

RESPIRATORY CARE STUDENT  
POLICY AND PROCEDURE  
MANUAL

2025-2026



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# TRIDENT TECHNICAL COLLEGE RESPIRATORY CARE PROGRAM HANDBOOK

## CHARLESTON, SOUTH CAROLINA

### INTRODUCTION:

The Respiratory Care faculty welcomes all new and returning students, and extends best wishes for success in achieving the goal of becoming eligible to take the credentialing examinations given by the National Board for Respiratory Care (NBRC).

The Respiratory Care **Student Policies and Procedures Manual** has been developed to assist you with your education. It is important to read and become familiar with the information presented in this manual. Please refer to this as a main source of information regarding policies and procedures of the Respiratory Care program. The Respiratory Care faculty are available to assist students or clarify policies and procedures contained in this manual.

Although the Respiratory Care program faculty have made every reasonable effort to attain factual accuracy in this manual, no responsibility is assumed for editorial, clerical or printed errors. The Respiratory Care program faculty have attempted to present information that, at the time of preparation for printing, most accurately describes the program policies. The Respiratory Care program adheres to all policies and procedures outlined in the Trident Technical College Student Handbook/Planner, 2025-2026.

This Respiratory Care **Student Policies and Procedures Manual** does not constitute a contract between the College and its students or applicants for admission or with any other person. The faculty reserves the right to review and update this manual as the need arises. Students will be made aware in writing of any changes made in this manual. Changes will become effective whenever the Dean of Health Sciences and Respiratory Care Program Director so determine. Information or changes will be available from the Program Director.

**All Respiratory Care Program policies, Health Sciences Divisional policies, and Trident Technical College policies apply to all students and faculty, regardless of location. If there is a conflict between the Respiratory Care Policies and Procedures Manual and the College's Student Handbook/Planner, the Respiratory Care policies and Procedures Manual will prevail.**

### PROGRAM GOAL:

The Respiratory Care program goal is To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

### PROGRAM ACCREDITATION:

The Respiratory Care Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). The mission of this organization is to “ensure that high quality educational programs prepare competent respiratory therapists for practice, education, research and service.”

Commission on Accreditation for Respiratory Care ([www.CoARC.com](http://www.CoARC.com))

1248 Harwood Road Bedford, Texas 76021-4244

(817)283-2835

## ***FULL-TIME PROGRAM FACULTY INFORMATION***

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### **EXPLANATION OF EDUCATIONAL EXPERIENCES AT TRIDENT:**

Learning is a shared responsibility. Active involvement and internalization by the student are necessary in the teaching-learning process. Studies show there is a high correlation between attending class/lab and clinical participation and succeeding in respiratory care. The instructor functions as a facilitator and guides and directs the student to the proper resources, creates an environment conducive to learning, provides a positive role model, and assesses and evaluates the student's level of achievement based on behavioral objectives. The classroom is where Respiratory Care theory is taught. Minimal preparation is three (3) hours for every one (1) hour of class. Students must purchase required materials. Laboratory experience is provided for students to practice skills described during the didactic portion of the program.

Actual experience working with patients is a major part of the Respiratory Care educational program. The clinical experience provides the opportunity for the student to develop task-related skills and techniques learned in the laboratory and to integrate learned theory with clinical practice. Students should anticipate questions that clinical instructors may ask, including any medications.

Trident's Respiratory Care program has agreements with several facilities for student clinical experiences. These clinical facilities include East Cooper Medical Center, Medical University of South Carolina, Roper-St. Francis Hospital, Summerville Medical Center, Trident Medical Center and several other facilities.

Field trips and physician lectures are also part of the educational experiences afforded to the Respiratory Care student.

### **RESPIRATORY CARE LABORATORY:**

The Respiratory Care laboratory is where laboratory courses are taught. It is imperative that it be kept clean and orderly. Return all supplies to their proper storage areas, do not sit or put books on beds, treat the mannequins as you would a patient.

The college does not allow children in classrooms or labs.

## RESPIRATORY CARE PROGRAM Anticipated Additional Student Expenses

ITEM	Approximate COST
Uniform (scrubs, shoes, lab coat)	Varies
ArcPoint Background Check & Drug Screen	\$200.00 (may be required to repeat)
EHRgo	\$120.00
Stethoscope	\$30-\$200
Respiratory Care Lab Kit	\$250.00
AARC Membership	\$25.00 each year
eCare Learning Subscription	\$20 each year
My Clinical Exchange	\$40/ year
Self-Assessment Exam: Therapist Multiple Choice Exam	\$50/ attempt
Self-Assessment Exam: Clinical Simulation	\$70/ per attempt
Board Prep Seminar	\$425
Graduation	Approx. \$100
Limited License Application	\$40
Trajecsys	\$40.00
Health Examination	Approx. \$200.00 -\$400.00
BLS	\$20.00
ACLS and PALS	\$40
Immunizations & Titers	Approx. \$ 700.00
Professional Liability Insurance	\$40.00/year
Therapist Multiple Choice Exam	\$190
Clinical Simulation Exam	\$200
Permanent License Application	\$120
<b>Estimated total costs</b>	<b>\$2,753</b>

**I.**

**ACADEMIC POLICIES**

## **ACADEMIC ADVISING:**

The purposes of the advisor-student program are to:

1. increase communication between students and faculty.
2. provide the student access to a faculty member with whom he/she can discuss or explore issues important to the student.
3. explore alternatives that may be necessary for the student to meet the objectives of the program.

The Respiratory Care faculty are here to assist you with any problems or concerns that you may encounter. All full-time faculty maintain office hours for this purpose; these hours will be posted on the course syllabi each semester. Students should schedule appointments during these times. If a student finds that he/she is unable to meet with the advisor during these hours, other times may be set which are mutually acceptable to the advisor and student. It is the student's responsibility to ask for a conference when he/she feels assistance is needed. The student has the responsibility of meeting with the advisor when the advisor requests a conference.

All students scoring less than a 75% on any didactic test must remediate. The Respiratory Care Exam Remediation form can be found at the end of this document. This form must be completed and submitted in D2L prior to the date of the next exam for that course. The student is strongly encouraged to meet with the instructor after completing this form if they need additional help. It is the student's responsibility to make an appointment with the instructor during his or her office hours. The student must come prepared to ask questions on materials presented in lecture. The instructor will not reteach the content.

All full-time faculty have telephone Voice Mail. A message may be left on Voice Mail when faculty are not available to accept calls. Students may also e-mail faculty for academic advising appointments.

In addition to the advisor, the Counseling and Career Development Service Department is available to all students. The telephone number is 843-574-6131.

## **SCHOLASTIC REQUIREMENTS:**

### **Assessment Scaffolding and Feedback Policy**

To support student success and mastery of course content, this program implements a structured and supportive assessment framework. This approach ensures students build knowledge progressively and receive timely feedback to guide their learning.

#### **1. Purpose of Assessments**

- Assignments and Quizzes: Designed to build foundational knowledge and skills. Most assignments begin as in-class activities and are completed independently. Quizzes are formative tools that reinforce key concepts and prepare students for exams.
- Examinations: Assess cumulative knowledge and readiness for the National Board for Respiratory Care (NBRC) board exams. Exams may include multiple choice, short answer, discussion, case-based, and simulation formats, and are timed according to NBRC standards:
  - 68 seconds per multiple choice, true/false, and short answer question
  - 10 minutes per full case-based simulation question

#### **2. Lab/Practical Examinations**

- Students must pass the lab portion with a minimum score of 71% to pass the course.
- Only two attempts are allowed per competency check-off. Failure to pass after two attempts results in a course grade of "F," regardless of lab average.
- Initial demonstration grades are final, even if re-demonstration is permitted.
- Practical examinations are scheduled through random student selection and require demonstration of competency in the assessed lab skills.

#### **3. Feedback and Remediation**

- Ongoing Feedback: Provided on assignments and quizzes to help students monitor progress and address learning gaps.
- Test Remediation: Required for any test score below 75%. Students must complete a Test Remediation and submit it to the instructor. A follow-up meeting may be scheduled to review misunderstood content.

#### **4. Professionalism**

- Professionalism is a critical component of respiratory care education and practice.
- It accounts for 30% of the final lab grade in each lab course.
- Professional behavior includes punctuality, preparedness, respectful communication, adherence to safety protocols, and ethical conduct.

- Professionalism is assessed continuously throughout the course.

According to the Health Sciences Division Policy, students must achieve a grade of “C” or above in all professional courses. Failure to receive a grade of “C” or above may result in the inability to progress in their Health Sciences program. If unable to progress in their program of study, students have the option of applying for the next available readmission seat. Readmission is not automatic or guaranteed.

Respiratory Care students must achieve at least a grade of “C” in each theory, laboratory and clinical component of every course in the program. All course grades are determined according to the College grading scale as follows:

A =	91 - 100	Outstanding
B =	81 - 90	Above average work
C =	71 - 80	Average work
D =	65 - 70	Marginal performance
F =	Below 65	Failure to meet minimum requirements

Final course grades are letter grades. Students can see their final grades on their TTC Self Service account. Due to the Privacy Act, faculty members are not allowed to issue grades or progress reports to parents or interested family members. Grades are not provided via the telephone.

#### **EXTRA CREDIT:**

No extra credit is awarded in any respiratory course.

#### **PREREQUISITE COURSES:**

All courses included in the Respiratory Care curriculum MUST be completed with a grade of "C" or better. See online college catalog for specific prerequisites: [Trident Technical College Online Catalog](#)

#### **ADVANCED STANDING:**

Student transcripts from another college will be reviewed by the College for any courses that may be used for transfer credit. It is the responsibility of the student to make sure these transcripts have been sent to the College. Each student is required to make an appointment with his/her advisor during the FIRST SEMESTER to identify course substitutions to assure matriculation through the program. Students must graduate on time, at the end of Spring semester. See the College Catalog for further information on Advanced Standing.

#### **RESPIRATORY CARE PROGRAM ATTENDANCE POLICY**

Attendance is an integral part of student success. All students must attend at least 90% of scheduled in person labs. Extenuating circumstances will be discussed on a case by case basis with the student.

Make-up work will only be accepted with excused absences (documented family emergencies or illness). It will be the student's obligation to notify the instructor in advance if a test or quiz will be missed.

Students should be prepared to take the quiz, test, or hand in the assigned work on the day the student returns to class. NO make-up tests or quizzes will be given without prior consent of the instructor. The time scheduled for make-up tests or quizzes will be at the instructor's discretion. Make-up tests or quizzes may have five points deducted per calendar day from the original date to make-up date. All assignments are due at the specified time. Assignments turned in late may be considered unacceptable and given a grade of zero.

The Respiratory Care faculty requests that students who will be absent notify the faculty as early as possible on the day of the absence at 843-574-6101 (Mrs. Simmons) or 843-574-6962 (Mrs. McLean). The faculty's phones are equipped with 24-

hour Voice Mail; students are requested to leave a message and a number where they may be reached if the faculty are not available.

