



# **PROGRAM** HANDBOOK

## **Respiratory Care Program**

**Student Handbook and  
Clinical Competency Packet  
2020-2021**

# **Respiratory Care Program**

**2020 – 2021**

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## **Welcome!**

Welcome and congratulations on your acceptance to the Respiratory Care program at North Shore Community College. We are pleased that you have chosen to pursue your education in this exciting and rewarding field.

This handbook is provided to assist you as you progress through the program. It contains program specific information that is vital to your educational experience and it supplements the information provided to you in the college's course catalog. It is expected that you keep this handbook as a resource referring to it whenever necessary. All Respiratory Care students are required to adhere to the policies and procedures contained in this handbook.

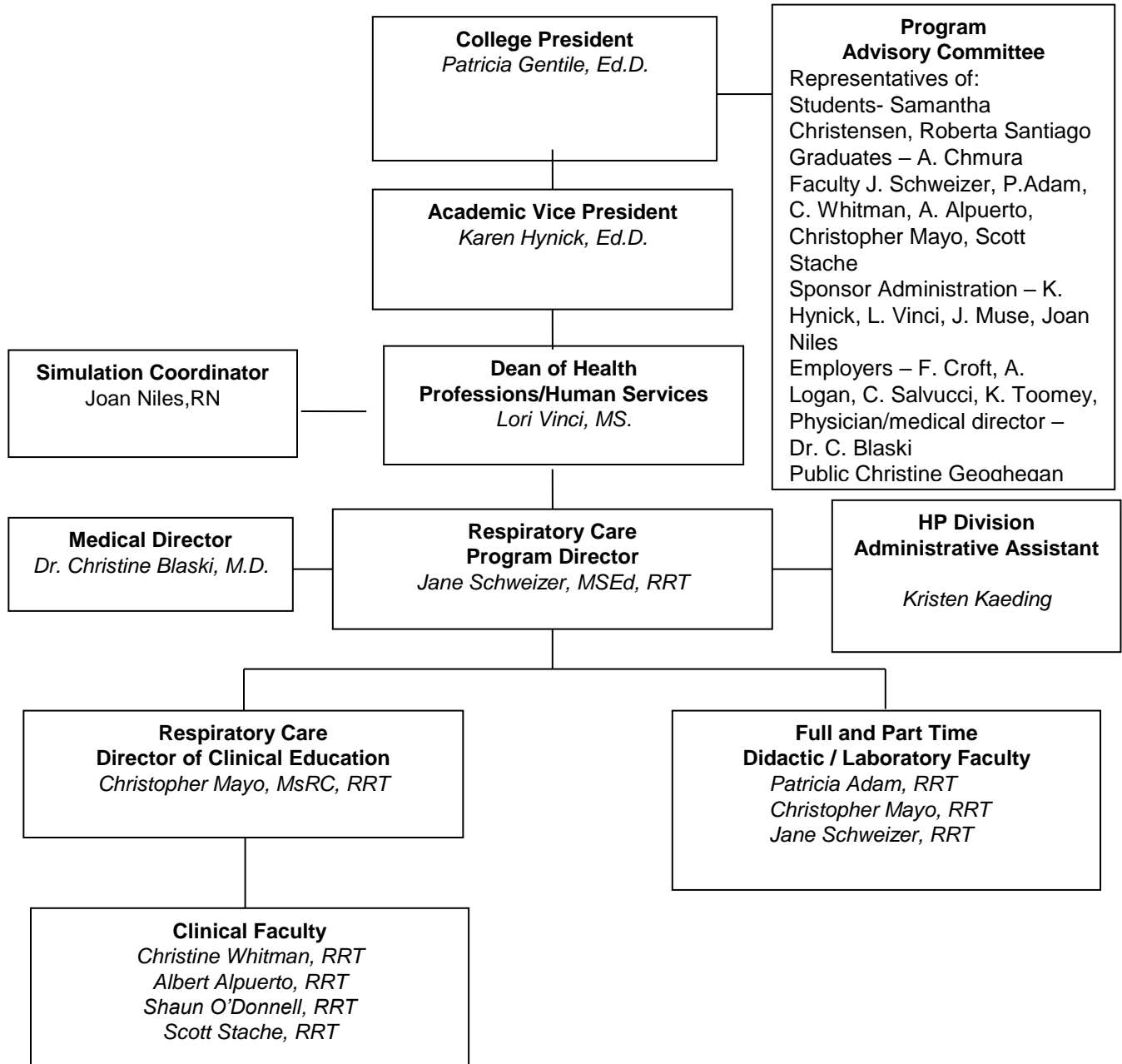
The faculty looks forward to assisting you in attaining the career goals that you have established for yourself.

Sincerely,  
*Program Faculty*

# North Shore Community College

## Programmatic Organizational Chart

### Respiratory Care Program



### Faculty Information

<b><u>Faculty Member</u></b>	<b><u>Title</u></b>	<b><u>Telephone</u></b>	<b><u>Email address</u></b>	<b><u>Office Location</u></b>
Jane Schweizer	Program Director	(978)762 – 4166	<a href="mailto:jschweiz@northshore.edu">jschweiz@northshore.edu</a>	DH 325
Christopher Mayo	Clinical Coordinator	(978)762-4170	<a href="mailto:cmayo@northshore.edu">cmayo@northshore.edu</a>	DH 327
Patricia N. Adam	Didactic instructor	(978)762-4084 ext. 4700	<a href="mailto:padam01@northshore.edu">padam01@northshore.edu</a>	N/A
Albert Alpuerto	Clinical Instructor	(978)210-9013	<a href="mailto:aalpuert01@northshore.edu">aalpuert01@northshore.edu</a>	N/A
Christine Whitman	First year clinical instructor	(781)254-1315	<a href="mailto:cwhitman@northshore.edu">cwhitman@northshore.edu</a>	N/A
Shaun O'Donnell	Clinical instructor		<a href="mailto:Sodonnell02@northshore.edu">Sodonnell02@northshore.edu</a>	<u>N/A</u>
Scott Stache	First Year clinical instructor		<a href="mailto:Sstache01@northshore.edu">Sstache01@northshore.edu</a>	<u>N/A</u>



## Fall 2020 Academic Calendar:

<https://www.northshore.edu/academics/calendar.html>

Fall course payment is due by 5 pm.	Aug 6, 2020
Classes begin, day and evening	Sept 8, 2020
Student add/drop period	Sept 8-14
Deadline to withdraw from full semester classes and receive 100% refund of tuition and fees is 5:00 pm	Sept 14
Deadline to withdraw from full semester classes and receive tuition only is 5:00 pm	Sept 21
<i>*For all other course start dates, other than the ones shown above, please go to:</i>	<i>add/drop deadlines</i>
Columbus Day, no classes	Oct 12
Veterans Day, no classes	Nov 11
Student evaluation week for full-time faculty	Nov 16, 20
Final exam schedule distributed to students and posted	Nov 25
Thanksgiving recess, evening or weekend classes	Nov 25-27
Thanksgiving recess, no day classes	Nov 26-27
Deadline for IP contracts for Spring and Summer 2020 courses	Nov 30
Last day to withdraw from the College with a "W" grade for 15-week courses	Nov 30
Student evaluation week for adjunct faculty	Nov 30-Dec 5
Classes end, weekend only	Dec 12
Classes end, day and evening	Dec 18
Final Exam period, day classes	Dec 21, 22
Grades posted on MyNorthShore	Dec 29

## Respiratory Care Program

### Course Sequence/graduation requirements

In order to graduate from the NSCC Respiratory Care Program, you must:

1. Abide by all college policies to maintain matriculation in the program.
2. Complete all courses within the curriculum.
3. Complete all of the respiratory care courses with a grade of “C” (75%) or higher.
4. Satisfy all financial obligations to the college.
5. Complete the graduation application online

<b>Semester 1</b> BIO 103 Anatomy & Physiology 1 _____ 4 RSP 101 Fundamentals of RC 1 _____ 4 RSP 111 RC Clinical Experience 1 _____ 2 RSP 131 RC Lab 1 _____ 1 RSP 126 RC Pharmacology _____ 3 <div style="text-align: right;">14</div>	<b>Semester 2</b> BIO 104 Anatomy & Physiology 2 _____ 4 RSP 102 Fundamentals of RC _____ 4 RSP 112 RC Clinical Experience 2 _____ 2 RSP 132 RC Lab 2 _____ 1 CHE 101 Intro to Chem 1 _____ 4 RSP 122 Physiology of Respiratory Care _____ 2 <div style="text-align: right;">17</div>
<b>Semester 3</b> CMP 101 Composition 1 _____ 3 RSP 201 Fundamentals of RC _____ 4 RSP 211 RC Clinical Experience 3 _____ 4 RSP 231 RC Lab 3 _____ 2 RSP 222 Intro to Resp Disease _____ 2 BEH Behavioral Science elective _____ 3 <div style="text-align: right;">18</div> Behavioral Science: ANT, PSY, SOC, IDS102, 108, 154, 160, 162, 164, 174, 176, 178, 180	<b>Semester 4</b> CMP 104-146 Comp 2 elective _____ 3 RSP 202 Fundamentals of RC 4 _____ 4 RSP 212 RC Clinical Experience 4 _____ 4 RSP 232 RC Lab 4 _____ 2 BIO 110 Intro to microbiology _____ 4 RSP 215 Contemporary Topics in RC _____ 2 <div style="text-align: right;">19</div> <div style="text-align: right;">Total 68</div>

## Tuition/Fees/Other Costs

<https://www.northshore.edu/paying/cost/fall-tuition-fees.html>

<p><b>College health insurance</b> \$3,045.00 for the year. Students enrolled in a program and are taking nine (9) or more credits at NSCC are required to have health insurance according to the Massachusetts' Universal Health Insurance law. Students who have comparable coverage required by the regulation and do not wish to purchase the NSCC Student Health Insurance, must submit his/her health insurance waiver on-line through <a href="http://www.northshore.edu/paying/cost/health-insurance.html">Arthur J. Gallagher &amp; Co. website</a> in order to avoid paying the health insurance fee. Additional information can be found at <a href="http://www.northshore.edu/paying/cost/health-insurance.html">http://www.northshore.edu/paying/cost/health-insurance.html</a></p>	<p><b>Textbooks for Respiratory Care:</b> approximately \$850.00 total (this does not include cost for general education courses)</p>
<p><b>Self-Assessment Exams</b> (Second year, Spring semester)- TMC \$50.00, CSE \$70.00</p>	<p><b>Clinical Uniform</b> including stethoscope \$200.00</p>
<p><b>Professional Rescuer CPR</b> - approximately \$100.00 (needed before the first semester)</p>	
<p><b><u>Post-graduation Expenses</u></b> Massachusetts License \$260.00 – when you pass the TMC exam, you need to update from student limited permit to full license. Kettering review workshop \$355.00 optional, most grads do this NBRC exam costs for TMC (Therapist Multiple Choice) \$190.00, Clinical simulation exam \$200.00</p>	

# **American Association for Respiratory Care**

## **Position Statement**

### **Definition of Respiratory Care**

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health and wellness. Respiratory Therapists employ scientific principles to identify, treat and prevent acute or chronic dysfunction of the cardiopulmonary system.

