Hutchinson Community College
Program for Respiratory Care
Preceptor Handbook
Overview

We would like to thank you for being a preceptor for our Program. This handbook is to better assist you in overseeing the clinical education of our respiratory care students. The purpose of this handbook is to assure program consistency among all of the clinic facilities. It is supplement to the student handbook.

The Role of the Clinical Preceptor

You, as a clinical preceptor have been given one of the most important roles in the education of future Respiratory Care practitioners. Each clinical preceptor brings to students a set of unique clinical experiences. These shared experiences can add a tremendous amount of practical information to the students’ growing knowledge base. In the clinical setting, the preceptor provides a vital bridge from the classroom to the patient.

The clinical preceptor plays more than one role when working with students. Students see a preceptor as a TEACHER who imparts knowledge and/or skills; a LEADER who guides them; a TEAM MEMBER who is associated with them in a joint effort or action; a ROLE MODEL who sets a professional standard for imitation; a CONSULTANT who advises them; and last but not lease the clinical preceptor is viewed as a FACILITATOR who makes good experiences happen.

Everyone at some time in their training has benefited from experienced clinical preceptors; and all have been influenced by their association with clinical preceptors during their training. You now have an opportunity as a clinical preceptor, to pass on the knowledge and experience you gained. Your part in the education of competent dedicated practitioners helps ensure a bright future for our profession.

Clinical preceptors therefore should be familiar with the following:

1. Current therapeutic techniques
2. Proper patient care practices.
3. Use of adequate universal protective methods.
4. Medical Record documentation.
5. Professional and ethical attributes.

Clinical preceptors should facilitate the information that the students have learned during their didactic courses and performed in the laboratory setting to the clinical environment in accordance with the clinical plan. Clinical preceptors must supervise the students to insure that they follow the programs policies as well as the policies and procedures of the respective clinical facility. Clinical preceptors are to function as a resource person; instructor and
supervisor to the respiratory care student. The ultimate responsibility for the patient lies with the clinical preceptor.

Preceptors must be readily available as a resource to students at all times and must supervise all student procedures, review all documentation and maintain two-way communications throughout the assigned shift with the student.

Student’s clinical education activities are a learning experience for the student. The student is not to be substituted for staff members, nor is the student expected to be reimbursed for time spent during clinical rotations.
### Contact Information

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<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
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Criteria for Appointment as a Clinical Preceptor

The individual who is considered for selection as a clinical preceptor in the HCC Respiratory Therapy Program Should possess:

1. An expressed interest in teaching.
2. Be knowledgeable of respiratory care practice
3. Demonstrate communication skills necessary to accomplish teaching.
4. Display enthusiasm and professionalism with a strong enduring commitment to patient care.
5. Meet with approval of the Program Director and the Clinical Education Coordinator, the Medical Director and the Director of the Respiratory Care Department in which they work.
6. Demonstrate an ability to lead and manage workload responsibility and to self-organize in a team environment.
7. Willingness to attend scheduled clinical preceptor meetings and workshops.
8. Willing to assist in planning of clinical activities that meet student learning objectives for clinical experience, directing them to clinical situations that will increase skills and competency.
9. Provide primary supervision of student during the clinical activities.
10. Submit a curriculum vitae to the HCC clinical education coordinator
11. Complete required preceptor training to assure inter-rater reliability required by the COARC accrediting organization.
12. Maintain a minimal rating of satisfactory on employee evaluation.

Requirements

Hutchinson Community College Respiratory Care Program requires that all preceptors demonstrate the following:

13. Degree obtained from an accredited, respiratory program.
14. Passed an NBRC certification examination
15. Experience level as described:
   a. Clinical Practicum I: minimum 1 year clinical experience
   b. Clinical Practicum II: minimum 2 years’ experience, 1 of 3 in critical/emergent care
   c. Clinical Practicum III: minimum 3 years’ experience, 3 of 5 in critical/emergent care or neonatal intensive care
Clinical Preceptor Responsibilities

1. Act as a role model demonstrating professionalism.
2. Assume primary responsibility for care of patients/OR roles involved in the clinical experience.
3. If the preceptor will be absent, arrange to assign the student to a temporary preceptor.
4. Hold student responsible for expected knowledge, clinical competencies and attitudes as outlined in the clinical evaluation objectives and evaluation.
5. Provide ongoing feedback to student regarding patient care and equipment use.
6. Confer with the HCC Clinical Education Coordinator (CEC) regarding student’s unsatisfactory progress and establish a remediation plan.

Student Clinical Guidelines

Attendance in Clinical Areas:

1. Students are expected to attend all scheduled clinical sessions.
2. Each student is responsible for clocking themselves in/out. No other student is to sign another student in or out. Falsifying information will be considered academic dishonesty and treated as such in the disciplinary process.
3. If a student fails to clock in/out on a clinical day he/she will receive a written warning and a 10% grade reduction on the first offense. All occurrences thereafter will result in a “0” (zero) for their daily clinical grade.
4. Students may not leave the clinical facility during clinical hours without first obtaining permission from the Clinical Education Coordinator. When permission is granted, the assigned preceptor will be notified by the Clinical Education Coordinator.
5. The Respiratory Therapy Program requires students who are assigned to a clinical site to inform the Clinical Education Coordinator if he/she is going to be tardy or absent. The student should call no less than one (1) hour before clinical assignments begin. If Clinical Education Coordinator cannot be reached, the student may call the Program Director.
6. Since punctuality and reliability are essential for success in a Respiratory Therapy career, and a characteristic sought by all employers, students who are late for clinical assignments will receive a 10% grade reduction on their daily evaluation for EACH tardy.
7. Tardies are defined as ≥10 minutes late. (If the student arrived on time but was unable to clock in the clinical preceptor should document arrival time in the comment section on the evaluation form.)
8. Students who are **absent** from a clinical assignment will receive a zero (0) for the daily grade once allowed absences have been taken. A grade of zero will also be applied for any daily work assigned that day.

9. If a student leaves their assigned clinical facility greater than 15 minutes early without consent of the clinical preceptor of record, a written warning and 10% grade reduction will result. Repeated offenses will be deemed excessive absences from clinical time.

10. Absences that are deemed **excessive** by the Clinical Education Coordinator will result in an incomplete for the course. The student will be required to make up the missed time or, at the discretion of the Clinical Education Coordinator, may be required to repeat the entire course if it is not feasible to make up the time.

**Clinical Task Performance Evaluation:**

Task Performance Evaluations are used to evaluate clinical competency. The student may elect to perform a task Performance Evaluation after the following criteria are met:

- Completion of the didactic coursework for a specific skill.
- Simulation or task Performance Evaluation check off (Lab Book: Peer and Lab Instructor check-off) in the laboratory setting.
- Observing and assisting the clinical preceptor in the procedure.
- Clinical Preceptor Check-off in appropriate Lab manual page.

It is the student’s responsibility to determine when he/she feels ready to be evaluated on a specific skill. Students must request to attempt the evaluation and provide the instructor with the skill Performance Evaluation page prior to the task is performed. The instructor will observe the student perform the entire task unassisted.

The instructor records the evaluation of the student’s performance on the provided form. Failure when performing a clinical skill does not imply an end to the clinical experience. The student may attempt the task again when he/she has reviewed the procedure and feels prepared. Successful completion of the evaluation does **NOT** imply an end to the performance of that skill. Students are required to routinely perform the skill in order to maintain a competent level of proficiency.

A list of the required performance tasks is included in this handbook. The evaluations must be performed in the clinical setting before completion of the program will be recognized.

In the event a student has not completed the required evaluations at the time of graduation, the faculty will evaluate the student’s clinical records to determine if sufficient opportunities were available for the student to perform the required evaluations on an actual patient. If lack
of opportunities is established, the student will be allowed to demonstrate task performance through simulation.

**The Daily Clinical Evaluation Logs:**

Evaluation forms are available on-line

**The Student Must:**

1. Complete the applicable daily logs every clinical day, with the exception of clinical simulation rotations.
2. Give the preceptor the form **at least 30 minutes** before the end of the clinical day.
3. Sign the daily evaluation acknowledging they have seen and reviewed the evaluation.

**The Clinical Preceptor:**

1. Score the student’s performance on a 1 – 5 scale on the applicable evaluation.
2. Provide a written comment when any falls outside the expected norms.
3. Validate the daily log completed by the student

**Comment:** The Program Faculty believe if when the student is evaluated as anything other than “average” it is critical to the student’s learning experience to have full documentation of the behaviors that placed their performance in a higher or lower category. The clinical preceptor will:

4. Answer any questions that student has about the evaluation.
5. Submit the completed evaluation.

The Program Faculty believes it is critical for the student to take the opportunity to ask the clinical preceptor questions about any area of the evaluation that is unclear.

**TASK PERFORMANCE EVALUATIONS**

1. All performance evaluations are to be handled following the steps listed above.
2. Task Performance Evaluations are to be completed and submitted to the Clinical Education Coordinator, within three weeks of date performed. All clinical forms are due within three weeks of the date performed to receive full credit.