**AARC MEMBERSHIP:**

All students entering the Respiratory Care program are required to be members of the American Association for Respiratory Care (AARC). More details are provided on the [AARC Website](#)

**WITHDRAWAL:**

Students who are at risk of failure in theory or lab may withdraw with a grade of "W" before the last day to withdraw. If the student stops attending class during the term and does not complete and submit a withdrawal form to the Office of Admissions on or before the last day to withdraw with a grade of "W", an "F" will be given for the course. It is the student's responsibility to withdraw him/herself at the Admissions office. Withdrawal dates will be posted on the college's website.

A student who is not passing a course and does not withdraw by the College's official withdrawal date will receive the calculated grade for that course. The instructor is not allowed to assign a grade of "W" after the withdrawal date. Students who receive a D, F, or W in any of the program courses may not be able to progress forward in the program. See readmission policy below.

## **READMISSION PROCEDURE:**

A student who receives a W, D, or F in any required curriculum course, or who receives an unacceptable professional behavior grade in a Respiratory Care (RES) course, may not be able to progress forward in the program. A student may request to be considered for readmission by submitting a typed letter to the Program Coordinator; however, readmission is not automatic. Students may be considered for readmission to the same program one time only, under the following conditions:

1. Space in the class is available.
- 2.
3. Student meets the admission requirements effective for the semester for which they are readmitted.
4. Student meets the specific conditions for readmission set by the Respiratory Care Readmission Committee, chaired by the Division Dean. Student must show competency in ALL previously learned clinical skills PRIOR TO readmission to the program. If the student is unable to show competency, they will be required to retake the course in which the skill is taught, in order to be able to progress forward in the program.
5. Students who withdraw because of unacceptable professional behavior issues may be required to
6. provide documentation that corrective actions have been completed.

The Program Coordinator will provide the student with a copy of the readmission policy and procedures. When a student initiates the readmission process by requesting an Exit Interview, the Program Coordinator will conduct the exit interview as soon as possible.

Decisions regarding readmission into the Respiratory Care Program are NOT made until the March prior to the summer start of class.

Students who are denied readmission will be notified by the program coordinator within 10 working days of this decision, by certified mail, that their request for readmission has been denied, citing the reason(s) for the denial.

A detailed explanation of this policy, which contains additional information, can be found in the Health Sciences Student Policies and Procedure manual. This manual is located in D2L under the RES101 course content.

## **CREDENTIALING EXAMINATIONS:**

Students who successfully complete the Respiratory Care program are eligible to take the national examinations given by the National Board of Respiratory Care (NBRC). The Testing matrix can be found at the end of this document, with corresponding courses in which the material is covered.

## **LICENSURE:**

Once the student completes all required courses for the Respiratory Care program it is the student's responsibility to determine the licensure laws for the state in which he/she chooses to work.

## **CHANGE OF NAME/ADDRESS/PHONE NUMBER:**

If a student changes his/her name, address, or phone number while enrolled in the Respiratory Care program, this information should be submitted in writing to the Office of Admissions, Bldg. 410, and to the Program Coordinator.

## **GIFTS TO FACULTY:**

To be in compliance with the *Ethics, Government Accountability and Campaign reform Act of 1991*, faculty may not receive gifts. Please do not put a faculty member in the awkward position of having to return gifts.

## **FACULTY ATTENDANCE AT STUDENT FUNCTIONS:**

Faculty try to attend student functions; however, faculty cannot attend private functions (i.e., baby showers, weddings, parties, etc.).

# Respiratory Care Program

## Associate in Applied Science

Applicants will be admitted to this program on a “first-qualified, first-admitted” basis. Applicants are considered qualified for admission to the next available class when they meet **all** TTC and program requirements. Classes begin **Summer Semester**. *Note: When the number of applicants qualifying at the same time exceeds the number of space available in the program, admission will be prioritized according to the date and time that the Health Science application was received in the Admissions office. Application forms can be accessed on the College website.*

### Program Admission Requirements

Applicants should ensure that documentation of each of the following admission requirements is on file in the Admissions office **as soon as it is completed**. Information must be submitted electronically at [HealthSciencesAdmissions@tridenttech.edu](mailto:HealthSciencesAdmissions@tridenttech.edu).

Upon admission to the College and submission of official high school and college transcripts, complete the online **Health Sciences Application** through the TTC Portal. Once the application is received complete, the following prerequisite steps:

- A. Achieve qualifying scores on the TTC placement test, SAT or ACT; or achieve a minimum weighted GPA of 3.0 from high school within the last five years; or satisfactorily complete RWR 100 Integrated Transitional Reading and English and complete MAT 102 Intermediate Algebra with a minimum grade of C; or satisfactorily complete an equivalent RWR 100 course and complete an equivalent MAT 102 course with a minimum grade of C from an approved, regionally accredited postsecondary institution.
  - Complete BIO 210 Anatomy and Physiology I or equivalent with a grade of C or better. This course must have been taken within five years of acceptance into the program.
- B. Achieve a minimum cumulative 2.75 GPA at the time of acceptance and at date of entry into the program based on classes taken within five years of acceptance into the program.
- C. Complete the Online Information Session and achieve a 100% score on the online quiz following the session to verify the information was reviewed and understood.

Accreditation - The Respiratory Care Program at Trident Technical College is housed on the Thornley Campus, awards an Associate in Applied Science, and is accredited by the Commission on Accreditation for Respiratory Care, 1248 Harwood Road, Bedford, TX 76021- 4244; telephone: 817-283-2835; website <http://www.coarc.com>.

*Trident Technical College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, national or ethnic origin, disability, gender or age in its admissions policies, programs, activities or employment practices.*



**RESPIRATORY CARE PROGRAM CURRICULUM  
DISPLAY**

BIO 210		Anatomy and Physiology I	3	3	<u>4</u>
					<b>4</b>
<b>First Semester – Summer</b>					
ENG 101		English Composition I	3	0	3
AHS 104		Medical Vocabulary/Anatomy	3	0	3
RES 110		Cardiopulmonary Science I	2	0	2
RES 121		Respiratory Skills I	3.5	1.5	<u>4</u>
					<b>12</b>
<b>Second Semester – Fall</b>					
BIO 211		Anatomy and Physiology II	3	3	4
RES 131	FA	Respiratory Skills II	3.5	1.5	4
RES 111	F1	Pathophysiology	2	0	2
RES 246	F2	Respiratory Pharmacology	2	0	<u>2</u>
					<b>12</b>
<b>Third Semester – Spring</b>					
RES 150		Clinical Applications I	0	12	4
RES 112	S1	Cardiopulmonary Pathophysiology	3	0	<b>3</b>
RES 140	S1	Introduction to Mechanical Ventilation	1.5	1.5	2
RES 247	S2	Advanced Respiratory Pharmacology	2	0	2
RES 243	S2	Mechanical Ventilation II	1.5	1.5	<u>2</u>
					<b>13</b>
<b>Fourth Semester – Summer</b>					
PSY 201		General Psychology	3	0	3
Humanities Elective		See College Catalog for approved humanities	3	0	3
RES 152		Clinical Applications II	0	9	3
RES 210		Respiratory Diagnostics	3.5	1.5	4
RES 220		Hemodynamic Monitoring	1	0	<u>1</u>
					<b>13</b>
<b>Fifth Semester – Fall</b>					
RES 253		Advanced Clinical Studies I	0	18	6
BIO 225		Microbiology	3	3	4
RES 142	F1	Basic Pediatric Care	1.5	1.5	2
RES 205	F2	Neonatal Respiratory Care	1.5	1.5	<u>2</u>
					<b>14</b>
<b>Sixth Semester – Spring</b>					
RES 254		Advanced Clinical Studies II	0	21	7
RES 235	S1	Cardiopulmonary Science II	3	0	3
RES 249	S2	Comprehensive Applications	2	0	<u>2</u>
					<b>13</b>
		<b>TOTAL SEMESTER HOURS</b>			<b>81</b>

## **II.**

# **PROFESSIONAL AND PERSONAL CONDUCT**

## HONOR CODE PLEDGE

1. I will not give my username and/or password to anyone.
2. I will submit only my original work.
3. I will not plagiarize.
4. I am honor bound to complete all the assigned work and will honestly report my progress.
5. I understand that all quizzes/exams are closed-book, and that using references of any kind during a quiz/exam will be considered cheating.
6. Cheating on tests is defined to include the following:
  - a) Copying from another student's test or answer sheet.
  - b) Using materials or equipment during a test not authorized by the person giving the test.
  - c) Collaborating with any other person during a test without permission.
  - d) Knowingly obtaining, using, buying, selling, transporting, or soliciting in whole or in part the contents of a test prior to its administration.
  - e) Bribing or coercing any other person to obtain tests or information about tests.
  - f) Substituting for another student or permitting any other person to substitute for oneself.
  - g) Cooperating or aiding in any of the above.
7. I will not discuss the contents of any exam with anyone until after the scores have been released.
8. I will not copy or print all, or part, of any exam. Copy includes any form of reproduction including, but not limited to, transcribing, printing, photocopying, photographing, using the print screen tool, etc.
9. I understand that I can be held accountable for failure to comply with all aspects of this honor pledge as outlined in the [TTC Student Handbook](#)

\*Definitions for plagiarism, collusion and fabrication can be found in the [TTC Student Handbook](#).

## CONDUCT

Students should conduct themselves in a professional manner on campus, in class, lab, on field trips, and in the clinical setting in accordance with Trident Technical College's Student Pledge found in the [TTC Student Handbook](#).

**Trident Technical College** is committed to the achievement of student success in an environment defined by civility and dignity. Affiliation with the College community obligates members to high ideals while it grants both privilege and status. The expectations which follow establish the standards of TTC community members.

## DRESS CODE:

Students are expected to appear neat and clean at all times. Scrubs must be worn to lab. Appropriate undergarments must be worn at all times and must not be discernible. Torn jeans, muscle shirts and tight, revealing clothing are not appropriate at any time the student is engaged in program activities, **including** course lectures and labs. Casual clothing is appropriate for most classroom activities; however,

the program occasionally utilizes guest speakers or arranges a field trip to a health care facility. Students are expected to dress professionally at these times. Blue jeans, shorts, thong sandals, halter tops, tank tops, and ragged tennis shoes are not to be worn on field trips. A student who arrives dressed inappropriately will be asked to leave and will be considered absent from that class. The faculty will advise students in advance of these engagements. All students must remove hats/caps while in a building. Students must not wear strong fragrances or smell of smoke.

## **DESCRIPTION OF SATISFACTORY PERFORMANCE FOR PROFESSIONAL DEVELOPMENT FOR CLASSROOM AND LABORATORY**

How you relate to others and present yourself in public is extremely important as a representative of Trident Technical College and of the Respiratory Care profession. The **Classroom/Laboratory Professional Development Evaluation** will be used to assess the student's professional development. Individual midterm and final sessions will be scheduled during each semester to review Professional Development with the student. Guidance and feedback will be provided during these sessions.

