

Respiratory  
Care



**MVCC**

**RESPIRATORY  
CARE PROGRAM  
STUDENT HANDBOOK  
2024-2025**

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# Welcome to Respiratory Care at MVCC!

Dear Respiratory Care Student,

Welcome to Mohawk Valley Community College and the Respiratory Care Program, either as a new or returning student. The MVCC Respiratory Care Program has been educating respiratory practitioners since 1974. It is our intent that upon graduation from the AAS Respiratory Care Program that you will be a skilled and competent clinician who is prepared to pass the national credentialing examinations and assume employment as a safe entry level respiratory therapist. The purpose of this handbook is to serve as a guide as you progress through the AAS Respiratory Care curriculum. We encourage you to use this manual as a supplement to the College Catalog, the MVCC Student Handbook and the specific respiratory care course syllabi. All information listed within this booklet is particular to the MVCC Respiratory Care Program; it is your responsibility to be familiar with the information contained within. The handbook is designed to provide you easy access to program information/policies and to make you aware of how the program functions.

Respiratory Care is an exciting, challenging and sometimes stressful allied health field. We offer you a few suggestions that will enhance your learning (and ultimately your success in the program) with the goal of helping you become an effective respiratory therapist post-graduation. Keep an open mind and be receptive to suggestions; take an active role in the learning process; come prepared to lectures/labs/clinical; maintain a positive attitude; stay focused on the task at hand; and care about your learning, your patients, other health professionals, your peers and your faculty. The faculty and staff are here to assist and guide through the program and are eager to help you reach your potential as a health professional.

You are invited to meet with us at any time to discuss issues related to your status in the program. You are also encouraged to use the many resources available to you at the college and at the clinical affiliates. The respiratory care faculty, adjunct clinical instructors and staff wish you success as you participate in the clinical portion of the respiratory care curriculum. If you have questions and/or concerns as you proceed through our program, please make an appointment to see the Program Coordinator, Clinical Coordinator or respiratory care faculty member. Clear communication is the foundation to good patient care as well as a sound education.

Pursuing a career as a respiratory therapist demonstrates your desire to make a difference in the lives of others. We wish you fulfillment in your journey ahead and hope to exceed your expectations from your MVCC experiences. Study hard and good luck.

Sincerely,

John Ringlehan, BS RRT  
Assistant Professor  
Program Director  
Program Coordinator

Michael Brown, BS RRT  
Assistant Professor  
Director of Clinical Education  
Clinical Coordinator

# Emergency Closing Information

Hazardous winter weather and other emergencies occasionally make it necessary to close college facilities or to cancel classes. Closing announcements will be provided to the following local radio and television stations:

## Internet

[mvcc.edu](http://mvcc.edu)

## Telephone

MVCC Main Telephone: (315) 792-5400

## Radio (AM)

- WTLB (1310)
- WRNY (1350)
- WRCK (1480)
- WIBX (950)
- WUTQ (1550)
- WLFH (1230)

## Radio (FM)

- WKLL (94.9)
- WUSP (95.5)
- WSKS (97.9)
- WLZW (98.7)
- WOUR (96.9)
- WFRG (104.3)
- WUTQ (100.7)WXUR (92.7)

TV	Utica Cable	Rome Cable	Valley Cable
WKTV (CH 2)	4	2	2
WUTR (CH 20)	7	11	6
WTVH (CH 5)	5	12	5

- Daytime closing/cancellation information will be provided to stations by approximately 6 a.m. when possible.
- Evening closing/cancellation information will be provided to stations by approximately 3 p.m., when possible.
- A recorded message will also be sent from MVCC to all students, faculty & Staff in the event of a closing.
- A message about college closings will be on the MVCC home web page: [mvcc.edu](http://mvcc.edu)

# Mohawk Valley Community College Expectations

## What we expect from our students

- Honest
- Appreciation
- Respect
- Civility
- Politeness
- Patience

## What you can expect from us in return:

- A quality education
- Politeness
- Patience
- Honesty
- Fairness
- Respect
- Quality service
- Civility

The College expects the conduct of each student to be marked by politeness, common sense, and respect for others. Mohawk Valley Community College is built on cooperation, friendliness and integrity where all parties take an active part in working together to provide the best possible education.

## 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.

## 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.

## 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.

## 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:

<https://www.mvcc.edu/title-ix/>

## General Information

1. The Respiratory Care Program is part of the Health Sciences (HLTS).
2. The Respiratory Care Program offices are located on the first floor of the Academic Building on the Utica Campus (AB 105).
3. The Health Sciences Office phone number is (315) 792-5375.
4. The Vice President of Learning and Academic Affairs is Dr. Lewis Kahler. His Office is PH 395, phone: (315) 792-5301, email: [klahler@mvcc.edu](mailto:klahler@mvcc.edu).
5. The Health Sciences Program Dean is Melissa Copperwheat. Her office is AB 113, phone: (315) 792- 5499, email: [mcopperwheat@mvcc.edu](mailto:mcopperwheat@mvcc.edu).
6. The Respiratory Care Laboratory is located in the Academic Building AB 102. The lab hours for each semester are posted inside and outside the lab. A program bulletin board is located outside the lab, please monitor it frequently for notices and information.
7. Respiratory Care student mailboxes are located in the Respiratory Care Laboratory (AB102). Corrected exams, quizzes and classes handouts may be placed in the mailboxes, if students are not present in class when distributed. Lab skill testing packets are kept in mailboxes so they are readily available for skill testing evaluation.
8. The Utica campus Health Professions Department Computer Laboratory is located in the Academic Building room 103.
9. The Respiratory Care Program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC) (most recently in 2019 for ten years, until 2029). The MVCC AAS Respiratory Care Program CoARC number is 200446. The re-accreditation site visit will occur early in the Spring 2019 semester.

CoARC  
P.O. Box 54876,  
Hurst, Texas 76054-4876  
817-283-2835  
[coarc.com](http://coarc.com)

10. MVCC's website is: [mvcc.edu](http://mvcc.edu)
11. The Respiratory Care Program website is: <https://www.mvcc.edu/academics/health-sciences/respiratory-care/index.php>

# Respiratory Care Program Personnel

## **Program Coordinator**

John Ringlehan, BS RRT

Office – Academic Building 105

Office Phone # 315-792-5664, Cell phone # 315-534-5127

Work e-mail: jringlehan@mvcc.edu

## **Clinical Coordinator**

Michael Brown, BS RRT

Office - Academic Building 105

Office Phone # 315-792-5671, Cell phone # 315-404-9168

Work e-mail: mbrown2@mvcc.edu

## **Medical Director**

Muhammad Ali, MD

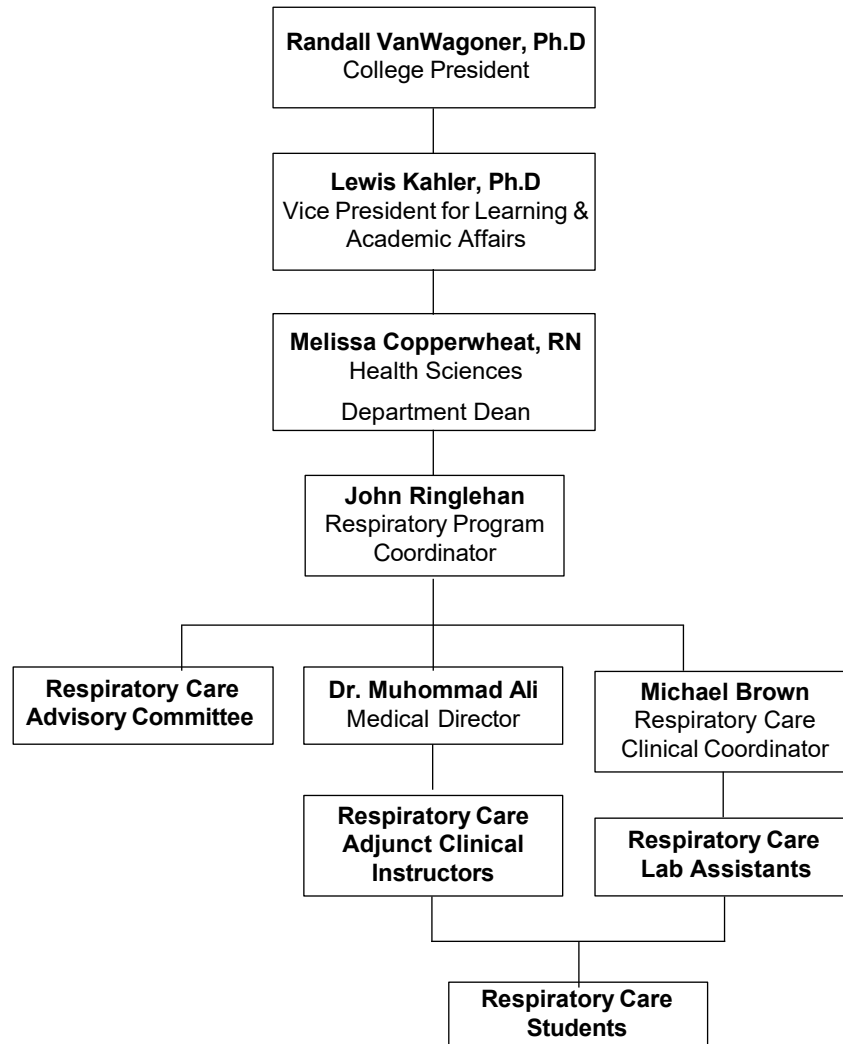
Full-time faculty provide 5 office hours per week for student consultation. Office hours are posted by each faculty on their office door and are distributed to students at the beginning of each semester. It is the student's responsibility to arrange time to see a faculty member during office hours for advisement.

# Respiratory Care Program Chain of Command

All respiratory care students 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 student has 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's 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 (M. Copperwheat—PH349). If the problem/concern/complaint remains, the student should then consult with the Vice President of Learning and Academic Affairs, Dr. Lewis Kahler, PH395.

Failure to follow this chain of command will result in an academic counseling form being completed because of the lack of professionalism.