**FERPA**

1. Family Educational Rights and Privacy Act, 1974
2. Protects the privacy of a student’s educational records
3. Applies to all educational agencies or institutions that receive funds under any program administered by the Secretary of Education

What are Educational Records?

1. Records – handwriting, print, computer, videotape, audiotape, film, microfilm, microfiche or e-mail
2. Contain information directly related to the student
3. Are maintained by an agency or institution or party acting in its behalf
4. KCTCS lists the following as records maintained by the colleges
5. Academic records from schools previously attended
6. Scores/results on standardized tests and interest inventories
7. Degrees awarded
8. Current academic work completed
9. Grades and other faculty evaluations
10. Applications for admissions
11. Applications and other data related to financial aid
12. Applications for employment
13. Class rolls
14. Letters of recommendation
15. Academic advisor notes
16. Attendance data
17. Biographical and identifying information
18. Medical data
19. Current student status
20. Accounts relating to fees
21. Academic offenses
22. Disciplinary offenses
23. Counseling notes

When Can Information Be Released Without Student Consent?

1. The law allows disclosure without consent to:
   a) School employees who have a legitimate educational interest
   b) Other schools, upon request, in which a student is intending to enroll
   c) Appropriate parties in connection with financial aid to a student to determine eligibility, amount or conditions of financial aid, or to enforce the terms and conditions of aid
   d) Parents when a student over 18 is still a dependent
e) Certain government officials of the U.S. Department of Education, the Comptroller General, and state and local educational authorities, in connection with an audit, authorized representatives of the U.S. Attorney General for law enforcement purposes or state or federally supported education programs

f) Individuals who have obtained a judicial order or subpoena

g) School officials who have a need to know concerning disciplinary action taken against a student

h) Appropriate parties who need to know in cases of health and safety emergencies when necessary to protect the health and safety of the student and/or others

i) State and local authorities, within the juvenile justice system, pursuant to specific state law

j) Alleged victim of a crime of violence the results of a disciplinary proceeding with respect to that crime

k) Parent or legal guardian of a student under the age of 21, information regarding any violation of university policy or state, federal or local law, governing the use or possession of alcohol or a controlled substance

VARIOUS ROLES AND METHODS IN TEACHING

DEMONSTRATION  Showing and explaining a process or procedure.

ASSISTING  Supporting and helping with procedures.

SUPERVISING  Directing or overseeing a procedure.

CONSULTING  Acting as a resource person (pointing out unusual procedures, patients, etc.

FACILITATING  Organizing and arranging beneficial clinical experiences.

TEACHING METHODS USED IN EACH QUARTER

CLINICAL PRACTICE 1 (RT221)  Introduction; Directing; Assisting, Clinical Application: Evaluation

CLINICAL PRACTICE 2 (RT222)  Demonstration; Assisting/ Directing; Clinical Application, and Evaluation

CLINICAL PRACTICE 3 (RT223)  Demonstration; Directing; Assisting; Supervising; Consulting; Clinical Application, facilitating in intensive care
CLINICAL PRACTICE 4 (RT224)

Directing and Assisting in neonatal, mostly overseeing and directing in adult critical care areas, overseeing of procedures; Demonstration in Intensive Care Areas; Consulting and Facilitating
Hutchinson Community College (HCC) Hand book for the Department of Allied Health, Respiratory Therapy Program

Mission and Philosophy:

Mission of HCC Program for Respiratory Therapy is to prepare graduates with a general aptitude to become effective Registered Respiratory Therapists, that are committed to lifelong learning within the health care community in the ongoing treatment of the geriatric, adult, pediatric, and neonatal patients.

Philosophy:

Philosophy is a statement of belief developed by the faculty that serves as the basis of curricular development. The belief of this program is to educate the student in science and profession of respiratory care practice, to develop critical thinking, and communication skills, while working within the legal and ethical framework of the respiratory therapy practice to become an effective team member within the health care community.

Major Concepts:

Critical Thinking:

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, analyzing, synthesizing, evaluating, of information gathered at the patient's bedside or chart in order to provide the best care possible to a given patient.

Communication:

Communication is the verbal and nonverbal interactions between the respiratory therapist, the patient, the patient's family, colleagues, and health team members. It involves the exchange of ideas, information, and the expression of emotions between individuals. The communication process involves a combination of collaborative, social, formal and therapeutic interactions. It is enhanced by the use of the information technology which enables the respiratory therapist to access and utilize information for the implementing of respiratory therapy practices. Respiratory therapist must be skilled in the practice of obtaining and sharing information as it pertains to the health care facility or for providing patient care, while at the same time learning restraint and self-control. Self-control as a professional is reflected in not disclosing clinical information throughout the World Wide Web.

Professionalism & Ethics:

Professionalism includes integrity, courtesy, honesty, and willing compliance with the highest ethical standards. Professionalism means adhering to the standards of professional practice,
accountability of one's own actions, and practicing within the legal, ethical, and regulatory frameworks. Professionalism includes behaviors that show a concern for others, valuing the profession of respiratory therapy, and participating in ongoing professional development.

Caring:

Caring is the interaction of the respiratory therapist between a patient, family, or health team member to create an atmosphere of mutual trust and respect. In this collaborative environment, the respiratory therapist provides encouragement, hope, support, and compassion to help achieve desired outcomes. Respiratory Therapist incorporates interventions in order to protect and enhance an individual's personal worth and human dignity in order to meet an individual's basic need. Caring interventions also contribute to health promotion and enhancement of the quality of life. Caring is guided by compassion, mutual trust, respect, competence, and moral and ethical values. Caring is emphasized across the curriculum as students increase their knowledge and clinic experience.

Program Goals and Outcomes:

The goal of Hutchinson Community Colleges Respiratory Therapy Program is to prepare graduates with demonstrated aptitude to become effective respiratory therapists in the area of communication, planning, evaluation and treatment of patients suffering from cardiopulmonary diseases, as they relate to the geriatric, adult, pediatric, and neonatal patient.

Respiratory Care Program Outcomes:

The program will ensure an appropriate sequence of classroom, laboratory, and clinical activities consistent with training for the student to receive an AAS degree in Respiratory Therapy and to be capable of passing the National Board of Respiratory Care exam that will certify the student (CRT) and prepare the student to take the advanced practice exam to become a Registered Respiratory Therapist (RRT). Ongoing assessments of students in performing laboratory skills, clinic evaluation competencies using observation, quizzes, and exams of class course materials will be performed.

Learning Outcomes:

Upon successful completion of the program a student will be able to:

1. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from laboratory and physiological evaluations.
2. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.
3. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.
4. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.
5. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.
6. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

**Technical Standards:**

**Allied Health Department Technical Standards:**

Hutchinson Community College Allied Health Department has identified nonacademic technical standards critical to the success of students in the allied health programs. These standards are designed to establish performance expectations that will enable students be successful in their chosen discipline.

The Allied Health Department prepares students for the professions of Associate Degree Nursing, Emergency Medical Services – Emergency Dispatch, First Responder, Emergency Medical Technician, Emergency Medical Technician – Intermediate, Health Care Training, Health Coding Specialist, Health Information Technology, Licensed Practical Nursing, Medical Transcriptionist, Paramedic, Radiologic Technology, Physical Therapy Assistant, Respiratory Therapy, and Surgical Technology. The Sports Medicine curriculum allows students to be exposed to the field of athletic training and develop skills that can be transferred to 4-year institutions.

In addition to these general technical standards, students must be able to successfully complete all the required components and program-specific technical standards of the individual program in which they are enrolled.

**Students in the Allied Health Department must have the following minimum abilities:**

1. **Observation** – Students must
   Be able to observe lectures and demonstrations.

2. **Communication** – Students must
   Be able to use multiple communication techniques including verbal, nonverbal, written, group processes and information technology in order to communicate with instructors, peers, health professionals, patients and others.
   Be able to speak, comprehend, read and write in English.
3. **Motor Function** – Students must
Possess the skills necessary to carry out the procedures in their discipline.

4. **Intellectual/Conceptual/Integrative/Quantitative** – Students must
Read, understand and be able to discuss information from reading.
Acquire and apply information from classroom instruction, lectures, laboratory experience, independent learning and team projects.
Measure, calculate, reason, analyze, evaluate, and process information.

5. **Behavioral, Emotional and Social** – Students must
Possess the emotional health required for full use of his or her intellectual abilities.
Be able to maintain professionalism under stress.
Develop mature, sensitive and effective relationships with others.
Adapt to changing environments.
Work cooperatively with instructors, peers, health professionals, patients and others.

6. **Physical Endurance** – Students must possess
Physical stamina sufficient to complete assignments within allotted times.

**ADDITIONAL SPECIFIC TECHNICAL STANDARDS FOR THE RESPIRATORY THERAPY PROGRAM**

**Students must possess:**

1. **Intellectual and Emotional Maturity:** to ensure patient safety and to exercise independent judgment in the performance of assigned responsibilities in stressful situations.