Students will start with 100 points for the course and points are deducted as appropriate. Professionalism accounts for 5% of the total grade. Examples of reasons for point deductions are as follows: tardiness, inappropriate lecture or lab attire, inappropriate use of cell phone or laptops in lecture or lab, poor utilization of lab time, poor communication with classmates or faculty. Students will be notified if points are deducted before final grades are input.

### **CLASSROOM/ LABORATORY BEHAVIOR:**

All students are to demonstrate respect for faculty and peers while in the classroom. Behaviors that indicate respect include, but are not limited to:

- being on time
- being prepared to take notes when the lecture begins
- demonstrating attentiveness to the speaker, faculty, or peer(s)
- avoiding side-bar conversations with peers during lecture or while someone is speaking
- asking relevant and appropriate questions
- maintaining a professional demeanor and tone of voice when disagreeing with faculty or peer(s)
- remaining seated until the break or end of class
- packing up after lecture is concluded and class has been dismissed
- use lab time for active learning, not social time
- return all supplies to their proper storage areas
- do not sit or put books on the bed
- treat simulators and mannequins as you would real patients
- keeping the hallways quiet when class is in progress.

Faculty are responsible for setting the standards of behavior acceptable in the classroom. The respiratory care faculty, with input from the student body, has established the expected classroom behaviors listed above. These expected behaviors are designed to promote a positive learning environment for all students. Breach of these behaviors constitutes disruption in the classroom and creates an environment that is not conducive to learning. If a faculty member determines that a student persists in disruptive classroom behaviors, the faculty member will follow the College's policy found in the [TTC Student Handbook](#) and dismiss the student for the remainder of the class period.

Students must meet with the faculty member prior to the next class period to resolve the issue. A further disruption will result in a second dismissal and referral in writing by the faculty member to the Vice President for Student Services.

Tardiness will not be tolerated and students who are tardy may be asked not to enter the classroom once class has begun.

The Professional Development Evaluation is integrated into one course per semester, but the evaluation will be done by all instructors and will reflect the professional behavior of the student in the entire program. In addition to examination and assignment grading criteria for these courses, students must also receive a rating of at least 71 on the Professional Development Evaluation.

Receiving point reductions in the same area twice may result in disciplinary action. Uncorrected professional behavior may prevent the student from moving forward in the program.

A copy of the Classroom/Laboratory Professional Development Evaluation follows.

<b>Classroom/Laboratory Professional Development Skills</b>	<b>Student-Self Rating</b>	<b>Instructor Rating</b>	<b>Instructor Comments</b>
<b>1. Attendance</b> <ul style="list-style-type: none"> <li>• Punctuality</li> <li>• Notification of absence</li> </ul>	/10	/10	
<b>2. Participation</b> <ul style="list-style-type: none"> <li>• Prepared for class/lab</li> <li>• Cooperative/contributing member of class</li> <li>• Participates in professional development opportunities</li> </ul>	/5	/5	
<b>3. Communication</b> <ul style="list-style-type: none"> <li>• Effective and appropriate use and response to verbal and nonverbal</li> <li>• Appropriate response to constructive feedback from faculty and classmates</li> </ul>	/10	/10	
<b>4. Professional Development</b> <ul style="list-style-type: none"> <li>• Participates in community service, fundraising, seminars and other Respiratory Care events with the college and/or outside. Promotes the profession in a positive manner.</li> </ul>	/10	/10	
<b>5. Emotional maturity and stability</b> <ul style="list-style-type: none"> <li>• Attitude</li> <li>• Responsibility for actions</li> </ul>	/15	/15	
<b>6. Flexibility</b> <ul style="list-style-type: none"> <li>• Adaptability to changes in schedules/assignments</li> </ul>	/5	/5	
<b>7. Honesty and integrity</b> <ul style="list-style-type: none"> <li>• Interactions/classwork/exams</li> </ul>	/20	/20	
<b>8. Self-confidence</b> <ul style="list-style-type: none"> <li>• Seeks assistance when appropriate</li> <li>• Self-confidence reflects level of curriculum</li> </ul>	/5	/5	
<b>9. Compliance to rules of program/building</b> <ul style="list-style-type: none"> <li>• Lab duties</li> <li>• Lab attire/dress code</li> </ul>	/10	/10	
<b>10. Time management</b> <ul style="list-style-type: none"> <li>10. Appropriate use of class/lab/open lab times</li> </ul>	/10	/10	

<b>Total</b>	<b>/100</b>	<b>/100</b>	
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### **Academic Integrity and Testing Protocol**

To uphold academic integrity across all testing environments, this program requires the use of Respondus LockDown Browser and active webcam monitoring during all online assessments. These tools ensure secure testing conditions and verify student identity, regardless of whether the exam is taken on campus or at a remote location.

Students must adhere to the following requirements when testing in the classroom setting.

- Be on time. If you are late for an exam, it is up to the discretion of the faculty member instructing that course to decide if you are allowed to enter tardy.
- Ensure that all electronic devices are turned off, unless being used for coursework.
- Students may keep a pencil/pen, approved calculator, and blank paper to use during the test.
- All students must have a privacy screen protector for their laptop or they will not be permitted to take the exam and will receive a ZERO.
- ONLY spill-proof bottles, with water, will be allowed in the classroom/testing area.
- No headphones, sunglasses, baseball caps, or hats may be worn during testing.
- Follow the instructor’s direction for starting and stopping the test.
- Keep your eyes on your own work or look up toward the ceiling.
- Refrain from talking to peers; remain quiet throughout the examination period.
- Return all testing materials to the instructor before leaving the room.
- All make up exams will be done in the testing center and will be essay questions. Students who miss an exam will NOT receive the same exam as their peers.
- Tests, quizzes and exams should not be copied, printed or otherwise duplicated. This is a form of cheating the student will receive a ZERO and disciplinary action will be taken.

### **SOCIAL NETWORKING:**

This policy refers to communication using social networking sites including, but not limited to Instagram, Facebook, Twitter, Snapchat, YouTube, blogs, Wikipedia, D2L, and texting. Student communication that may come under scrutiny can occur either internal and external to Trident Technical College or it’s associated websites. The absence or lack of explicit reference to a specific situation does not limit the application of this policy. Students should use appropriate professional judgment, where no guideline exists, and take the most prudent and professional action possible. Disregard for this policy may result in disciplinary action. Please consult with faculty if you are uncertain.

- Internet posting or other forms of communication should not contain any confidential information. This includes, but is not limited to, any type of patient or staff information such as name, photograph, social security number, address, diagnosis, treatment, date of admission, or any other information which might be protected by Health Insurance Portability and Accountability Act of 1996 (HIPAA). Business related information and policy of any clinical education center should not be disclosed publicly through internet postings or other forms of communication.
- Internet posting or other forms of communication should not contain any confidential information related to students, faculty, clinical preceptors, or other employees of the clinical facility.

### **SOCIAL NETWORKING: (Cont)**

- If on your communication forum, you acknowledge your affiliation with a Trident Technical College Program, then all communication on that network should reflect a professional persona as you would in a professional network. You should also post in a prominent location the following: “The posts on this site, including but not limited to images, links and comments left by readers, are my own and do not necessarily represent Trident Technical College’s position, strategies, or opinions”.
- Please be aware that it may be construed as inappropriate for students to seek networking friend relationships with faculty, preceptors, or other employees of the clinical facility. If faculty and preceptors are going to network with students, the forum should allow all students access to join.
- No form of electronic digital photography, videotaping, or recording (including PowerPoint presentations) of a faculty course lecture or lab activity is permitted to be posted on any social networking or electronic media sites without proper written authorization of the instructor.
- At NO time should patient care be discussed on social media, regardless of the content.

### **MOBILE DEVICE/SMART PHONE/SMART WATCH POLICY:**

The use of a mobile device or smart phone device is to be limited to information required for clinical and classroom research in the student role. No videos/photos may be taken during lab, class, simulation lab, or clinical without permission of the instructor. The phone and texting functions on a smart phone must be turned off according to the manufacturer’s instructions. Personal use of the phone function in the clinical or classroom setting is **PROHIBITED**. Students are responsible for obtaining the knowledge to correctly utilize their device in these settings. Disciplinary action will be taken on students failing to comply with this policy and they will be asked to leave the classroom or clinical setting and not be allowed to return until the appropriate disciplinary action is determined.

# **III.**

## **CLINICAL EXPERIENCE**

## **CLINICAL EXPERIENCE:**

**\*Please refer to the Health Science Policy and Procedure Handbook for details related to health documentation, vaccines and titers, major medical and liability insurance requirements.**

## **PREPARATION AND PARTICIPATION:**

All students are expected to prepare carefully for all classes and to actively participate in each class, lab, and clinical rotation.

Respiratory Care students have responsibilities for their personal actions when in contact with patients even though they are not yet credentialed. Students are legally and financially responsible if another person is injured or suffers loss as a result of their negligence.

While in the clinical setting, all students are to introduce themselves to patients (and their family) as a Respiratory Care student. Patients have the right to refuse any student.

## **EXPLANATION OF CLINICAL EXPERIENCES:**

Actual experience working with patients is a major part of the Respiratory Care educational program. Student clinical experiences will begin in the Spring Semester of the freshman year and will continue every semester thereafter. This coordinated practice is made up of: RES 150, 152, 253 and 254.

Clinical assignments are made by the Respiratory Care Faculty. Assignments to clinical affiliates are made on a rotating basis and exposes the student to different aspects and techniques of respiratory care.

A clinical preceptor will be assigned to students **AT ALL TIMES**. Transportation to and from the College and the clinical facilities is the student's responsibility.

Clinic documentation through Trajecsys must be completed each clinical day for full course credit. Failure to complete electronic documentation will result in a grade of ZERO for the day.

## **ATTENDANCE AT CLINIC:**

Attendance in clinical is essential for the development of the competent respiratory therapist. The student must abide by the attendance policy of the clinical site. The student should remember that each time he/she attends clinic, he/she is interviewing for a job. It is in the student's best interest to miss as little clinic as possible. If the student cannot attend clinic due to circumstances beyond his/her control, then the following policy will be adhered to.

1. Inform the clinical site prior to 6:30 a.m. OR 30 minutes prior to the start of the scheduled shift. Note who you spoke to and report that to the Director of Clinical Education.
2. Call Ms. McLean at 843-574-6962 or Ms. Simmons at 843-574-6101 and leave a message. With permission, you may contact Ms. McLean or Ms. Simmons on their mobile phones.

The student is allowed to miss two clinic days per semester. All excused absences must be made up; the first two will be made up on the scheduled make up days.