Knowledge and understanding of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and application of technology, enables respiratory therapists to provide patient care services efficiently. As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs.

A variety of settings serves as the practice sites for this health care profession including, but not limited to:

- Acute care hospitals
- Sleep disorder centers and diagnostic laboratories
- Long term acute care facilities
- Rehabilitation, research and skilled nursing facilities
- Patients' homes
- Patient transport systems
- Physician offices and clinics
- Convalescent and retirement centers
- Educational institutions
- Medical equipment companies and suppliers
- Wellness centers

Effective 12/99

Revised 12/06

Revised 07/09

Revised 7/12

Revised 4/14

Revised 6/15

Revised 7/15

## **NSCC Mission Statement**

North Shore Community College is a diverse, caring, inclusive community that inspires our students to become engaged citizens and to achieve their personal, academic, and career goals through accessible, affordable, rigorous educational opportunities that are aligned with our region's workforce needs and will prepare them for life in a changing world. (2016)

## **College Vision Statement**

North Shore Community College is a beacon of hope and opportunity for those who learn, live and work on Massachusetts' North Shore. The college creates responsive partnerships and collaborations to make a positive difference for residents. By providing an educated and innovative workforce, North Shore Community College contributes to the economic vitality and resiliency of the Commonwealth. (2016)

## **NSCC Values**

The Faculty and Staff at North Shore Community College exemplify the highest academic and institutional integrity through our commitment to:

**Access and Opportunity.** We provide access to quality higher education by offering clear and flexible pathways to academic success for the diverse populations we serve.

**Respect and Inclusion.** We seek to create a respectful, welcoming, and appreciative learning environment in which each person and every group belongs, is accepted, has value, and actively contributes.

**Educational Excellence and Innovation.** We embrace the highest standards in developing dynamic learning environments through excellent faculty and staff, academic freedom, innovative teaching methods, quality facilities, and engaging technologies.

**Student Learning and Success.** We are devoted to maximizing our students' ability to learn and achieve academic, personal, and professional success through appropriate support and services.

**Purposeful Life and Global Citizenship.** We are dedicated to empowering students to become lifelong learners and engaged citizens, to understanding the global landscape, and to equipping them for transformative careers.

**Social Responsibility and Justice.** We are committed to developing productive, collaborative relationships within the college and among our various constituencies so that we may serve to improve the quality of lives in the North Shore communities.

**Sustainability and Resourcefulness.** We uphold our heritage for tenacity, sustainability, responsible stewardship and equitable distribution of our resources.

## **Division of Health Professions Mission Statement**

The Division of Health Professions and Human Services enriches lives and the community through high quality health and human service degree and certificate programs that are responsive to societal and workforce needs. The Division strives to inspire student success and lifelong learning through interpersonal, interprofessional, and community collaboration needed for impactful and sustainable employment. We facilitate student learning, scholarship, and leadership with a commitment to excellence in person-centered care.

### **Respiratory Care Program Mission**

The mission of the Respiratory Care Program is to provide affordable, high quality education, with an emphasis on career preparation and intellectual development in an environment that is welcoming and supportive. The program is dedicated to the development of appropriate competencies in the students such that they may apply scientific understanding, technological skills, and human values within their profession.

### **PROGRAM GOAL**

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRT's).

### **Program Measurable Outcomes**

- At least 80% of graduates will obtain the NBRC CRT credential (3-year average)
- The program academic attrition (retention) rate will be less than 30% (3 year average)
- At least 80% of returned graduate surveys rating overall satisfaction 3 or higher on a 5-point Likert scale.
- At least 80% of returned employer surveys rating overall satisfaction 3 or higher on a 5-point Likert scale (3-year average)
- At least 70% of students graduate on time. (3-year average)

## **Respiratory Care Clinical Affiliates**

- **Beth Israel Deaconess Medical Center, Boston, Massachusetts**
- **Beverly Hospital, Beverly, Massachusetts**
- **North Shore Medical Center, Salem Hospital, Salem , Massachusetts**
- **Massachusetts General Hospital, Boston, MA**
- **Winchester Hospital, Winchester, Massachusetts**
- **Franciscan Children's Hospital, Boston, Massachusetts**
- **Lahey Clinic Medical Center, Burlington, Massachusetts**
- **Anna Jaques Hospital, Newburyport, Massachusetts**
- **Mt. Auburn Hospital, Cambridge, Massachusetts**
- **Spaulding Hospital Cambridge, Cambridge, Massachusetts**
- **Reliable Home Care, Norwood, MA**
- **Lawrence General Hospital, Lawrence, MA**

# AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

Effective 12/94

Revised 12/07

Revised 07/09

Revised 07/12

Reviewed 12/14

Revised **04/15**



# **American Association for Respiratory Care**

## **Position Statement**

### **Cultural Diversity and Inclusion**

The AARC professional community embraces diversity and multi-culturalism in all of its forms and promotes respect and cultural competence in every facet of its mission.

The AARC is enriched by the unique differences found among its diverse members, their patients/ clients, and other stakeholders. The AARC values and embraces equal opportunity, and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors and customs of the people that constitute its communities of interest, thereby creating a diverse, multicultural, and inclusive professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural competence in its education programs.
- Actively recruiting candidates from under-represented groups for leadership and mentoring programs.

Effective 12/94

Revised 12/07, 04/13

Reaffirmed 07/10

Revised 07/18

# **American Association for Respiratory Care**

## **Position Statement**

### **Respiratory Care Scope of Practice**

Respiratory Therapists are health care professionals responsible for the care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice crosses all patient, client and resident populations and care sites including, but not limited to various in-patient and outpatient settings (e.g. acute care, urgent care, long-term care, sub-acute care , skilled nursing facilities), physician's offices, sleep labs and clinics, vendor and industry venues, and the patient's home.

The practice of a respiratory therapist is directed by a licensed independent practitioner and is determined by state licensure laws where applicable. The practice typically focuses on:

- Patients across the age spectrum – neonatal through geriatric.
- Direct and indirect patient observation and monitoring of signs, symptoms, reactions, general behavior and general physical response to respiratory care and diagnostic interventions.
- Implementation of respiratory therapy procedures, medical technology, and diagnostic procedures necessary for disease prevention, treatment management, and pulmonary rehabilitation.
- Utilization of protocols, guidelines, pathways, and policies driven by evidence-based medicine, expert opinion, and standards of practice.
- Participation in research to evaluate interventions and technology to determine their ability to improve patient outcomes.
- Facilitation and direction of patient rehabilitation programs and the development of disease and care management plans.
- Provision of patient and family education activities to promote knowledge and understanding of the disease process, medical therapy and resources available to assist in the care of the patient.
- Facilitation of health care student learning.
- Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable.

The responsibilities of a respiratory therapist include, but are not limited to:

1. Performance and collection of diagnostic information
  - a. Pulmonary function testing
  - b. Interventional diagnostics
  - c. Sleep studies
  - d. Noninvasive and invasive diagnostic procedures
  - e. Blood gas and other pertinent laboratory analysis
2. Patient assessment
  - a. Physical examination
  - b. Diagnostic data interpretation

3. Application of therapeutics to respiratory care
  - a. Medical gas therapy
  - b. Humidity therapy
  - c. Aerosol therapy
  - d. Artificial airway insertion, management, and care
  - e. Airway clearance
  - f. Invasive and non-invasive mechanical ventilation
  - g. Vascular catheter insertion, management, and care
  - h. Extracorporeal Life Support (ECLS)
4. Assessment of therapies
5. Disease management of acute and chronic diseases
6. Collaborative support of hemodynamics
7. Discharge planning and case management
8. Provision of emergency, acute, critical and post-acute care, including
  - a. Patient and environmental assessment
  - b. Therapeutic interventions
  - c. Patient land and air transport

Effective 8/87 Revised 12/07, 12/10, 07/13 Last Revised 11/18

## **American Association for Respiratory Care**

### **Position Statement**

#### **Tobacco Use Controlled and Inhaled Substances**

Tobacco use is the number one preventable cause of death and disease in the United States. In addition, marijuana is the most widely used illicit drug due to substantial changes in cannabis policies. The American Association for Respiratory Care (AARC) is the professional organization dedicated to the protection of health through public education and the promotion of the highest standards of care provided by respiratory therapists. Furthermore, the AARC is committed to evidence-based practice guidelines and interventions. Respiratory therapists are professionals who have a clear understanding of the nature of cardiopulmonary disease and are in a position to promote for healthy hearts and lungs. Respiratory therapists know that tobacco dependence is a chronic disease. The AARC advocates for tobacco use cessation, tobacco use prevention programs, and avoidance of the inhalation of any controlled substance. Resources are available for behavioral change via motivational interviewing, QUITPLAN® information, medication guides, tools for resolving ambivalence about quitting smoking, and support with a relapse prevention plan. The AARC strongly supports the elimination of all tobacco use and exposure. The AARC values its responsibility to the public by taking a strong position against cigarette smoking, the use of tobacco in any form, and the inhalation of illicit and controlled substances. The health-threatening consequences of using these products in both active and passive forms is well documented in the medical literature.

The AARC is committed to the elimination of smoking and the use of all tobacco products and the inhalation of controlled substances. Medical facilities should identify all patients who use or are exposed to tobacco and other inhaled substances and provide interventions aimed at tobacco control, offer pharmacotherapy and follow-up as appropriate. The use of respiratory therapists who are trained tobacco treatment specialists (TTS) is strongly encouraged. The AARC acknowledges and supports the rights of non-smokers and pledges continuing sponsorship and support of initiatives, programs, and legislation to reduce and eliminate smoking and inhalation of toxic substances. The AARC extends its concern beyond the tobacco smoking to the use of smokeless tobacco, marijuana, electronic cigarettes, water-pipe smoking, vaping devices, smoking paraphilia, etc. There is no conclusive evidence on the short- and long-term health effects of cannabis use.

Revised 4/19

### **Institutional and Programmatic Accreditation**

The College is fully accredited by the New England Commission of Higher Education (NECHE), 3 Burlington Woods Drive, Suite 100, Burlington, Ma. 01803 <https://www.neche.org/>

The Respiratory Care program at NSCC is fully accredited by the Commission on Accreditation of Respiratory Care (COARC). The program received continuing accreditation in 2015 and is due for an on-site visit in 2025. To view additional information about the program, please go to <https://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>

Accreditation is a mechanism for assuring academic quality in higher education. The institution that sponsors an accredited CoARC respiratory care program, is required to have institutional accreditation by a regional or qualified institutional accreditor which must be recognized by the U.S. Department of Education and must have provisions for Title IV Eligibility. This allows that institution to provide:

- Eligibility for Federal Financial Aid.
- Ability to Transfer Credits: Accreditation provides for establishing the acceptability of credits from institution to institution.

