory - the student exhibits a lack of interest. Must be coaxed to participate in clinical events. Spare time is excessive and is not utilized effectively.

COMMENTS:

2. PROFESSIONAL CONDUCT (cross out non-applicable statements)
   ___(2 pts.) Excellent - the student exhibits the highest professional standards and respect for the hospital, patients/families, personnel, peers and clinical instructors. In all aspects of his/her daily performance the student exercises discretion and courtesy.
   ___(1 pt.) Satisfactory - occasionally exhibits less than optimal professional behavior/language and/or less than optimal respect for the hospital, patients/families, personnel, peers and/or clinical instructors, but not the degree that it would be considered unprofessional. The student exercises discretion and courtesy.
   ___(0 pts.) Not Satisfactory - the student displays unprofessional behavior/language and/or lack of discretion or courtesy (indicate specifically).

COMMENTS:

3. ATTENDANCE AND PUNCTUALITY
   ___(2 pts.) Satisfactory - follows established procedure for notifying the clinical instructor in case of impending tardiness or absence. Prompt arrangements are made with the Clinical Coordinator for make-up time.
   ___(0 pts.) Not Satisfactory - excessive tardiness or absenteeism. Student failure to notify the instructor of impending tardiness or absence according to clinical policies.

COMMENTS:
4. TEAMWORK - Works as Part of the Multidisciplinary Health Care Team.
   ____ (3 pts.) Excellent - the student establishes good working relationships by interacting effectively with physicians, peers, instructors and other health professionals at appropriate times. Often contributes appropriate suggestions regarding patient care plans.
   ____ (2 pts.) Satisfactory - working relationships with other members of the health care team are generally adequate. The student often interacts effectively with physicians, peers, instructors and other health care professionals at appropriate times. Appropriate suggestions regarding patient care plans are provided with prompting, but could be more thoughtful and/or complete.
   ____ (1 pt.) Marginal - the student has difficulty effectively interacting with other members of the health care team to establish adequate working relationships. Suggestions regarding patient care plans are often lacking, incomplete and/or inappropriate.
   ____ (0 pts.) Not satisfactory - the student is unable to interact effectively with other members of the health care team to establish any kind of working relationship. Suggestions regarding patient care plans are nonexistent and/or extremely inappropriate.

COMMENTS:

5. SELF-DIRECTION AND RESPONSIBILITY
   ____ (3 pts.) Excellent – the student is independent and self-directed at all times during clinical sessions. Assumes full responsibility for actions. Rarely requires direction or guidance.
   ____ (2 pts.) Satisfactory – the student is generally independent, self-directed and assumes responsibility for their actions. Occasionally requires direction and guidance.
   ____ (0 pts.) Not Satisfactory – the student is completely dependent on others during clinical sessions. Does not assume responsibility for actions. Requires constant supervision and direction.

COMMENTS:

6. PROFESSIONAL INVOLVEMENT
   ____ (3 pts.) Excellent – the student is actively involved in applicable professional organizations (AARC, NYSSRC), is a RC club officer or Advisory Committee student member. Attends/participates in 2 or more educational conferences/meetings that assist in professional development, continuing education, and/or volunteers time to community organizations that promote health and wellness (smoking cessation, asthma management education, etc.) outside of required clinical sessions.
   ____ (2 pts.) Satisfactory – the student is involved in an applicable professional organization. The student participates in at least one professional activity and/or volunteers time to a community organization outside of required clinical sessions.
   ____ (0 pts.) Not Satisfactory – the student does not participate in any professional organizations. Does not participate in any professional activities that would promote the profession or health and wellness outside of required clinical sessions.

COMMENTS:
7. RESPONSE TO CONSTRUCTIVE GUIDANCE

(4 pts.) Excellent - always willingly accepts and positively responds to learning directives and instructor guidance.

(3 pts.) Satisfactory - understands learning directives and attempts to carry out instructor suggestions.

(2 pts.) Marginal - although the student seems to listen to the instructor directives, suggestions are sometimes not implemented.