If the student misses more than two days, a ZERO will be given for each unexcused day. Make up days for EXCUSED absences will be scheduled by the Director of Clinical Education, Program Director and clinical site manager, and are dependent upon availability of clinical rotations. The student is NOT allowed to ask clinical sites for make-up days/time; the Director of Clinical Education will make these arrangements. Make up days could be weekends or nights. If the day(s) are not made up before the end of the semester (as determined by the College's academic calendar) a grade of ZERO will be given for each missed day. This may prevent the student from progressing forward in the program. Students can only make up time when the College is OPEN and when Respiratory Care faculty are working.

Students may not make up clinic days while on the clock for employment at area hospitals/clinic sites.

A student may not leave the clinical area early unless pre-arranged with the Director of Clinical Education. Only extenuating circumstances will be approved. A student who leaves early without prior consent will have to make up **twice** the missed time. The only exceptions to the above statements are as follows: the student becomes ill during the clinical rotation and is dismissed by the clinical preceptor, or an emergency, as defined by the Program Director or Director of Clinical Education, occurs.

Students that exceed clinical absences for the course may request an exception to the *Attendance at Clinic Policy* by providing documentation to support each clinical absence. This documentation will be submitted to the director of clinical education. If the documentation demonstrates that **each** clinical absence was due to extenuating circumstances, the director of clinical education will consider the request for an exception.

An extenuating circumstance is defined in the Student Handbook/Planner as “an uncontrollable event such as a serious health condition, illness or injury; a traumatic event such as a natural disaster; divorce, sexual assault; criminal assault; a family emergency; employment changes such as military duty; mandated work schedule changes or involuntary lay-off/unemployment.” Not included in this definition are issues such as transportation, roommate problems, incompatibility with faculty, difficult course load, dislike of a course, etc.”

**Tardiness is not permissible.** If the student is tardy for clinic, the following policy will be followed:

Under any circumstances students must inform the clinical preceptor of the tardiness and the expected time of arrival to clinic. **Texting/calling a classmate instead of the preceptor is not acceptable.** All clinical instructors have the authority to not allow a student to stay for clinic if they are late. In this case, the student will get a zero for the day.

**EACH** incidence of tardiness will be considered 1/2 day absence and will be treated as such.

***Students are NOT permitted to “trade” clinical rotations with one another.***

### **HIPAA and Confidentiality**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects an individual’s health information. HIPAA establishes appropriate safeguards that health care providers must achieve to protect the privacy of health information. Therefore, faculty and students must keep strictly confidential and hold in trust all confidential information of Hospital and/or its patients and not disclose or reveal any confidential information to any third party without the express prior written consent of Hospital. HIPAA holds violators accountable, with civil and criminal penalties that can be imposed if they violate patient’s privacy rights.

Students must maintain confidentiality related to any patient care and/or assignments. Discussion of patients must be limited to clinical, respiratory care conferences and classes. At no time should patients be discussed on breaks, in elevators, or other settings aside from the above-stated learning experiences. Only patient initials may be used for written assignments. Students are only allowed to obtain information on those patients assigned to their care for the clinical day. At no time should a student use his or her position in the respiratory program to seek information about a patient other than the patient to whom he or she has been assigned. Copying, scanning and/or removing any portion of the medical record or printed patient information from the facility or institution are strictly prohibited.

You may review the entire HIPAA here: [HIPAA](#)

Students not adhering to this policy will be subject to disciplinary action up, which could make them ineligible to move forward in the program.

## **Smoking**

No tobacco use of any kind (cigarettes, chewing tobacco, e-cigs) is permitted during clinic or on the facility property at any time. Smelling of smoke is also not permitted and the student will be sent home with a zero. Respiratory care patients are very sensitive to strong smells and smoke.

## **Beverages**

Patient care is not a spectator sport. **NO** coffee, drinks, or food while in patient areas.

## **CLINICAL PREREQUISITES:**

In order for students to participate in clinical, the following clinical prerequisites must be current:

### **Health Sciences Division Student Health Record**

### **CPR Certification awarded by American Heart Association**

**All Vaccines and Titters as outlined in the Health Science Policy and Procedure Manual** *\*these may change based on individual clinical site requirements.*

### **Site specific onboarding documentation (see Mandatory Inservices below)**

## **Mandatory Inservices**

All students are required to complete the general mandatory inservices prior to registering for their first clinical course and **annually** thereafter. Each time students register, documentation of these general mandatory inservices will be reviewed and must be considered current through the upcoming semesters. In addition, all students must complete the facility specific inservice module for assigned clinical sites each semester prior to the start of the clinical experience. Documentation of completion of the facility specific modules must be given to the director of clinical education by the stated deadline.

## **Major Medical Insurance**

Students must carry proof of coverage in clinical. Failure to maintain major medical insurance while enrolled in the respiratory care program will result in immediate dismissal.

## **Drug Screens**

All students are subject to random drug screens at their own cost.

## **Criminal Background Checks**

All students will be required to undergo a background check prior to enrollment in clinical courses. In the event that students are arrested or charged with a crime *while enrolled in the Respiratory Care program*, they must inform the program coordinator in writing and make an appointment to discuss options immediately. Clinical agencies have the final say in whether or not students with adverse findings or pending dispositions are disqualified from clinical practice.

## **PROFESSIONAL PRESENCE**

Students in the clinical setting for any reason are representing the Health Sciences division, TTC and the Respiratory Care Profession. Therefore, students must fulfill their professional responsibility to exhibit the highest standards in personal appearance, language, dress and demeanor at all times. This includes adhering to the policies of the Health Sciences division as well as to the policies of individual clinical facilities. Students not exhibiting the highest standards in personal appearance, language, dress and demeanor will be disciplined. Simple

violations, that are not a Patient Safety issue, will be corrected immediately and students will be permitted to remain in clinical with a notation of the violation on the *Daily Professional Clinical Behavior Checklist*.

Disciplinary actions for violations may include, but are not limited to, being asked to leave the facility for the clinical day, being asked not to return to a clinical facility. If a student is unable to attend clinic at any clinical facility, they are unable to progress in the program.

Patient safety infractions will be dealt with by the Program Director and Director of Clinical Education. Students who score an “unacceptable” in any Patient Safety category could be unable to return to clinic and be ineligible to progress in the program.

- **Smoking**

The Respiratory Care program is committed to health promotion and disease prevention. Therefore, smoking when in the clinical setting as a TTC student for any reason is strictly prohibited. This includes no smoking in designated smoking areas and in route to the clinical setting. Electronic cigarettes and chewing tobacco are included in this no smoking policy.

- **Personal Appearance**

The Respiratory Care program values professional personal appearance. Therefore, students in the clinical setting for any reason as a TTC student must under no circumstances:

- expose cleavage/belly/buttocks/tattoos/piercings.
- wear tight, dingy/dirty or ill-fitting clothing/uniforms/lab coat.
- chew gum.

- **Language and Demeanor (Attitude)**

The respiratory care program believes that a positive attitude is an essential component of professionalism. Therefore, students in the clinical setting for any reason as a TTC student must under no circumstances:

- talk negatively about the hospital/hospital personnel, respiratory care program personnel or peers.
- be arrogant/flippant/angry.
- show a lack of compassion and/or respect.
- not maintain integrity in all endeavors.
- not fulfill your professional responsibility to report unprofessional behaviors that the student observes to the appropriate person.

### **CLINICAL GRADING PROCEDURE:**

The grading procedure components for each clinical rotation will vary from semester to semester. These include:

- Professional clinical behavior rating
- Performance proficiency evaluation
- Final Multiple-choice Exam
- Final NBRC Self-Assessment Clinical Simulation exam
- Case Study Presentations

### **CLINICAL EXPERIENCE DOCUMENTATION:**

A *Clinical Experience Reflection Survey* will be completed electronically by the student each clinic day. This documentation consists of the student’s most important learning experience, their areas of excellence, areas of weakness, their own perception of professional behavior (including ethics and integrity), and critical thinking

skills used that day.

Students will also document procedures they were able to see, assist with and perform, as well as physician contact time.

### **PROFESSIONAL CLINICAL BEHAVIOR RATING:**

The professional behavior rating is to be completed electronically by the clinical preceptor at the end of each clinic day.

The students will be rated as acceptable, needs improvement or unacceptable.

Trident Technical College's Respiratory Care Program takes patient safety very seriously. If the student receives an "unacceptable" rating in the "Patient Safety" category, immediate disciplinary action will be taken.

It is the student's responsibility to inform one of the faculty if he/she receives an unacceptable rating in any category. This must be done the same day the rating is received.

All clinic documentation will be graded at the end of each semester. Incomplete documentation will result in a loss of points. Preceptors may provide additional comments/feedback directly to program faculty at their discretion, this feedback can be used to grade the student's clinical conduct. Additionally, when students have multiple preceptors throughout their clinical day, written and oral feedback may be sought from any individual supervising the student, even if said preceptor did not validate the student's daily documentation. Program faculty, based upon this additional feedback, may assign a grade of "unacceptable" EVEN IF IT WAS NOT ORIGINALLY INDICATED IN THE CLINICAL DOCUMENTATION.

### **DESCRIPTION OF SATISFACTORY PERFORMANCE FOR PROFESSIONAL CLINICAL BEHAVIOR**

The following descriptors are a guide for acceptable student performance in the clinical area. Since these are only guidelines, the professional judgment of the clinical preceptor will be exercised in completing the checklist.

### **Patient Safety:**

#### **1. Student exhibits critical thinking and problem-solving ability when delivering patient care.**

The student displays the ability to "think on your feet". Problem solving skills are demonstrated regularly without excessive prompting from the preceptor. Student identifies problem, formulates solutions based on previous knowledge and/or experience, implements or describes appropriate corrective action or plan and evaluates effectiveness or need for modification.

#### **2. Establishes priorities of patient care by differentiating between critical and non-critical tasks and responds appropriately.**

Respiratory therapy often requires the ability to prioritize patients based on their acuity level. Student must exhibit the ability to shift between routine therapy and emergent therapy in a timely and professional manner.

#### **3. Student is alert and attentive in the patient care setting and pays attention to detail while delivering patient care.**

A student responds appropriately to questions,

is able to concentrate on subject at hand, identifies alarm/unusual/unsafe situations and responds to correct them. Is clearly aware of the events taking place in the clinical environment.

It is essential for respiratory therapy students to recognize abnormal vital signs, abnormal patient behavior and changes in patient status, or the environment, in a timely manner. Students who are distracted during patient care are putting their patients at risk. Student must be aware of minor details such as a bed railing left down or an oxygen tubing that is kinked.

**5. Student is free from fragrances, smoke and body odor.**

Many patients with respiratory diseases are extremely sensitive to fragrances and other strong smells. Students must avoid any strong odors, including fragrances, scented lotions, smoke and other odors that may pose a risk to the patient.