# Program CoARC Goals, Standards and Evaluation Systems 2023

## Program Goals

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

## Program Cost Estimate for 2024-2025 Academic Year

### College Fees

Tuition costs for first year of program (approx..)	\$4,870
Tuition costs for year two (AAS program)	\$4,870
Laboratory fee	\$150 (per year)
Technology fee	\$530 (per year)
Student activity fee	\$244 (per year)
Liability insurance	\$30 (per year)
RC233 fee (Kettering Review)	\$325
SAE exams	\$130
Subtotal (approximately)	\$12,043 (for 2 years)

Physical exam and certain immunizations are required prior to entering clinical each year at the student's expense (Mantoux testing, Hepatitis B and Tetanus immunizations, MMR documentation, seasonal flu shot, Rubella/Rubeola/Mumps/Varicella titers). These costs are NOT included.

### Clinical materials and related costs

(items available at the MVCC Bookstore are labeled with MVCC after the item)

Student name pin (MVCC)	\$10-\$20
Stethoscope (MVCC)	\$100
Wrist watch with second hand	\$25
Clip and lanyard for student ID (MVCC)	\$10
Safety goggles for hospital use	\$6-\$20
Bandage scissors/hemostats	\$10
Pocket calculator (MVCC)	\$10
Clinical uniform: Scrubs	\$100 (per set)
Clinical uniform: White lab coat (optional)	\$30-\$35
Clinical uniform: Sneakers for hospital use	\$50
Attendance at clinical seminars	\$100
Parking and transportation fees at clinical sites	\$300
Subtotal (approximately)	\$770 (for two years)

**Total estimated cost = \$12,813 for two years of study in the A.A.S. Respiratory Care Program**

Books and supplies for two years of the respiratory care program are an additional \$1,500-2,500.

- Costs may not be all inclusive
- Additional fees are required for students out of sequence who require proficiency skill testing

## **Program Graduation Requirements**

In order to receive an A.A.S. degree, the respiratory care student must:

1. 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, RC214, RC233, RC215, RC234, BI216, BI217);
2. Receive at least a passing grade ("D" or better) in all other required courses;
3. Take the AMP Therapist Multiple Choice (TMC) and Clinical Simulation Self-Assessment Exams (SAEs) (cost \$30-70 each);
4. Take the Kettering National Review Seminar (approximate cost \$325) while enrolled in Clinical Practicum 3 (RC233);
5. Attain at least a 2.00 cumulative grade point average in the A.A.S. program at the time of graduation; and

### **Program Exit Meeting, If Leaving Prior to Graduation**

Students leaving the Respiratory Care Program before graduation requirements are met, need to see a respiratory advisor to complete a program exit meeting. During the meeting, the student will complete written documentation outlining their reason for leaving the program (personal, academic, health related, financial, etc.).

## **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, Health Professions Program Associate Dean, the program Medical Director, 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 community member, 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.

## **Respiratory Care Club**

Student Congress allows for the formation of clubs of specific interest on campus. The Respiratory Care Club has been in existence for more than two decades. The club elects officers (usually second year students) to organize club activities and submit budget requests to Student Congress. Club funds help to finance club meetings, attendance at respiratory conferences, guest lectures and a graduation celebration at the conclusion of the program.

## **Respiratory Care Student Mentors**

At the beginning of the academic year, each freshman student is assigned a second year student as their mentor. A "Meet Your Mentor" gathering occurs in the Respiratory Care Lab each fall to introduce freshman respiratory students to their second year mentor and allow them to exchange e-mail addresses/phone numbers for easy communication/contact. The Mentor/Mentee program was developed in 2003 and provides first year students an experienced student contact to advise and guide them as they progress through the first year of the program. The mentor program was designed as a supplementary resource to improve retention in the first year of the Respiratory Care Program.

## Testing Policies for the Respiratory Care Program

1. All book-bags, purses, cell phones, smart watches, and any digital picture taking devices will be deposited at the front of the room upon entering the classroom during testing. You will only be allowed a pencil, pen, and an approved calculator at your desk during the exam. Scrap paper will be provided.
2. Seating will be assigned by the instructor.
3. All calculators must be an approved type (not programmable or scientific) as determined by the faculty. Approved calculators include the simple Texas Instruments or the Sharp calculator sold in the MVCC Bookstore.
4. Cell phones must be turned off and stored with your other belongings during the test/quiz (not on your person).
5. If you have a question regarding the exam, raise your hand and the instructor will come to you.
6. Standing or walking around during the exam is prohibited.
7. When you have finished the exam, bring it to the instructor. After collection of the exam you should leave the room.
8. Talking/whispering during the exam is considered cheating.
9. Keep your eyes on your own exam/quiz during testing.
10. There is zero tolerance for any and all cheating. Cheating is a serious breach of ethical and professional conduct and will not be tolerated. Any cheating will result in a grade of zero on the quiz/test/exam. The consequences of cheating may result in the dismissal from the class and/or the program.

This policy is in addition to and compliments the college policies on academic integrity, disciplinary procedures, academic complaint policy and student grievance procedures outlined in the MVCC Student Handbook.

## Respiratory Care Career Description

Respiratory Care is an allied health profession involved in caring for patients with a vast number of diseases affecting the cardio-pulmonary system. Included among these are emphysema, chronic bronchitis, asthma, cystic fibrosis, pneumonia, croup, epiglottitis, sleep apnea, cancer, heart disease, neuromuscular diseases and many occupationally-related lung diseases. In addition, respiratory therapists also assist patients following surgery and those who are victims of physical trauma.

Respiratory therapists perform patient assessment and recommend, deliver, monitor and evaluate therapeutic/diagnostic respiratory care services. Therapeutic techniques include administration of oxygen, delivery of medications into the lungs/airways, lung expansion therapy, bronchial hygiene, and the initiation, maintenance, monitoring, and weaning from sophisticated ventilation systems in critical, acute and chronic care areas. Respiratory therapists are also involved in diagnostic testing, rehabilitation procedures, patient education and disease prevention/health promotion programs (including smoking prevention/cessation; asthma and COPD management programs). In short, respiratory therapists are involved and important members of the health care team, working closely with doctors, nurses, and other health care professionals in providing essential and at times life-saving care to patients across the life span.

## Professional Organization Involvement

All the MVCC respiratory faculty are members of the American Association for Respiratory Care (AARC), the national professional organization. Students are strongly encouraged to become student members of the AARC (\$25/year). Student membership provides online access to the AARC Times magazine and Respiratory Care (the professional scientific journal), that highlights topics of interest to respiratory therapists and other health professionals interested in cardio-pulmonary medicine. Program graduates are strongly encouraged to maintain their AARC membership post-graduation by paying an annual AARC membership fee to be true medical professionals.

## Program Design

The Respiratory Care Program began at MVCC in 1974 and has graduated over 550 respiratory practitioners.

Since August 2002, the MVCC Respiratory Care Program has offered an AAS degree option only. Prior to August 2002, a one year certificate was also offered at MVCC. Mandates from the Commission on Accreditation for Respiratory Care (CoARC) and the National Board of Respiratory Care (NBRC) now require that all respiratory care programs provide an AAS degree as a minimum for graduates to be eligible to take national credentialing exams. Previous Certificate program graduates are welcome and encouraged to return to complete A.A.S. degree requirements to become registry eligible.

The A.A.S. degree involves four semesters of entry level course work, plus a 6 week summer session. A.A.S. graduates are eligible to take a series of computer-based national examinations that lead to the Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) credentials, depending on the exams completed successfully. The job responsibilities assigned to individuals with the CRT and RRT credentials vary depending on the hospital or health agency where graduates are employed.

The MVCC Respiratory Care Program provides education in all areas of respiratory care including routine therapeutic services; patient assessment and monitoring; neonatal/pediatric/adult routine, emergent, chronic and critical care; pulmonary function and other diagnostic testing; hemodynamic and sleep monitoring; smoking cessation; patient education regarding disease management, homecare and cardiopulmonary rehabilitation. Clinical sessions are offered at seven hospital affiliates to provide a wide variety of experiences to prepare graduates to pass the national credentialing exams post-graduation and work as safe and competent respiratory therapists at health facilities across the nation.

## Credentialing and Licensure

The MVCC Respiratory Care Program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). A.A.S. Respiratory Care Program graduates are eligible to take the National Board of Respiratory Care (NBRC) Therapist Multiple Choice (TMC) and Clinical Simulations Exams. Passage of the TMC NBRC exam at the lower passing threshold allows individuals to earn the Certified Respiratory Therapist (CRT) credential and practice as a Respiratory Therapy Technician (RTT) in New York State. Passage of the TMC NBRC exam at the higher threshold allows for progression to the Clinical Simulation exam and with passage allows individuals to earn the Registered Respiratory Therapist (RRT) credential and practice as a Respiratory Therapist (RT) in New York and most other states.

Students are required to take two Self-Assessment Exams (SAEs) before graduating from the A.A.S. program (costing \$30-60 each). Taking SAEs exposes students to the level of difficulty and comprehensiveness of actual credentialing exams and is required by all respiratory care students. SAE reports identify areas of strength and weakness to assist individuals in preparing for actual credentialing exams taken post-graduation.

Graduation from the MVCC Respiratory Program does not guarantee passage of the national licensure exams offered by the NBRC. Passage of national credentialing exams is necessary to receive a license to practice as Respiratory Therapy Technicians and Respiratory Therapists in New York and most other states. New York State Licensure is accomplished by completing New York State Education Department documents through the Office of the Professions and paying applicable fees. A NYS licensing application is provided and explained at the end of the MVCC A.A.S. Respiratory Care Program. Passage of national credentialing exams is required for all states that have licensure laws for respiratory therapists. If the applicant for licensure has charges pending or has been convicted of a felony and/or misdemeanor, a license may be delayed or denied by the Board of Registration despite passing the NBRC credentialing exams. All candidates are screened for charges and the outcomes of the candidate being awarded a license is determined by the New York State (or applicable state) Department of Education Office of the Professions.