(0 pts.) Not Satisfactory - student seems indifferent or hostile in instructor interactions. Student's performance does not change in response to suggestions.

COMMENTS:

8. FACILITY IN DEALING WITH PATIENTS

(6 pts.) Excellent - patient introductions and instructions are always organized, understandable and complete. The student easily converses with the patient and gains the patient's confidence. Is always very attentive to the patient's feelings and needs. Is obviously in control of the therapy session.

(5 pts.) Satisfactory - patient introductions and instructions are generally adequate and complete. The student seems attentive to the patient's feelings and needs, and usually succeeds in gaining the patient's confidence.

(3 pts.) Marginal - has some difficulty establishing patient rapport. Patient introductions and/or instructions are at times confusing and/or incomplete. The student seems awkward in interactions with patients, sometimes resulting in lack of patient confidence in cooperation with the student.

(0 pts.) Not Satisfactory - student unable to establish patient rapport. The student seems not to be aware of or disregards the patient's needs and feelings. Patients often lack confidence in the student.

COMMENTS:

COGNITIVE & PSYCHOMOTOR DOMAINS

9. REPORT AT SHIFT CHANGE

(2 pts.) Excellent - clear, complete and organized report of pertinent events regarding patient care. Presentation includes the patient's primary medical diagnosis, as well as pertinent respiratory problem(s). Offers valuable suggestions or insight into the patient's clinical situation. Attention is given while others give report.

(1 pt.) Satisfactory - gives an accurate summary of patient status. Sometimes incomplete (leaving out non-critical items), not concise, and/or unorganized.

(0 pts.) Not Satisfactory - report is often incomplete, confusing, or includes irrelevant information. The student is often unaware of the patient's diagnoses/medical problems. Report of others is disregarded.

COMMENTS:
10. DOCUMENTATION

(4 pts.) Excellent - documentation of therapy in the medical record includes those items as defined by the MVCC charting policy and departmental requirements. The recording of therapy is done in a timely manner after therapy is completed. Charting is consistently complete, correctly spelled and accurately conveys the results of therapy. Student completes departmental records/paperwork and MVCC documentation (clinical logs) on time as required.

(3 pts.) Satisfactory - documentation usually complete and performed in a timely fashion. Occasional spelling errors. Occasionally unclear, not concise, and/or lacking non-critical items. Student completes departmental records/paperwork and MVCC documentation (clinical logs) on time as required.

(2 pts.) Marginal - documentation is sometimes incomplete, leaving out non-critical items. Charting responsibilities are sometimes delayed. Departmental or MVCC records are at times neglected/not completed in a timely fashion.

(0 pts.) Not Satisfactory - documentation is frequently inaccurate, lacking critical items and/or neglected/not completed in a timely fashion.

COMMENTS:

11. FACILITY IN DEALING WITH EQUIPMENT

(5 pts.) Excellent - consistently demonstrates an in-depth knowledge of equipment mechanics and operation. The student is always methodical and skillful in equipment assembly and handling. Always recognizes and effectively addresses equipment malfunction(s). Always follows up on equipment related problems.

(4 pts.) Satisfactory - the student exhibits an acceptable degree of dexterity in handling equipment. Knowledge of mechanics and operation of equipment is adequate. Recognizes equipment malfunctions and problems solves in an adequate manner.

(2 pts.) Marginal - the student sometimes has difficulty in equipment assembly and manipulation. Seems to have a haphazard/trial-and-error approach to equipment. Incomplete knowledge of equipment mechanics and operation. A lack of recognition of equipment malfunction or ability to address equipment problems is sometimes apparent.

(0 pts.) Not Satisfactory - the student is most often unable to assemble and/or manipulate equipment without assistance. Knowledge of equipment mechanics and/or operation is severely deficient. Unable to recognize or address equipment problems.

COMMENTS:
12. QUALITY OF WORK/WORK LOAD COMPETENCE

___(6 pts.) Excellent - the student consistently demonstrates obvious skill in performance of assigned tasks without assistance. Assignments (clinical and homework) are consistently complete and timely, using accepted standards and methods. Competently completes an above average sized work assignment independently.