**6. Student maintains confidentiality of patient information as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The student maintains absolute confidentiality of the information contained in the patient charts, notes, reports and releases. Any communication concerning the patients remain within the confines of the education program or health care institution including personnel. HIPAA is a federally mandated law that protects patient's medical information. Please review: [HIPAA](#)

## **Professional Behavior:**

**7. Student demonstrates self-directed learning in the clinical area and assumes responsibility for clinical preparedness/ assignments**

The student's willingness to aggressively, independently seek out learning experiences is noted here. The student utilizes learning resources effectively, looks up information independently, identifies incomplete objectives and seeks out opportunities to complete them, pursues recommended remediation, seeks out new or additional activities to improve clinical performance, asks pertinent questions and has read current journals which apply to the clinical setting.

The student demonstrates the knowledge and skills acquired in previous class/lab/clinical experiences in a safe, competent manner in the clinical setting. The student pursues recommended remediation and completes assignments in timely and acceptable manner as dictated by the requirements of the clinical preceptor

**8. Student demonstrates conscientious commitment to quality patient care and demonstrates dignity and worth of all individuals.**

The student pays particular attention to detail. Minimal program standards are regularly exceeded. Extra effort is made to provide a level of care above the accepted norm.

The student exhibits a courteous and respectful demeanor to the patient and health care personnel. Consideration and respect is shown for patients needs and rights. The patients and staff are addressed in an appropriate manner. (For example, patients are not to be addressed as "honey" or "sweetie.")

## 9. Student communicates effectively and appropriately

The student communicates clearly, concisely, unambiguously and appropriately for the level of the health care professional and patient encountered. Appropriate medical terminology is employed throughout the clinic. Student accepts constructive feedback in a professional and mature manner.

## 10. Student documents information accurately

Student completes documentation required by the program and clinic in an appropriate manner. Documentation occurs in the required time and place using acceptable medical terminology and format. When using written documentation, errors are stricken through twice, initialed and corrected information noted. Student logs accurately reflect nature and number of activities.

**\*False documentation is illegal and will be treated as a patient safety infraction\***

## 11. Follows Attendance and Tardiness Policy

See attendance policy above

## 12. Student complies with program dress code

The appearance of all Respiratory Care students must obviously conform to the highest standards of cleanliness, neatness, good taste and safety. Adherence to these standards is an essential part of providing high-level patient care. Students who do not adhere to these standards may be required to leave the clinical area.

### a) General Attire

All students must wear navy blue scrub bottoms and white scrub tops. Undershirts or athletic sleeves must match the scrub top. Female student's hemlines must not be shorter than two inches above the knee or longer than mid-calf. Length of pants should be appropriate and not present a safety hazard, such as touching the floor or allowing skin to be visible.

### b) Trident Technical College Identification Badge

A Trident Technical College identification badge must be worn at eye level of an observer, attached to the scrub top. Students who are not properly identified with an identification badge may be required to leave the clinical area.

### c) Site Specific Badges

Students must pick up badges from the each clinical site. The badge must be returned to the clinical site according to the facility policy.

### d) Jewelry

Students are requested to keep jewelry to a minimum. Excessive jewelry can be a safety and health hazard.

Wedding rings and/or engagement rings are permitted. Absolutely no other types of rings should be worn while on a clinical assignment. Earrings should be conservative and tasteful. No more than two earrings per ear are allowed. No hoop or dangle earrings. Bracelets (wrist or ankle) are not to be worn in the clinical setting.

Absolutely NO facial piercings are allowed

**e) Stethoscope**

A stethoscope is one of the respiratory therapist's essential "tools". It must be carried and utilized during each clinical day. It is mandatory that each student has a stethoscope beginning with the first day of lab during RES 131. Students are not allowed to share stethoscopes.

**f) Watch**

Students must have a watch with sweep/digital second readout. Smart watches are discouraged due to battery life.

**g) Cosmetics**

Fingernails should be clean, short, neatly trimmed and well-manicured. If nail polish is worn, it should be clear and in good repair. Artificial nails are not permitted.

Make up should be minimal and not distracting.

**h) Hair**

Hair should be styled to maintain safety. Styles and colors must be conservative. This rule applies to both male and female students. It should be neat, clean, dry and off the neckline in a controlled fashion. No ribbons, bows, or decorative clips may be worn. It must be clean, neat, and if longer than shoulder length, must be pulled back away from the face. Ponytails must be controlled and not drop forward when giving patient care. Unusual hair colors such as, but not limited to, green, blue, purple, yellow or orange are not permitted. Unusual hair styles such as, but not limited to, mohawks are not permitted.

**i) Shoes**

Shoes should be comfortable, closed heel and toe, and clean at all times. Only soft sole shoes are permitted. Shoes should be leather or vinyl to prevent fluids from leaking into them. Sandals, high heels or high-topped or canvas athletic shoes are not permitted. If clogs are worn, they may not have holes on the top of the shoes. Shoes designed to be worn with laces must have them and they must be tied. Black, brown or white shoes are permitted

**j) Hosiery**

Female students must wear hosiery if a dress/skirt is worn. Hose must be nude or white, textured, or patterned hose are not permitted. Socks or hose must be worn if the student wears scrub pants.

**k) Gum**

Students are not permitted to chew gum while in the clinic area.

**l) Daily Hygiene**

Must be observed so that teeth, breath, and body are healthy and free of odor.

**m) Tattoos/Body Piercings**

Tattoos must not be displayed. Body piercing(s), with the exception of earrings (see jewelry above) must not be displayed.

**n) Undergarments**

Undergarments must be worn and must not be discernable.

Behavior	Acceptable	Needs Improvement	Unacceptable
<b>Patient Safety:</b>			
Student exhibits critical thinking and problem solving ability when delivering patient care.			
Establishes priorities of patient care by differentiating between critical and non-critical tasks and responds appropriately			
Student is alert and attentive in the patient care setting and pays attention to detail when delivering patient care			
Student is free from fragrances, smoke and body odor.			
Student maintains confidentiality of patient information as outlined in the HIPPA			
<b>Unacceptable marks in the patient safety category will mean a loss of 15-30 points on the final evaluation of Behavioral Rating in the clinical course. The Program Director and Director of Clinical Education will determine total points lost based on clinical preceptor feedback and prior professional infractions.</b>			
<b>Ethical and Professional Behavior:</b>			
Demonstrates self-directed learning in the clinical area and assumes responsibility for clinical preparedness/ assignments			
Demonstrates conscientious commitment to quality patient care. Demonstrates dignity and worth of all individuals			
Communicates effectively and appropriately			
Documents information accurately *False documentation is illegal and will be treated as a patient safety infraction*			
Follows attendance and tardiness policy			
Complies with the program dress code			
<p>Attendance in clinical is essential for the development of the competent respiratory therapist. The two clinic days in the final week of the semester have been reserved for make up clinic in case students should have absences. Should the student miss clinic for any reason, their first two absences will be made up during these reserved days. Any further <b>EXCUSED</b> absences will be made up at a time that is convenient for the clinical site and the Respiratory Faculty. This may result in the student receiving an “incomplete” in the clinical course, until these clinical hours are met. Each <b>UNEXCUSED</b> absence, beyond the initial two days, will result in a loss of 15 points on the final evaluation of Behavioral Rating in the clinic course.</p> <p>Students who do not miss any clinical days during the semester, will not be required to attend clinic on the reserved days. These days will be clearly marked on the clinical scheduled as “make-up days”.</p> <p>Each tardy will result in a loss of 5 points on the final evaluation of Behavioral Rating in the clinic course.</p>			

**Clinical Professional Behavior is worth 30 points of the final clinic grade. Therefore, losing more than 29 points will result in a failing grade in the clinical course. Failure in the clinical course will result in the student being ineligible to progress forward in the program.**

## PERFORMANCE OF PROFICIENCY EVALUATIONS:

Proficiency Evaluations are graded “check offs” that show the student’s competency in the skills learned in the program. The student must successfully perform each clinical competency prior to graduating from the program. The student will be required to perform a specific number of proficiency evaluations each semester. If the student fails to perform the required “check offs” by the end of the semester the student will be unable to progress to the next clinical course.

***Students are allowed to have no more than three (3) check-offs rated by the same clinical preceptor per semester.***

1. The student should be very familiar with the procedure to be evaluated. Practice during the early clinical sessions, in the laboratory, plus study of the expected performance will provide preparation. Students may request informal "practice" evaluations with instructors.
2. The student must successfully perform the clinical skill in the laboratory prior to requesting an evaluation in the clinical area.
3. When the student feels competent in the performance of a procedure/task/clinical skill, he/she may request the formal evaluation to take place. It is the student’s responsibility to successfully complete ALL assigned checkoffs in the semester in which they are assigned. Students may receive no more than three (3) check-offs by any preceptor per semester. It is the student’s responsibility to keep track of this. If any more than three (3) are administered by the same preceptor, the fourth and any subsequent check-off(s) will receive a grade of “F” and the student will be subject to disciplinary action. Failure to do so will result in the student receiving a zero for each checkoff not obtained.

4. The student will not be encouraged to attempt evaluations unless the clinical preceptor feels the student is ready. *If a student fails a checkoff, he/she can attempt the same procedure again. He/She must obtain another checkoff sheet from the Program Director (PD) or Director of Clinical Education (DCE). The new grade will be calculated by multiplying 0.85 by the new grade. As an example:*

*Student fails first attempt. Repeats procedure and earns a 95%.*

$$0.85 \times 0.95 = 80.75 = C$$

*If the student fails the checkoff again, a grade of zero (0) will be awarded. The student will then meet with the Program Director and Director of Clinical Education*

Unless otherwise stated, a passing clinical grade on all tests, ratings, or procedures is a minimum of 71%.

## CLINICAL EXAMINATION:

A written multiple-choice or clinical simulation exam will be administered to each student at the end of the semester. Each examination is intended to integrate the material covered in the classroom and the laboratory with the procedures and concepts practiced in the clinical setting. The emphasis will be on evaluation, trouble-shooting, and decision-making as it relates to patient care, procedures, and equipment. The final two clinical examinations will be the grade the student receives on the NBRC Therapist Multiple Choice and Clinical Simulation Self-assessment Examinations. These examinations will be paid for by the student. Please see the list of program costs.

## CASE STUDY PRESENTATIONS:

The final two semesters of clinic students will perform a Case Study Presentation based on a patient they have cared for during their clinical rotation. This will be a partnered project where one student will cover the disease and the other student will cover the patient presentation. This presentation will be practiced with the Program Director prior to the actual presentation. The final presentation will be given to clinical staff, clinical managers, clinical preceptors and other healthcare professionals. Feedback will be given by the audience, but grades will be awarded by the Program Director and the Director of Clinical Education. More details can be found in the RES253 and RES254 syllabi.

## **STUDENT RESPONSIBILITIES**

The students are responsible for completing ALL clinical or course materials as instructed. Failure to do so will result in a grade reduction based on items not completed.

The student is responsible for being reasonably functional and conversant in clinic with topics covered in lab and in class. If the clinical preceptor finds the student ill-prepared, the student may be asked to leave clinic, or to study the information prior to his/her returning to that clinical site. If the student continues to show weakness after counsel, the student will not be allowed to return to that clinical site until it is determined that the student is safe to continue. Determination will be made by the clinical instructors, Program Director (PD) and the Director of Clinical Education (DCE).