# Respiratory Care Graduate Performance on National Credentialing Exams

(as of 11/1/23)

Program outcomes available at: [coarc.com/47.html](http://coarc.com/47.html)

Graduation Year	Passed CRT Exam	Passed CSE Exam	# of RRTs
2023-15 grads	13 of 14 = 93%	12 of 13 = 92%	12
2022-13 grads	12 of 13 = 92%	11 of 12 = 92%	11
2021-16 grads	16 of 16 = 100%	14 of 15 = 93%	14

CRT – Certified Respiratory Therapist Exam (Therapist Multiple Choice exam at lower cut score)

CSE – Clinical Simulation Exam

RRT – Registered Respiratory Therapist

## MVCC Respiratory Care Program Graduate Job Placement

A.A.S. prepared respiratory therapists generally have excellent marketability and earning potential. The MVCC Respiratory Care Program boasts 100% job placement within 12 months of graduation for the past 10 years for those graduates pursuing work. As of November 1, 2024, 12 of the 12 (100%) eligible June 2023 graduates and 11 of 11 (100%) eligible June 2021 graduates are employed in respiratory positions.

## National Professional Organizations

1. AARC – American Association for Respiratory Care ([aarc.org](http://aarc.org)): National professional society for respiratory therapists across the United States devoted to helping therapists develop and grow.
2. CoARC - Commission on Accreditation for Respiratory Care ([coarc.com](http://coarc.com)): Agency responsible for establishing standards and assuring adherence to educational mandates for respiratory care programs across the United States through accreditation services.
3. NBRC – National Board of Respiratory Care ([nbrc.org](http://nbrc.org)): Voluntary health certifying board to evaluate the competence of respiratory therapists, pulmonary function technologists, neonatal/pediatric respiratory care specialists and sleep disorder respiratory care specialists.

Agency that prepares and conducts examinations to test the qualifications of candidates for certification and registration on defined areas of respiratory care. These include exams for: Certified Respiratory Therapists, Registered Respiratory Therapists, Neonatal/Pediatric Respiratory Care Specialists, Certified and Registered Pulmonary Function Technologists, Sleep Disorder Specialty Testing and Adult Critical Care Specialty Testing.



# Curriculum Display

Curriculum Code #49)

Year 1	Fall Semester Courses	Class	Practicum	Credits
EN101	English 1: Composition (b)	3 hrs/wk		3.0
BI216	Human Anatomy and Physiology 1 (a)	3 hrs/wk	3 hrs/wk	4.0
CF100	College Foundations Seminar (b)	1 hrs/wk		1.0
RC101	Basic Science for Respiratory Care* (a)	2 hrs/wk		2.0
RC103	Cardiopulmonary Pharmacology (a)	3 hrs/wk		3.0
RC111	Principles of Respiratory Care 1 (a)	3 hrs/wk	3 hrs/wk	4.0

**Total Credits: 17**

Year 1	Spring Semester Courses	Class	Practicum	Credits
BI217	Human Anatomy and Physiology 2 (a)	3 hrs/wk		4.0
RC112	Principles of Respiratory Care 2 (a)	3 hrs/wk		4.0
RC115	Cardiopulmonary Diseases (a)	3 hrs/wk		3.0
RC131	Clinical Practicum 1 (a) (135 clinical hours)	9 hrs/wk	3 hrs/wk	3.0

**Total Credits: 14**

Year 2	Fall Semester Courses	Class	Practicum	Credits
EN102	English 2: Ideas & Values in Literature (b)	3 hrs/wk		3.0
MA108	Concepts in Math <b>OR</b>	3 hrs/wk		3.0
MA110	Elementary Statistics	3 hrs/wk		3.0
RC213	Principles of Respiratory Care 3 (a)	1 hrs/wk	3 hrs/wk	2.0
RC232	Clinical Practicum 2 (a) (270 clinical hours)		18 hrs/wk	6.0

**Total Credits: 14**

<b>Year 2</b>	<b>Spring Semester Courses</b>	<b>Class</b>	<b>Practicum</b>	<b>Credits</b>
PY101	Introduction to General Psychology (b) OR	3 hrs/wk		3.0
SO101	Introduction to Sociology (b)	3 hrs/wk		3.0
BI209	Basic Pathophysiology* (b)	3 hrs/wk		3.0
RC214	Acid-Base Physiology (a)	2 hrs/wk		2.0
RC233	Clinical Practicum 3 (a) (270 clinical hours)		18 hrs/wk	6.0

**Total Credits: 14**

	<b>Summer Session Courses</b>	<b>Class</b>	<b>Practicum</b>	<b>Credits</b>
RC215	Principles of Respiratory Care 4 (a)	1 hrs/wk		1.0
RC234	Clinical Practicum 4(a) (225 clinical hours)		15 hrs/wk	5.0

**Total Credits: 6**

(a) Minimum grade of C required (b) Must pass course

Total Credits: 65 credits

A.A.S. degree clinical hours: 900 hours

**\*RC101 and BI209 are offered as on-line and/or hybrid courses only**

# Respiratory Care Course Descriptions

## **RC101 Basic Science for Respiratory Care**

### **C-2, Cr-2**

This course addresses topics in mathematics, physics, chemistry and microbiology related to respiratory care practice. Mathematical areas include graphing, nomograms and basic statistics. Physics and chemistry topics include states of matter, humidity, gas pressure, gas laws, acids, bases, buffers, fluid dynamics, compliance, elastance, and surface tension. A four week module provides an introduction to microbiology at the end of the semester. Emphasis is placed on microbes that commonly involve the respiratory system. The course delivery mode is a hybrid on-line/on-site combination requiring attendance at microbiology lab sessions on the Utica Campus the last two weeks of class. Prerequisites: An appropriate Math Placement test result or MA090 or MA091 or equivalent. A minimum grade of C is required. Fall semester only.

## **RC103 Cardiopulmonary Pharmacology**

### **C-3, Cr-3**

This course presents the principles of pharmacology, drug actions, dosage calculations, and agents administered in cardiopulmonary care. It covers indications, side effects, hazards, and mechanisms of action, generally categories, and classification of drugs. Respiratory, cardiovascular, neuromuscular, sedative-narcotic, and anti-infective agents are reviewed. Prerequisite: An appropriate Math Placement test result or MA090 or MA091 or equivalent. A minimum grade of C is required. Fall semester only.

## **RC111 Principles of Respiratory Care 1**

### **C-3, P-3, Cr-4.0**

This is the first course in the curriculum sequence to study the theory and practice of respiratory care. Topics include cardiopulmonary anatomy and physiology (including lung and cardiac function, mechanics of breathing, oxygen and carbon dioxide exchange and control of ventilation), gas administration therapies, humidity and aerosol therapies and bronchial hygiene techniques. Prerequisite: An appropriate Math Placement test result or MA090 or MA091 or equivalent. A minimum grade of C is required. A full year of high school general chemistry with laboratory (with a minimum grade of 70) within seven years or equivalent course with a minimum grade of C. Fall semester only.

## **RC112 Principles of Respiratory Care 2**

### **C-3, P-3, Cr-4.0**

This is the second course in the curriculum sequence to study the theory and practice of respiratory care. Topics include lung expansion therapies, airway management, acid-base balance and classification of arterial blood gas results. Detailed information required to initiate, maintain and monitor patients from mechanical ventilation is provided. Prerequisites: A full year of high school general chemistry with laboratory (with minimum grade of 70) within seven years or equivalent course with a minimum grade of C. RC101 Basic Science for Respiratory Care, RC 103 Pharmacology of Respiratory Care and RC111 Principles of Respiratory Care 1. Co-requisites; BI216 Human Anatomy & Physiology 1, RC115 Respiratory Diseases and RC131 Clinical Practicum 1 or Program Coordinator consent. A minimum grade of C is required. Spring semester only.

## **RC115 Cardiopulmonary Diseases**

### **C-3, Cr-3**

The initial portion of this course stresses the integral components of data collection, assessment, and evaluation necessary for the development of an effective care plan for patients with cardiopulmonary disorders. The remainder emphasizes the etiology, manifestations, and treatment of a variety of cardiopulmonary diseases. Case study presentations use critical thinking skills. Prerequisites: A full year of high school general chemistry with laboratory (with a minimum grade of 70) within ten years or equivalent course with a minimum grade of C, RC101 Basic Science for Respiratory Care, RC 103 Pharmacology of Respiratory Care and RC111 Principles of Respiratory Care 1. Co-requisites; BI216 Human Anatomy & Physiology 1, RC115 Respiratory Diseases and RC131 Clinical Practicum 1 or Program Coordinator consent. A minimum grade of C is required. Spring semester only.

### **RC131 Clinical Practicum 1**

#### **P-9, Cr-3**

This initial 135-hour hospital experience provides the supervised practice of routine respiratory therapies in a community clinical setting. Theories and skills learned in the classroom and laboratory are applied in actual patient care situations. The safe administration of therapies, maintenance of records, and infection control procedures are stressed. Prerequisites: Documented health physical examination within six months, including specific lab test results, liability insurance, and current AHA CPR for Healthcare Providers certification are required for all students before the start of this course. A full year of high school general chemistry with laboratory (with a minimum grade of 70) within seven years or equivalent course with a minimum grade of C. RC101 Basic Science for Respiratory Care, RC103 Pharmacology for Respiratory Care, RC111 Principles of Respiratory Care 1. Co-requisites: BI216 Human Anatomy & Physiology 1, RC115 Respiratory Diseases or Program Coordinator consent. A minimum grade of C is required. Spring semester only.

### **RC213 Principles of Respiratory Care 3**

#### **C-1, P-3, Cr-2**

This is the third course in the curriculum sequence to study the theory and practice of respiratory care. Topics include cardiopulmonary diagnostics and monitoring, special procedures (i.e. bronchoscopy and thoracentesis), critical care pharmacology, home care, cardiopulmonary rehabilitation, and advanced management for the patient requiring mechanical ventilation. Prerequisites: BI217 Human Anatomy & Physiology 2, RC112 Principles of Respiratory Care 2, RC115 Cardiopulmonary Diseases, RC131 Clinical Practicum 1. Co-requisites: RC232 Clinical Practicum 2 or consent of Program Coordinator. A minimum grade of C is required. Fall semester only.

### **RC232 Clinical Practicum 2**

#### **P-18, Cr-6**

This course provides opportunities to practice routine procedures and adult critical care during 270 hours of experience in a variety of clinical sites. Specialty rotations include pulmonary function testing, cardiac catheterization, cardiac diagnostics, ED/CPR, polysomnography, and cardiothoracic surgery. Safe practice, critical thinking and problem solving are key components. Prerequisites: BI217 Human Anatomy & Physiology 2, RC112 Principles of Respiratory Care 2, RC115 Cardiopulmonary Diseases, and RC131 Clinical Practicum 1. Co-requisite: RC213 Principles of Respiratory Care 3 or Program Coordinator consent. A minimum grade of C is required. Fall semester only.