2. **Visual ability:** Acuity must be sufficient to assess clients in their environment and to implement the respiratory care plans that are developed from such assessments.

3. **Hearing ability:** Must be sufficient to assess and respond to clients in their environments and be able to hear & respond to various alarm functions in the midst of background sounds.

4. **Factory ability:** Must be sufficient to assess and respond to the clients in their environments and to implement the respiratory care plans that are developed for such assessments.
5. **Tactile ability:** Must be sufficient to assess and treat clients in their environments and to implement the respiratory care plans that are developed for such assessments.

6. **Gross & Fine motor skills:** Must be sufficient to perform psychomotor skills necessary for client care. The student and faculty member must be able to lift 50 pounds and be able to maneuver equipment and patients under various clinic situations.

7. **Communicate:** Ability to speak, comprehends, read and writes in English at a level that effectively communicates with clients, families, significant others, and groups respecting social cultural and spiritual diversity.

8. **Endurance:** Must be able to endure being on their feet for 12 hours shifts, moving around the clinic area and transporting patient's to and from various medical procedures in and out of elevators with only limited breaks.

**Health Requirements of:**

**Incoming Students:**

1. A comprehensive health evaluation is required for all incoming associate of applied science respiratory therapy students. The deadline for the health evaluation is July 31st, prior to the fall semester registration. Any student who has not met the required deadline will not be admitted to the fall semester program. The health evaluation must meet the following criteria to be considered for entrance into the program:
   b. Immunization for tetanus and diphtheria within last ten years.
   c. MMR immunization or positive measles, mumps. Rubella titer (if born in 1957 or after; documentation of two MMR’s.
   d. Evidence of immunity to Pertussis by receipt of a single dose of Tdap, (ADACEL). Those less than 64 years of age who don't have documentation of Tdap immunization should receive a single dose of Tdap, if it has been at least 2 years since receipt of a tetanus toxoid containing vaccine. (Obtain through the health Department).
   e. Hepatitis B Vaccine.
   f. Influenza vaccine.
   g. Physical examination.
   h. Physician documentation of chickenpox or titer. Students must have a physician clarification of having the chicken pox, otherwise the vaccine is required.
2. After notification of acceptance is received, a student should make arrangements with his or her private physician for the above examination and immunizations. Cost for these items will be borne by the student. Skin tests, immunizations, and serology are available at the Reno county health Department.

2nd Year students:

1. For students entering the second phase of the program, the Mantoux TB skin test is required prior to continuing experience in the clinic areas.
2. The influenza immunization is required for all students prior to entering into clinic rotations. If a student is unable to take the flu shot due to allergy, then the student will be required to wear a mask during all patient care activities.

Exposure to Infectious Diseases:

During the course of the program, students will be assigned to care for clients who have infectious diseases. Guidelines established by the Centers of Disease Control (Standard Precautions) and OSHA (Universal Precautions) and the policies and procedures of the clinic agency are to be followed. The student will be required to when handling blood or body fluids.

*In light of the current health care environments and then known risk of acquiring Hepatitis B in certain high-risk areas, it is recommended that students receive the Hepatitis B vaccine series. Students receiving the vaccine must begin the series prior to entry into the program. Students are to consult their private physicians for assessment and recommendation prior to receiving the series. Students who do not receive the series must sign a waiver releasing HCC and clinic agencies of responsibility should infection occur.

**Clinic sites currently require that all health care providers must get the curtain flu vaccine. Those who don’t obtain the vaccine will be required to wear a personal protective mask while doing all patient care.

Illness:
Students with any of the following conditions or illnesses may not participate in the clinic experience:

1. Streptococcal infections of the throat
2. Herpes simplex
3. Herpes zoster (shingles)
4. Dysentery, confirmed organism
5. Staphylococcal infections
6. Hepatitis
7. AIDS
8. Tuberculosis
9. Fever of undetermined origin
10. Recent surgery
11. Hospitalizations, as above.
12. Scabies
13. Draining abscesses, boils, impetigo
14. Influenza
15. Diarrhea
16. Chickenpox, Pertussis, Measles, Mumps, Rubella
17. Other conditions as determined by the faculty

*A statement of release from a student's personal physician is necessary before they can return to the clinic setting.

**It is the student's responsibility to keep faculty informed of health limitations.

Health Insurance Policy:

HCC Program for respiratory therapy strongly recommends that all student's carry health insurance. Any health care cost incurred by the student during the program or clinic rotation is the responsibility of the student and is not the responsibility of HCC or any of the clinic agencies who provide experience for students.

Blood Exposure in the simulation Laboratory:
Procedures that result in blood and body fluid exposure may not be practiced in the simulation laboratory.

Background Check & Drug Screening for Clinic Rotations:

a. In 2004, Joint Commission for Healthcare Accreditation Organization required that all persons who are involved in patient care activities, including students must undergo criminal background checks and other healthcare related checks, before doing patient care, therefore, all students who enter into the Respiratory Care Program must submit to a background check & drug screen prior to starting their clinical experience. The results need to be sent to the Program Director for Respiratory Therapy. The cost of the background check is the applicant's responsibility. Failure to comply with this mandate may result in the student being withdrawn from the program. Results need to be sent to the Program Director for Respiratory Therapy at Hutchinson Community College.

Results:
Should a background check or report come back with an unacceptable offense, the school will review the information and make a decision on the applicant’s eligibility. The department will then notify the applicant regarding their status to enter a program in the school. These cases will be considered individually and, under extenuating circumstances, an exception could be made. Normally, the following convictions will prevent admission:

1. Felony convictions
2. Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
3. Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc.)
4. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
5. Registered sex offenders
6. OIG, GSA and Medicaid Sanctions

If there is a conviction that does not disqualify the applicant/student from a program and subsequent affiliation, the student should be aware that this may not be the case for the professional certifying agency. It is the student’s responsibility to confirm whether or not the conviction will prevent them from taking a certification/qualifying examination upon completion of an academic program. Contact our office if you have specific questions.

**Requirements for satisfactory academic and clinic progress:**

1. Associate Degree Respiratory Therapy Students must meet the college requirements for satisfactory academic progress. Refer to the HCC Catalog sections on "Satisfactory Progress" and "Academic probation and dismissal."
2. Students must receive a "C" or above in respiratory therapy curriculum courses in order to continue in the respiratory therapy program. Within each course the following requirements must be met:
   a) a minimum of 70% average on theory as defined in each course.
   b) a minimum of 70% or satisfactory on written clinic work.
   c) satisfactory performance in the clinic areas as defined by the behavioral components of the Clinic Evaluation Tool.
   d) Participation and completion of program review and assessment materials.

If a student fails to meet the above requirements, he/she will fail the course and will not be allowed to continue in the respiratory therapy program

**Progression in program:**
1. Students admitted to the Respiratory Therapy Program must maintain a grade of 'C' or a '70' average on all courses and pass 95% of all clinical requirements to progress to the next level/semester in the program. Those students who do not meet this criterion will be subject to make up the areas that are incomplete and receive a grade of 'I' on their transcript.
2. All students may exercise their right to appeal or may withdraw from the program.
3. Students who fail to meet the minimum standards required for advancement will be withdrawn from the program.
4. Students subject to withdrawal must reapply to the program in order to advance to the next level. If they withdrew due to minimum standards not having been met, they must retake that particular course. For more information review reinstatement policy.

**Dress Code:**

1. All students must adhere to the dress code of a pressed scrub uniform, lab jacket, with name badge, and black or white leather shoes that meet the JCAHO requirements for foot coverage. No exposed part of the foot is allowed.
2. No rings or other jewelry is permitted in the clinical setting with the exception of wedding/engagement sets. These may not interfere with donning or removal of exam gloves and must be removed if therapist is working in burn unit or NICU. In addition these prescribe restrictions the following also apply:
   - No shorts, colored hair, body piercings, earrings, visible tattoos, fake nails or nail polish.
   - Hair must be clean & combed and in proper style. No Mohawks or similar hair styles will be allowed in clinic. All long hair needs to be tied back or braided.
3. Students must have on their person one stethoscope, small notepad, and pen for documentation and assessment purposes. Failure to have these in the clinic will have the student sent home from the clinic and they will have to make their time up at the end of year. Their grade will be '0' for that clinic days work.
4. The dress code for the classroom is business casual unless otherwise granted by the instructor. No cleavage or short cropped shirts allowed in class. No shorts. Jeans may be worn, but of sufficient coverage that no skin is exposed. Scrubs may be worn in class, if labs activities are planned. No opened toe shoes and no earrings beyond 1 inch are allowed in the classroom.

**Time and Attendance:**

For class, the students are responsible for making up all course work. The student must attend all classes in order to apply what is learned in clinical situations; therefore it is imperative that they **attend all** classes and clinics. Excessive absences may result in the student being withdrawn from the program. If a student is tardy, they must wait to be admitted until after the first break in class. This is so that students will not be interrupted during lecture or lab activities. If an absence is during clinic, refer to the policy and procedures guidelines for
reporting absences during clinics. Tardiness and absence will impact the Clinical Practicum GPA and Course G.P.A.