Professional programmatic accreditation means that in addition to the college or university's regional or national accreditation, a respiratory care program may choose to seek CoARC accreditation, which is a voluntary peer review process to evaluate the program's compliance with COARC standards.

Program accreditation by CoARC is necessary in order to be eligible for the National Board of Respiratory Care professional credentialing examinations. Any questions concerning the eligibility requirements for the NBRC examinations need to be directed to the NBRC.

A graduate is required to have completed an accredited CoARC program in order to be eligible to take the exams. CoARC accredited programs are quality programs that provide professionally required knowledge and skills, and employment marketability. Graduating from a CoARC accredited program offers employers assurance that you have the expected professional

knowledge and skills, and have experienced a curriculum that is relevant to today's health care setting.

Important Contact Information

COARC <http://www.coarc.com/>

U.S. Department of Higher Education <http://ope.ed.gov/accreditation/>

Council for Higher Education <http://www.chea.org/>

### Location of Instruction/Policies for Respiratory Care Students

All Respiratory Care students attend classes at the main campus and in the clinical setting at hospitals and various clinical facilities. The program's academic policies apply to all students and faculty regardless of location of instruction. All students have access to equipment used in the laboratory, clinical setting as well as course materials and the college's academic support services.

	Retention*	Job Placement Rate	CRT Success	RRT Success	Grad Satisfaction	Employer Satisfaction
North Shore CC Danvers	82 %	97%	97 %	97 %	100%	100%
Berkshire CC Pittsfield	NA	64.3%	85.7 %	62%	NA	NA
Quinsigamond CC, Worcester	85.7%	93.5%	96.8 %	74%	NA	NA
Northern Essex CC, Lawrence	95%	93%	98%	84%	NA	NA
Springfield Tech CC, Springfield	83.7%	94.7%	97.4%	92%	NA	NA
Massasoit CC Brockton	85.4%	85.3%	89.7%	72%	NA	NA
COARC Threshold	70%*	N/A	80%	N/A	80%	80%
National Average	91% AS degree	95%	93%	80%		

## **Academic Policies**

Each student will review a copy of the program handbook at the time of applying for admission to the program. Thereafter the student will receive a link to a copy in the first week of classes in September. It will be posted within the Learning Management System. It is the responsibility of the student to be familiar with and abide by the policies contained in this handbook.

### **Attendance**

All faculty members will maintain a record of attendance for each student for lecture, lab, and clinical attendance. All syllabi have specific written attendance policies.

1. A student absent from class, clinical or lab will be held responsible for any announcements and skills presented and for making arrangements to assure the acquisition of materials presented during class.
2. It is the student's responsibility to make up all missed work – see course syllabi for appropriate schedule.
3. Students who will be late reporting to class or lab should notify the faculty member and leave a message.
4. Although the faculty recognize that occasional situations arise which affect a student's ability to arrive on time, frequent tardiness is unacceptable and may result in adversely affecting the final grade. Please refer to the policy for clinical attendance and tardiness that differs from the policy described here for classroom courses.
5. Attendance in all classes and laboratory sessions is essential. The appropriateness of excused absences is determined by the individual faculty member and or the Program Director.
6. Students are expected to be present for all exams. Course syllabi contain specific information regarding absence on the day of an exam.

### **Professional Conduct**

1. Each student is required to conduct himself/herself in a professional manner while in the education setting, i.e. classroom, clinical setting, discussion boards. The final grade may be affected by the student's interpersonal skills.
2. Conduct that is unethical or unprofessional so as to affect or potentially affect another student or instructor's well being in the academic or clinical environment may result in immediate suspension.
3. Students should be aware of the potential impact of information that is placed on social media web sites such as Facebook. Clinical affiliate personnel and potential employers may have access to this public information. This information may have an adverse impact on the student's standing in the program or the student's ability to obtain employment while in the program and post graduation. See social media policy that follows.
4. Cell phones must be turned off and out of sight while in the classroom at the college. Under special circumstances, with permission from the instructor, the student may be permitted to have their phones visible on the desk.
5. In clinical, students will be permitted to use their cell phones on a limited basis and only during a break when away from patient care areas. Students will receive a written warning if the use of the cell phone is deemed inappropriate by the instructor. See policy at the end of this handbook.
6. Patient confidentiality must be maintained in all settings including postings on college discussion boards and during classroom presentations. The patient's name and identifying information should not be disclosed in any prepared materials. Information discussed in an educational setting must not be shared with any parties.

## **Social Media Guidelines and Policy**

The purpose of this policy is to promote the safety and privacy of students, faculty, staff, patients, college staff and visitors. Students and faculty members must comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) when using social media. No student may post, release, or otherwise disclose photos, identifiable case descriptions, images, or records related to the educational, clinical, or research activities of the school via social networking sites (e.g., Facebook, Twitter, YouTube, LinkedIn and etc.), non-educational blogs, message boards, Internet websites, personal e-mail, or anything other than standard professional means of query and/or dissemination. No student may post statements about North Shore Community College, Health Professions or Respiratory Care program (employees, staff, students, events/activities and visitors) that are defamatory, obscene, threatening or harassing. Failure to comply with this policy is a violation of legal, professional, and/or ethical obligations. Violation will result in disciplinary action by the Respiratory Care program up to and including dismissal from the professional program. The Respiratory Care program assumes no duty to monitor Internet activity but reserves the right to take appropriate action in accordance with this policy. Students should NOT be actively engaged in the social media platforms during class time. Social media is a method to network with other professionals, target professionals about positions and market professional businesses or health care institutions. Privacy does not exist in the world of social media. Before each posting, students are encouraged to consider how the item may reflect both on the author of the post and the program. Something that would not be said in person should not be posted in social media. Any and all posting on social media are similar to posting on the front page of the local newspaper. Students should be certain that anything they post on a social media site is factual. Students should NOT post as a representative of the program. Failure to use professional judgment will result in disciplinary action. Photographs posted on social media sites can easily be accessed by visitors to those sites. Posting unauthorized photos on a website or social media network site can result in disciplinary action.

## **Academic Advising**

Full time program faculty share the responsibility of advising students enrolled in the program. Students are divided between the program director and director of clinical education. Students will be notified of their advisor in the first week of classes. The student will meet as needed with their assigned advisor and in the week preceding course registration. Full time faculty are required to post office hours for advising for students to view. A copy of the office hours is also available in the Academic Affairs office. The advisor is also responsible for submitting alerts through Pipeline and then meeting with students who receive an alert. Alerts are entered in the third week of the semester and at the midpoint of the semester when attendance is a problem or if the student has a failing average. The student will receive written documentation of the advising meeting which will include an action plan for improving the student's performance. For transfer credit, it is the student's responsibility to contact the enrollment office so that course work from other educational institutions can be evaluated.

The role of the advisor is to:

1. Assist the student in understanding college and program policies and procedures
2. Provide advice on course selection
3. Make referrals to the student for appropriate student support services
4. Assist the student in developing an academic plan that is appropriate
5. Provide general feedback to the student to enhance the ability to succeed.

## **Academic Support Services**

All Respiratory Care students have access to the college's support services in the Student Support and Advising Center at the Lynn and Danvers campus. Services that are available include:

- Mental health/crisis counseling
- Accessibility services
- Veterans services
- Library
- Testing Center
- Tutoring – general and Respiratory Care specific
- Referrals to social service agencies

## **Mental Health Counselors**

### **Danvers Contact:**

Donna Davis, LMHC

Phone: (978) 762-4245

Email: [ddavis@northshore.edu](mailto:ddavis@northshore.edu)

### **Lynn Contact:**

Debbie Campbell

Phone: (781) 593-6722 Extension 6615

Email: [dcampbel@northshore.edu](mailto:dcampbel@northshore.edu)

## **Admission to the Respiratory Care Program**

A selective admission process is used in career programs especially those requiring a clinical experience. The admission process facilitates the selection of candidates who are prepared to meet the academic requirements of the program. The admission cycle begins in September of each year and continues until February or until the program fills. Further information can be found at <https://www.northshore.edu/academics/programs/rsp/index.html>

The admissions policies and procedures are determined by the Health Professions division in conjunction with the Student Enrollment Services department. All applications are reviewed by both the program director and the enrollment academic counselors. A rubric is used to evaluate academic performance in certain science, English and math courses are used as well as the student's overall GPA, TEAS results, quality of answers to questionnaire are evaluated and an average of the scores assigned in the rubric is used. Students are then arranged according to the overall number assigned to them from the rubric.



The selective admissions process also includes required drug testing. Students enrolled in Nursing and Allied Health programs are required to undergo and pass a college endorsed ten panel drug screen and/or alcohol screening analysis in order to remain in the program and be eligible for placement in a clinical facility. See Policy CP3710 on the following pages for details.

The rationale for the establishment of admission requirements is to ensure that only those students who are fully prepared will be considered for acceptance. The program also strives to fully inform all applicants about the program including its requirements, policies, and procedures by having the program handbook available online for interested applicants to view as well as provide preadmission information to applicants at the required informational session.

The admission requirements include: (see next two pages)

1. Satisfactory achievement on the “Test of Essential Academic Skills ” (TEAS) exam.
2. Completion of required courses- some at the high school level or college level.
3. Meeting the technical standards of the program
4. Attendance at mandatory information session.
5. Completed questionnaire.
6. Applicant must also read the program handbook in its entirety and sign off that they have done so.
7. Applicant must undergo and pass a 10 panel drug/alcohol screen
8. Applicant must undergo and pass a National Criminal Offender Record Information (CORI)

#### **Admission Requirements for Advanced Standing**

To be considered for advanced placement, the applicant must:

1. Have graduated from or attended a program accredited by the Commission on Accreditation for Respiratory Care or operating under a CoARC Letter of Review.
2. Have a minimum grade point average of 3.00 (B) for his/her work in the program, or have passed the NBRC TMC exam. The applicant must submit official verification of the credential from the National Board of Respiratory Care.
3. Meet NSCC requirements for admission.

Interested applicants should contact the program director for additional information. The curriculum will be determined on an individual basis and will be based on previous academic and clinical work in respiratory care as well as current clinical and laboratory competency.

### **CP3710 Selective Program Admission and Continued Participation Requirements**

<b>Status</b>	<b>Recommended to BOT</b>
<b>Legal Authority</b>	
<b>Adopted</b>	
<b>Last Reviewed</b>	<b>2019</b>

Due to high demand and limited resources, NSCC provides several selective admission programs, particularly in health education and those requiring clinical and field experiences with employers. These programs are not open admission programs and shall establish and maintain additional criteria for admission and continued participation.