### **RC214 Acid Base Physiology**

#### **C-2, Cr-2**

This course covers concepts of human fluid and electrolyte balance, and the implications of the cardiopulmonary/renal systems on acid-base homeostasis in the body. Focus is placed on the application of acid-base physiology in the clinical arena and its impact on patient management. Emphasis is placed on interpretation of acid-base disorders and fluid/electrolyte imbalance and their interrelationships. Prerequisites: BI217 Human and Physiology 2 or instructor consent. A minimum grade of C is required. Spring semester only.

### **RC233 Clinical Practicum 3**

#### **P-18, Cr-6**

This course involves 270 hours of clinical experience. Emphasis is placed on adult critical care experiences. Specialty rotations include a physician preceptorship, routine pediatric care and Advanced Cardiac Life Support (ACLS) completion. Prerequisites: RC213 Principles of Respiratory Care 3, RC232 Clinical Practicum 2 or Program Coordinator consent. A minimum grade of C is required. Spring semester only.

### **RC215 Principles of Respiratory Care 4**

#### **P-3, Cr-1.0**

This is the fourth course in the curriculum sequence to study the theory and practice of respiratory care. This concentrated offering presents topics related exclusively to neonatal and pediatric respiratory care. Content areas include neonatal and pediatric diseases, pharmacology, airway management, mechanical ventilation, high-frequency oscillation, and extracorporeal membrane oxygenation (ECMO). Prerequisites: RC233 Clinical Practicum 3, RC214 Acid-Base Physiology, and BI209 Pathophysiology. Co-requisite: RC234 Clinical Practicum 4 or Program Coordinator consent. A minimum grade of C is required. Summer semester only.

**RC234 Clinical Practicum 4****P-15, Cr-5**

This course provides opportunities to perform all aspects of respiratory care with emphasis in neonatal, pediatric, and adult critical care during 225 hours of clinical experience in a variety of clinical sites. Requirements are completed for American Heart Association (AHA) Neonatal Resuscitation Protocol (NRP), and Pediatric Advanced Life Support (PALS). Specialty rotations include extended ventilator care, critical care monitoring, and patient assessment. Adult rotations provide a capstone experience to facilitate the transition from student to entry-level practitioner. Safe practice, critical thinking, problem-solving, and time management are key components. Prerequisites: RC233. Co-requisite: RC215 Principles of Respiratory Care 4. A minimum grade of C is required. Summer semester only.

## Admission and Health Requirements

Prerequisites to enter the Respiratory Care Program:

- High school Chemistry (with lab) or CH 111 and CH 112 with a minimum final grade of 70, within 7 years.
- High school level Biology is recommended.
- MVCC placement testing.
- A passing score on the MVCC math placement test or MA090/MA091 or equivalent course. The MVCC math placement test is based on course content presented in high school math Course 1, Course A or Integrated Algebra.
- For students completing Math and Chemistry pre-requisites by taking equivalent courses, a minimum grade of “C” (70%) is required.
- Entrance GPA of  $\geq 2.5$ .
- Application to the respiratory program with a Letter of Intent and 2 letters of personnel reference with program acceptance after a selection committee interview and review.
- Proof of current American Heart Association, CPR course for Healthcare Providers certification on file in the Respiratory Care office prior to starting clinical courses. CPR certification must be kept current throughout the program.
- Professional liability insurance is required when enrolled in clinical courses. This insurance is purchased through the college when registering for clinical courses.
- A Respiratory Care Student Physical Health Form, proof of immunizations and specific blood titers must be submitted to the college prior to participation in clinical courses and updated annually at the student’s expense. A PPD skin test is required, once per year to screen for tuberculosis (TB) exposure. Exception: if a student has a positive PPD and/or received a BCG vaccine, a chest X-Ray is required every two years. A positive PPD with possible active TB requires an immediate chest X-Ray and medical evaluation. Most clinical affiliates require students to receive the Hepatitis B vaccination series or sign a declination statement as a condition practicing in the facility. A seasonal flu shot is required.

Students entering the Respiratory Care Program are encouraged to obtain the Hepatitis B vaccination series as part of their physical exam requirements. The Hepatitis B vaccination is a safe and effective method of preventing Hepatitis B infection. Yearly seasonal flu shots are also required by the clinical affiliates. Questions about the health requirements should be directed to the Respiratory Care Program at 315.792-5671.

Respiratory Care Student Health Requirements differ from the college’s health requirements. Respiratory students must submit a completed Respiratory Care Student Health Requirements Form separately and in addition to the college health form.

Students entering without their completed health documents will be dismissed from the program.

An “X” designates a requirement.

First Year	Second Year	Health Form Requirements	Additional Information
X	X	Physical obtained after July 1 of the year the student starts the Fall semester.	A complete physical is required every year.
X	X	Documentation of Tuberculin Test (also referred to as Mantoux or PPD) If PPD is positive a chest x-ray is required every 2 years)	This test is required every year results must be documented by a Healthcare provider and or submit a copy of the report.
X		Healthcare Provider to provide a script for the titers below include a copy of the lab reports for the 4 titers listed below. <ul style="list-style-type: none"> <li>• Rubella titer Lab results must be positive*</li> <li>• Rubeola titer Lab results must be positive*</li> <li>•Mumps titer Lab results must be positive*</li> <li>• Varicella titer Lab results must be positive*</li> </ul>	*If results are not positive but are equivocal or negative, booster shots are required. Follow up titers must be scheduled with your healthcare provider.
X		Healthcare provider documentation of Tetanus toxoid.	Immunization within 10 years.
X	X	Students should expect to submit proof of flu & COVID vaccine to include date, lot, manufacturer, and expiration date.	Flu & COVID vaccine is required each fall per dates specified by the clinical affiliates.
X		Documentation on the form of Hepatitis B immunization sequence	Recommended or after reading pg. 4 &5 of the physical form, students may opt to sign the waiver on page 2.
X	X	Student must provide a COPY of their CPR card documenting American Heart Association BLS CPR for the Healthcare Provider. This certification must remain current throughout the program.	It must be American Heart Association Healthcare Provider BLS/CPR

**Students are strongly advised to make copies of all submitted health documents.**

Students must provide their own transportation to and from designated clinical sites and specialty rotations (Utica-Rome area, Oneida, Syracuse and Cooperstown). A dress code exists and identified items (nametag, picture ID, stethoscope, watch, etc.) are required for clinical sessions. Questions about the clinical sites and their requirements should be directed to the Respiratory Care Program Clinical Coordinator at 315.792-5671.

## **Policy for Collecting/Maintaining Respiratory Care Student Health Records**

To assure the maintenance of privacy and confidentiality of student health information, the submission of health records (RC program physical exam form, laboratory test results and physician notes regarding student illness) by respiratory care students must be done by submitting the hard copy records to the Student Health Office (ACC104). If health information must be faxed by a health care provider, please use the fax number; (315) 731-5854 with the student's name and their M #. Health documents and student records are kept secure by the college and will be supplied to each clinical affiliate as part of the requirements for students attending clinical sessions at each clinical affiliate. Students are reminded to make copies of all their health documents for their own records, prior to college submission. Records are maintained securely by the MVCC Student Health Office (ACC104).

## Respiratory Care Program Course Loads

The A.A.S. Respiratory Care Program involves 65 credits spread over two Fall and Spring semesters and a six week Summer session that acts as a capstone experience. The respiratory program is rigorous and demanding, requiring a commitment by the student for class/clinical time, as well as study time, laboratory practice and time for completion of assignments. Most classes and clinical sessions take place during daytime hours, however, some evening skill testing and clinical work may also be offered and/or assigned/required.

Respiratory program classes and lab sessions are held on the Utica campus. First year clinical courses are primarily conducted at hospitals in Utica, Rome and Syracuse. Second year clinical sessions include travel to hospital affiliates in Utica, Syracuse, Oneida, Binghamton and Cooperstown. It is each student's responsibility to provide their own transportation to all clinical affiliates and specialty rotations.

The respiratory care courses are offered only once a year and are sequential in nature. Students wishing to lighten their first year course load should consider completing approved, college-level Anatomy and Physiology 1 and 2 courses with labs (4 credit hours each), and/or other required general studies courses before regular program entry.

## Registration for Courses

Matriculated students in all programs are given the opportunity to pre-register for courses before each semester commences. Pre-registration on-line gives matriculated students the best selection of courses available each semester.

Information about registration is available in the Student Services Center on the first floor of Payne Hall. Before pre-registration each semester, students need to make a pre-registration planning appointment with a faculty advisor to help students develop a plan of study with a sequence of courses that is most advantageous for each individual's particular circumstances. Payment for courses must be ensured before courses commence. Payment for courses is the responsibility of the student and their financial aid (where applicable).

## Transferability

Students who have previously completed MVCC's Respiratory Care one year Certificate Program are welcome and encouraged to return to complete their A.A.S. degree requirements at MVCC. Certain requirements exist for returning students who have been out of the respiratory care course sequence for more than one semester. Receiving an A.A.S. Respiratory Care degree allows graduates to take national credentialing exams with the National Board of Respiratory Care to become Certified and Registered Respiratory Therapists. Transferring courses to another college or transferring course from another college requires grades of C or better in each course.

Students may transfer their MVCC A.A.S. Respiratory Care degree courses to other universities towards a B.S. degree in Respiratory Care. Additional courses that may be required prior to entry into other BS programs may include college algebra (select MA115 at MVCC as the math course), college Chemistry with lab (CH141 at MVCC), both Introductory Psychology (PY101) and Introduction to Sociology (SO101), and additionally Microbiology (BI201 at MVCC). Respiratory courses may be transferred in from other colleges if the courses are deemed similar in course content, and are not more than two years old with a grade of "C" or better. Students may need to complete competency skill testing for clinical experience courses to assure skills are adequate. The Program Coordinator/Director works with transfer students to determine remediation required and develop a plan of study.