___(5 pts.) Satisfactory - the student generally demonstrates acceptable skill in performance of assigned tasks. Assignments (clinical and homework) are usually completed in a timely fashion using accepted standards and methods. Competently completes an average sized work assignment with occasional guidance and/or assistance.

___(3 pts.) Marginal - the student is frequently unable to perform without instructor guidance or assistance. Assignments (clinical and homework) are sometimes incomplete and/or not completed in a timely fashion. Unacceptable techniques are at times utilized. Frequently unable to competently complete an average sized work assignment.

___(0 pts.) Not Satisfactory - the student does not possess the skills necessary for clinical performance. Assignments (clinical and homework) cannot be completed without instructor guidance/assistance and/or are not completed in a timely fashion. Frequently unable to competently complete a below average sized work assignment.

COMMENTS:

COGNITIVE DOMAIN

13. UNDERSTANDING THEORIES AND PRINCIPLES OF THERAPY

___(6 pts.) Excellent (average > 90%) - student has a broad, in-depth understanding of theories and principles (indications and contraindications) of various therapies and other relevant information. The student is capable of perceiving relationships and easily applies didactic knowledge in clinical situations.

___(5 pts.) Very Good (average 80-89%) - student has a good grasp of theories and principles of respiratory care. Is able to apply this knowledge clinically.

___(4 pts.) Satisfactory (average 70-79%) - student has an adequate grasp of essentials (basic theories and principles). Generally seems to apply this knowledge clinically.

___(3 pts.) Marginal (average 60-69%) - knowledge of theories and principles lacking. Has difficulty perceiving relationships and applying didactic knowledge clinically.

___(0 pts.) Not Satisfactory (average < 60%) - obvious deficiency in comprehension of basic theories and principles. Unable to relate knowledge to the clinical setting.

Quizzes ____________________________

Final Written Examination Grade ___________ Final Average ___________

Oral Exam or Clinical Scenario Grade ____________

Other ____________

COMMENTS:
Final Performance Evaluation Grade:
Total number of points from previous categories _______ x 2.0 = ________

PART B: NARRATIVE: Complete the questions by including explanatory comments that are clear, concise and specific.

1. The student's primary strengths in clinical performance are: (Be specific)

2. The student's primary weaknesses in clinical performance are: (Be specific)

3. Recommendation for improvement in clinical performance:

The clinical grade for this rotation has been recorded and will be kept on file by the Clinical Coordinator.

Student's Signature ____________________________

Instructor's Signature __________________________ Date ______________

At the conclusion of discussion of this evaluation, both the student and the instructor MUST sign in the space provided. Signing by the student does not require or indicate agreement with this evaluation, it merely signifies that the student has read and discussed this evaluation with the instructor. The student is invited to enter written comments at the time of the evaluation, and should understand that such comments will in no way affect future evaluations.

Student Comments:
CLINICAL ABSENCES AND TARDINESS FORM

Affiliate: ________________________________  Semester: ________________

Instructor: ______________________________  Rotation: ________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Student</th>
<th>Absent (A)</th>
<th>Tardy (T)</th>
<th>Reason Given</th>
<th>Was the proper notification given before the start of the shift?</th>
<th>Instructors Initials</th>
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MOHAWK VALLEY COMMUNITY COLLEGE
Respiratory Care Program

PHYSICIAN INSTRUCTION RECORD

Clinical Practice

Hospital

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN</th>
<th>SPECIALTY</th>
<th>APPROXIMATE DURATION</th>
<th>GENERAL TOPIC</th>
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MVCC Respiratory Care Program

Clinical Safety/Jeopardy Form

Student Name __________________________ Date incident occurred __________

Instructor Name _______________________ Clinical Affiliate ______________________

Detailed description of incident:

Remediation recommended:

Remediation instituted:

This incident qualifies as a CLINICAL JEOPARDY YES NO

This is Clinical Jeopardy #  1  2  3 for this student (please circle)

Student signature ______________________ Date __________________

Instructor signature ____________________ Date __________________

Clinical Jeopardy is defined as a clinical situation in which a student, by omission or incorrect actions, compromises the patient's physical and/or emotional safety, or is unprepared for the clinical practicum according to the clinical policies.