#### **AP3710 Selective Program Admission**

The following academic programs are designated as selective admissions programs:

- Nurse Education
- Practical Nursing
- Occupational Therapy Assistant
- Physical Therapist Assistant
- Radiological Technician
- Respiratory Therapy
- Surgical Technician
- Medical Assistant
- Veterinary Technology

These programs maintain additional admission criteria, which can be found in each Program's Handbook. Additionally, the following requirements apply for continued participation in a Selective Program.

#### **Required Drug Testing**

The Division of Health and Human Services is committed to high quality education and providing excellent clinical experiences for all students in Nursing and Allied Health professions.. Students are expected to perform at their highest functional level during all educational and clinical experiences in order to maximize the learning environment and ensure both patient and student safety. Thus, a student's performance at all times must be free of any impairment caused by prescription or non-prescribed drugs, including alcohol or marijuana.

Students enrolled in Nursing and Allied Health programs are required to undergo and pass a college-endorsed ten panel drug and/or alcohol screening analysis in order to remain in the program and be eligible for placement in a clinical facility. Students assigned to clinical education experiences at the College's contracted facilities may also be required to undergo and pass additional random and scheduled drug screenings in order to remain at that clinical facility and in the program. Students who fail a screening, or refuse to submit to a screening within the designated time frame will be ineligible for clinical placement, which will affect their status in the program. Students with a positive drug test may appeal the results of the test within five (5) days of notification of the drug test results. This appeal must be in writing and delivered to the college's Dean of Health Professions.. An appeal by a student who claims that he/she tested positive due to a prescription drug and was unable to clarify this matter with the medical review officer (MRO) from the drug testing lab shall include evidence from a health care

provider of the type of prescription, dates of permissible use and dosage amounts. Students whose appeals are denied may re-apply for re-entry into the program after one year. Requests for re-admission will be considered on a case-by-case basis and in accordance with program criteria.

Students who are notified of a “negative-dilute” result will submit to a random drug test within 24 hours of the previous test in order to confirm the negative status of the screening. Additional random testing may also be required under the guidelines listed in your program’s handbook.

Students who test positive for marijuana are unable to continue in a clinical placement, which will affect their status in the program. While the use of marijuana is permitted in Massachusetts, marijuana remains classified as a controlled substance under federal law and its use, possession, distribution and/or cultivation at educational institutions remains prohibited. A student who has a prescription for Medical Marijuana and tests positive for marijuana will be referred to the Office of Accessibility Services for consideration as to whether the student’s off-campus use of Medical Marijuana constitutes a reasonable accommodation under state law. If it is determined based on an interactive process with the student that his/her continued off-campus use of Medical Marijuana could impair his/her clinical performance, pose an unreasonable safety risk to patients, or violate the terms of a clinical facility’s affiliation agreement with the College, then the student’s continued use of Medical Marijuana will not constitute a reasonable accommodation under the law.

A NSCC student’s program fees will cover the cost of drug testing and retests. Students will be responsible to pay for additional drug screening conducted as part of an appeal. All students will be required to sign a Drug Screening Release Form. By signing this form, students authorize NSCC to conduct the 10 panel urine test for drug screening. The student will be provided additional information regarding the procedure through their program’s handbook and during program orientation. If assistance is needed with this drug screening process, please contact the Dean of Health Professions and Human Services for Nursing and Allied Health Programs.

### **Required Criminal Background Checks**

Students enrolled in Nursing, Allied Health, or Veterinary Technology programs are required to undergo and pass a National Criminal Offender Record Information (CORI) background screening in order to remain in the program and be eligible for placement in a clinical facility. Students assigned to clinical education experiences at our contracted facilities may also be required to undergo and pass additional random CORI screenings in order to remain at that clinical facility and in the college program. Students who fail a screening, or refuse to submit to a screening within the designated time frame will be ineligible for clinical placement, which will affect their status in the program. Any appeal of a CORI screening will be reviewed and decided by the North Shore Community College CORI Board.

Please refer to the College Policy 22200 and Administrative Procedure 22200 for information concerning the CORI appeal process. Program fees cover the initial National CORI for admissions purposes and the subsequent costs for state and local CORI checks.

For more information, please contact the Dean of Health Professions and Human Services for Nursing and Allied Health Programs or the Dean of STEM and Education for Veterinary Technology.

## Academic Progress/Re-Admission

Students are required to maintain a 75 % in all RSP courses. Failure of the Respiratory Care lab, lecture, or clinical courses will result in an interruption in the sequence of courses. According to the policy of the Division of Health Professions, “The following students must apply for readmission prior to registration: students who have not been matriculated and enrolled at the College within the previous 5 years; students who have graduated from the College; and students in selective admission programs (Nurse Education, PTA, OTA, Radiologic Technology, Respiratory Care, Medical Assisting Certificate, Veterinary Technology, Surgical Technician Certificate and Practical Nursing Certificate) who have interrupted their sequence of professional courses with a course withdrawal, course failure, and/or semester stop out. Students in health degree programs seeking readmission must meet current admission requirements and follow the specific policies and procedures defined by individual programs. Readmission to health professions programs is not automatically guaranteed even when a seat is available. If readmitted, students are permitted only one readmission to their program on a space available basis with approval by the program director.”

Students who withdraw from the program for **any reason** or who fail an RSP course must complete the following if they wish to be considered for readmission:

1. Complete an application for re-entry to the program and submit it to the Enrollment office. A re-admissions committee will review the application, meet with the student, and make appropriate recommendations regarding re-admission. The application must be submitted in the following admission cycle. It will be necessary to repeat all courses that were previously completed successfully if more than one year elapses. If space is not available in the program, the student may be placed on a wait list.
2. Submit a letter to the program director explaining the reasons for the interruption in the progress in the program. If the reason was academic difficulty, explain what may have happened. I.e. work hours, illness, academic preparation, quality or quantity of study time.
3. In the previously mentioned letter, include the changes that will be made to enhance the academic success if readmitted to the program. Please be as specific as possible.
4. If accepted, the student must have documentation of a current CPR certification, complete health record, CORI background check, technical standards, and health insurance.
5. Students may be required to complete other requirements before being re-admitted to the program. Examples would include repeating a clinical course that was completed or completing science courses.

Once a student is readmitted, if for **any reason**, that student is unable to finish the semester and has to withdraw, a subsequent re-admission will not be granted. The student would not be allowed to return to the program again. When an interruption in the sequencing of clinical courses occurs, the student will be required to either repeat the clinical course or demonstrate competency in the last clinical course successfully completed. A written and practical hands-on test will be administered. In order to progress to the next clinical course the student must attain at least a 75% on the test that is administered.

## **Evaluation of Students and Remediation**

In the clinical setting, feedback on student performance will be timely and constructive.

Communication about performance will include:

- Student and instructor completion of weekly evaluation. At this time, if the student has a deficiency in performance, this will be documented on the weekly evaluation form and a meeting will take place between the student and instructor.
- All clinical exams must be passed with at least a 75%. If a passing grade is not attained, the student will be given the opportunity to re-take the exam so that proficiency is attained. The initial grade will be used for calculation of the final course grade.
- Students who require additional practice time will have the opportunity for practice in the simulation lab or respiratory care lab.
- The interpersonal relations form will be completed and discussed with the student as needed and at the end of the semester to rate the student's affective/behavioral domain. This can be found at the end of this handbook. An Early Alert is submitted online by the instructor in the third week of the semester if the student is have any problems with test scores or attendance. A follow up meeting will take place for students receiving an alert.
- An Early Alert is submitted online by the instructor in the third week of the semester if the student is have any problems with test scores or attendance. A follow up meeting will take place for students receiving an alert.
- Midterm alerts are entered online by the instructor for students having academic difficulty. A follow up meeting with the student then takes place to review the steps necessary for success in the course.

In the didactic setting, feedback is provided to the student on their academic progress in a timely manner by completion of the following:

- An Early Alert is submitted online by the instructor in the third week of the semester if the student is have any problems with test scores or attendance. A follow up meeting will take place for students receiving an alert.
- Midterm alerts are entered online by the instructor for students having academic difficulty. A follow up meeting with the student then takes place to review the steps necessary for success in the course.
- Lab remediation – Students who are having difficulty with lab activities and skills checkoffs may spend additional time in the RC lab or simulation lab to practice and remediate.
- Academic advising – students meet as needed with their assigned program advisor and/or course instructor to discuss a plan for success. Written documentation is provided for all advising meetings.
- Completion of the competency evaluation at the midterm and end of the semester.

## Academic Standards

All Respiratory Care courses require a passing grade of 75% or higher. Per program policy, students are not allowed to complete academic work for “extra credit”. In clinical courses, if a passing grade is not attained on a test, the student will need to meet with the instructor to devise a plan for remediation and re-testing. The grade that is obtained on the re-test will not be used. Instead the grade on the first test is used for calculating final course grades.

### Grading for Respiratory Care 75%

A	93-100	B-	80-82	D+	67-69
A-	90-92	C+	77-79	D	63-66
B+	87-89	C	<b>75-76</b>	D-	60-62
B	83-86	C-	<b>70-74</b>	F	Below 60

Programs that have an established passing grade of 75% or higher will use a different range for letter grading for C and C- compared to the number range used by the college.

### College's ranges

A	93-100	B-	80-82	D+	67-69
A-	90-92	C+	77-79	D	63-66
B+	87-89	C	73-76	D-	60-62
B	83-86	C-	70-72	F	Below 60

## Length of Time to Complete the Program

Students who stop out of the program for any reason such as health, academic etc must re-apply for admission no later than the subsequent semester. If the application for readmission is delayed and not completed within two semesters of leaving the program, the student will be required to start the program from the beginning thereby repeating courses that were previously completed successfully.

## Credit for Prior Work/Educational Experiences

The college's Center for Alternative Studies and Education Testing provides options for awarding college credit for life experiences as well as credit for credentials obtained. Some options available are departmental exams, evaluation credit by portfolio, exam credit (CLEP), directed study and evaluation of military experience for credit. Additional information can be found at <http://www.northshore.edu/cas/credit/alternative-studies.html>

## Academic Honesty

Members of the NSCC community are expected to act within the standards of academic honesty. Any dishonest behavior is subject to disciplinary action, which may range from that which the instructor imposes relative to the specific course to dismissal from the program and/or college, depending on the seriousness of the act.

Dishonest academic behavior includes but is not limited to:

Cheating – use of unauthorized notes during an exam, giving or receiving unauthorized assistance on an exam, copying from someone else’s exam, term paper, homework, or report, theft of exam materials, falsification of works or records. All parties involved in cheating will receive a ‘0’ for the test or assignment or a “0” for the course.