**Clinic Attendance**

1. **Clinic attendance is mandatory.** Students are expected to have a back-up plan if something arises while they are in clinic, so that they would not need to leave unexpectedly. **There is only one scheduled make-up for missing clinic.** Make-up times will be at the discretion of the faculty. A student must achieve 95% completion of all clinic coursework to advance to the next level of the program. If a student fails to meet this guideline, they will be withdrawn from the program. **It is the student's responsibility to make sure to satisfactorily achieve all the necessary clinic skills during each clinic rotation.**

2. Time and attendance will equal up to 20% of the total GPA for Clinical Practicum & 10% for classroom work.

**Phone and Electronic devices:**
All phone and electronic devices must be turned off during classroom and clinic work. The student may use them on breaks and during lunch. No electronic devices may be used during exams. If a student is caught using the device during an exam, they will be disciplined according to the schools policy on academic cheating and honesty. **The student is to comply accordingly with the clinic affiliate policy in regards to use of electronic devices while at work. Absolutely no cell phone use while in patient's room or while doing patient care.**

**Classroom assignments:**

1. No late assignments will be accepted unless by prior arrangement with the instructor.

2. All assignments must be typed and double space unless by prior instruction by the Instructor. Review each course syllabus for specific instructions involving papers.

**Clinic Written Work:**

Written evaluation tools are distributed at the beginning of each clinic course along with the guidelines and expectations of students during clinic rotations.
**Performance in the Clinic Area:**

Students are responsible for meeting the course objectives as outlined in the clinic evaluation tool. These objectives are based upon the Respiratory Therapy Standards of Practice. The behavioral components listed under each objective serve as guides to meeting those objectives. Students successfully completing a respiratory therapy course must demonstrate the ability to:

1. Meet all course objectives
2. Build on concepts learned in previous courses
3. Apply concepts learned in theory to practice.

Students having difficulty meeting the clinic objective will be counseled and have a contract established. The contract will set out mutually agreed upon activities to remediate the student toward successful completion of the clinic objectives. Contracts must be fulfilled to progress through the program.

Student's progress toward meeting course objectives is documented weekly by clinic instructors on the clinic evaluation tool as well as to respond to instructor comments.

**Clinical Misconduct Policy:**

1. Any unprofessional behavior as defined by the faculty or clinical site will result in immediate dismissal from the clinical sight and possible dismissal from the program.
2. Hutchinson Community College Handbook, "Standards of Conduct for students," policy is applicable to all respiratory therapy students.

**Clinical Experience Preparation:**

Each student has the responsibility to come to the clinical area prepared for that day's learning experience. The amount of preparation is determined within each nursing course. The faculty has the responsibility to evaluate each student's preparation for the clinical learning experience. Any student who in the instructor's judgment is not sufficiently prepared to provide safe client care will not be allowed to remain on the clinical area. The hours away from the clinical area will be counted as hours absent and may jeopardize the student's progress in satisfactory completion of the course.

**Clinic Policy for Staffing:**

Students and faculty of the College shall not be deemed to be employees of the Health Care Institution for purposes of compensation, fringe benefits, workers' compensation, unemployment compensation, minimum wage laws, income tax withholding, social security or any other purpose. Duties performed by a student are not performed as an employee, but in
fulfillment of the College’s academic requirements and are performed under supervision. At no time shall students replace or substitute for any employee of Hospital. This provision shall not be deemed to prohibit the employment of any such student by the Health Care Institution under a separate employment agreement.

**Clinic Variance report:**
A variance may occur during clinical lab which affects safety. Analysis of these variances is an important part of learning to demonstrate accountability for nursing actions. Instructors require that student complete a program variance report. The report should be completed and returned to the instructor. The report will be retained as a part of the student's record.

**Students & Staff Substitution Policy:**
No student in the Program for Respiratory therapy will be allowed to work as a staff person during clinic rotations. In order to insure that student's rights are not being violated, a clinic student record will be kept and a student survey of clinic rotations will be initiated. This information will be available for clinic sites to review upon signature of contract.

**Students Affiliate Work shall not be substituted for Clinic Course Work:**
Students and faculty of the College shall not consider their clinic work while working in an employee status at a clinic affiliate. Students shall not receive any form of remuneration in exchange for the work that they perform in relation to their clinic education coursework and experiences.

**Transportation and Parking:**
Students are responsible for securing the Hutchinson Community College parking sticker and adhering to college parking regulations. Students will be expected to adhere to parking regulations at clinical agencies utilized.

Students will be responsible for their own transportation between the main campus and Davis Hall and to and from clinical agencies. Clinical experiences will occur in agencies outside the radius of Hutchinson and may require overnight stay. This will be the student’s expense and arrangements. Students are expected to adhere to all parking regulations at clinic affiliate sites and obtain any necessary parking stickers as required. Students are responsible for all parking fees & fines that they obtain during clinic rotations.

Students are prohibited from transporting clients in their personal vehicles for any reason.
**Tape Recording Policy:**

Students with written permission of the individual faculty member may tape record class lectures for their persona study. Students may tape record class lectures for their personal study with the written permission of the individual faculty member. Lectures taped for this purpose may not be share with other people without the consent of the lecturer. Tape recorded lectures may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are taped as part of the class activity. Information contained in the tape recorded lecture is protected under federal copyright laws and may not be published or quoted without the express consent of the lecturer and without giving proper identify and credit to the lecturer.

**Video Taping Policy:**

Regular class attendance is expected in accordance with the College's academic policies. Clinic lectures, discussions and other activity may not be recorded in either audio or video format without the instructor’s prior written approval.

**Email Policy:**

Each student at HCC has an official HCC e-mail address which can be accessed via the student's campus connect account. E-mail sent to the recipient’s official HCC e-mail address shall be considered an appropriate mechanism for official communication by HCC. Student in this course are expected to check their email regularly.

**Accidents and Variances:**

The following guidelines should be utilized in reporting accidents or variances:

1. All accidents or variances should be reported immediately to the appropriate Hutchinson Community College (HCC) Allied Health Program and cooperating agency representatives. This is your ethical and legal responsibility.

2. An incident and/or variance report for both the agency and HCC will be completed. These reports will be retained in the appropriate files.

3. Students may receive treatment at the facility but **will be responsible for all personal costs incurred.**

4. Other actions may be required by agency policy.

**Clinic Policies and Procedures:**

1. Student will comply with all general rules, policies and procedures of both HCC and the clinical facility to which the student is assigned. A demonstration of courteous, co-
operative, and professional attitude throughout the clinical practice is essential. Any violation of HCC and/or clinical facilities policies, procedures, or professional attitude may result in the student’s inability to continue in the program.

2. Student will always be responsible for reporting to the HCC instructor or designee at the beginning and conclusion of each clinic day.

3. Any student having program problems shall first approach the appropriate or assigned instructor. If the student feels the problem has not been resolved appropriately, the student should then make an appointment to see the Clinical Education Coordinator. If not resolved, the student should then see the Department Program Director, then the Department Chairperson. ANY STUDENT FAILING TO FOLLOW THIS "CHAIN OF COMMAND" AS STATED, WILL BE SENT BACK TO THE INITIAL INSTRUCTOR UNTIL THIS PROCEDURE HAS BEEN FOLLOWED.

4. The student is responsible for reading all course objectives, clinic procedure manuals, and affective objectives, as well as enclosed task sheets. The student will abide by and complete all objectives and procedures, successfully.

Tardiness & Absenteeism:

1. The student will be punctual and in attendance for all scheduled clinics. If a student finds it unavoidable to be tardy or absent from any clinic, the student must call the clinical facility at least 1 hour prior to the scheduled time of arrival and notify the clinical supervisor. In addition, the student must notify the Clinical Education Coordinator either directly or via voice mail. The acceptance is weather delays, but this must be cleared by Clinical Director. Two occurrences of tardiness will count as one absence. Early departures from the clinical facility are also considered absences, unless approved by clinic instructor. The student is allotted one absence without it affecting their grade. If the student is absent 2 days, their clinic grade will be reduced by 10%. For each additional absence, the grade will be affected 10%. There is no make up for clinics. It is imperative that all students attend all clinics assigned. A loss of 4 days will lead to a grade of 'D' and the students will forfeit their remainder schedule clinic time and be withdrawn from the program.

   IT IS THE RESPONSIBILITY OF THE STUDENT, NOT THE INSTRUCTOR, TO INITIATE AND COMPLETE ALL SCHEDULED CLINIC TIME.

In the event that a student is dismissed from a clinical facility by facility personnel/administration due to inappropriate performance and/or behaviors, the student shall notify their clinical instructor and/or the Clinical Education Coordinator
immediately. Dismissal from the clinical facility in this manner may result in the administrative withdrawal of the student from the clinical portion of the program and failure in the course.