Three Clinical jeopardy situations in a semester will constitute a Clinical Failure. The outcome of the student receiving three clinical jeopardies constitutes a “F” in the course. This results in the student being unable to participate in any further clinical sessions.

Student Comments:
You have received a respiratory care treatment from a Mohawk Valley Community College Respiratory Care student. As part of an on-going assessment of the program and its students, patients who have been treated by students are randomly selected to complete a brief survey. This survey consists of straightforward questions and should only take a few minutes of your time. The results of this survey are utilized to make appropriate changes in the program, with the ultimate goal being to improve patient care. The Respiratory Care Instructor who gave you this survey will pick it up before the end of the day. Thank you for your assistance.

Student Name ___________________________ Date ___________________

Please circle the appropriate answer.

1. Did the Respiratory Care student introduce him/herself upon entering your hospital room?  
   Yes       No

2. Did the Respiratory Care student identify him/herself as a MVCC Respiratory Care student?  
   Yes       No

Please answer the following questions by circling the appropriate rating for each.

The rating scale is as follows:


1. The student's ability to communicate effectively was:  
   5.  4.  3.  2.  1.

2. The student's professional appearance was:  
   5.  4.  3.  2.  1.

3. The student's professional conduct was:  
   5.  4.  3.  2.  1.

4. The overall care you received from this student was:  
   5.  4.  3.  2.  1.

In the space below, please feel free to add any comments you may have about the student or the treatment you received.

Thank you for your time.


MOHAWK VALLEY COMMUNITY COLLEGE
Respiratory Care / Health Services

Student Clinical Progress Form
(Two Student Clinical Progress form completions will result in a Clinical Jeopardy)

Student __________________________ Date __________

Instructor __________________________

I. Initiator of Conference: _____Faculty Requested _____Student Requested

II. Focus of this conference, to evaluate and clarify the student’s:

_____ Clinical Progress _____ Illness _____ Interpersonal

_____ Health Form Requirements _____ Missing Assignments _____ Tardiness

_____ Failure to Complete Clinical Assignments _____ Other

III. Reason/situation basis for conference:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

IV. Student’s Explanation of Events:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

V. Student’s Proposed Action Plan:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

VIII. Agreement reached? _____Yes _____No

Specify:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student’s Signature __________________________ Date __________

Faculty’s Signature __________________________ Date __________

Revised 1/09
MVCC Respiratory Care Program
Medical Record Research Guide

Name: ___________________________ Date: _______________________

This guide is meant to help you locate pertinent information from patient charts. The starred items should be looked at before starting treatment on a patient.

★ Patient Initials:
★ Age: ★ Gender:

★ Date of Admission:

★ Admitting Diagnosis:

★ Pertinent Diagnosis:

★ Vital Signs: (most recent ranges of)
  Temperature:
  Pulse:
  RR:
  BP:
  Wgt:
  I&O (wet or dry):

★ Physician Orders:

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<tr>
<th></th>
<th>Date</th>
<th>Order</th>
<th>Doctor</th>
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<tbody>
<tr>
<td>Current Respiratory Treatments</td>
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<tr>
<td>Oxygen Therapy</td>
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<td></td>
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<tr>
<td>Previous Respiratory Treatments</td>
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</table>

★ Pertinent medications that affect the cardio-respiratory system:

★ Chest X-rays and/or CT scan(s)
  Date:
  Results:

2012
**Laboratory Tests**

<table>
<thead>
<tr>
<th>Hematology Date</th>
<th>Abnormal Chemistry Date &amp; Values</th>
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<tr>
<td>Differential</td>
<td>Theophylline Level &amp; Date</td>
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<td>Hb</td>
<td>Sputum Culture/ Date</td>
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<tr>
<td>Hct</td>
<td>Other Cultures/Date</td>
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**ABG Results**

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<th>FIO₂</th>
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Calculate A-aDO₂: CaO₂:

EKG Date & Results: Biopsies:

**History and Physical** (pertinent cardiopulmonary information) (ex. chief complaint, smoker - determine pack years, COPD, Asthma, Shortness of breath, Sputum production, previous hospitalizations,)

**Surgery Report**

Date: Surgery performed:

**Physician Progress Notes** (and other pertinent medical professional notes)

**Respiratory Notes:**

Why were respiratory therapy treatments ordered for this patient?