Plagiarism – Using the words, data, or ideas of another as one’s own, without properly acknowledging their source. Information is available in the library and tutoring center on this topic and other information related to completion of written assignments. The college considers plagiarism to be an act of academic dishonesty and can and will take disciplinary action against students who plagiarize the work of others. The course instructor has the right to take action as appropriate up to and including failing the student. The program policy for plagiarism includes: a grade of “0” for the assignment but in some instances may also result in failure of the course or dismissal from the program. Additionally a faculty member may file a complaint against the student under the College’s Code of Conduct alleging academic dishonesty. In addition to action taken relative to the specific course, the instructor may bring any matter related to academic dishonesty to the dean of Health Professions for consideration if further action is warranted.

### **Limited Permit/Licensure**

Matriculated Respiratory Care students may apply for a Limited Permit to work in the field after the first semester in the program, provided RSP 101, 111, 126 and 131 have been successfully completed with a grade of “C” or higher. After each subsequent semester in the program, the student may request an updated “Verification of Education” form from the Program Director. To be eligible for an updated permit, the lab, lecture and clinical courses must be successfully completed. Students are not permitted to perform procedures/treatments while employed unless the item has been checked off as completed. It is the student’s responsibility to inform the hospital department when the updated form has been completed and stamped by the Board of Respiratory Care. All licensure forms and information can be downloaded and printed at [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards). There is an initial fee for a limited permit but no additional cost to update the permit after each semester in the program. Students who are in paid and unpaid positions must be appropriately supervised at all times during their clinical education coursework. There must be a designated preceptor who is available to support the student if needed.

Students who take time off from Respiratory Care courses for any reason are no longer eligible to work in the field. Only matriculated students can work in the field on a limited permit. Students waiting to be accepted back to the program who have not yet been accepted are not considered matriculated and cannot work in the field. It is the student’s responsibility to inform the hospital if there is a change in the enrollment status. After graduation, when the TMC exam is successfully completed, it is the graduate’s responsibility to apply for a full license. The National Board of Respiratory Care (NBRC) does not communicate credentialing exam results with the state licensing boards.

Students are not permitted to receive direct payment in exchange for working during a clinical rotation i.e. RSP 111,112,211, 212. Students may not be substituted for clinical, instructional, or administrative staff.

## **CORI Evaluations**

All faculty and students who participate in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation internship or field placement with a private or public health care provider will be required to undergo a Criminal Offender Record Information check and/or Sex Offender Record Information (SORI) check. Depending on the contents of the student's CORI or SORI, participation in clinical, internship, or field placement may be denied. A CORI will also be performed on all students entering the second year in the program. Students who do not pass a second CORI will be required to leave the program even if the first year of the program has been completed successfully.

Also in order to practice respiratory care in the state of Massachusetts, individuals must obtain a license which according to law requires that individuals must: complete an accredited respiratory care program, apply to the Board of Respiratory Care, be of good moral character, pass a licensure examination and pay the appropriate fee before licensure may be obtained. Students should be aware that it is possible to pass the CORI background check that is done by the college for clinical placement but not be able to pass the background check that is performed for a state professional license. If a student is at all unsure of the potential outcome of a CORI background check, then he/she should contact the Board of Respiratory Care to determine the requirements. See Policy CP 3710.

## **Professional Liability Insurance (Malpractice)**

All students must show evidence of maintaining liability insurance before being allowed in any clinical education course. Students will be given all details including the cost of the insurance at the beginning of each academic year. Currently NSCC provides all health professions students with a liability insurance policy.



# CAMPUS SAFETY

## College Cancellation & Emergency Information Procedures

### Adverse Weather Cancellation:

- Day Classes – Announcement will be posted and broadcast prior to 7:00 am.
- Evening Classes – Announcement will be posted and broadcast after 2:00 pm.
- Weekend Classes – Announcement will be posted and broadcast prior to 7:00 am.
- Events – Events on the College's Campuses are cancelled when the college is closed due to adverse weather.

### Emergency Cancellation & Messages:

In the event of an emergency requiring all or a portion of the College's Campuses to be closed information will be communicated via:

- College Web Site
- MyNorthshore
- E-Mail
- Cancellation/E-Message Telephone Hotline
- Local Radio & Television Station
- Text message

### State of Emergency:

A State of Emergency Declaration by the Governor for Essex County automatically cancels all events, classes, and closes the college.

### Cancellation & Emergency Message Information Resources:

Television Channels	Radio	College
4 – WBZ	1030 AM WBZ	<b>Telephone Hotlines:</b>
5 – WCVB	1230 AM WCVB	978-762-4200
7 – WHDH	680 AM WRKO	781-593-6722 x4200
25 – FOX		<b>Website:</b> <a href="http://www.northshore.edu">www.northshore.edu</a>

## Children on Campus Policy

In accordance with I. **Children on Campus Policy**, found in the North Shore Community College Student Handbook under **College Policies Applicable to Students**, the Respiratory faculty concur that in the “interest of health, safety, and the educational process” children are not allowed in the Respiratory Care classroom, laboratory, simulation lab, or clinical practicum. As advised at both the Mandatory Information Sessions and the RC Program orientation, back-up child care support is highly recommended to help facilitate the student’s successful completion and graduation from the RC program.

## Emergency Notification System

Last year North Shore Community College introduced an Emergency Notification System (ENS) for all students, faculty and staff. We strongly encourage everyone to enroll themselves to receive NSCC emergency communication information. The ENS is intended to provide notification of emergencies to the campus community in a timely manner. Through the ERS all faculty, staff and students are automatically notified via email; you can also opt in to be notified by **voice mail** and **text messaging**.

### How to Opt-in For Voice and Text Message Emergency Notifications:

1. Login to MyNorthshore and click on Emergency Notification System



2. For those users who opted in last year please re-visit the Emergency Notification System, review your information for accuracy then make sure you **Save** it. This will ensure your information stays in the Emergency Notification database for the current year.

### **Note for NSCC Employees:**

**Please do not enter your work phone number for voice mail – ENS notification is intended for cell or home phones only. Using a North Shore number will flood our incoming lines and exacerbate communication issues.**

4. It is important for you to be aware of what the Emergency Notification System is primarily intended for – providing short messages of importance in a relatively fast time frame. The SMS is not intended to provide you with detailed information about what is happening or where to go; rather it is meant to raise your level of awareness and warn of campus closings.

## **Policy Concerning Sexual Harassment**

Sexual harassment of a student, an employee, or any other person in the College is unlawful, unacceptable, impermissible, and intolerable. Sexual harassment is a form of sex discrimination. It occurs in a variety of situations which share a common element: the inappropriate introduction of sexual activities or comments into the work or learning environment. Often, sexual harassment involves relationships of unequal power and contains elements of coercion as when compliance with requests for sexual favors becomes a criterion for granting work, study, or grading benefits. However, sexual harassment may also involve relationships among equals, as when repeated sexual advances or demeaning verbal behaviors have a harmful effect on a person's ability to study or work in the academic setting. For general purposes, sexual harassment may be described as unwelcome advances, requests for sexual favors, and other physical conduct and expressive behavior of a sexual nature when 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education; 2) submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions affecting that individual; or 3) such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance and creating an intimidating, hostile, or demeaning employment or educational environment.

Examples of conduct which may, depending on the circumstances, constitute sexual harassment, include:

- Repeated offensive sexual flirtations, advances, or propositions.
- Continued or repeated verbal abuse or innuendo of a sexual nature.
- Uninvited physical contact such as touching, hugging, patting, or pinching.
- Display of sexually suggestive objects or pictures.
- Jokes or remarks of a sexual nature in front of people who find them offensive.
- Making obscene gestures or suggestions or insulting sounds.
- Indecent exposure.
- The demand for sexual favors accompanied by an implied or overt threat concerning an individual's employment, or student status, or promises of preferential treatment.
- In addition to sexual harassment being unlawful, it is also unlawful to retaliate against a student, employee, or any other person in the College for filing a complaint of sexual harassment or for cooperating in an investigation of sexual harassment.

A student, employee, or any other person in the College who is found to have engaged in sexual harassment is subject to discipline up to and including termination of employment or expulsion. All disciplinary proceedings will be conducted in accordance with applicable collective bargaining agreements and/or personnel policies. When a student, employee, or any other person in the College believes he/she has been the subject of sexual harassment, the grievance process is a mechanism for redress. A grievant may seek recourse through informal efforts or by filing a formal grievance in writing. In the latter case, a grievant may obtain an Affirmative Action Grievance Form from the College's Affirmative Action Officer within thirty (30) days from when the grievant knew or should have known of the alleged discriminatory action. In either case, all grievants must contact the College's Affirmative Action Officer before proceeding under the Affirmative Action Policy's Grievance and Hearing Procedure. See the college website at

<http://www.northshore.edu/hr/title-ix.html>

If, however, the Affirmative Action Officer is the subject of the sexual harassment complaint, the grievant may report his/her complaint to the supervisor of the Affirmative Action Officer. All reasonable efforts will be made to maintain confidentiality during the grievance process. The Massachusetts Commission Against Discrimination (MCAD) is responsible for investigating and handling complaints of sexual harassment filed in the Commonwealth. The MCAD is located at 1 Ashburton Place, Boston, MA 02108-1518, and can be reached at 617-994-6000. At the federal level, the Equal Employment Opportunity Commission (EEOC) is charged with investigating and handling complaints of sexual harassment filed under Title VII of the 1964 Civil Rights Act and Title IX of the 1972 Educational Amendments. The EEOC is located at JFK Federal Building, Government Center, 4th Floor, Room 475, Boston, MA 02203, and can be reached at 617-565-3200. In keeping with these regulations, a concerted effort will be made to protect employees, students, and others from sexual harassment as defined.

The final authority and ultimate responsibility for the prevention of sexual harassment will rest with the President of each Community College. The President or his/her designee will take reasonable measures to prevent sexual harassment and will act positively to investigate alleged harassment and to effect a remedy when an allegation is determined to be valid, whether or not a formal grievance has been filed. However, the Affirmative Action Officer will have the responsibility for the overall development, administration, and monitoring of all programs, policies, procedures, and regulations related to sexual harassment.

The College's policies and procedures on sexual harassment shall be distributed to all College community members. In addition to formal procedures, the College shall ensure that appropriate opportunities are available to students and employees to obtain counseling concerning their rights under the law and effective means of informally resolving grievances.