Evaluating and Grading:

1. Stage one of the clinical experience involves mandatory attendance in the Respiratory Skills Laboratory. Each skill listed in the Task Sheets - Table of Content must be performed per specific task sheet guidelines with 100% proficiency. To continue on into stage two of the clinic, the student must have been checked off on all skills by a HCC instructor and within the designated time period. If a student fails to complete the required task sheets in the designated time period, the student will be required to withdraw from the clinical portion of the program. Upon completion of the skills lab, the student will be introduced into the clinic site to begin patient care. All Clinic I assessments will be completed for a student to advance to the next level.

2. Stage two of the clinical experience involves clinical assignment at a clinical facility in the community. During this time, the student will further develop the skills identified in the course outline and practiced in Stage One. The student is responsible for relating the appropriate theory with each task performed. An HCC instructor or designee will be available in the clinical facility for supervision, instruction, and assessment.

3. The student will successfully complete all objectives with a minimum grade of "C". The student is also responsible for objectives and/or subject areas covered in all previous and co-requisite courses.

4. Clinical assessment will involve a combination of evaluation tools, including formal clinical evaluations, written clinical assessments, self-evaluations, on-going evaluations, and the acceptable completion of all logs, patient assessment sheets, and assigned clinic tasks.

Specifically, the grade for each clinical course shall be comprised of:

- **RT221***: 20% - Written Clinical Tests (2)
- **RT 222,***: 20% - Written Clinical Tests (2)
- 15% - Evaluation One
- 25% - Evaluation One
- 25% - Evaluation Two
- 25% - Evaluation Two
20% - Chart Review/Physical  20% - Attendance  
20% - Attendance  10% - Case presentation  
RT 223*  RT 224*  
20% - Written Clinical Tests (2)  15% - Evaluation One  
15% - Evaluation One  15% - Evaluation Two  
15% - Evaluation Two  30% - Evaluation Three  
30% - Evaluation Three  20% - Case Presentation  
20%- Attendance  20%- Attendance  

*Please Note: The evaluation criteria is subject to change during the student’s enrollment in the program. Check with the instructor to check for updates.

The following grading scale is utilized:

100 - 90 = A  
89 - 80 = B  
79 - 70 = C  

69 - 60 = D  
59 - 0 = F
Hutchinson Community College and Area Vocational School  
Course Syllabus  
RT221 Clinical Training I  

YEAR: 2012-2013  
DEPARTMENT: Allied Health  
HOURS OF INSTRUCTION/CREDIT: 2 credits  
COURSE PLACEMENT: Freshman  
PREREQUISITES:  
AL153 Pharmacology  
RT200 Introduction to Respiratory Therapy  
RT201 Cardiopulmonary Anatomy and Physiology  
RT204 Respiratory Care Science  

COREQUISITES:  
RT210 Therapeutic Modalities I  
RT202 Cardiopulmonary Pathology  
RT203 Cardiopulmonary Assessment  

CATALOG COURSE DESCRIPTION: Entry-level simulation laboratory and clinical experience with emphasis on patient assessment, practical application of basic therapies and documentation techniques. Upon successful completion, students will demonstrate clinical competence on required performance evaluations. Professionalism, accountability and responsibility also included. 90 Clinical Hours  

COURSE PURPOSE: To provide entry-level clinical experience to the Respiratory Therapy student.  

TEXTBOOKS AND OTHER INSTRUCTIONAL MATERIALS: None, although students should have access to the textbooks in previously covered classes to use as reference.  

FEES: No fee will be assessed for this class, but fees will be assessed for consumable supplies in laboratory classes.  

HCC INSTITUTION-WIDE OUTCOMES:
I. Demonstrate the ability to think critically and make reasonable judgments by acquiring, analyzing, combining, and evaluating quantitative and non-quantitative information.

II. Demonstrate the skills necessary to access and manipulate information through various technological and traditional methods.

III. Demonstrate effective communication through writing and speaking.

IV. Demonstrate effective interpersonal skills.

AREA OR PROGRAM OUTCOMES:

Upon graduation the student will be able to:

1. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from Laboratory and physiological evaluations.
2. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.
3. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.
4. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.
5. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.
6. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

COURSE OUTCOMES AND COMPETENCIES:

1. Complete 90 hours in an acute care setting under the direction and supervision of a clinical instructor.
   a. Comprehend the role and job duties of the respiratory therapist as part of the health care team.
   b. Describe the importance of the policy and procedure manual for the individual for the overall operation of the department.
   c. Demonstrate appropriate communication skills within the clinical setting.
   d. Observe the role of the respiratory therapist in responding to emergency situations.
   e. Discuss the importance of isolation and aseptic techniques within the clinical setting.
2. Demonstrate the necessary steps to provide appropriate patient care when administering respiratory protocols.
3. Locate necessary information in the patient’s chart prior to administering respiratory therapy.
   a. Locate necessary information in the patient’s record prior to administering treatment.
   b. Document therapy including all pertinent data.
   c. Recognize situations that require intervention for other health care members.
4. Under supervision, administer basic respiratory therapy in the clinical setting.
   a. Demonstrate proper steps to setup or deliver, simple oxygen devices, aerosol and humidity devices, incentive spirometry, small volume nebulizer, and pulse oximetry.
b. Locate appropriate equipment needed for procedures.
c. Demonstrate competency for basic patient assessment.
d. Based on patient response, recommend modifications to basic respiratory care procedures.

5. Demonstrate understanding of oxygen supply systems found in the hospital setting.
   a. Demonstrate an understanding of the function of the bulk liquid supply of oxygen.
   b. Describe the function of back-up systems for oxygen.
   c. Identify location of zone valves and describe their function.
   d. Use station outlets located at the bedside.
Hutchinson Community College and Area Vocational School

Course Outline

RT221 Clinical Training I

YEAR: 2012-2013

DEPARTMENT: Allied Health

DETAILED COURSE OUTLINE:

There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

Clinical Competencies:

1. Hand washing
2. Isolation procedures
3. Vital signs
4. Breath sounds
5. Physical assessment
6. Chest x-ray results
7. Pulse oximeter monitoring
8. Documentation and goals assessment
9. Oxygen supply systems
10. Liquid oxygen systems
11. Oxygen concentrators
12. Oxygen administration
13. Metered-dose inhaler administration
14. Dry powder inhaler administration
15. Nebulizer treatment administration.
16. Incentive Spirometry administration

COURSE ASSESSMENT AND EVALUATION:

- Self-assessment
- Student behavioral evaluations which include both student and faculty input
- Clinical testing to demonstrate proficiency of clinical skills
- Formative evaluation from clinical agency respiratory therapist
- Paperwork--Treatment plan of care

The final grade will be determined based on the student evaluations in the clinical setting. Clinical assignments and clinical proficiency demonstrations.

Grading Scale:
The following scale will be used:

100-90     A  
89-80       B  
79-70       C  
69-60       D  
59 Below    F  

SPECIAL RULES/NOTICES: The student is subject to the policies as set forth in the Clinical Handbook.

ACCOMMODATIONS STATEMENT:

Any student who has a documented learning and/or physical disability and wishes to access academic accommodations (per the 1973 Rehabilitation Act and the Americans with Disability Act) must contact the HCC Coordinator of Disability Services, at 665-3554, or Guidance and Counseling Office, Parker Student Union. The student must have appropriate documentation on file before accommodations can be provided.

ACADEMIC HONESTY:

Students who engage in academic dishonesty bring discredit upon Hutchinson Community College as well as themselves. HCC students are thus required to maintain honesty in their academic pursuits. The administrators and faculty at Hutchinson Community College require students to do the following:

1. Submit examinations, themes, reports, drawings, laboratory notes and other work that represent the students' best efforts without cheating, plagiarizing, or misrepresenting.
2. Provide all academic records such as transcripts and test scores that are free of falsification, forgery, or alteration.
3. Refrain from participating in the academic dishonesty of any person.

Sanctions for violation:

Students suspected of engaging in academic dishonesty may be charged in writing by the instructor and be subject to failure of the work in question and/or failure and dismissal from the course in which the dishonesty occurs. Students failed and/or dismissed by an instructor from a course as a result of academic dishonesty will not be allowed to take a “W” for the course. Instructors may also recommend to the Dean of Instruction that such students be dismissed from the program and/or the institution.

Appeal:

Students charged with academic dishonesty have the right of appeal and are assured of due process by the institution through the Academic Appeal process.