What are the goals/objectives of the respiratory treatments?

What suggestions or changes in respiratory treatments would you recommend?

Other Pertinent information:
### Adult Mechanical Ventilator Calculations Flowsheet

**MVCC Respiratory Care Program**  
**Date:** [ ]  
**Name:** [ ]  

**Patient Name:** [ ]  
**Sex:** [ ]  
**Age:** [ ]  
**Diagnosis:** [ ]  

**Height** [ ] inches  
**Actual Body Weight** [ ] lbs  
**Kg**  
**Ideal Body Weight** [ ] lbs  
**Kg**  

**Ventilator** [ ]  
**Tubing Compliance Factor** [ ] ml/cm H2O  
**Physician:** [ ]  

**Tube:** [ ] Trach [ ] Oral ETT [ ] Nasal ETT  
**Size** [ ] mm ID  
**Sx Cath. Size** [ ] FR  
**Insertion Depth** [ ] cm  

**Date intubated orotracheal:** [ ]  
**Number of days on ventilator:** [ ]

<table>
<thead>
<tr>
<th>Mode</th>
<th>FiO2</th>
<th>Machine and Patient Breaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Set</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate</th>
<th>I:E Ratio</th>
<th>Trigger</th>
<th>Deadspace</th>
<th>Ventilation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set f bpm</td>
<td>Spont. f bpm</td>
<td>Total f bpm</td>
<td>Set Ti</td>
<td>Act. or Set I:E ratio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pressure Measurements and Adjustments</th>
<th>Apnea Ventilation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow Waveform</td>
<td>PEEP1 cm H2O</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lung Compliance</th>
<th>Airway Resistance</th>
<th>Airway Temp</th>
<th>Cuff</th>
<th>Other Respiratory Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLDynamic ml/cm H2O</td>
<td>CLStatic ml/cm H2O</td>
<td>Rseps cm H2O/L/sec</td>
<td>Ce</td>
<td>Inflation Technique</td>
</tr>
</tbody>
</table>

**ALARMS**

<table>
<thead>
<tr>
<th>High Pressure cm H2O</th>
<th>Low Pressure cm H2O</th>
<th>PEEP/CPAP cm H2O High</th>
<th>Mach. Vte mL High</th>
<th>Spont Vte mL High</th>
<th>Vg LPM High</th>
<th>Rate Bpm High</th>
<th>Oxygen % High</th>
<th>Low</th>
<th>Low</th>
</tr>
</thead>
</table>

**Routine Maintenance**

|------------------------|-------------|------------------------|------------------------|--------------|-----------|-------------------------------|-------------------|--------|

**Arterial Blood Gases**

<table>
<thead>
<tr>
<th>pH</th>
<th>PaO2 torr</th>
<th>PaCO2 torr</th>
<th>HCO3⁻ mEq/L</th>
<th>BE mEq/L</th>
<th>SaO2 %</th>
</tr>
</thead>
</table>

| Hgb gm% | Hct % | P50O2 torr | SfO2 % | P4O2 torr | a/A | A-aDO2 torr | PaO2/FiO2 | CaO2 vol% | CFIO2 vol% | C(a-v)O2 vol% |
|---------|--------|-----------|--------|----------|-----|-------------|---------|---------|---------|-----------|----------------|

<table>
<thead>
<tr>
<th>Qt LPM</th>
<th>O2 Delivery ml O2/min.</th>
<th>O2 Consumption ml O2/min.</th>
<th>Qs/Oa %</th>
<th>CVP mmHg</th>
<th>Palmon. Art. Press. mm Hg</th>
<th>PCWP mmHg</th>
<th>PCO2 torr</th>
<th>PtcO2 torr</th>
<th>Vg/Vt %</th>
</tr>
</thead>
</table>