### **Jeanne Cleary Security Policy & Crime Statistics Act**

North Shore Community College is committed to assisting all the members of the college community in providing for their own safety and security. The annual security compliance document is available on the North Shore Community College website at <http://www.northshore.edu/safety/police>. If you would like to receive a booklet called the JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY & CRIME STATISTICS ACT, which contains this information, you can stop by the Campus Police desk at our Lynn Campus, or you can request a copy be mailed to you by calling 978-762-4090. The website contains information on campus security and personal safety, including crime prevention, college police law-enforcement authority, crime reporting policies, disciplinary procedures, and other important matters about security on campus. It also contains statistics for the three previous calendar years on reported crimes that occurred on campus and certain off-campus buildings or property owned or controlled by North Shore Community College, and on public property within or immediately adjacent to and accessible from the campus. This information is required by law and provided by the Campus

## **Smoke-Free Campus Policy**

Smoking/vaping is prohibited within the confines of all college grounds, buildings and property. Smoking will only be permitted in private vehicles lawfully parked on campus lots. Effective implementation of the policy depends on the courtesy, respect and cooperation of all members of the campus community. Complaints concerning employees of the College should be brought to the attention of the employee's immediate supervisor, or in the alternative to the Vice President of Human Resource Development or the Director of Human Resource Development. Complaints concerning students should be brought to the attention of a campus police officer, who may refer the matter to the Dean of Students, and any official actions taken will be in accordance with the Student Code of Conduct. It is anticipated that violators would first be reminded and provided with educational literature. Disciplinary measures would be expected to be reserved for repeat infractions or infractions that interfere with the College's academic or workplace needs or responsibilities. Visitors who fail to comply with the policy may be prohibited from remaining on or returning to campus.

## **Safety in the RC Lab**

The Respiratory Care program laboratory equipment is serviced periodically according to manufacturer's recommendation for safety and calibration. The Program Director is responsible for scheduling exact time and date for an external vendor to perform critical safety checks and calibration on all laboratory equipment. Any laboratory equipment that is deemed to be malfunctioning and /or unsafe by the inspector will be removed from the lab and student use until it is repaired and/or replaced accordingly

1. Students may not use any electrical equipment unless there is a program faculty member present in the building.
2. Students must notify the lab instructor if they wish to use equipment after regular class hours.
3. Students must inform the lab instructor of any change in their physical condition and/or cognitive status when participating in lab activities.
4. Students must get permission from the Program Director before using the lab after regular class hours.
5. In cases of injury and/or emergencies, college campus safety rules must be followed. Campus Police may be contacted by calling extension 6222 or 781-477-2100 from any college phone or cell phone
6. At no time is a student allowed to draw blood on a classmate. If you are stuck by a needle or other sharp, you must immediately notify the faculty member.
7. Care must be taken at all times with equipment that is operating with compressed air and oxygen at high pressures.

## **MyNorthshore**

MyNorthshore provides a secured-access Web portal to students registered at NSCC. This portal offers centralized information about campus activities as well as access to web based NSCC services including email, course registrations, transcripts, financial aid, class schedules, calendars and more. MyNorthshore can be accessed from any computer that has Internet access or a connection to the NSCC network. To access your MyNorthshore account, open the NSCC homepage at [www.Northshore.edu](http://www.Northshore.edu) and click on the “hamburger” icon (next to the MENU) scroll down and click on MyNorthshore.

All email communication to students from program faculty will occur through the student’s NSCC email. During the semester, it is the student’s responsibility to check their NSCC email address **DAILY** for communication from the faculty.

All students must use MyNorthshore to check in and check out of campus due to the Covid-19 pandemic. Notice will be given when this is no longer necessary.

## **MyNorthshore Degree Evaluation**

In the third semester, before meeting with an advisor, the students should perform a degree evaluation through MyNorthshore. This should be done before registration for final semester courses to ensure that the student is aware of all of the graduation requirements that remain.

## **Directions for Degree Evaluation**

You can access your transcript and perform a degree evaluation for yourself through MyNorthshore. These tools are great and fairly simple to follow. The basic steps are to go to MyNorthshore, Student Services, then to Student Records, then to Degree Evaluation - follow the prompts/submit; when you get to "curriculum information" page click on "generate new evaluation" at the bottom; then click into the Program [Resp Care] and click "generate request"; then click in "detail requirements" and submit. This tool then identifies all program requirements you have met and not met (by applying your transcript to degree requirements for that specific program). Scroll through the entire document for a full report. The courses that you have not met will indicate "NO" in red. The courses you have met will say "YES".

## **Application to Graduate**

In order for a student to graduate, a graduation application form must be completed online and submitted to the Enrollment and Student records department. Students must complete the form and submit it so that a review of the student’s transcript will be completed. A letter will then be sent to the student indicating what courses need to be completed in order to graduate. It is the student’s responsibility to review transcripts for transfer courses. Questions pertaining to transfer courses should be directed to the Enrollment and Student Records office. This icon is located within MyNorthshore.

## **Use of Calculators**

The National Board of Respiratory Care (NBRC) does provide a calculator within the credentialing exam. Students will be permitted to use calculators during NSCC exams per instructor policy while in the program but are advised to use them only to check for accuracy after the problem is solved without the use of the calculator. Students will be tested from time to time in basic mathematical operations.

## **Health Status Changes/ Technical Standards**

Students who are absent from clinical for an extended period of time due to illness or injury or who stop out of the program and return will be required to submit an updated technical standards form to the clinical coordinator or program director. A student who is unable to meet the technical standards will not be permitted to return to clinical. The technical standards for the program can be found in the next few pages.

## **Health Insurance**

All students are required to carry health insurance while they are matriculated in the program. Student will be required to show proof of this at the beginning of each semester.

## **Clinical Assignment/Schedule**

Please keep in mind that clinical rotations can be held on either the day shift (6:30 or 6:45 AM to 3 PM), evening shift (2:00 PM to 10:00 PM) or overnight shift in the second year. Students who are assigned to the Wednesday evening clinical section, should not schedule a class on a Thursday. From time to time students may be required to attend on a Thursday instead of the Wednesday evening. In the second year of the program, the starting time may be as early as 6:00 AM or 11am-7 pm, depending on the clinical site. Clinical assignments will be determined by program faculty. Students may be assigned to a different clinical site from one semester to another to maintain a balanced number of students in each section.

In the case of adverse weather and school closing, there may be a need to extend the semester to make up missed clinical days. In the classroom setting, missed class time will also be made up by adding time to scheduled classes or scheduling make up lectures during off times.

## **Student Records**

Student records will be kept in a secure location, retrievable for use by authorized college personnel for 5 years. The student record contains clinical course documents, evaluations, health records, records of counseling/advising meetings, and any records of disciplinary action. These forms will be signed by the student and faculty member. Transcripts are a permanent record and will be maintained by the college in perpetuity.

Other files maintained by the program include:

- Health Records
- Copy of current BLS card
- Copy of current health insurance card
- Signed technical standards form
- Signed agreement for Program Handbook
- Signed Confidentiality Agreement
- Signed acknowledgement of syllabi
- Audio-visual release form signed
- Code of Conduct form signed
- Certificates of HIPAA, OSHA, PPE, hand hygiene, aging and advanced directives

training

### **Student Grievance/Appeal Process**

The program supports the “Student Grievance Procedure” of North Shore Community College published in the North Shore Community College Student Handbook. It is recommended that each student review the handbook and become familiar with its policies and procedures. A “grievance” is defined as a complaint by a student that there has been an alleged violation, misinterpretation, or inequitable action committed against said student. In the event a student believes an incident has occurred, the student should refer to the College’s “Student Grievance Procedure.” <http://northshore.smartcatalogiq.com/en/current/Credit-Catalog/Student-Handbook/Student-Grievance-Procedure> .However, the program faculty believes the student wishing to file a grievance should first:

1. Discuss the matter in a timely fashion with the appropriate faculty member with the objective of resolving the issue/matter.
2. If the matter is not resolved informally, the student shall request in writing a meeting with the program director, with a meeting resulting within 48 hours.
3. If the grievance cannot be resolved by the parties, the student should file within 48 hours a written statement to the Division Dean.
4. The Division Dean will respond to the student within 5 days and convene a meeting which may include involved faculty members and the program director.

Issues dealing with possible discrimination or sexual harassment are dealt with differently. When a student believes that he/she has been discriminated against due to his/her race, creed, religion, color, sex, sexual orientation, gender identity, age, disability, veteran status, genetic information or national origin, the College's Affirmative Action Grievance Procedure is a mechanism for resolution. The College's Affirmative Action Grievance Procedure is contained in the College's Affirmative Action Plan. The College's Affirmative Action Officer is Ngoc-Thanh Giddarie, Director of Human Resources (tgiddari@northshore.edu or 978-762-4000)

### **Health Professions Dismissal and Appeal Policy**

A student in any health profession program at NSCC can be dismissed from their program for failing to follow or maintain the program’s policies. The program reserves the right to institute the dismissal process for any of the following but not limited to:

Lack of Professional Conduct

Unsafe Patient Care

Unsafe Clinical Performance

Inability to maintain the minimum grade requirement

Inability to meet compliance standards (immunization, orientation, certification)

Failure to follow HIPAA guidelines

Once a faculty member has identified a student’s program/policy violations, the following will occur:



1. The faculty member recommending dismissal will present their complaint to the Department Chair to initiate the process, at the Chair's discretion (i.e. provide notice to the student and convene a committee meeting).
2. If unsafe clinical performance or unprofessional behavior are identified in the complaint, the student may be suspended from clinical and/or classroom activities pending the investigation (program director/ clinical instructor investigation).
3. The student will be notified in writing of the reason(s) for dismissal as alleged in the complaint; and, will be notified of the date, location, and committee members (to the extent they are known at the time) 48 hours prior to the committee convening for the meeting.
4. Department Chair and at least one faculty member from the program and another NSCC faculty will convene (the "committee") within 5 working days from the date of the filing of the complaint. The student may partake in the committee meeting to clarify any circumstances and have a non-speaking advocate present per College policy in attendance.
5. The committee will review the circumstances and make a determination by majority vote, on or after the committee meeting. The standard of review will be by a preponderance of the evidence (greater than 50 percent).

If a student is (to be) dismissed from the program the student will be notified in writing within five working days of the date of the decision.

A summary of the findings will be prepared by the Department Chair and made part of the student's record.

### **Dismissal Appeal -**

A student has the right to appeal their dismissal by completing the appeal form. If a student chooses to file an appeal with the form, they must notify the Department Chair and the Dean, within five working days from the date of receipt of the committee's decision.

The Dean will meet with the student to review and discuss the written grievance, and may also speak with faculty members and the Department Chair. The Dean will render their determination in writing to the student within five working days of the meeting.

If the dismissal is upheld, the student has the right to appeal to the Vice President of Academic Affairs. The student will use the appeal form to notify the Dean and the Vice President of Academic Affairs within five working days, upon receipt of the Dean decision, of their intent to appeal their dismissal.

The Vice President of Academic Affairs will convene a meeting with the student and may also speak with faculty members, the Department Chair and the Dean. A decision will be made and the student will be notified within five working days of the meeting. The Vice President of Academic Affairs's decision will be final and the final step in the process.

### **Career Placement Resources for Students**

NSCC Career Services is committed to working with Faculty and Staff to ensure that students are provided with timely and comprehensive support. Each year a career placement counselor is invited to a second year class where information is provided on preparing for entry to the professional world. Topics covered include resume writing, cover letter preparation, and interviewing techniques. Students are also encouraged to meet one on one with the counselor as a follow up to the introductory presentation given to the class.