## Career Opportunities

Respiratory Therapists work in hospitals, extended care facilities, medical clinics, pulmonary function and sleep monitoring laboratories, rehabilitation facilities, in home care agencies and in physician offices. The profession has grown quickly since its inception in the late 1940's and the demand for respiratory therapists is on the rise. The 2021 Occupational Outlook Handbook, published by the US Department of Labor, Bureau of Labor Statistics, projects employment for Respiratory Care Practitioners "to increase 14% faster than the average for all occupations through the year 2031". Rapid job growth is also expected for respiratory therapists in home health agencies, equipment rental companies and firms that provide respiratory care on a contract basis.



Since the beginning of the Mohawk Valley Community College program in 1974, graduates have enjoyed outstanding job placement, accepting full and part-time positions in the Utica/Rome area and throughout the country. Average starting salaries locally for Registered Respiratory Therapists range from approximately \$55,000 per year. Earning potential increases with additional credentialing, experience, advanced education and varies with geographic location. The average wage for respiratory therapists nationally is \$29.73/hour, making \$61,830/year.

## **Professional and Physical Characteristics of Respiratory Therapists**

The effective respiratory therapist is an individual with an interest in helping/working with people, and possesses aptitude in science and mathematics. He/she should be able to approach problem solving in a logical, directed manner, and should possess interpersonal skills to be able to capably communicate with patients, peers, physicians and other health professionals.

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, be on their feet for 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 requires considerable effort on a constant basis as in lifting, pulling or pushing heavy loads (bulky, awkward, more than 40 lbs.). The respiratory therapist is viewed as a model for good health practices, and thus smoking is strongly discouraged by respiratory students and practicing therapists.

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

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

# Respiratory Care Program Essential Functions List

The essential skills and relevant activities are listed for your review so that potential students can decide whether or not they are able to complete the physical requirements for the Respiratory Care Program.

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 Disability Services Office (315) 792-5644 to discuss accommodations and/or auxiliary aids. If there are any reasons why you may not be able to perform these functions with or without reasonable accommodation, you must follow the chain of command. A student in the Associate Degree Respiratory Care Program must have the abilities and skills necessary of a respiratory therapist. The following is a representative list of the essential skills, with or without reasonable accommodation, expected of students enrolled in the respiratory care program.

Each student should be able to:

1. demonstrate the ability to perform essential functions for a maximum of a 10 hour shift.
2. demonstrate the ability to protect a patient when the patient is standing and ambulating on all surfaces with or without
3. the use of assistive devices, including canes, crutches and walkers.
4. demonstrate the ability to safely move a patient over 100 pounds from one surface to another using the appropriate level of help.
5. demonstrate safe body mechanics in the process of all patient treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
6. demonstrate the ability to manipulate dials on equipment.
7. demonstrate the ability to coordinate simultaneous motions.
8. demonstrate the ability to perform occasional overhead extension.
9. demonstrate the ability to hear blood pressure, heart and lungs sounds with or without corrective devices.
10. demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
11. demonstrate the ability to perform interventions such as sterile procedures, suctioning, arterial blood gas puncture, cardiac compressions and administer aerosolized medications (including dosage calculations when necessary) following infection control procedures.
12. display adaptability to change in a dynamic healthcare environment
13. demonstrate the ability to establish effective relationships with others.
14. demonstrate the ability to communicate effectively, safely and efficiently in English (both written and spoken) by:
  - explaining procedures
  - receiving information from others
  - receiving information from written documents
  - exhibiting appropriate interpersonal skills
  - conveying information to others verbally
15. analyze and document assessment findings and interventions.
16. distinguish color changes.
17. detect an unsafe environment and carry out appropriate emergency procedures including:

- detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
- detect high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals

These are the Essential Functions of the Respiratory Care Program. If there are any reasons why you may not be able to perform these functions with or without reasonable accommodations, you should notify the Respiratory Program Coordinator as soon as possible.

## Instruction and Evaluation

Instructional strategies include lecture/discussion, laboratory demonstration/practice, clinical simulations, group projects, computer assisted instruction, clinical instruction/supervision, and clinical preceptorships. Students are expected to complete written and/or oral reports, group projects, case studies, journal abstracts and research projects according to the syllabus that is distributed at the start of each course. Evaluation is a mixture of oral questioning/exams, frequent quizzes, performance skill testing, written assignments, group projects, written exams and computer exams/simulations. Clinical group size is kept at a ratio of approximately 3-6 students per instructor, therefore allowing considerable individual attention, instruction and supervision.

## Financial Aid

Students should check with the college Financial Aid Office for specific financial aid information. Grants and additional scholarships can be investigated through the Office of Institutional Advancement on the MVCC Utica campus (Payne Hall, second floor).

The opportunity for complete academic scholarship aid also exists through some local hospitals in exchange for a commitment to work at the institution post-graduation for a specific time frame. Call Mohawk Valley Health System (315-624-6179), Bassett Healthcare (607-547-3456), Rome Memorial Hospital (315-338-7160) or UHS Hospitals Education Incentive Program ([uhs.net](http://uhs.net)) (in Binghamton) to inquire about their tuition assistance programs.

The U.S. Army Reserves also sponsors programs that could cover all program costs. Interested students should contact the U.S. Army Recruiting Station at 315-768-1224.

## Retention, Attrition and Remediation

Students must maintain a GPA of 2.0 and a minimum grade of “C” in all the respiratory courses (and Human A & P 1 and 2) in the curriculum (see curriculum displays and graduation requirements). Students wishing to continue to pursue their education in Respiratory Care after completion of the program at MVCC must bear in mind that a minimum grade of a “C” will be required in all courses the student wishes to transfer to another institution.

A respiratory care tutor (free of charge for 2-4 hours per week) and computer assisted instruction are provided by the college to address retention in the Respiratory Care Program. In addition to daytime hours, the Respiratory Care Laboratory (Academic Building 102) is open late afternoons/evenings and Saturday hours. The lab supervised by laboratory assistants to provide opportunities for students to practice necessary performance skills. In addition the Public Safety Office at MVCC will allow approved respiratory student access to the lab in AB102 (by producing the MVCC student ID) seven days a week from 6:30-11:00pm.

Attrition in the Respiratory Care Program typically ranges from 20-30%. The rigor of the program mixed with students working numerous hours each week and having significant family responsibilities can combine to become barriers to program success. Students identified to be struggling with academic acceptability will be referred to the MVCC Learning Commons and their Completion Coach for assistance and remediation in specific topics. Students may be referred to the Respiratory Care Program Tutor or assigned to do additional laboratory practice if their skill test performance or clinical performance is unacceptable (see the Lab Skill Testing Competency Packets 1, 2 and 3).

## Attendance Policy for Classes, Labs and Clinicals

Attendance is taken in all classes labs and clinicals. Students who fail to attend their enrolled classes/labs/clinicals will be marked absent. Absences are reviewed by the faculty for the final decision as to the student's capability of achieving the course requirements. Students are responsible for all information presented whether present or absent in classes/labs/clinicals. See specific course syllabi to see how attendance will affect your grade in any specific course.

If you are notified by an instructor that your name does not appear on the roster, you will be excused and must see the Registrar immediately for clarification. No student is allowed to attend/participate in courses that they are not specifically enrolled in.

## Respiratory Care Laboratory

The respiratory care laboratory is located in the Academic Building, room 102 on the Utica MVCC campus. The lab is constantly monitored by a security camera that is maintained by the Public Safety Office to record all activity in the respiratory lab, 24 hours a day/7 days a week. The lab is open to all enrolled respiratory care students (unless limited due to disciplinary action). Open respiratory care laboratory hours each semester are distributed to students and posted inside and outside the lab. A laboratory assistant is in attendance during weekday afternoon, evening and Saturday hours according to this schedule (typically 18-25 hours per week). Students in good standing may be allowed access to the Lab by coming to Payne Hall 351 or Public Safety in the Academic Building for keyed entry during times when the lab is not officially open, with a Lab Assistant not in attendance. The respiratory care laboratory experience provides the student with the opportunity to develop and maintain the psychomotor skills and understanding related to the specialized equipment and techniques which are a major element of modern respiratory care.

Laboratory safety is of paramount importance and student behavior in the lab should reflect this fact. Students should only use equipment to which they have been introduced and carefully handle all lab equipment. The equipment in the lab is for student use and students must handle this expensive equipment with care.

Medical gas cylinders need to be handled with extreme care since they could represent a danger if manipulated carelessly. Negligent and/or careless handling of equipment or supplies that results in breakage will result in the student losing their unsupervised laboratory privileges AND the student may be held responsible for the cost of the equipment repair or replacement. Abuse of the lab equipment, supplies or facilities will not be tolerated. Students are expected to clean up after themselves whenever they use the lab. Professional language and behaviors are expected by students while they are present in the lab.

Students are required to sign in and out of the lab to verify use. The Respiratory Care Lab has a computer with on-line access and a printer. The computer has many required CAI programs loaded onto it. This computer can be used for computer assisted instruction assignments, computerized testing, world wide web access, online courses and word processing.

The purpose of the laboratory is to allow:

- Practice procedures and skills prior to clinical experience/skill testing
- Clinical Simulations
- Skill testing/evaluation of clinically related skills
- Video recording of assigned therapies
- Familiarization/practice with equipment

# **Health Professions Computer Laboratory**

**(Utica Campus – Academic Building 136)**

The Utica campus Health Professions Computer Laboratory in AB136 is exclusively for Health Professions Department students. Students are required to sign in and out of the computer to verify use. There is no eating/drinking allowed in the computer lab. Children and non-health students are NOT allowed in the lab. Computer assisted instruction, assignments, computerized testing, web access, on-line courses and word processing can be accomplished in this computer lab. Students are expected to use the lab computers for college related course work only – no gaming or general web surfing (especially to pornographic sites) is allowed.

A Health Professions Resource Specialist oversees the Health Professions Computer Laboratory and the title for this position is the Health Professions Resource Specialist. The phone # is 315.792-5257. The OPEN computer laboratory hours are posted on the door of AB 136 on the Utica campus. Students are not allowed to steal software materials from any of the college computers, nor should they allow access to the Health Professions computer lab by non-health students.

Students can also use the open computer labs in the Information and Technology (IT) building, Learning Commons area and the Library to accomplish on-line courses, internet access and word processing.