In order to protect the patient's right to safe care, students are expected to perform at an acceptable level and to apply these skills prudently. This can be accomplished through diligent practice of new technical skills in the Respiratory Care laboratory 630/204, and review of skills previously learned.

Last semester's skills are not an excuse for poor performance in the current semester. The student is expected to be able to competently perform any skills on which he/she has received a competency checkoff, regardless of the time passed since that checkoff was obtained.

If the student's performance is not consistent with prudent clinical practice, and jeopardizes the patient's right to safe care, the clinical preceptor will remove the student from the clinical area. This action indicates that the student is failing the clinical component of the course. The DCE will meet with the student within 24 hours to explain the reasons for removal from the clinical area.

If the meeting with the clinical preceptor, Director of Clinical Education (DCE), and Program Director (PD) results in a dismissal from clinic, the student will receive an "F" in the clinical course, and will not be eligible to progress in the program.

### **CLINICAL ASSIGNMENTS:**

Any time that the student is in the area hospital, he/she must wear approved clinical attire (see dress code) and Trident Technical College ID badge. The student is bound by all of the rules of the affiliate while on hospital grounds. The student is to act as a visitor, unless he/she is at the facility with an preceptor.

The student may not answer the telephone in the Respiratory Care department. The student will not participate in patient care if he/she is not accompanied by a preceptor. Failure to adhere to this rule can have serious legal ramifications.

All clinical assignments, including date, time and location are subject to change.

Most clinical facilities do not close for the same holidays as the college nor do they close for inclement weather. Your clinical preceptor or Director of Clinical Education will inform the clinical site personnel of any clinical cancellations that may arise. Information concerning cancellation or delay of classes due to inclement weather or other situations can be obtained by listening to local radio and television stations or by calling the College's student emergency number, 843-574-6262, ext. 9091.

Students may not make-up clinical during paid part-time employment. Students may not obtain check-offs during paid employment.

Students are NOT to omit lunch in order to leave a clinical rotation early.

#### **INVASIVE AND NON-INVASIVE PROCEDURES:**

The purpose of this policy is to ensure patient safety and protect students, clinical preceptor, clinical agencies and TTC from liability.

Before performing a procedure in clinical for the first time, students must notify the clinical preceptor. Additionally, before performing a procedure for the first time in an assigned clinical agency (even if the student has performed the same procedure in other clinical agencies), students must also review the clinical agency's official policy and procedure to ensure compliance.

Students are responsible for knowing and following the clinical agency's policy regarding student performance of a procedure. Students must take personal responsibility to verify the clinical agency's policy with the clinical preceptor prior to performing the procedure.

When performing invasive procedures, students must be under the direct supervision of the clinical preceptor as designated by policy of the clinical agency. Examples of invasive procedures include, but are not limited to obtaining blood from an arterial line and doing procedures that require sterile technique etc. Students must take personal responsibility to ensure direct supervision of the clinical preceptor. Direct supervision means that the respiratory therapist must be present in the room with them and closely observing the student perform the entire procedure from preparation through finish.

#### **STUDENT REFUSAL OF CLINICAL ASSIGNMENT:**

Student assignments are made conscientiously and designed to meet learning needs of the student. Consideration of special needs of the student may be included when making assignments. Student safety is also considered when clinical assignments are made. Students who are concerned about an assignment must discuss the assignment with their preceptor. This discussion will be documented and will include the:

1. The nature of the assignment, including data that indicates that the assignment is appropriate for the student based on the student's knowledge level.
2. The student's reasons for concern.
3. The final outcome/decision.
  - A. If the risks to the student appear to be greater than the patient's benefit, reassigning the student will be considered.
  - B. If the risks to the student do not appear greater than the patient's benefit, the nature of the inconsistency between student and faculty perception will be explored with the student. The exploration should include the psychomotor, affective and cognitive domain of the student. If these perceptual inconsistencies cannot be resolved, the student will not meet the minimum professional standards stated on the clinical evaluation and this will be reflected in the evaluation.

\*Students should not care for immediate family members and must notify their clinical preceptor if such an occurrence arises.

#### **STUDENT EMPLOYMENT IN CLINICAL SETTINGS OUTSIDE OF FORMAL EDUCATION ACTIVITIES:**

Some healthcare facilities offer employment to respiratory care students. You are not permitted to perform any task that you are not competent in and must be working under the supervision of a licensed professional at all times. You may NOT perform any clinical check offs for school during work hours. The school will NOT accommodate your work schedule.

#### **STUDENT DISMISSAL AS AN EMPLOYEE OF A CLINICAL FACILITY OR HEALTH CARE SYSTEM:**

It is the student's responsibility to notify the Program Director in writing if he/she has been dismissed as an employee from a facility or health care system where he/she is scheduled to have a clinical experience. Failure to comply with this policy is considered deceitful and will be dealt with according to the Student Code and the Academic Misconduct policy as outlined in the [TTC Student Handbook](#)

#### **EMERGENCY CONTACT OF STUDENT DURING CLASS OR CLINICAL:**

While on campus, if students need to be contacted because of a medical emergency or death in the family, their family can call Public Safety at 843-574-6052, and Public Safety will attempt to locate them in class to relay the message. Please understand this service is only for major emergencies. The College is unable to relay messages for other problems. Students should provide the number for Public Safety (843-574-6052) to significant others in the case that contact should need to be made. Students are responsible for notifying family members, baby sitters, etc., of their location during the day(s) of their clinical experience. The phone number of the clinical facility where the student can be reached should be provided to the appropriate individual(s) for contact in the case of **extreme** emergencies.

#### **CLINICAL EXPERIENCES FOR STUDENTS WITH CHANGES IN HEALTH STATUS:**

Students who experience a change in health status while in a clinical respiratory care course must notify the Program Director of this change. Changes in health status include, but are not limited to surgery, injury, extended physical/mental illness, pregnancy and delivery. The Director of Clinical Education (DCE) will provide the student with a clinical release form specific to the health problem. The physician treating the student for the condition must sign this form. The physician must be **BOARD CERTIFIED**. The form will indicate that the student may return to clinical. Limitations will be dealt with on a case-by- case basis. The clinical release form must be submitted directly from the physician to the Director of Clinical Education (DCE). **Forms submitted by the student will not be accepted.** The Director of Clinical Education (DCE) will then notify the appropriate faculty member

#### **ABSENCE RELATED TO JURY DUTY, MANDATORY COURT APPEARANCE OR MILITARY DUTY:**

Students who are required to attend jury duty, appear in court, or participate in required military duty must notify the preceptor in writing at least three days prior to the appearance. An absence from class and/or clinical will not be recorded if the student submits verification of the appearance by the court or military duty.

If the student fails to submit verification of the appearance by the court or military duty, then an absence will be recorded for the class and/or clinical.

#### **CLINICAL CODE OF CONDUCT:**

The following information and policies have been developed to assist you during your clinical experience. The College affords students the opportunity to apply theory and clinical skills under direct clinical supervision and without remuneration by working in a hospital, physician's office or home care facility. In order to provide a consistently high level of training in Respiratory Care, with a positive impact on patient care, these guidelines have been adopted.

**If a student falsifies any information at any time, or behaves in such manner that the clinical affiliate asks that the student be removed from the facility, the student will be subject to immediate disciplinary action.**

In addition to the College's student code in the [TTC Student Handbook](#), all Respiratory Care students must adhere to the following standards:

While enrolled in the Respiratory Care program, the student must practice the following important personal and professional characteristics in order to become a productive member of the health care team. The student should recognize the importance of appropriate professional conduct and ethical-legal issues in health care. Failure to demonstrate the following characteristics may lead to disciplinary action.

- Confidentiality
- Cooperation
- Appropriate professional attitude
- Honesty
- Respect for patient confidentiality - right to privacy
- Demonstrate respect and courtesy toward instructors, superiors, classmates and coworkers
- Compassion and kindness toward colleagues and patients
- Responsibility and dependability (appropriate class/lab/clinic attendance)
- Initiative
- Appropriate professional appearance - neat and clean grooming
- Appropriate conduct under stressful situations
- Enthusiasm
- Ability to respond appropriately to constructive criticism
- Restrain from abusive behavior toward others
- Be cognizant of and adhere to channels of authority
- Follow all HIPPA regulations

## **SAFETY AND INFECTION CONTROL GUIDELINES**

### **Standard Blood and Body Fluid Precautions:**

With the implementation of the Occupational Safety and Health Administration's "Standard Blood and Body Fluid Precautions" and "Blood-Borne Pathogens" standards, the risk of transmission of infection of blood-borne illness has been minimized. The Respiratory Care program is in strict compliance with OSHA's Standards Precautions guidelines. Since medical history and examination cannot reliably identify all patients infected with HIV, Hepatitis B or other blood-borne pathogens, blood and body fluid Standard Precautions should be consistently used for ALL patients.

Students will be taught the precautions and practices necessary to prevent the transmission of infectious diseases. Annually, Respiratory Care students will be required to pay and successfully complete the Care Learning computerized mandatory in-service units and the corresponding tests. The units include fire safety, electrical safety, blood-borne pathogens, disaster preparedness, hazard communication, isolation and standard precautions, hand hygiene, and moving, lifting and repetitive motion. Students must provide test documentation to the faculty by the assigned dates. These learning activities will take place during the first semester of the Respiratory Care program and will be reinforced throughout the program. The student will satisfactorily demonstrate skill in infection control precautions prior to assignment in a clinical facility.

Students are required to take these precautions:

- Hand-washing, using a biocidal agent is the most important precaution to be taken routinely.
- Protective gloves (non-sterile) are to be worn to avoid direct contact with body substances, mucous membranes or non-intact skin.
- Plastic gowns are to be worn when clothing is likely to be soiled by body substance.
- Masks are to be worn when likely to be splashed by body substances.
- Protective eye wear (glasses) is to be worn in situations where blood and body substances could be splattered or splashed.
- N-95 masks are to be worn at all times while in patient care areas (this is subject to change with CDC guidelines and hospital policy changes).