Lynn Marcus- Career Placement Coordinator Lynn Campus Room LW-118 Phone: (781) 477-2167 Email: lmarcus@northshore.edu
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### **New Student Orientation**

Newly accepted students are required to attend a series of orientation days that are held 4 to 6 months before the start of the semester. Topics covered are listed below.

Presented by program faculty

1. A review of programmatic and college advising resources.
2. A review of program policies and procedures
3. An overview of financial aid resources and requirements.
4. Health record compliance requirements.
5. CORI processing
6. Uniform fitting
7. Student ID to be worn in clinical.
8. Appropriate BLS course to complete
9. Meet and greet with current Respiratory Care students
10. A review of the fall schedule
11. Course advising by program faculty and registration.



## TECHNICAL STANDARDS FOR RESPIRATORY CARE PROGRAM

**General Job Description:** Utilizes the application of scientific principles for the identification, prevention, remediation, research, and rehabilitation of acute or chronic cardiopulmonary dysfunction thereby producing optimum health and function. Reviews existing data, collects additional data, and recommends obtaining data to evaluate the respiratory status of patients, develop the respiratory care plan, and determine the appropriateness of the prescribed therapy. Initiates, conducts, and modifies prescribed therapeutic and diagnostic procedures such as: administering medical gases, humidification and aerosols, aerosol medications, postural drainage, bronchopulmonary hygiene, cardiopulmonary resuscitation; providing support services to mechanically ventilated patients; maintaining artificial and natural airways; performing pulmonary function testing, hemodynamic monitoring and other physiologic monitoring; collecting specimens of blood and other materials. Documents necessary information in the patient's medical record and on other forms, and communicates that information to members of the health care team. Obtains, assembles, calibrates, and checks necessary equipment. Uses problem solving to identify and correct malfunctions of respiratory care equipment. Demonstrates appropriate interpersonal skills to work productively with patients, families, staff, and co-workers. Accepts directives, maintains confidentiality, does not discriminate, and upholds the ethical standards of the profession.

	PHYSICAL STANDARDS	Freq*
LIFT:	up to 50 pounds to assist moving patients	F
STOOP:	to adjust equipment	F
KNEEL:	to perform CPR	O
CROUCH:	to locate and plug in electrical equipment	F
REACH:	5½' above the floor to attach oxygen devices to wall outlet.	C
HANDLE:	small and large equipment for storing, retrieving, moving.	C
GRASP:	syringes, laryngoscope, endotracheal tubes.	C
STAND:	for prolonged periods of time (e.g., deliver therapy, check equipment)	C
FEEL:	to palpate pulses, arteries for puncture, skin temperature.	C
PUSH/PULL:	large, wheeled equipment. e.g., mechanical ventilators	C
WALK:	for extended periods of time to all areas of a hospital.	C
MANIPULATE:	knobs, dials associated with diagnostic/therapeutic devices.	C
HEAR:	verbal directions	C

<b>PHYSICAL STANDARDS</b>	<b>Freq*</b>
HEAR: gas flow through equipment	C
Alarms	C
through a stethoscope such as breath or heart sounds	C
SEE: patient conditions such as skin color, work of breathing	C
mist flowing through tubing	F
shapes and forms associated with radiographs.	F
TALK: to communicate in comprehensible English goals/procedures to patients.	C
READ: typed, handwritten, computer information in English	C
WRITE: to communicate in English pertinent information (e.g., patient evaluation data, therapy outcomes)	C
<b>MENTAL/ATTITUDINAL STANDARDS</b>	<b>Freq*</b>
Function safely, effectively, and calmly under stressful situations.	F
Maintain composure while managing multiple tasks simultaneously.	F
Prioritize multiple tasks.	C
Exhibit social skills as respect, politeness, tact, collaboration, teamwork and discretion necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures.	C
Maintain personal hygiene, cleanliness, and avoidance of odors and noxious fumes (including cigarette smoke, perfume) consistent with close personal contact with patients and co-workers.	C
Display attitudes/actions consistent with a professional image and the ethical standards of the profession.	C

**Performance level frequency: O=occasionally, F=frequently, C= constantly**

### **Immunizations**

Health science students must meet immunization requirements under state law, MGL Chapter 76, Section 15C and its regulations at 105 CMR 220.00 – 220.700. Students must also meet any additional immunization requirements required by clinical affiliates. According to MGL Chapter 76, Section 15 C a health science student who is in contact with patients may be exempt from the immunization requirements imposed under state law pursuant to a medical or religious exemption. Submission of documents will be required and if sufficient to qualify for an exemption, it will be granted. PLEASE BE ADVISED however, that while the college will make a reasonable effort to place the student in a clinical facility, clinical placement cannot be guaranteed in light of an un-immunized status. If a clinical placement cannot be secured, then the student will be unable to complete the program's clinical requirement. In this instance, the student would be unable to progress and would fail out of the program.

## **Pre-Clinical Faculty/Student Orientation**

The clinical instructors along with the students participate in annual pre-semester training at the clinical sites which includes but is not limited to:

- Culturally competent care
- Culture of patient safety
- Patient event reporting (incident reporting)
- Risk management
- National patient safety goals
- HIPAA
- Information security
- Infection prevention and control
- Needle stick injury
- Emergency codes and management
- Environment of care safety
- Fire safety
- Emergency oxygen shut-off
- Hazardous chemical communication
- Clinical maintenance and repair
- Electrical safety
- Radiation safety
- Sexual harassment policy
- Tobacco free policy
- Body mechanics

### **Infection Prevention**

In addition to the pre-semester training, students and faculty attend a class on infection prevention given by the infection control nurse or complete a learning module focusing on infection prevention.

### **Respiratory Protection Policy**

It is the policy of the program to be in compliance with all Infection Prevention policies of the clinical facilities affiliated with providing clinical experience for the Respiratory Care students. However, the Respiratory Care students will **NOT** be fit tested for N-95 masks or other particulate respirator masks/equipment for entry into an Airborne Precaution or Respiratory Isolation patient care room. Therefore, under no circumstances will the Respiratory Care student enter an isolation room which requires an N-95 mask (or similar mask) or Powered Air-Purifying Respirators (PAPR) for safe entry.

**Addendum to the Respiratory Protection Policy in the presence of Covid -19: All**

Respiratory Care students will be fit tested by an outside agency (provided by the college) for the proper size and appropriate use of the type of N 95 masks the college provides. The students will abide by the policy/procedure of the hospital to which they are assigned as to whether they enter an Airborne Precaution or Respiratory Isolation patient care room. Each student will be provided a proper sized N95 mask along with eye/face protection by the college for use in the clinical setting.

## Course Descriptions

### **RSP101 - Fundamentals of Respiratory Care 1**

**4 credits**

*Pre: Communications Proficiency*

Introduction to the Respiratory Care Program and the profession of respiratory care. Instruction in cardiopulmonary anatomy and physiology, patient assessment, therapeutic modalities, ethical decision making and introduction to respiratory diseases. (4 hours of lecture per week)

### **RSP111 - Respiratory Care Clinical Experience 1**

**2 credits**

*Pre: Communications and Mathematics Proficiencies*

The clinical correlation to Courses RSP101 and RSP131. Students spend 8 hours per week in the hospital learning to apply the principles introduced in the didactic and laboratory settings. (120 hours of clinical per semester)

### **RSP126 - Respiratory Care Pharmacology**

**3 credits**

*Pre: Communications Proficiency*

*Co: RSP101, RSP111, RSP131*

Presents the general principles of pharmacology and action of the major drug groups that Respiratory Therapists should be familiar with. In addition, the anatomy and drugs, including the effect on the body as an integrated physiology of the autonomic nervous system and its role in drug action will be covered. Drugs will be studied as groups and individually for site and mechanism of action, indications, contraindications, side effects, and routes of administration. Dosage calculations will be included for drugs given via inhalational route. (3 hours of lecture per week)

### **RSP131 - Respiratory Care Lab 1**

**1 credit**

*Pre: Communications Proficiency*

*Co: RSP101 and RSP111* Theory and development of skills associated with respiratory care procedures and equipment such as CPR, artificial airways, manual resuscitators, patient assessment, chest physical therapy and related medical terminology. (3 hours of lab per week)

### **RSP102 - Fundamentals of Respiratory Care 2**

**4 credits**

*Pre: RSP101, 111, and 131, MAT091 w/C or better or placement exam score*

Presents the principles of medical gas therapy, continuation of patient assessment techniques, ABG interpretation, incentive spirometry and ethical decision making. (4 hours of lecture per week)

### **RSP112 - Respiratory Care Clinical Experience 2**

**2 credits**

*Pre: RSP101, 111 and 131*

The clinical correlation to courses RSP102 and RSP132. Students spend 8 hours per week in the hospital learning to apply the principles taught in the didactic and laboratory settings. (120 hours of clinical per semester)

### **RSP122 - Physiology of Respiratory Care**

**2 credits**

*Pre: RSP101, 111, and 131*

A study of the physiology associated with current practices of respiratory and related care procedures and techniques. (2 hours of lecture per week)

**RSP132 - Respiratory Care Lab 2****1 credit**

*Pre: RSP101, 111, 131 or Program Director's consent*

*Co: RSP102, 112*

Theory and development of skills associated with respiratory care procedures and equipment such as medical gas therapy, therapy, humidity and aerosol therapy, IPPB therapy, pulmonary function testing, and blood gas (ABG) sampling and analysis. (3 hours of lab per week)

**RSP201 - Fundamentals of Respiratory Care 3****4 credits**

*Pre: RSP102, 112 and 132*

Principles of mechanical ventilators and management of the ventilated patient and continuation of positive pressure therapies and ethical decision making. (4 hours of lecture per week)

**RSP211 - Respiratory Care Clinical Experience 3****4 credits**

*Pre: RSP102, 112 and 132*

The clinical correlation to courses RSP201 and RSP231. Students spend 16 hours per week in the hospital learning to apply the principles studied in the didactic and laboratory settings. (240 hours of clinical per semester)

**RSP222 - Introduction to Respiratory Disease****2 credits**

Presents the description, evaluations, manifestations, pathophysiology, treatments, and prognosis of major respiratory diseases. . (2 hours of lecture/online per week)

**RSP231 - Respiratory Care Lab 3****2 credits**

*Pre: RSP102, 112, 132 or Program Director's consent*

Theory and development of skills associated with respiratory care procedures and equipment such as airway management, endotracheal intubation, and mechanical ventilators. (4 lab hours per week)

**RSP202 - Fundamentals of Respiratory Care 4****4 credits**

*Pre: RSP201, 211 and 231*

Topics of hemodynamic monitoring, neonatal and pediatric respiratory care, invasive patient assessment procedures, rehabilitation of the pulmonary patient and ethical decision making. (4 hours of lecture per week)

**RSP212 - Respiratory Care Clinical Experience 4****4 credits**

*Pre: RSP201, 211 and 231*

The clinical correlation to courses RSP202 and RSP232. Students spend 16 hours per week in the hospital learning to apply the principles studied in the didactic and laboratory settings. (240 hours of clinical per semester)



**RSP215 - Contemporary Topics in Respiratory Care****2 credits***Pre: Communications and Mathematics Proficiencies; RSP201, 211, 231**Co: RSP202, 212, 232*

This course will examine contemporary issues and trends in Respiratory Care practice as well as prepare the student for entry into the profession and the licensure process. Topics will include, but not be limited to: disaster planning, alternative site practice, and clinical simulations.