## **Office of Accessibility Resources**

The Coordinator for the Office for Accessibility Resources would appreciate hearing from anyone who has any type of disability (physical, learning, psychiatric, vision, hearing, etc.) which may require some special accommodation. Please see your instructor for each class or during office hours so that your needs can be discussed. Also, please stop in to the Accessibility Resources Office, in Room 104H in Payne Hall on the Utica campus, or call at 315-792-5644. The office staff will determine your eligibility for accommodations and decide what those accommodations will be.

### **Testing**

1. It is the student's responsibility to self-identify to the Office for Services to Students with Disabilities (OSSD), to provide documentation of his/her disability, and to notify instructors of the need for accommodation.
2. It is the student's responsibility to schedule tests with OSSD in a timely manner, to deliver the Testing Accommodation Form to instructors, and to let instructors know when the test has been scheduled with OSSD.

## **AARC Statement of Ethics and Professional Conduct**

In the conduct of their professional activities the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. Respiratory Care Practitioners shall:

- Demonstrate behavior that reflects integrity, supports objectivity and fosters trust in the profession and its professionals.
- Actively maintain and continually improve their professional competence and represent it accurately.
- Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients they treat including the right to informed consent and refusal of treatment.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.
- Provide care without discrimination on any basis with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts and shall refuse to conceal illegal unethical or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote the positive evolution of the profession and health care in general through improvement of the access efficacy and cost of patient care.
- Refrain from indiscriminate and unnecessary use of resources both economic and natural in their practice.

# Respiratory Care Program Student Ethics

In conjunction with the standards set forth by the American Association for Respiratory Care and Mohawk Valley Community College, students in the Respiratory Care Program shall:

1. Use their own knowledge and skill to complete examinations without referring to others' answers, old examinations, class notes or other references, unless specifically permitted by the instructor. Respiratory Care students shall not cheat.
2. Use their own knowledge to write papers or compile research information. They shall not plagiarize, quote or copy another person's work without giving proper recognition as stated in a standard manual on style.
3. Respect the opinions of instructors and other learners. They shall not insult, slur, or degrade instructors, other health professionals or other students. (This ethics statement does not infringe upon the right of the student to raise questions and request clarification but does modify the manner in which the question or clarification is brought forth.)
4. Respect the resources of textbooks, library books, reprints and journals. They shall not mutilate, deface, damage or withhold resources for their own use.
5. Conserve limited resources by using only supplies needed for the completion of assignments and maintain equipment in good working order. They shall not waste supplies or misuse equipment.
6. Assist in maintaining class and laboratory rooms in good order. They shall not leave these rooms dirty, in disarray or disorder upon completion of their assignments.
7. Complete all assignments by the scheduled date and time or make satisfactory arrangement with the instructor for an extension. They shall not expect to receive equal consideration in grading when handing in assignments late.
8. Observe all safety procedures when working with patients, equipment and medications whether in class, lab, clinical or in patient's homes. They shall not endanger the safety and welfare of patients, other students, faculty or staff.
9. Observe all policies and procedures established by the Respiratory Care Program and by the clinical affiliates. They shall not exempt themselves without specific permission by a faculty member or a clinical instructor.
10. Respect the confidentiality of patient information regardless of the source (patient, therapist, records, charts). They shall not make written reports outside the affiliate in which any part of the patient's name appears except initials. Students will follow all HIPAA confidentiality guidelines.
11. Work in cooperation and with respect for other health care team members. They shall not interfere with or obstruct the rendering of services provided by other health care members.
12. Protect the property rights of the clinical affiliate and patient. They shall not remove or borrow property without permission and shall not damage or misuse property while in the facility or affiliate.
13. 13. Respect other student's projects. They shall not handle, steal, alter, deface or otherwise harm another student's project, especially in a manner which might cause the project to receive a lower grade by the instructor.

Students found in violation of these ethics statements will receive a written warning. College policies for cheating will be followed (outlined in college Student Handbook). Policies for other infractions will also be followed (see Clinical policies). Students may be subject to dismissal from the program at the discretion of the Program Coordinator and Clinical Coordinator for the most serious infractions.

# Respiratory Care Students Responsibilities

After acceptance into the Respiratory Care Program, the student is expected to:

1. follow all established academic policies and procedures;
2. complete all course requirements as specified;
3. report immediately any name, address, phone number or e-mail changes to the respiratory program faculty;
4. meet with a Respiratory Care faculty member each semester to review their plan of study (in preparation for registration for the next semester) and review their progress in the program;
5. meet with a Respiratory Care advisor for an exit meeting should the student leave the program prior to graduation;
6. report any difficulty with or possible unsatisfactory completion of any course or clinical work to the program faculty;
7. maintain satisfactory attendance and punctuality for all classes/labs and clinical rotations;
8. maintain ongoing, open, civil, respectful and professional communications with the Respiratory Care Program faculty and with clinical affiliate staff;
9. demonstrate safe handling with equipment and medications in the respiratory care lab and at the clinical affiliates;
10. report instances of broken or unsafe lab equipment to the respiratory care faculty and report unsafe equipment in the clinical arena to the clinical instructor;
11. protect the confidentiality of patient information and communications to honor the patient's right to privacy by following established HIPAA guidelines. Students are not to discuss patient information in public places, in their private residence or online using social media;
12. provide their own transportation to and from clinical sites and specialty rotations and pay any related transportation costs (tolls, parking fees, etc.);
13. use critical thinking to select those facts, principles, concepts, and theories from the natural and social sciences, the humanities, and medicine which are appropriate to the individualized care of patients;
14. function as a provider of care as a respiratory therapy student by:
  - using knowledge of respiratory care when providing individualized care to patients;
  - recognizing the uniqueness of individual patients from diverse cultures in planning and delivering care;
  - adhering to the standards of safe respiratory care practice and licensure laws;
  - practicing within the ethical and legal framework of respiratory care;
  - assuming responsibility and accountability for their own practice;
15. function as a facilitator of patient care by:
  - communicating and collaborating with other health practitioners;
  - providing information to patients and families to help meet patient care needs;
16. participate in respiratory care professional organizations.



## **New York State Patients' Bill of Rights**

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are still too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders - A Guide for Patients and Families.
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regards to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

## Standard Precautions

Standard precautions - Work practices that help prevent the spread of infection. Refers to the precautions used to care for all patients. Use standard precautions whenever there's a chance you'll be exposed to: blood, body fluids, secretions, broken skin, mucus membranes.

### Standard Precautions include:

- Wash your hands or use hand hygiene products (alcohol based hand products) and cleanse other skin surfaces immediately: after touching blood, other body substances, broken skin or mucous membranes; after removing gloves; between patients; after handling potentially contaminated items
- Wear gloves any time there is contact with body surfaces.
- Put on clean gloves just before contact with broken skin or mucous membranes.
- Use a mask and face and eye protection when splashes or sprays of blood, other body fluids, secretions or excretions are possible.
- Wear a gown if splashing or spraying of blood, other body fluids, secretions or excretions are possible.

Follow personal protective equipment (PPE) and hand hygiene guidelines outlined with specific Transmission-Based Precautions

- Keep it Clean!!
  - Spills
  - Linen and Laundry
  - Patient Care Equipment
  - Routine Cleaning
- Use SHARPS safely.
- Hand Hygiene (with soap and water or alcohol-based hand cleanser) is the single most important defense against the spread of infection.

## Transmission-Based Precautions

**Transmission-Based Precautions:** blocks transmission routes through special precautions in the placement of patients, transport of patients, use of personal protective equipment (PPE) and in the handling of equipment.

**Routes of Transmission:** germs travel most frequently from direct contact between a person and an object or another person, but can also be inhaled if the microbes can form droplets or can become airborne.

Types of Precautions (have specific signage with required protective barriers outside each room):

- 1. Contact Precautions:** are required for patients known or suspected to be infected with germs that travel by direct contact. This category includes, MRSA, VRE, and some C. Difficile patients. The C. Diff patients requiring isolation are those who are incontinent or have diarrhea. Usually requires a gown and gloves as PPE and hand washing with soap and water.
- 2. Droplet Precautions:** are required for patients with or suspected of having illnesses that are transmitted by droplet. Droplets are particles that are sent into the air when an infected person coughs, sneezes or talks. This isolation category includes patients known or suspected to have H. Influenza, Strep A Pneumonia, Mumps or Rubella, to name a few. Droplet Precautions require a private room and masks. Movement of patients outside their room is limited and the patient must wear a surgical mask during transport.
- 3. Airborne Precautions:** are designated for patients with diseases that are transmitted by the air. Air is a route of transmission when the germ can stay suspended in the air or when dust could be contaminated. Airborne Precautions is required for measles and tuberculosis (TB). Patients on Airborne Precautions (also called AFB (acid fast bacilli) isolation) require a negative pressure room and a N95 HEPA filter respirator mask.

# HIPAA Health Insurance Portability & Accountability Act of 1996 Privacy Rule Overview

The goals for maintaining rigorous adherence to HIPAA compliance requirements within all MVCC-sponsored programs, projects and activities are designed to:

- Ensure the security and confidentiality of Protected Health Information (PHI) and Electronic Protected Health Information (ePHI) as covered by HIPAA;
- Protect against any anticipated threats or hazards to the security or integrity of such information
- Protect against unauthorized access, use or disclosure of such information.

Each student should complete the necessary training on how to comply with the policies and procedures for maintaining HIPAA compliance.

## Reminders:

- Protected health information is any information that allows you to associate a person's identity with their health care information. This applies to all forms of media including: paper documents, electronic files and data, course notes, research papers, video and sound recordings, photos, charts, etc. As it pertains to MVCC-sponsored programs, project and activities, the following are reminders of common privacy and security practices for protected health information that must be followed:
- Any personal documents and notes in any form that contains individually identifiable health information on patients you come into contact with as a result of MVCC-sponsored training must be properly protected and its confidentiality must be maintained.
- MVCC students who are training at partner health provider organizations are prohibited from removing documents that contain individually identifiable health information without a written and signed authorization from the institutional Health Information Management Department (HIM) or authorized representative and the proper patient authorization.
- For MVCC students participating in MVCC-sponsored health care training the following activities involving individually identifiable health information are explicitly prohibited:
- Sending such information through unsecure email,
- Posting such information on any social networking site—regardless of the user account used by the MVCC student, faculty or staff to post the information, and
- Disclosing such information during classroom discussions and/or presentations.