DISCLAIMER: This syllabus may be modified with the proper notification of the students and the Dean of Instruction’s office. Outlined content may not be covered in lecture. Students are responsible for assigned readings, handouts, and audiovisuals.
Hutchinson Community College and Area Vocational School

Course Syllabus

RT222 Clinical Training II

YEAR: 2012-2013

DEPARTMENT: Allied Health

HOURS OF INSTRUCTION/CREDIT: 3 credits

COURSE PLACEMENT: Sophomore

PREREQUISITES:

AL153 Pharmacology
RT200 Introduction to Respiratory Therapy
RT201 Cardiopulmonary Anatomy and Physiology
RT202 Cardiopulmonary Pathology
RT203 Cardiopulmonary Assessment
RT204 Respiratory Care Science
RT210 Therapeutic Modalities I
RT221 Clinical Training I

COREQUISITES:

RT211 Therapeutic Modalities II

DETAILED COURSE OUTLINE:

There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

Clinical Competencies:

1. Humidity and aerosol therapy
2. Small volume nebulizer therapy
3. CPAP home units
4. Chest percussion and postural drainage
5. Pep mask therapy
6. Flutter valve therapy
7. HFCWO (The vest airway clearance system)
8. Adjunctive breathing techniques
9. Incentive spirometry
10. IPPB therapy
11. Manual resuscitation
12. Nasal Tracheal Suction Techniques

CATALOG COURSE DESCRIPTION:

Continuation of general practice for the respiratory therapist. Acquisition of critical care experience related to laboratory and diagnostic tests, noninvasive monitoring, pulmonary function testing, and the legal and ethical realm of the professional. Includes the development and implementation of care plans/SOAPs. Implementation and beginning use of therapist-driven protocols. Elements of professional behavior evaluated within the clinical setting. 180 Clinical Hours

COURSE PURPOSE: To provide clinical experience to the Respiratory Therapy student.

TEXTBOOKS AND OTHER INSTRUCTIONAL MATERIALS: None, although students should have access to the textbooks in previously covered classes to use as reference.

FEES: No fee will be assessed for this class, but fees will be assessed for consumable supplies in laboratory classes.

HCC INSTITUTION-WIDE OUTCOMES:

I. Demonstrate the ability to think critically and make reasonable judgments by acquiring, analyzing, combining, and evaluating quantitative and non-quantitative information.

II. Demonstrate the skills necessary to access and manipulate information through various technological and traditional methods.

III. Demonstrate effective communication through writing and speaking.

IV. Demonstrate effective interpersonal skills.

AREA OR PROGRAM OUTCOMES:

Upon graduation the student will be able to:

1. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from Laboratory and physiological evaluations.
2. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.
3. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.
4. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.
5. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.
6. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

**COURSE OUTCOMES AND COMPETENCIES:**

1. Complete 180 hours in an internship experience under the direction and supervision of a clinical instructor.
2. In the clinical setting under moderate supervision, demonstrate the following with an assigned patient load and within the student RT’s scope and current ability:
   a. Interpret the patient’s medical records and successfully perform the plan of care developed by the respiratory therapist.
   b. Recognize physiological limitations during treatments and respond accurately in a timely manner.
   c. Propose ways of modifying the treatment within the guidelines of treatment to improve the patient’s progress.
   d. Practice patient care documentation.
   e. Progress patient through the established treatment plan efficiently and effectively (achieve established goals).
   f. Participate in discharge planning including development of short term goals and placement decisions.
   g. Employ skills and attitudes required for professional conduct when interacting with other healthcare professionals and patients.
   h. Employ effective communication when interacting with other healthcare professionals, patients and families.
3. Demonstrate responsibility and accountability while in the clinical environment.
   a. Instruct and teach other healthcare providers, patients and families to perform selected treatment procedures and/or functional skills and activities.
   b. From a personal development plan based on individual strengths and limitations.
   c. Participate in opportunities that promote professional development and reinforce life-long learning.
   d. Maintain communication with the academic program utilizing designated procedures in a timely manner.
   e. Complete 95% of the clinical competencies.

**COURSE ASSESSMENT AND EVALUATION:**

- Self-assessment
- Student behavioral evaluations which include both student and faculty input
- Clinical testing to demonstrate proficiency of clinical skills
- Formative evaluation from clinical agency respiratory therapist
- Paperwork--Treatment plan of care
The final grade will be determined based on the student evaluations in the clinical setting. Clinical assignments and clinical proficiency demonstrations.

Grading Scale:

The following scale will be used:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-90</td>
<td>A</td>
</tr>
<tr>
<td>89-80</td>
<td>B</td>
</tr>
<tr>
<td>79-70</td>
<td>C</td>
</tr>
<tr>
<td>69-60</td>
<td>D</td>
</tr>
<tr>
<td>59 Below</td>
<td>F</td>
</tr>
</tbody>
</table>

SPECIAL RULES/NOTICES: The student is subject to the policies as set forth in the Clinical Handbook.

ACCOMMODATIONS STATEMENT:

Any student who has a documented learning and/or physical disability and wishes to access academic accommodations (per the 1973 Rehabilitation Act and the Americans with Disability Act) must contact the HCC Coordinator of Disability Services, at 665-3554, or Guidance and Counseling Office, Parker Student Union. The student must have appropriate documentation on file before accommodations can be provided.

ACADEMIC HONESTY:

Students who engage in academic dishonesty bring discredit upon Hutchinson Community College as well as themselves. HCC students are thus required to maintain honesty in their academic pursuits. The administrators and faculty at Hutchinson Community College require students to do the following:

1. Submit examinations, themes, reports, drawings, laboratory notes and other work that represent the students' best efforts without cheating, plagiarizing, or misrepresenting.
2. Provide all academic records such as transcripts and test scores that are free of falsification, forgery, or alteration.
3. Refrain from participating in the academic dishonesty of any person.

Sanctions for violation:

Students suspected of engaging in academic dishonesty may be charged in writing by the instructor and be subject to failure of the work in question and/or failure and dismissal from the course in which the dishonesty occurs. Students failed and/or dismissed by an instructor from a course as a result of academic dishonesty will not be allowed to take a “W” for the course. Instructors may also recommend to the Dean of Instruction that such students be dismissed from the program and/or the institution.

Appeal:
Students charged with academic dishonesty have the right of appeal and are assured of due process by the institution through the Academic Appeal process.

**DISCLAIMER:** This syllabus may be modified with the proper notification of the students and the Dean of Instruction’s office. Outlined content may not be covered in lecture. Students are responsible for assigned readings, handouts, and audiovisuals.

**DETAILED COURSE OUTLINE:**

There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

**Clinical Competencies:**

1. Humidity and aerosol therapy  
2. Small volume nebulizer therapy  
3. CPAP home units  
4. Chest percussion and postural drainage  
5. Pep mask therapy  
6. Flutter valve therapy  
7. HFCWO (The vest airway clearance system)  
8. Adjunctive breathing techniques  
9. Incentive spirometry  
10. IPPB therapy  
11. Manual resuscitation  
12. Nasal Tracheal Suction Techniques
Hutchinson Community College and Area Vocational School
Course Syllabus
RT223 Clinical Training III

YEAR: 2012-2013

DEPARTMENT: Allied Health

HOURS OF INSTRUCTION/CREDIT: 4 credits

COURSE PLACEMENT: Sophomore

PREREQUISITES:
AL153 Pharmacology
RT200 Introduction to Respiratory Therapy
RT201 Cardiopulmonary Anatomy and Physiology
RT202 Cardiopulmonary Pathology
RT203 Cardiopulmonary Assessment
RT204 Respiratory Care Science
RT210 Therapeutic Modalities I
RT211 Therapeutic Modalities II
RT221 Clinical Training I
RT222 Clinical Training II

COREQUISITES:
RT212 Therapeutic Modalities III
RT225 Respiratory Therapy Seminar

CATALOG COURSE DESCRIPTION:
Demonstration of the application of theory into practice in the clinical setting. Modification of the plan of care related to diagnostic and laboratory finding in critically ill and ventilator patients. Rotation to a variety of clinical sties. Development and implementation of care plans/SOAPs, implementation and appropriate use of therapist-driven protocols. Elements of professional behavior evaluated with the clinical setting. (180 Clinical Hours)

COURSE PURPOSE: Hand-on experience in clinical facilities working with critically ill and ventilator patients.

TEXTBOOKS AND OTHER INSTRUCTIONAL MATERIALS: None, although students should have access to the textbooks in previously covered classes to use as reference.

FEES: No fee will be assessed for this class, but fees will be assessed for consumable supplies in laboratory classes.
HCC INSTITUTION-WIDE OUTCOMES:
I. Demonstrate the ability to think critically and make reasonable judgments by acquiring, analyzing, combining, and evaluating quantitative and non-quantitative information.
II. Demonstrate the skills necessary to access and manipulate information through various technological and traditional methods.
III. Demonstrate effective communication through writing and speaking.
IV. Demonstrate effective interpersonal skills.