**Spontaneous Weaning Mechanics**

<table>
<thead>
<tr>
<th>Vg LPM</th>
<th>f = kpm</th>
<th>Spont. Vt = ml</th>
<th>VC = ml</th>
<th>MIP = cm H2O</th>
<th>f/Vt =</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Interpretation of ABGs**

**Recommended Adjustments**
# Respiratory Care Program

<table>
<thead>
<tr>
<th>SUBJECTIVE</th>
<th>OBJECTIVE</th>
<th>ASSESSMENT</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Initials</td>
<td>RM</td>
<td>VS:RR</td>
<td>HP.</td>
</tr>
<tr>
<td>DOB: Age DOA</td>
<td>Temp:</td>
<td>Antipyretic: Y N</td>
<td></td>
</tr>
<tr>
<td>Admitting Dxs</td>
<td>Inspection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertinent Dxs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending:</td>
<td>Palpation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC:</td>
<td>Percussion:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPI:</td>
<td>Auscultation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMH:</td>
<td>CXR:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SH: Smoker</td>
<td>Y N</td>
<td>PFT's:</td>
<td></td>
</tr>
<tr>
<td>PK Years: Quit: Y N</td>
<td>Cough/SX:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ETOH:</td>
<td>Y N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OH:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fh:</td>
<td>ABG's/VEBG's:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective</td>
<td>SP02:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H/H:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T + O:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTT: Y N</td>
<td>Air Leak: Y N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Drainage: mls</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway: ENT/NTrach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size:</td>
<td>Taped:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rev. 11/2/99 Patient Assessment Form
<table>
<thead>
<tr>
<th>OBJECTIVE CLINICAL DATA (examples)</th>
<th>ASSESSMENTS (cause of objective clinical data)</th>
<th>PLAN (physician ordered) (common treatment selections)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td>Bronchospasm</td>
<td>Bronchodilator Tx</td>
</tr>
<tr>
<td>Inspiratory stridor</td>
<td>Laryngeal edema</td>
<td>Cool mist</td>
</tr>
<tr>
<td>Rhonchli</td>
<td>Secretions in large airways</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>Crackles</td>
<td>Secretions in distal airways</td>
<td>Treat underlying cause — e.g., CHF</td>
</tr>
<tr>
<td>Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong cough</td>
<td>Good ability to mobilize secretions</td>
<td>None</td>
</tr>
<tr>
<td>Weak cough</td>
<td>Poor ability to mobilize secretions</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>Secretions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount: &gt; 30 ml/24 hrs.</td>
<td>Excessive bronchial secretions</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>White and translucent sputum</td>
<td>Normal sputum</td>
<td>None</td>
</tr>
<tr>
<td>Yellow/opaque sputum</td>
<td>Acute airway infection</td>
<td>Treat underlying cause</td>
</tr>
<tr>
<td>Green sputum</td>
<td>Old, retained secretions and infections</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>Brown sputum</td>
<td>Old blood</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>Red sputum</td>
<td>Fresh blood</td>
<td>Bronchial hygiene Tx</td>
</tr>
<tr>
<td>Frothy secretions</td>
<td>Pulmonary edema</td>
<td>Treat underlying cause — e.g., CHF</td>
</tr>
<tr>
<td>Alveoli</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchial breath sounds</td>
<td>Atelectasis</td>
<td>Hyperinflation Tx</td>