All violations of HIPAA privacy and security policies and practices are taken very seriously. All violations will be reported to the Associate Dean of the Health Professions Department for review to determine the extent of the violation and the appropriate sanctions to be applied, where necessary.

Sanctions may include notification of the student's advisor with a note in the student's advising file, reductions in the grade for the course up to and including failure, and remedial action as directed by the MVCC Conduct Officer.

## Confidentiality Statement

When a patient enters any health care facility, health care providers/facilities assume an obligation to keep in confidence all that pertains to that patient and to that patient's affairs. This responsibility is shared by every person employed in the health facility and by all who have direct contact or indirect care – giving relationships to patients (including students). Reasons for admission, as well as information about diagnosis, test results and treatment are CONFIDENTIAL and must be respected as such.

As a student in each health care facility or community setting, you are bound to that same obligation. You are obliged to refrain, both in and outside the facility, from discussing any patient or any information about a patient or family except in the line of duty. You may discuss patient information only with other respiratory therapists, nurses, physicians and healthcare providers caring for the patient, the clinical instructor and respiratory students, on a need to know basis, only at an appropriate time and place (such as during post-clinical conferences).

To engage in other discussions for any reason, is not only a breach of confidentiality, but may also involve you in legal proceedings. This includes all social media. Such behavior is sufficient reason for immediate dismissal from the clinical facility/community setting and from the Respiratory Care Program. Students must abide by established HIPAA policies and any additional confidentiality policies established by each clinical affiliate.

Additional information about the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding privacy, security and breach notification rules and the Patient Safety and Quality Improvement Act of 2005 (PSQIA) can be found at the following web address: [hhs.gov/ocr/privacy/](https://www.hhs.gov/ocr/privacy/)

# Clinical Course Policies

These policies are in effect for the entire 2023-2024 academic year and apply to the Clinical Practicum 1, Clinical Practicum 2, Clinical Practicum 3 and Clinical Practicum 4, (RC131, RC232, RC233 and RC234)

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.

## Revised 5/23

**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. 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.

### 1.0 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 to twelve hours.
- 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 6:45 a.m. on day rotations and 2:15 p.m. 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 which 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 un-notified absence on a two to one basis. Each un-notified 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 un-notified 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 un-notified 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 clinical dress code for both men and women shall be blue scrubs provided by Dr. Uniforms. Students will display an approved nametag and an MVCC picture ID (clipped to the front lapel of the lab jacket or worn on a tear away lanyard) as part of their clinical uniform at 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.

° 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 un-notified 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 un-notified 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 time frame 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 An 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 = 90-100, B = 80-89, C = 70-79, D = 60-69, F = below 60

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; and
- 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.
- 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:**

- 12.1 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.

## Medical Record 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.

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.

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).
12. 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).

## **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.



## **Address List for Clinical Affiliates**

### **Bassett Medical Center**

1 Atwell Rd.  
Cooperstown, NY 13326  
607-547-3456

### **Crouse Hospital**

736 Irving Ave.  
Syracuse, NY 13210  
315-470-7111

### **Oneida Healthcare**

321 Genesee Street  
Oneida, NY 13421  
315-363-6000 (extension 127)

### **Rome Memorial Hospital**

1500 N. James St.  
Rome, NY 13440  
315-338-7000

### **MVHS Wynn Hospital**

111 Hospital Drive  
Utica, NY 13502  
315-917-9966

### **SUNY Upstate Medical University/University Hospital**

750 East Adams St.  
Syracuse, NY 13210  
315-464-4487

### **St. Joseph's Health Center**

301 Prospect Ave. Syracuse  
Syracuse, NY 13203  
315-448-5111

### **UHS Wilson Hospital**

33-57 Harrison Street  
Johnson City, NY 13790  
607-763-6000

### **Bassett Medical Center**

2 Guy Park Ave.  
Amsterdam, NY 12010  
518-842-1900

## **Phone List**

### **John Ringlehan**

Program Coordinator

AB105

Office: 315-792-5664

Cell: 315-534-5127

### **Michael Brown**

Clinical Coordinator

AB105

Office: 315-792-5671

Cell: 315-404-9168

# Scheduled Clinical Experiences

## A.A.S. Respiratory Program

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 generally spent at one clinical site during clinical Practicum 1, with one specialty rotation (cardiopulmonary rehabilitation). Regular clinical sessions are directly supervised by a college employed, respiratory care instructor.

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-3:30pm or 2:15-10:45pm. Most clinical sessions are spent at the Utica clinical affiliates or Upstate Medical University during Clinical Practicum 2. Specialty rotations for specified sessions require travel to various sites (including Cooperstown, Oneida and Syracuse) for the following experiences: pulmonary function testing, cardiac diagnostics, cardiac catheterization, open heart operating room, sleep lecture and lab (evening/night shift) and home care rotation. Most clinical experiences are directly supervised by a college employed instructor while specialty experiences involve preceptorships.

Clinical Practicum 3 (RC 233) is held during the Spring semester of year two and involves a preceptor model where students will work alongside hospital staff. Students will attend 105 hours of clinical time spread throughout the spring semester at no more than two hospitals. 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 Kettering Review classes occur toward the end of RC233.

Clinical Practicum 4 (RC 234) is held during the summer session at the end of year two and involves a preceptor model where students will work alongside hospital staff. Students will attend 200 hours of clinical time spread throughout the five week semester at no more than two hospitals. 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 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 (self assessment exams – mock credentialing exams.)

## MVCC Respiratory Care Program Textbook List

### Fall Semester, Year 1

Course Number	Required Textbooks	Recommended Textbook
RC101	Chang, Respiratory Care Calculations - Revised, 4th Edition, Jones- Bartlett, 2021.	
RC103	Gardenhire, D., Rau's Respiratory Care Pharmacology (text and workbook), 10th Edition, Elsevier, 2020.	
RC111	<ol style="list-style-type: none"> <li>1. Des Jardins, Cardiopulmonary Anatomy &amp; Physiology With Mindtap 7th Ed., Elsevier, 2020.</li> <li>2. Heuer, Wilkins' Clinical Assessment in Respiratory Care, 9th Ed., Elsevier, 2022.</li> <li>3. Hess, Macintyre, Respiratory Care: Principles and Practice, 4th Ed., Elsevier, 2021.</li> <li>4. Hinski, Respiratory Care Clinical Competency – Laboratory 14th Ed., Elsevier</li> <li>5. Trajecsys Online Software - More information to follow.</li> </ol>	Cairo, Mosby's Respiratory Care Equipment, 10th Ed. Elsevier, 2018.

### Spring Semester, Year 1

Course Number	Required Textbooks	Recommended Textbook
RC112	<ol style="list-style-type: none"> <li>1. Cairo, Pilbeam's Mechanical Ventilation (Test and workbook), 7th Ed., Elsevier, 2016.</li> <li>2. Hess, Macintyre, Respiratory Care: Principles and Practice, 4th Ed., Elsevier, 2021</li> </ol>	Cairo, Mosby's Respiratory Care Equipment, 10th Ed. Elsevier, 2018.

### Spring Semester, Year 1

Course Number	Required Textbooks	Recommended Textbook
RC115	Des Jardins & Burton., Clinical Manifestations and Assessment of Respiratory Disease, 8th Ed., Elsevier, 2020.	
RC131	Oakes, Complete Bundle of Clinical Practitioners Pocket Guides to Respiratory Care series of books (7), 10th Ed., Health Education Publishers.	Taber's Cyclopedic Medical Dictionary

**Fall Semester, Year 2**

<b>Course Number</b>	<b>Required Textbooks</b>	<b>Recommended Textbook</b>
RC213	1. Hess, Macintyre, Respiratory Care: Principles and Practice, 4th Ed., Elsevier, 2021  2. Aehlert, ECGs Made Easy, 7th Ed., Elsevier Co., 2023.	Waugh, Deshpande, Brown & Harwood, Rapid Interpretation of Ventilator Waveforms, 2nd Ed., Prentice Hall Publishers, 2007
RC232		1. Classmate Learning Resources, Kettering National Seminars, 2023 (one year subscription)  2. Sills, Comprehensive Respiratory Therapist Exam Review, 6th Ed., Elsevier Co., 2016. In Elsevier Bundle

**Spring Semester, Year 2**

<b>Course Number</b>	<b>Required Textbooks</b>	<b>Recommended Textbook</b>
RC214	Malley, Clinical Blood Gases: Assessment and Intervention, 2nd Ed., Elsevier-Saunders, 2005	
RC233	American Heart Association, Emergency Cardiovascular Care for Healthcare Providers, 2018	

**Summer Session, Year 2:**

<b>Course Number</b>	<b>Required Textbooks</b>	<b>Recommended Textbook</b>
RC215	1. American Heart Association, PALS Provider Manual  2. American Heart Association, NRP Provider Manual	
RC234	1. Therapist Multiple Choice Self-Assessment Exam, Applied Measurement Professionals.  2. RRT Clinical Simulation Self-Assessment Exam, Applied Measurement Professionals	

**APPENDIX A**  
**Respiratory Care Forms**

# Confidentiality Agreement

## Definitions:

Confidential Communication: information given by a patient/family member, regardless of the method in which it is acquired, in the belief that NO disclosure will be made to another party (moral/ethical obligation).

Privileged Communication: refers to the confidential information relayed to a health care professional that prohibits disclosure unless the patient waives the privilege (legal obligation).

## Statements:

1. \_\_\_\_ I understand and agree that as a student I will come into possession of the most intimate personal information about patients I have both a legal and an ethical duty NOT to reveal confidential communications.
2. \_\_\_\_ I understand the legal duty arises because the law recognizes a RIGHT TO PRIVACY. To protect this right, there is a corresponding DUTY to obey.
3. \_\_\_\_ I understand and agree that all information obtained in a learning environment related to the patient MUST be kept in strict confidence.
4. \_\_\_\_ I further understand that a breach of confidentiality may involve me in legal proceeding.
5. \_\_\_\_ I accept the responsibility for maintaining the confidentiality of all patient/family information.
6. \_\_\_\_ I understand that I am prohibited from photocopying or taking pictures of patient records or patients.
7. \_\_\_\_ I understand I cannot use a cell phone or other electronic devices during clinical hours at clinical facilities, unless given specific permission by my clinical instructor.
8. \_\_\_\_ I have received and reviewed a copy of HIPAA guidelines and agree to abide by these.
9. \_\_\_\_ I understand that a breach in confidentiality will result in disciplinary action, up to and including expulsion from the clinical facility/community setting, and from the Respiratory Care Program.