AREA OR PROGRAM OUTCOMES:
Upon graduation the student will be able to:
1. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from Laboratory and physiological evaluations.
2. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.
3. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.
4. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.
5. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.
6. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

COURSE OUTCOMES AND COMPETENCIES:
1. Complete 180 hours in an internship experience under the direction and supervision of a clinical instructor.
2. In the clinical setting under moderate supervision, demonstrate the following with an assigned patient load and within the student RT’s scope and current ability:
   a. Interpret the patient's medical records and successfully perform the plan of care developed by the respiratory therapist.
   b. Recognize physiological limitations during treatments and respond accurately in a timely manner.
   c. Propose ways of modifying the treatment within the guidelines of treatment to improve the patient's progress.
   d. Practice patient care documentation.
   e. Progress patient through the established treatment plan efficiently and effectively (achieve established goals).
   f. Participate in discharge planning including development of short term goals and placement decisions.
   g. Employ skills and attitudes required for professional conduct when interacting with other healthcare professionals and patients.
   h. Employ effective communication when interacting with other healthcare professionals, patients and families.
3. Demonstrate responsibility and accountability while in the clinical environment.
a. Instruct and teach other healthcare providers, patients and families to perform selected treatment procedures and/or functional skills and activities.
b. From a personal development plan based on individual strengths and limitations.
c. Participate in opportunities that promote professional development and reinforce life-long learning.
d. Maintain communication with the academic program utilizing designated procedures in a timely manner.
e. Complete 95% of the clinical competencies.

COURSE ASSESSMENT AND EVALUATION:
- Self assessment
- Student behavioral evaluations which include both student and faculty input
- Clinical testing to demonstrate proficiency of clinical skills
- Formative evaluation from clinical agency respiratory therapist
- Paperwork--Treatment plan of care

The final grade will be determined based on the student evaluations in the clinical setting. Clinical assignments and clinical proficiency demonstrations.

Grading Scale:
The following scale will be used:
100-90 A
89-80 B
79-70 C
69-60 D
59 Below F

SPECIAL RULES/NOTICES: The student is subject to the policies as set forth in the Clinical Handbook.

ACCOMMODATIONS STATEMENT:
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1. Submit examinations, themes, reports, drawings, laboratory notes and other work that represent the students' best efforts without cheating, plagiarizing, or misrepresenting.
2. Provide all academic records such as transcripts and test scores that are free of falsification, forgery, or alteration.

3. Refrain from participating in the academic dishonesty of any person.

Sanctions for violation:
Students suspected of engaging in academic dishonesty may be charged in writing by the instructor and be subject to failure of the work in question and/or failure and dismissal from the course in which the dishonesty occurs. Students failed and/or dismissed by an instructor from a course as a result of academic dishonesty will not be allowed to take a “W” for the course. Instructors may also recommend to the Dean of Instruction that such students be dismissed from the program and/or the institution.

Appeal:
Students charged with academic dishonesty have the right of appeal and are assured of due process by the institution through the Academic Appeal process.

DISCLAIMER: This syllabus may be modified with the proper notification of the students and the Dean of Instruction’s office. Outlined content may not be covered in lecture. Students are responsible for assigned readings, handouts, and audiovisuals.
YEAR: 2012-2013

DEPARTMENT: Allied Health

DETAILED COURSE OUTLINE:
There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

(Continuation of RT 221 Clinical Training I and RT222 Clinical Training II). Clinical includes specialty rotations which include pulmonary function testing, bronchoscopy, sleep lab, cardiopulmonary rehab (outpatient and/or LTAC), noninvasive cardiology, home health. labor and delivery, hyperbaric, pediatrician office, open heart unit (or critical care rotation), and respiratory care department. ACLS certification is incorporated as part of this clinical rotation.

Clinical Competencies:

1. Bedside pulmonary function testing
2. Basic spirometry
3. Electrocardiograms
4. Venipuncture
5. Arterial puncture
6. Arterial line sampling
7. End-tidal monitoring
8. Bronchoscopy assisting
9. Initiation of noninvasive positive pressure ventilation (NPPV)
10. Initiation of continuous mechanical ventilation
11. Monitoring continuous mechanical ventilation
12. Changing a ventilator circuit
13. Spontaneous ventilation parameters
14. PEEP
15. SPCP
16. Various Modes of ventilation, like Assist control, SIMV, Pressure Control, Pressure Support, flow-by, BiPAP, CPAP, PEEP
17. Weaning parameters
18. Static and dynamic pressure volume curves
19. Wave form analysis
20. Respiratory Driven Protocols as they pertain to the Intensive Care Unit.
Hutchinson Community College and Area Vocational School  
Course Syllabus  
RT224 Clinical Training IV

YEAR: 2012-2013

DEPARTMENT: Allied Health

HOURS OF INSTRUCTION/CREDIT: 6 credits

COURSE PLACEMENT: Sophomore

PREREQUISITES:
AL153 Pharmacology  
RT200 Introduction to Respiratory Therapy  
RT201 Cardiopulmonary Anatomy and Physiology  
RT202 Cardiopulmonary Pathology  
RT203 Cardiopulmonary Assessment  
RT204 Respiratory Care Science  
RT210 Therapeutic Modalities I  
RT211 Therapeutic Modalities II  
RT212 Therapeutic Modalities III  
RT221 Clinical Training I  
RT222 Clinical Training II  
RT223 Clinical Training III  
RT225 Respiratory Therapy Seminar

CATALOG COURSE DESCRIPTION:
Application of theory into clinical practice related to skill acquired throughout the program with focus on advanced level skills (critical care). Documentation, implementation of the plan of care, intensive care procedures, including newborn and pediatric. Development and implementation of care plans/SOAPs, implementation and appropriate use of therapist-driven protocol. Element of professional behavior evaluated within the clinical setting.  
(270 Clinical Hours)

COURSE PURPOSE: Hand-on experience within various clinical facilities to apply theory to practice.

TEXTBOOKS AND OTHER INSTRUCTIONAL MATERIALS: None, although students should have access to the textbooks in previously covered classes to use as reference.

FEES: No fee will be assessed for this class, but fees will be assessed for consumable supplies in laboratory classes.
HCC INSTITUTION-WIDE OUTCOMES:
I. Demonstrate the ability to think critically and make reasonable judgments by acquiring, analyzing, combining, and evaluating quantitative and non-quantitative information.
II. Demonstrate the skills necessary to access and manipulate information through various technological and traditional methods.
III. Demonstrate effective communication through writing and speaking.
IV. Demonstrate effective interpersonal skills.

AREA OR PROGRAM OUTCOMES:
Upon graduation the student will be able to:
1. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from Laboratory and physiological evaluations.
2. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.
3. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.
4. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.
5. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.
6. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

COURSE OUTCOMES AND COMPETENCIES:
1. Complete 270 hours in an internship experience under the direction and supervision of a clinical instructor.
2. Assume a patient load that reflects 75-80% of the facility's standard case load.
   a. Proficiently access relevant information from the patient's medical record.
   b. Assess patient responses.
   c. Modify patient's treatment within the plan of care.
   d. Document patient care as required in the facility.
   e. Recognize and initiate discharge planning.
3. Employ skills and attitudes required for professional conduct when interacting with other healthcare professionals, patients and families.
4. Demonstrate responsibility, accountability and professionalism within the clinical environment.
5. Implement a personal development plan based on individual strengths and limitation.
6. Proactively promote patient care in a legal and ethical manner according to current state practice act, professional RCCA guidelines.
7. Participate in opportunities that promote professional development and reinforce life-long learning.
8. Maintain communication with the academic program utilizing designated procure in a timely manner.
9. Complete 100% of course/program clinical competencies at a 3 or higher level.
COURSE ASSESSMENT AND EVALUATION:

- Self-assessment
- Student behavioral evaluations which include both student and faculty input
- Clinical testing to demonstrate proficiency of clinical skills
- Formative evaluation from clinical agency respiratory therapist
- Paperwork--Treatment plan of care

The final grade will be determined based on the student evaluations in the clinical setting. Clinical assignments and clinical proficiency demonstrations.

Grading Scale:
The following scale will be used:

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
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<tbody>
<tr>
<td>100-90</td>
<td>A</td>
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<td>89-80</td>
<td>B</td>
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<td>79-70</td>
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<td>69-60</td>
<td>D</td>
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<td>59 Below</td>
<td>F</td>
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</tbody>
</table>

SPECIAL RULES/NOTICES: The student is subject to the policies as set forth in the Clinical Handbook.

ACCOMMODATIONS STATEMENT:
Any student who has a documented learning and/or physical disability and wishes to access academic accommodations (per the 1973 Rehabilitation Act and the Americans with Disability Act) must contact the HCC Coordinator of Disability Services, at 665-3554, or Guidance and Counseling Office, Parker Student Union. The student must have appropriate documentation on file before accommodations can be provided.

ACADEMIC HONESTY:
Students who engage in academic dishonesty bring discredit upon Hutchinson Community College as well as themselves. HCC students are thus required to maintain honesty in their academic pursuits. The administrators and faculty at Hutchinson Community College require students to do the following:

1. Submit examinations, themes, reports, drawings, laboratory notes and other work that represent the students' best efforts without cheating, plagiarizing, or misrepresenting.
2. Provide all academic records such as transcripts and test scores that are free of falsification, forgery, or alteration.
3. Refrain from participating in the academic dishonesty of any person.