**TRIDENT TECHNICAL COLLEGE**

**STUDENT OUT SICK/RETURN TO CLASS**

I, \_\_\_\_\_ MD, am a Board Certified Physician. I certify that I have  
Physician's Name (Please Print)

conducted a thorough evaluation of \_\_\_\_\_. He/she is able to meet the  
*Essential Functions* in the areas mobility and motor skills (see attachment) and is able to  
provide direct patient care. If applicable, list limitations.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Please return directly to:

Karen Simmons, MSRC, RRT-NPS, RPFT  
Program Coordinator, Respiratory Care Program  
Trident Technical College  
P.O. Box 118067  
Charleston, SC 29423-8067  
karen.simmons@tridenttech.edu  
Fax: (843) 574-6159  
Phone: (843) 574-6101

<b>Essential Function</b>	<b>Standard</b>	<b>Some Examples of Necessary Activities (not all-inclusive)</b>
<b>Critical Thinking</b>	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations; calculate medication dosage accurately; evaluate patient responses; synthesize data; draw sound conclusions.
<b>Interpersonal Skills</b>	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, cultural and intellectual backgrounds.	Establish rapport with patients and colleagues. Use therapeutic communication (attending, clarifying, coaching, facilitating, teaching). Function (consult, negotiate, share) as a part of a team.
<b>Communication Ability</b>	Communication abilities sufficient for effective interaction with others in verbal and written form.	Explain treatment procedures; initiate health teaching; document and interpret nursing actions and patient responses. Listen attentively.
<b>Mobility</b>	Physical abilities sufficient to move from room to room and maneuver in small spaces; full range-of-motion; manual and finger dexterity; and hand-eye coordination.	Move around in patients' rooms, work spaces and treatment areas. Administer cardiopulmonary procedures. Stand/walk for extensive periods of time.
<b>Motor Skills</b>	Gross and fine motor abilities sufficient to provide safe and effective respiratory care	Calibrate and use equipment; transfer and position patients; lift 50 pounds.
<b>Hearing Ability</b>	Auditory ability sufficient to monitor and assess health needs.	Hear monitor alarms, emergency signals, auscultatory sounds, cries for help.
<b>Visual Ability</b>	Visual ability (corrected to 20/40) sufficient for observation and assessment necessary in respiratory care.	Observe patient/responses, secretions, color. Read manometer, chart, computer screen, digital printouts, labels and gauges.
<b>Tactile Ability</b>	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic intervention
<b>Olfactory Ability</b>	Olfactory senses (smell) sufficient for maintaining environmental and patient safety.	Distinguish smells which are contributory to assessing and/or maintaining the patient's health status or environmental safety (fire).
<b>Professional Attitude and Demeanor</b>	Ability to present professional appearance and implement measures to maintain own physical and mental health, and emotional stability.	Work under stressful conditions and irregular hours. Be exposed to communicable diseases and contaminated body fluids. React calmly in emergency situation. Demonstrate flexibility. Show concern for others.

Adapted from: Red Alert: The Americans with Disabilities Act Implications for Nursing Education (March, 1993).

References: Program Minimum Skills for Eligibility to Participate in Educational Programs and Activities (Medical University of South Carolina).

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p align="center"><b>List Course Number(s) *indicates clinical course coverage</b></p>
<b>I. PATIENT DATA</b>	
<b>A. Evaluate Data in the Patient Record</b>	
1. Patient history , for example, <ul style="list-style-type: none"> <li>• history of present illness (HPI) • orders      • medication reconciliation      • progress notes</li> <li>• DNR status / advance directives      • social, family, and medical history</li> </ul>	110,121 *
2. Physical examination relative to the cardiopulmonary system	121, 140*
3. Lines, drains, and airways, for example, <ul style="list-style-type: none"> <li>• chest tube      • artificial airway •vascular lines</li> </ul>	131, *
4. Laboratory results, for example, <ul style="list-style-type: none"> <li>• CBC      • electrolytes      • coagulation studies</li> <li>• sputum culture and sensitivities      • cardiac biomarkers</li> </ul>	110, 111, 112, *
5. Blood gas analysis and/or hemoximetry (CO-oximetry) results	121, 235, *
6. Pulmonary function testing results, for example <ul style="list-style-type: none"> <li>• spirometry •lung volumes •DLCO</li> </ul>	121, 235, 111, *
7. 6-minute walk test results	235, *
8. Imaging study results, for example, <ul style="list-style-type: none"> <li>• chest radiograph      • CT scan      • ultrasonography and/or echocardiography      • PET scan      • ventilation / perfusion scan</li> </ul>	131, 235, 111, *
9. Maternal and perinatal / neonatal history, for example, <ul style="list-style-type: none"> <li>• APGAR scores      • gestational age      • L / S ratio</li> </ul>	205, *
10. Sleep study results. for example, <ul style="list-style-type: none"> <li>• apnea-hypopnea index (AHI)</li> </ul>	112, 235, *
11. Trends in monitoring results	
a. fluid balance	110, 220, *
b. vital signs	110, 121, *
c. intracranial pressure	140, 243, 220,*
d. ventilator liberation parameters	243, *
e. pulmonary mechanics	121, 140, 243, *
f. noninvasive, for example, pulse oximetry      • capnography      • transcutaneous	121, 131, 140, 205, 235 *

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline</b>  <b>Comparison with Proposed Curriculum (Program #</b>  <b>200008)</b></p>	<p align="center"><b>List Course Number(s)</b></p>
<p>g. cardiac evaluation/monitoring results, for            • ECG • hemodynamic parameters</p>	<p align="center">235, 220,*</p>
<p>12. Determination of patient's pathophysiological state</p>	<p align="center">111, 112, 243, 142, 205,*</p>
<p><b>B. Perform Clinical Assessment</b></p>	
<p>1. Interviewing a patient to assess</p>	
<p>a. level of consciousness and orientation, emotional state, and ability to cooperate</p>	<p align="center">121,*</p>
<p>b. level of pain</p>	<p align="center">121,*</p>
<p>c. shortness of breath, sputum production, and exercise tolerance</p>	<p align="center">121, 111,*</p>
<p>d. smoking history</p>	<p align="center">121, 111,*</p>
<p>e. environmental exposures</p>	<p align="center">121, 111*</p>
<p>f. activities of daily living</p>	<p align="center">121, 210, *</p>
<p>g. learning needs, for example,            • literacy • social/culture • preferred learning style</p>	<p align="center">110, 121, 210, *</p>
<p>2. Performing inspection to assess</p>	
<p>a. general appearance</p>	<p align="center">121, 142, 205, *</p>
<p>b. characteristics of the airway, for example,            • patency • Mallampati classification • tracheal shift</p>	<p align="center">121, 131, 111, 112, *</p>
<p>c. cough, sputum amount and character</p>	<p align="center">121, 111,*</p>
<p>d. status of a neonate, for example            • Apgar score • gestational age</p>	<p align="center">205,*</p>
<p>e. skin integrity, for example,            • pressure ulcers • stoma site</p>	<p align="center">110, 121, 131,*</p>
<p>3. Palpating to assess</p>	
<p>a. pulse, rhythm, intensity</p>	<p align="center">121,*</p>
<p>b. accessory muscle activity</p>	<p align="center">110, 121, 142, 205,*</p>

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p align="center"><b>List Course Number(s)</b></p>
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and/or tracheal deviation	121, 131, 111, 112, 142, 205,*
4. Performing diagnostic chest percussion	121,*
5. Auscultating to assess	
a. breath sounds	121, 131,*
b. heart sounds and rhythm	121, 235,*
c. blood pressure	121, 235, *
6. Reviewing a chest radiograph to assess	
a. quality of imaging, for example, • patient positioning • penetration •lung inflation	131, 235, 111, 205*
b. presence and position of airways, lines, and drains	131, 235, *
c. presence of foreign bodies	131, 142, 235, *
d. heart size and position	121, 235, *
e. presence of, or change in,	
(i) cardiopulmonary abnormalities for example, • pneumothorax • pleural effusion •pulmonary edema • consolidation • pulmonary edema •pulmonary artery size	131, 111, 235, 142, 205,*
(ii) diaphragm, mediastinum, and/or trachea	131, 111, 235, 142, 205,*
<b>C. Perform Procedures to Gather Clinical Information</b>	
1. 12-lead ECG	235,*
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous	121, 235, 243, *
3. Peak flow	121, 235,*
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, and maximal inspiratory pressure, and vital capacity	131, 243, 235,*
5. Blood gas sample collection	131,*

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p align="center"><b>List Course Number(s)</b></p>
6. Blood gas analysis and/or hemoximetry (CO-oximetry)	131, 235, *
7. Oxygen titration with exercise	235, *
8. Cardiopulmonary calculations, for example, • P(A-a)O <sub>2</sub> • V <sub>D</sub> / V <sub>T</sub> • P / F • OI	111, 220, 140, 142, 205, 243
9. Hemodynamic monitoring	220
10. Pulmonary compliance and airways resistance	140, 243,*
11. Plateau pressure	140, 243,*
12. Auto-PEEP determination	140, 243,*
13. Spontaneous breathing trial (SBT)	243,*
14. Apnea monitoring	205
15. Apnea test (brain death determination)	210
16. Overnight pulse oximetry	121, 210
17. CPAP / NPPV titration during sleep	235,*
18. Cuff management, for example, •tracheal •laryngeal	131,*
19. Sputum induction	121,*
20. Cardiopulmonary stress testing	235,*
21. 6-minute walk test	235,*
22. Spirometry outside or inside a pulmonary function laboratory	235,*
23. DLCO inside a pulmonary function laboratory	235,*
24. Lung volumes inside a pulmonary function laboratory	235,*
25. Tests of respiratory muscle strength- MIP and MEP	235,*
26. Therapeutic bronchoscopy	235,*

<p style="text-align: center;"><b>NBRC Therapist Combined Detailed Content Outline</b>  <b>Comparison with Proposed Curriculum (Program</b>  <b>#200008)</b></p>	<p style="text-align: center;"><b>List Course Number(s)</b></p>
<b>D. Evaluate Procedure Results</b>	
1. 12-lead ECG	235,*
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous	121, 131, 243, 205,*
3. Peak flow	121, 111, 235,*
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity	131, 112, 243, 235,*
5. Blood gas analysis and/or hemoximetry (CO-oximetry)	131, 140, 235,*
6. Oxygen titration with exercise	235,*
7. Cardiopulmonary calculations, for example, • P(A-a)O <sub>2</sub> • V <sub>D</sub> / V <sub>T</sub> • P / F • OI	111, 220, 140, 142, 205, 243
8. Hemodynamic monitoring	220,*
9. Pulmonary compliance and airways resistance	140, 243,*
10. Plateau pressure	140, 243,*
11. Auto-PEEP	140, 243,*
12. Spontaneous breathing trial (SBT)	243,*
13. Apnea monitoring	205
14. Apnea test (brain death determination)	210
15. Overnight pulse oximetry	121, 235
16. CPAP / NPPV titration during sleep	235,*
17. Cuff status, for example, •laryngeal •tracheal	131
18. Cardiopulmonary stress testing	235
19. 6-minute walk stress testing	235,*
20. Spirometry outside or inside a pulmonary function laboratory	235,*