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

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

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

M Number: \_\_\_\_\_

**The signed document will be placed in the students file.**

# MVCC Student Respiratory Therapist Academic Integrity Pledge Form

It is expected that all respiratory care students will support the Academic Integrity/Honor Code of MVCC in all activities related to their studies and will refrain from any form of academic and professional dishonesty or deception in the classroom, clinical agencies, Clinical Learning Unit, online, and other learning settings. These behaviors include cheating, plagiarism, violation of patient confidentiality, falsification of data, falsification of records, and/or aiding and abetting dishonesty. The professional respiratory therapist is also responsible and accountable to maintain a safe and respectful environment in the practice arena. Therefore, the MVCC respiratory student is expected to adhere to and model the professional values of the American Association for Respiratory Care and the Respiratory Care Profession Code of Ethics.

## Academic Integrity Pledge

I \_\_\_\_\_ pledge to support the MVCC Academic Integrity Policy. I will refrain from any form of academic and professional dishonesty or deception in the classroom, clinical agencies, online, and other learning settings. The behaviors I will NOT participate in include cheating, plagiarism, violation of client confidentiality, falsification of data, falsification of records, and/or aiding and abetting dishonesty. I will adhere to the model of professional values of the American Association for Respiratory Care and the Respiratory Care Profession Code of Ethics.

Student Name (Print): \_\_\_\_\_

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

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

**The signed document will be placed in the student's file.**



# MVCC Tutoring Referral

To: Learning Commons, IT 129    Student's Name: \_\_\_\_\_

From: \_\_\_\_\_    M#: \_\_\_\_\_

Signature (Instructor, Dept. Head of Counselor): \_\_\_\_\_

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

I would like to refer the student named above to the Learning Center for tutoring in (subject area) for as much tutoring as is required throughout the semester, and as time will allow.

Week	Date(s)	Subject Task	Tutored	Hours/Week												
Week 1	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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Week 3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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Week 5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 7	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 8	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 9	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 10	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 11	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 12	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 13	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
Week 14	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							

Total hours tutored this semester: \_\_\_\_\_

Tutor's Signature: \_\_\_\_\_

## **Student Conference/Clinical Jeopardy/Dismissal Policy**

**Student Conference Related to Academic Progress:** Student Conference Related to Academic Progress is defined as a formal meeting conducted by a faculty member with a student to identify a concern with academic progress or cumulative average.

**Student Conference Related to Clinical Progress:** Student Conference Related to Clinical Progress is defined as a formal meeting conducted by a faculty member with a student to identify a concern with clinical progress, tardiness, illness, missing assignments, interpersonal skills, or failure to complete assignments.

### **Two Student Conferences Related to Clinical Progress constitutes one Clinical Jeopardy**

**Clinical Jeopardy:** Clinical Jeopardy is defined as any situation in which a student fails to comply with the overriding principles of care, compromising optimal client outcomes. The overriding principles of care as defined by the Nursing and Allied Health Programs include safety, caring, and asepsis.

In the event of receiving a Clinical Jeopardy and at the discretion of the faculty member, the student will:

- be sent to the college lab with a specific assignment

**OR**

- remain in the clinical area with an alternative assignment
- make up the total number of hours for that scheduled clinical day

**Three Clinical Jeopardy situations from the time a student enters RC 131 up to the time they exit RC 234 will constitute a clinical failure (F in the clinical course). Three Clinical Jeopardy situations will also result in immediate dismissal from the program with no ability to re-enter the program in the future.**

**Immediate Dismissal:** Individual clinical jeopardy situations will be reviewed on a case-by-case basis by the Respiratory Care faculty to determine which ones warrant immediate dismissal. The student will be notified of the faculty's decision about program dismissal within one week of the occurrence.

# Student Academic Progress Form

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

Instructor: \_\_\_\_\_

I. Initiator of Conference:

Faculty Requested: \_\_\_\_\_ Student Requested: \_\_\_\_\_

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

Academic Progress: \_\_\_\_\_ Cumulative Average: \_\_\_\_\_ Other: \_\_\_\_\_

## III. Reason/situation basis for conference:

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## IV. Student's Explanation of Events:

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## V. Student's Proposed Action Plan:

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VIII. Agreement reached?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Specify:

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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:

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## IV. Student's Explanation of Events:

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## V. Student's Proposed Action Plan:

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## VIII. Agreement reached?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Specify:

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Clinical Jeopardy Form

Student Name: \_\_\_\_\_ Date incident occurred: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Clinical Affiliate: \_\_\_\_\_

Detailed description of incident:

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Remediation recommended:

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Remediation instituted:

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This is Clinical Jeopardy number (please circle):      1      2      3      for this student since beginning Clinical Practicum 1 (RC131)

This Clinical Jeopardy situation warrants Program Dismissal:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Jeopardy is defined as any situation in which a student fails to comply with the overriding principles of care, comprising optimum patient outcomes. The overriding principles of care as defined by the Nursing and Allied Health Programs includes safety, caring and asepsis.

Three Clinical Jeopardy situations from the time a student enters RC131 up to the time they exit RC 234 (Clinical Practicum 4) will constitute a Clinical Failure. The outcome of the student receiving three clinical jeopardizes constitutes an "F" in the course. This results in the student being unable to participate in any further clinical sessions.

Student Comments:

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# Clinical Practicum Make-up Time Form

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

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

Reason: \_\_\_\_\_

Clinical Affiliate: \_\_\_\_\_

The student was absent/tardy:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Amount of make-up time required: \_\_\_\_\_

\*Date make-up time must be completed: \_\_\_\_\_

Specific make-up assignment: \_\_\_\_\_

I am aware of the make-up time required and realize that failure to complete the make-up time as outlined will affect my success in clinical.

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

Instructor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Lab Assistant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Laboratory Make-up time:

Date	Time In	Time Out	Total Time Spent	Instructor/Lab Assistant Signature

\*The student is responsible for returning the completed form to the clinical instructor within one week of the Clinical Jeopardy.



# Clinical Practicum 1 & 2 Evaluation of Clinical Performance Form

Clinical Affiliate: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Number of Clinical Sessions: \_\_\_\_\_

Shift Hours: \_\_\_\_\_ 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.

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

Pass      Fail

## 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 pt.) 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 (be specific):

\_\_\_\_\_  
\_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Practicum 3 & 4 Evaluation of Clinical Performance Form

Clinical Affiliate: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Instructor: \_\_\_\_\_ Number of Clinical Sessions: \_\_\_\_\_

Shift Hours: \_\_\_\_\_ 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.

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

Pass      Fail

## 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 volunteer's 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 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 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 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

### 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 size work assignment with occasional guidance and/or assistance.

\_\_\_\_\_ (3 pt.) 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

## 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 Case 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):

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

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3. Recommendation for improvement in clinical performance (be specific):

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

# Physician Interaction Log Sheet

Students should seek out physician interaction whenever it is possible in order to learn the appropriate physician – therapist rapport. A point system has been created to encourage this behavior. Each student must earn a total number of points which varies depending on the semester. This scoring page with the required number of points is included in the Clinical Practicum Packet for Clinical 2 and 3. The scoring system is listed below:

## **Type A: Patient Focused**

Individual, personal interaction with a physician relating to the management of a particular patient as it pertains to respiratory care. Included are actual procedures with a patient (for example, code, bronchoscopy, thoracentesis, tracheostomy, etc.). Also included are such procedures as evaluations, diagnosis, treatment plans, and prognosis of a singular patient.

## **Type B: Tutorial**

Individual one- on – one instruction related to clinical medicine or other areas pertinent to respiratory care. Included are activities such as formal or informal discussions, review of research or recent advances in respiratory care, and practical demonstration of procedures or equipment without patient interaction.

## **Type C: Small Group**

Formal or informal presentations such as in-service, seminars, continuing education meetings, case presentations, physician's rounds, etc. It is necessary for the presentation to be small enough for the physician conducting the session to be aware of who is in attendance.

## **Type D: Large Groups**

Formal educational experiences such as lectures or papers presented at professional meetings, conferences, seminars, etc. The size of the meeting would preclude significant audience participation.

Scoring is as follows:

Type A: 1 hour = 4 points

Type B: 1 hour = 3 points

Type C: 1 hour = 2 points

Type D: 1 hour = 1 point

Note: Physician interaction records are to be submitted to the Director of Clinical Education or Clinical Instructor within 48 hours of the event, unless specified otherwise.

## Academic Appeal Process Policy

Students who wish to appeal their dismissal from a health science program shall be held to the following timeline.

Working days from receipt of program dismissal	Action Step
10	Student consults with the Dean of the School of Health Sciences to discuss process.
13	Student submits written appeal to Dean of the School of Health Sciences.
18	Appeal review committee is convened and student's academic appeal is reviewed.
20	Outcome of appeal is communicated in writing with the student.

Questions should be directed to the Office of the Vice President for Learning and Academic Affairs (VPLAA).

Students shall submit a written academic appeal, with supporting documentation, to the Dean of the School of Health Sciences. Supporting documentation may include verifiable written statements from physicians, therapists, police, attorneys, financial counselors, family members, or others who can confirm the particular circumstances supporting the appeal. The student's appeal letter must include the following:

- Complete name, M number, e-mail address, and telephone number.
- Narrative statements about why the School of Health Professions should consider the student's academic appeal (resulting in the student being allowed to remain in the degree program).
- Description of extraordinary situations or unusual difficulties encountered by the student that should be considered during review of this academic appeal.
- Planned strategies for future success if allowed to continue in the degree program.

The School of Health Science Appeal committee shall include three academic program coordinators of the School of Health Sciences not affiliated with the complaint and a MVCC Student Support Advisor (SSA). A thorough review of the student's submitted written material shall be performed along with a review of the student's academic history. The Dean of the School of Health Sciences shall notify the student about the committee's decision in writing.

Note: Students who are successful in their academic appeal shall remain in the academic program must contact the Dean of the School of Health Sciences to reschedule and/or reassess their academic progress. Such students may be required to participate in academic activities as a condition of their academic appeal approval.