Sanctions for violation:
Students suspected of engaging in academic dishonesty may be charged in writing by the instructor and be subject to failure of the work in question and/or failure and dismissal from the course in which the dishonesty occurs. Students failed and/or dismissed by an instructor from a course as a result of academic dishonesty will not be allowed to take a “W” for the
course. Instructors may also recommend to the Dean of Instruction that such students be dismissed from the program and/or the institution.

**Appeal:**
Students charged with academic dishonesty have the right of appeal and are assured of due process by the institution through the Academic Appeal process.

**DISCLAIMER:** This syllabus may be modified with the proper notification of the students and the Dean of Instruction’s office. Outlined content may not be covered in lecture. Students are responsible for assigned readings, handouts, and audiovisuals.
Hutchinson Community College and Area Vocational School
Course Outline
RT224 Clinical Training IV

YEAR: 2012-2013

DEPARTMENT: Allied Health

DETAILED COURSE OUTLINE:
There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

This course will include the primary critical care exposure--pediatric and neonatal ICU, adult ICU, OR rotation, cardiac cath lab, ambulance service, certification in PALS and NRP.

Clinical Competencies:
1. Initiation of newborn mechanical ventilation
2. Monitoring newborn mechanical ventilation
3. Monitoring cuff pressure
4. Tracheostomy and stoma care
5. Pediatric mechanical ventilation & weaning
6. Endotracheal suctioning
7. Nasotracheal suctioning
8. CPR renewal
9. NRP certification
10. Adult Mechanical Ventilation
11. Intubation & Extubation Techniques.
13. Practicing time Management skills
Hutchinson Community College and Area Vocational School
Course Syllabus
RT224 Clinical Training IV

YEAR: 2012-2013

DEPARTMENT: Allied Health

HOURS OF INSTRUCTION/CREDIT: 6 credits

COURSE PLACEMENT: Sophomore

PREREQUISITES:

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(270 Clinical Hours)

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Upon graduation the student will be able to:

7. Utilize critical thinking to recommend appropriate diagnostic and therapeutic procedures using patient data from Laboratory and physiological evaluations.

8. Use a variety of communication skills to establish and maintain an effective relationship with clients, families and health care providers.

9. Perform cardio-pulmonary therapeutic procedures and modalities appropriate to level of training.

10. Work cooperatively as a member of a healthcare team in implementing the respiratory plan of care.

11. Function within the legal and ethical framework of respiratory therapy practice and demonstrate accountability for personal growth.

12. Develop the knowledge and skills necessary to obtain the Registered Respiratory Therapist (RRT) credential.

**COURSE OUTCOMES AND COMPETENCIES:**

10. Complete **270** hours in an internship experience under the direction and supervision of a clinical instructor.

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14. Implement a personal development plan based on individual strengths and limitation.

15. Proactively promote patient care in a legal and ethical manner according to current state practice act, professional RCCA guidelines.

16. Participate in opportunities that promote professional development and reinforce life-long learning.

17. Maintain communication with the academic program utilizing designated procure in a timely manner.

18. Complete 100% of course/program clinical competencies at a 3 or higher level.

COURSE ASSESSMENT AND EVALUATION:

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Hutchinson Community College and Area Vocational School
Course Outline
RT224 Clinical Training IV

YEAR: 2012-2013

DEPARTMENT: Allied Health

DETAILED COURSE OUTLINE:
There will not be lecture for this course. Students will be placed in an acute care setting to apply the knowledge and perform the skills learned from previous courses.

This course will include the primary critical care exposure--pediatric and neonatal ICU, adult ICU, OR rotation, cardiac cath lab, ambulance service, certification in PALS and NRP.

Clinical Competencies:

14. Initiation of newborn mechanical ventilation
15. Monitoring newborn mechanical ventilation
16. Tracheostomy and stoma care
17. Pediatric mechanical ventilation & weaning
18. Endotracheal suctioning
19. Nasotracheal suctioning
20. CPR renewal
21. NRP certification
22. Adult Mechanical Ventilation
23. Intubation & Extubation Techniques.
25. Practicing appropriate time management skills

Section 4.0 ACTIVITY LOGS

4.1 Activity logs are to be utilized by the student to review their clinical experience and strengthen written communication skills.

4.2 A log sheet will be completed for each clinical day in skills laboratory, clinical facility, and/or special rotation.

4.3 Every log should include the following:

   a. Student name
   b. Student number
   c. Clinic date
   d. Name of clinical facility
e. Clinic course: indicate the correct course number
f. Instructor and personnel with whom you worked including correct credential(s).
g. Clinic times
h. Area assigned: indicate the area(s) to which you were assigned.
i. Procedures performed/observed: circle if observed. If performed, indicate the number of times the procedure was performed by you during the clinic day. If using electronic format, follow instructions to differentiate between procedures performed and observed.
j. Physician contact: indicate physician's name, topic discussed, and duration. Topic may include informal discussions regarding your patient, MD rounds, lectures, etc.
k. Instructional contact: indicate the instructor, topic discussed, and the duration of the contact.
l. Personal assessment: this area should contain a concise overview of your clinical activities for the day. It should include the following:
   i. self-evaluation of your performance as it relates to the current clinical objectives
   ii. any new experiences and feedback from the staff
   iii. any instructor input which transpired during the clinic day

4.4 Activity logs will be turned in on time, according to individual HCC instructor or course outline requirements. The logs will be reviewed by the instructor and evaluated. These will be kept in the student files as documentation of the student's clinical activities.

4.5 Logs will be evaluated according to grammatical structure, spelling, overall content, and legibility. A grade of satisfactory or unsatisfactory will be given. If a grade of unsatisfactory is received on any log, the student will be required to rewrite it until it is satisfactorily completed.
Clinic Log

1. Student should give a detailed account of all clinical activities and include personal observations.
2. Student should document physician interaction and obtain signature of physician.
3. Log must be signed daily by student and preceptor.
4. Log should be used by instructor to communicate student's progress.

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<tr>
<th>Date</th>
<th>Daily activities and observations</th>
<th>Signatures</th>
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**Uniforms, Materials and Supplies:**

1. Student will be neatly groomed; hair combed, nails clean and manicured, and exhibit good personal hygiene. Uniforms will be clean and neatly pressed.

2. Student with shoulder length hair must have hair secured back and in a manner approved by the Clinical Education Coordinator.

3. Male students must be clean-shaven or have a clean, neatly trimmed beard or mustache.

4. Students will be permitted to wear plain band rings. Rings with stones will not be permitted. Simple post earrings may be worn. No large loop earrings or dangle earrings will be permitted. Any student wearing excessive jewelry will be asked to remove it during clinic times.

5. The male student uniform will consist of the following:
   
   a. round neck white T-shirt with no printing or lettering on the front or back  
   b. underwear  
   c. clean white uniform shoes/sneakers  
   d. white, black, or blue socks  
   e. clean pressed *Respiratory Care Student* scrub uniform *(available in the HCC book store)*  
   f. white 1/2 length lab coat (available in the HCC book store) with a HCC Respiratory Therapy Student Patch located just below the shoulder on the left sleeve  
   g. HCC identification badge with the students name clearly seen.  
   h. safety goggles  
   i. one pair bandage scissors  
   j. small note pad and pen with black ink  
   k. stethoscope  
   l. watch with second hand  
   m. hemostats (optional)

6. The female uniform will consist of the following:

   a. underwear  
   b. brassiere  
   c. white, black, or blue socks  
   d. clean uniform shoes/sneakers  
   e. clean pressed *Respiratory Care Student* scrub uniform (available in the HCC book store)
f. white HCC 1/2 length lab coat (available in the HCC book store)  
g. HCC identification badge  
h. safety goggles  
i. one pair bandage scissors  
j. small note pad and pen with black ink  
k. stethoscope  
l. hemostats (optional)  
m. watch with second hand  
n.  
7. Matching scrub jacket or Sweaters purchased in the HCC bookstore is the only outer garment allowed to be worn over uniforms.  

8. Inappropriate uniform dress will result in the student’s dismissal from the clinic for the day. More than one occurrence will lead to a meeting with the Director of Clinic Education and probable dismissal from the clinic.  

9. Students carrying any personal communications devices must have them on silence or off. The student may not receive any phone calls while participating in clinic activities. The student may only check their phones during breaks set forth by their clinic instructor. Abuse of this will lead to the student being sent home from clinic and meeting with the clinic director. It will be Inappropriate to send or receive personal calls during assigned clinic time and may lead to the students dismissal from the clinic.  

10. **Required textbooks and supplies. Check with clinic Education Coordinator.**  

**Discrimination Policy**  
All HCC Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with Hutchinson Community College and Area Vocational School are hereby notified that this Institution does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status or disability in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning HCC/AVS’s compliance with the regulations implementing Title VI, Title IX, and Americans with Disability Act of Section 504 is directed to contact the person who has been designated to coordinate the Institution’s efforts to comply with the regulations implementing these laws.