</tr>
<tr>
<td>Dull percussion note</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opacity on chest x-ray</td>
<td>Consolidation</td>
<td></td>
</tr>
<tr>
<td>Restrictive PFT values</td>
<td>Infiltrates</td>
<td></td>
</tr>
<tr>
<td>Depressed diaphragm on x-ray</td>
<td>Hyperinflation</td>
<td>Treat underlying cause</td>
</tr>
<tr>
<td>Pleural space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperresonant percussion note</td>
<td>Pneumothorax</td>
<td>Evacuate air</td>
</tr>
<tr>
<td>Dull percussion note</td>
<td>Pleural effusion</td>
<td>Evacuate fluid</td>
</tr>
<tr>
<td>Thorax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paradoxical movement of the chest wall</td>
<td></td>
<td>Mechanical ventilation — e.g., asthma</td>
</tr>
<tr>
<td>Barrel chest</td>
<td>Airtapping (hyperinflation)</td>
<td>Treat underlying cause</td>
</tr>
<tr>
<td>Posterior and lateral curvature of spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial Blood Gases — Ventilatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH T, PaCO₂ ↑, HCO₃⁻ ↓</td>
<td>Acute alveolar hyperventilation</td>
<td>Treat underlying cause</td>
</tr>
<tr>
<td>pH N, PaCO₂ ↓, HCO₃⁻ ↑↑</td>
<td>Chronic alveolar hyperventilation</td>
<td>Generally none</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ T, HCO₃⁻ ↑↑</td>
<td>Acute ventilatory failure</td>
<td>Mechanical ventilation — e.g., asthma</td>
</tr>
<tr>
<td>pH N, PaCO₂ T, HCO₃⁻ TT</td>
<td>Chronic ventilatory failure</td>
<td>Low flow oxygen, bronchial hygiene</td>
</tr>
<tr>
<td>Sudden Ventilatory Changes on Chronic Ventilatory Failure (CVF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH T, PaCO₂ ↑, HCO₃⁻, PaO₂ ↓</td>
<td>Acute alveolar hyperventilation on CVF</td>
<td>Treat underlying cause</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ T, HCO₃⁻, PaO₂ ↓</td>
<td>Acute ventilatory failure on CVF</td>
<td>Mechanical ventilation — e.g., asthma</td>
</tr>
<tr>
<td>Metabolic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH T, PaCO₂ N or T, HCO₃⁻, PaO₂ N</td>
<td>Metabolic alkalosis</td>
<td>Give potassium — Hypokalemia</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ N or ↓, HCO₃⁻, PaO₂ ↓</td>
<td>Metabolic acidosis</td>
<td>Give chloride — Hypochloremia</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ N or ↓, HCO₃⁻, PaO₂ N</td>
<td>Metabolic acidosis</td>
<td>Give oxygen — Lactic acidosis</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ N or ↓, HCO₃⁻, PaO₂ N</td>
<td>Metabolic acidosis</td>
<td>Give insulin — Ketoadicosis</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ N or ↓, HCO₃⁻, PaO₂ N</td>
<td>Metabolic acidosis</td>
<td>Renal therapy</td>
</tr>
<tr>
<td>Indication For Mechanical Ventilation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH T, PaCO₂ ↑, HCO₃⁻, PaO₂ ↓</td>
<td>Impending ventilatory failure</td>
<td>Mechanical ventilation</td>
</tr>
<tr>
<td>pH ↓, PaCO₂ T, HCO₃⁻, PaO₂ ↓</td>
<td>Ventilatory failure</td>
<td></td>
</tr>
<tr>
<td>pH ↓, PaCO₂ T, HCO₃⁻, PaO₂ ↓</td>
<td>Apnea</td>
<td></td>
</tr>
<tr>
<td>Oxygenation Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PaO₂ &lt; 80 mm Hg</td>
<td>Mild hypoxemia</td>
<td>Oxygen Tx and treat underlying cause</td>
</tr>
<tr>
<td>PaO₂ &lt; 60 mm Hg</td>
<td>Moderate hypoxemia</td>
<td>Oxygen Tx and treat underlying cause</td>
</tr>
<tr>
<td>PaO₂ &lt; 40 mm Hg</td>
<td>Severe hypoxemia</td>
<td>Oxygen Tx and treat underlying cause</td>
</tr>
<tr>
<td>Oxygen Transport Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>↑PaO₂, anemia, ↑ cardiac output</td>
<td>Inadequate oxygen transport</td>
<td>Oxygen Tx and treat underlying cause</td>
</tr>
</tbody>
</table>