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p align="center"><b>List Course Number(s)</b></p>
22. DLCO inside a pulmonary function laboratory	111, 112, 235,*
23. Tests of respiratory muscle strength-MIP and MEP	131, 111, 235,*
<p align="center"><b>E. Recommend Diagnostic Procedures</b></p>	
1. Testing for tuberculosis	110, 111,*
2. Laboratory tests, for example, • electrolytes • CBC •coagulation studies •sputum culture and sensitives •cardiac biomarkers	110, 111, 112,*
3. Imaging studies	131, 235, 111, 112,*
4. Bronchoscopy	235, 111, 112,*
a. diagnostic	235, 111, 112,*
b. therapeutic	235, 111, 112, 142*
5. Bronchoalveolar lavage (BAL)	111, 112,*
6. Pulmonary function testing	235,*
7. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous	121, 131, 243, 205,*
8. Blood gas and/or hemoximetry (CO-oximetry)	131, 235, *
9. ECG	235,*
10. Exhaled gas analysis, for example, • CO <sub>2</sub> • CO • FENO	235,*
11. Hemodynamic monitoring	220,*
12. Sleep studies	235,*
13. Thoracentesis	111,*
<p align="center"><b>II. TROUBLESHOOTING AND QUALITY CONTROL OF DEVICES, AND INFECTION CONTROL</b></p>	
<p><b>A. Assemble and Troubleshoot Equipment</b></p>	
1. Medical gas delivery interfaces, for example, •mask •cannula •heated high-flow nasal cannula	121,*

<p style="text-align: center;"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p style="text-align: center;"><b>List Course Number(s)</b></p>
2. Long-term oxygen therapy	121, 210,*
3. Medical gas delivery, metering, and/or clinical analyzing devices, for example, • concentrator • liquid system • flowmeter • regulator • gas cylinder • blender • air compressor • gas analyzers	121,*
4. CPAP/NPPV with patient interfaces	131, 140
5. Humidifiers	121, 140,*
6. Nebulizers	121, 246,*
7. Metered-dose inhalers, spacers, and valved holding chambers	121, 246,*
8. Dry powder inhalers (DPI)	121, 246,*
9. Resuscitation equipment, for example, • self-inflating resuscitator • flow-inflating resuscitator • AED	131, 205,*
10. Mechanical ventilators	140, 243, 142, 205,*
11. Intubation equipment	131,*
10. Artificial airways	131,*
12. Suctioning equipment, for example, • regulator • canister • tubing • catheter	131,*
14. Blood analyzer. for example, • hemoximetry (CO-oximetry) • point-of-care • blood gas	131, 140, 235,*
15. Patient breathing circuits	131, 140, 243,*
16. Hyperinflation devices	121,*
17. Secretion clearance devices	121,*
18. Heliox delivery device	121, 142
19. Portable spirometer	235
20. Testing equipment in a pulmonary function laboratory	235,*
21. Pleural drainage	121,*

<p style="text-align: center;"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p style="text-align: center;"><b>List Course Number(s)</b></p>
22. . Noninvasive monitoring, for example, • pulse oximeter   • capnometer   • transcutaneous	<p style="text-align: center;">121, 235, 205,*</p>
23. Bronchoscopes and light sources	<p style="text-align: center;">235,*</p>
24. Hemodynamic monitoring devices	
a. pressure transducers	<p style="text-align: center;">220,*</p>
b. catheters, for example, • arterial   • pulmonary artery	<p style="text-align: center;">220,*</p>
<p style="text-align: center;"><b>B. Ensure Infection Prevention</b></p>	
1. Adhering to infection prevention policies and procedures, for example, • Standard Precautions   • isolation   • donning/doffing	<p style="text-align: center;">121,*</p>
2. Adhering to disinfection policies and procedures	<p style="text-align: center;">121,*</p>
3. Proper handling of biohazardous materials	<p style="text-align: center;">121,*</p>
<p style="text-align: center;"><b>C. Perform Quality Control Procedures</b></p>	
1. Blood analyzers	<p style="text-align: center;">131, 235,*</p>
2. Gas analyzers	<p style="text-align: center;">131, 235,*</p>
3. Pulmonary function equipment for testing	<p style="text-align: center;">235,*</p>
a. spirometry results	<p style="text-align: center;">235,*</p>
b. lung volumes	<p style="text-align: center;">235,*</p>
c. diffusing capacity (DLCO)	<p style="text-align: center;">235,*</p>
4. Mechanical ventilators	<p style="text-align: center;">140, 243,*</p>
5. Noninvasive monitors	<p style="text-align: center;">131, 140, 243,*</p>
<p style="text-align: center;"><b>III. INITIATION AND MODIFICATION OF INTERVENTIONS</b></p>	
<p style="text-align: center;"><b>A. Maintain a Patient Airway Including the Care of Artificial Airways</b></p>	
1. Proper positioning of a patient	<p style="text-align: center;">131,*</p>

<p style="text-align: center;"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p style="text-align: center;"><b>List Course Number(s)</b></p>
2. Recognition of a difficult airway	131,*
3. Establishing and managing a patient's airway	
a. nasopharyngeal airway	131,*
b. oropharyngeal airway	131,*
c. esophagealtracheal tubes / supraglottic airways	131,*
d. endotracheal tube	131,*
e. tracheostomy tube	131,*
f. laryngectomy tube	131,*
g. speaking valves	131,*
h. devices that assist with intubation, for example, • endotracheal tube exchanger • video laryngoscopy	131,*
4. Performing tracheostomy care	131,*
5. Exchanging artificial airways	131,*
6. Maintaining adequate humidification	121,131, 140*
7. Initiating protocols to prevent ventilator-associated infections	140, 243,*
8. Performing extubation	131, 243,*
<b>B. Perform Airway Clearance and Lung Expansion Techniques</b>	
1. Postural drainage, percussion, or vibration	121,*
2. Suctioning, for example, • nasotracheal      • oropharyngeal	131,*
3. Mechanical devices, for example, • high-frequency chest wall oscillation      • vibratory PEP • intrapulmonary percussive ventilation      • insufflation / exsufflation	121,*
4. Assisted cough, for example, • huff • abdominal thrust	121,*

<p style="text-align: center;"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p style="text-align: center;"><b>List Course Number(s)</b></p>
5. Hyperinflation therapy	121,*
6. Inspiratory muscle training	121,*
<b>C. Support Oxygenation and Ventilation</b>	
1. Initiating and adjusting oxygen therapy	121,*
2. Minimizing hypoxemia, for example, • patient positioning    • secretion removal	121,131, 140, 243*
3. Initiating and adjusting mask or nasal CPAP	131, 140, 235,*
4. Initiating and adjusting mechanical ventilation settings	
a. continuous mechanical ventilation	140, 243, 205, 142,*
b. noninvasive ventilation	131, 140,*
c. high-frequency ventilation	142, 205,*
d. alarms	140, 243,*
5. Recognizing and correcting patient-ventilator dyssynchrony	140, 243,*
6. Utilizing ventilator graphics	140, 243,*
7. Performing lung recruitment maneuvers	243,*
8. Liberating patient from mechanical ventilation	243,*
<b>D. Administer Medications and Specialty Gases</b>	
1. Aerosolized preparations	121, 246,*
a. antimicrobials	121, 246,*
b. pulmonary vasodilators	121, 246,*
c. bronchodilators	121, 246,*
d. mucolytics/proteolytics	121, 246,*

<p align="center"><b>NBRC Therapist Combined Detailed Content Outline Comparison with Proposed Curriculum (Program #200008)</b></p>	<p align="center"><b>List Course Number(s)</b></p>
e. steroids	121, 246,*
2.. Endotracheal instillation	247
3. Specialty gases, for example, • heliox • inhaled NO	121, 142, 205,*
<p><b>E. Ensure Modifications are Made to the Respiratory Care Plan</b></p>	
1. Treatment termination, for example, • life-threatening adverse event	121, 131, 140, 243, 246, 247, 142, 205, 210*
2. Recommendations	
a. starting treatment based on patient response	121, 131, 140, 243, 246, 247, 142, 205, 210*
b. treatment of pneumothorax	111,*
c. adjustment of fluid balance	220,*
d. adjustment of electrolyte therapy	110, 112, 247, *
e. insertion or change of artificial airway	131,*
f. liberating from mechanical ventilation	243, 210,*
g. extubation	131, 243,*
h. discontinuing treatment based on patient response	121, 131,*
i. consultation from a physician specialist	111, 112, 142, 210,*
3. Recommendations for changes	
a. patient position	121, 131, 243, 142, 205, 210, *
b. oxygen therapy	121, 131, 140, 243, 142, 205,*
c. humidification	121, 131,140, *
d. airway clearance	121, 111, *
e. hyperinflation	121, 140, *

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f. mechanical ventilation	140, 243, *
4. Recommendations for pharmacologic interventions	
a. bronchodilators	246, *
b. anti-inflammatory drugs	246, *
c. mucolytics and proteolytics	246, *
d. Aerosolized antibiotics	111, 247, 210
e. Inhaled pulmonary vasodilators	205, 247, *
f. cardiovascular	112,247, 220, *
g. antimicrobials	111, 247, 210,*
h. sedatives and hypnotics	247,*
i. analgesics	247,*
i. narcotic antagonists	247,*
j. benzodiazepine antagonists	247,*
l. neuromuscular blocking agents	247 *
m. diuretics	247, *
n. surfactants	247, 205,*
o. changes to drug, dosage, administration, frequency, mode, or concentration	121, 246, 247, 142, 205, *
<b>F. Utilize Evidence-Based Practice</b>	
1. Classification of disease severity	111, 210, *
2. Recommendations for changes in a therapeutic plan when indicated	111, 210, 246, *
3. Application of guidelines, for example, • ARDSNet • NAEPP • GOLD	243, 111, 210, 142,*
<b>G. Provide Respiratory Care in High-Risk Situations</b>	

<b>NBRC Therapist Combined Detailed Content Outline            Comparison with Proposed Curriculum (Program            200008)</b>	<b>List Course Number(s)</b>
1. Emergency	
a. cardiopulmonary emergencies, excluding CPR	131, 140, 247,*
b. disaster management	210, 249, *
c. medical emergency team (MET) / rapid response team	131, 243, 110, *
2. Interprofessional communication	
3. Patient transport	
a. land / air between hospitals	131, 249,*
b. within a hospital	121, 243, *
<b>H. Assist a Physician / Provider in Performing Procedures</b>	
1. Intubation	
2. Bronchoscopy	131, *
3. Specialized bronchoscopy, for example, •endobronchial ultrasound (EBUS) •navigational bronchoscopy (ENB)	131,*
4. Thoracentesis	
5. Tracheostomy	
6. Chest tube insertion	
7. Insertion of arterial or venous catheters	
8. Moderate (conscious) sedation	
9. Cardioversion	
10. Withdrawal of life support	
<b>I. Conduct Patient and Family Education</b>	
1. Safety and infection control	

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<p>2. Home care and related equipment</p>	<p align="center">121, 235, 210, *</p>
<p>3. Lifestyle changes, for example, •smoking cessation •exercise</p>	<p align="center">121, 210, *</p>
<p>4. Pulmonary rehabilitation</p>	<p align="center">210,*</p>
<p>5. Disease/ condition management, for example, •asthma •COPD •CF •tracheostomy care •ventilator dependent</p>	<p align="center">111, 246, 142, 131, 210, *</p>