Instruction and practice will also be provided in the necessary techniques to take the advanced level National Board of Respiratory Care (NBRC) examinations. . (2 hours of lecture per week)

**RSP232 - Respiratory Care Lab 4****2 credits***Pre: RSP201, 211 and 231*

Theory and development of skills associated with respiratory care procedures and equipment such as pediatric/neonatal care, and laboratory techniques. Also, interpersonal relations, stress management, and job placement skills will be discussed. Students will research, prepare, and present a case study and journal articles. (4 lab hours per week)

## **CONFIDENTIALITY/HIPAA (Health Insurance Portability and Accountability Act)**

Federal rules adopted as part of the patient confidentiality of the Health Insurance Portability and Accountability Act (HIPAA) mandate requirements designed to enhance patient privacy. Patient information may not be removed from the clinical facility, no photocopying of patient records is permitted, and any list identifying a patient by name must remain in the facility/agency.

Do not discuss a patient's diagnosis or prognosis with anyone who is not involved in the direct care of the patient, either in the hospital, at the school, or in your home or social environment.

When preparing for in class presentations all personal health information must be removed. This policy also pertains to discussion boards that are required for professional courses. The patient's rights cannot be violated during the process of your learning experiences. You are liable for any information you give out verbally, in writing or on social media. For example: discussion of patient information in an elevator or cafeteria is a violation of patient's rights. See the confidentiality agreement that can be found at the end of this handbook.

## **Equal opportunity and Non Discrimination policy**

North Shore Community College is an affirmative action equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, or disability status in its education programs or in admission to, access to, treatment in or employment in its programs or activities as required by Title VI, Civil Rights Act of 1964, Title IX, Education Amendments of 1972, and Section 504, Rehabilitation Act of 1973 and regulations promulgated thereunder, 34 C.F.R. Part 100 (Title IV), Part 106 Title (IX) and Part 104 (Section 504) and the Americans with Disabilities Act of 1990. All inquiries concerning application of the above should be directed to the College's Affirmative Action Officer, who is also the Title IX and Section 504 Coordinator. The Affirmative Action Officer is the Director of Human Resource Development, Danvers Campus, x 5470. Copies of the Affirmative Action Policy are available in the Human Resource Development Office, are on reserve in the libraries on both the Lynn and Danvers Campuses, and online via Pipeline.

## **UNIT COMPETENCIES:**

### **RSP111 - Clinical Experience 1:**

- (W,O) 1. Demonstrate competence in the introductory clinical objectives.
- (P/F) 2. Discuss the Respiratory Care department with respect to organizational chart, job descriptions, patient services, diagnostic and therapeutic procedures performed, medical record documentation and billing procedures.
- (W) 3. Perform and/or interpret the appropriate patient assessment procedures for a given patient.
- (W\*) 4. Administer, evaluate, and recommend the pharmacology regimen for a given patient.
- (O or W) 5. Administer, evaluate, and recommend an appropriate chest physical therapy (CPT) program for a given patient.

### **RSP112 - Clinical Experience 2:**

- (O) 6. Administer, evaluate, and recommend the appropriate medical gas therapy for a given patient.
- (W) 7. Interpret all aspects of arterial blood gas values and describe the treatment required to correct a patient's clinical situation based on the ABG values.
- (W,O) 8. Perform arterial blood gas sampling and analysis.
- (O) 9. Administer, evaluate, and recommend appropriate humidification and aerosol therapy for a given patient.

### **RSP211 - Clinical Experience 3:**

- (O,W) 10. Administer, evaluate, and recommend appropriate spontaneous positive pressure therapy for a given patient.
- (W,\*O) 11. Establish and maintain ventilation on a patient with a given mechanical ventilator. (Includes ICU Prep)
- (O) 12. Perform, evaluate, and recommend appropriate airway management for a given patient.
- (W) 13. Ventilatory support.

### **RSP212 - Clinical Experience 4:**

- (W) 14. Recognize the causes of ventilatory/respiratory failure and perform, evaluate, and recommend ventilator management for a given patient.
- (W\*) 15. Observe, discuss, perform, and interpret pulmonary function tests.
- (W\*) 16. Perform and/or interpret the appropriate patient assessment procedures for a given patient.
- (W,O) 17. Prepare and present a case study on a patient with a respiratory condition.
- (P/F) 18. Observe and discuss respiratory home care for a given patient with chronic lung disease as well as the respiratory care of the NICU and pediatric patient.

\* These written evaluations are weighted as UNIT score (40%). Other written evaluations such as library assignments or periodic quizzes will be included in the semester's 20% written component.

An oral examination is optional at the instructor's discretion for Unit 16.

## **CLINICAL STANDARDS:**

Students must maintain a consistent record of attendance so that the appropriate number of hours can be completed. Students who do not complete health record documentation in a timely fashion may be required to withdraw from clinical and the program.

The student must perform to a "PASSING" level for each objective of each unit; a 75% level for each unit, and a 75% level for each clinical experience course.

In order to receive a PASS, the student must consistently perform the objective according to the accepted procedure of the NSCC Respiratory Care Program **and** the clinical affiliate.

The student must be able to maintain and re-demonstrate, if necessary, passing performance on each objective for each competency throughout all clinical experience courses.

The student must complete all units in a timely manner (see EVALUATION #9) or risk suspension from clinical and/or the program.

## **EVALUATION:**

1. Each of the objectives of each unit will be graded on a PASS/FAIL basis after observation by the evaluator.
2. Each objective with an asterisk (\*) will be evaluated with the use of a Clinical Procedure Check-Off sheet.
3. The student must receive a "PASS" on an objective prior to performing that activity on a patient except under direct supervision. Students who experience consistent difficulty with clinical skills will be directed to the lab on the college campus for remediation. If the skill cannot be mastered and if clinical time is missed, the student may be required to withdraw from the course and possibly from the program.
4. Students are expected to demonstrate "PASSING" performance on objectives previously "PASSED" (i.e. from any previous clinical experience course). Unsafe performance will be handled appropriately, including possible termination from the clinical course and/or the program even when written test scores are passing.
5. The student will receive formal and/or informal feedback throughout the semester on his/her clinical performance on the "Weekly Clinical Self Evaluation Form", "Counseling/Advising Form", and IPR form.
6. The student will receive written interpersonal relations (IPR) evaluations as needed and at final semester (see APPENDIX A). An unsatisfactory IPR evaluation for a clinical course may result in a non-passing grade for that course regardless of the other evaluations. Additional IPR evaluations may be rendered as warranted.
7. The student will complete a weekly "Clinical Self Evaluation" and submit it to the Clinical Instructor. The clinical instructor will provide feedback to the student and will meet with the student when appropriate if performance is not satisfactory. Any item that is rated a 3 or lower is considered unsatisfactory.

8. A final score for each UNIT will be assigned at the end of the semester based upon the designated evaluation methods. If a failing grade (<75%) is earned on the first attempt at that UNIT exam, students may make additional attempts at that UNIT exam during the designated semester at the convenience of the Clinical Instructor. **The final score for that UNIT will be the initial score obtained.** If a passing score has not been achieved by the end of the semester for one (and only one) UNIT, the policy described in EVALUATION #9 will apply. If a failing grade is earned on a clinical final exam, the student must re-take the exam and obtain at least a 75% for a grade. The grade initially earned will be used in the grade calculation.
  
9. If only **one** UNIT in RSP111 and/or RSP112 is not completed during the designated semester, the student will be given an incomplete (I) for that UNIT, which must be completed by the end of the following semester.  
  
If any UNIT in RSP211 and/or RSP212 is not completed during the designated semester, the student will receive a course grade of "IP" for that clinical experience course. *{Note: IPs must be completed by 12 weeks into the following semester or they automatically change to a grade of "F" - see College catalog for full policy.}*
  
10. The course grade will be determined based upon the following evaluations:
 

unit scores average (O, W*).....	40%
final simulation exam .....	40%
written quizzes (W) .....	20%
interpersonal relations .....	+/- 3 pts
  
11. Make up exams will be considered only if the proper notification occurs. There will be a 5% point deduction for the first make up exam. If a student has a pattern of being absent from clinical on the day of an exam and then requires an additional make up exam, the penalty will be a 10% deduction. For each additional occurrence, throughout the entire academic year from September to May (not per semester) when a make-up exam is required, an additional 5% deduction will occur. For instance, for 2 absences from clinical on the day of an exam in the fall and then an additional absence in the spring semester, a 15% deduction will occur.
  
12. Students who are returning to the program who have had an interruption in course sequencing will be expected to demonstrate clinical competency by successfully completing a written and practical exam based on the previous semester's clinical competencies. Attendance in clinical will not be permitted until competence is demonstrated.

## **Unit One: INTRODUCTION**

**Competency:** DEMONSTRATE COMPETENCE IN THE INTRODUCTORY CLINICAL OBJECTIVES.

**Rationale:** The first 4-5 weeks of the Clinical Experience will be devoted to the presentation of a brief overview of the material of Clinical Experiences 1 and 2 so that the learner may rapidly achieve a threshold of information in order to provide perspective to future observation and practice.

**Pass Date** | \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ | 1. Perform cardiopulmonary resuscitation (CPR).
  - \_\_\_ a. Begin training for BLS certification.
  - \_\_\_ b. Identify equipment used in intubation.
  - \_\_\_ c. Identify manual resuscitators used in the hospital.
  - \_\_\_ d. Ventilate the intubation manikin with and without an endotracheal tube.
  - \_\_\_ e. Assemble and troubleshoot manual resuscitators.
  
2. \_\_\_\_\_ | 2. Discuss department organization.
  - \_\_\_ a. List all therapeutic and diagnostic procedures performed by the department.
  - \_\_\_ b. List the department personnel positions, a brief job description and identify the person presently occupying that position.
  - \_\_\_ c. Identify all paperwork involved in department record keeping and billing.
  
3. \_\_\_\_\_ | 3. Discuss the patient's records.
  - \_\_\_ a. Identify the different sections of the medical chart.
  - \_\_\_ b. Successfully complete 5 or more Medical Chart Surveys.
  
4. \_\_\_\_\_ | 4. Demonstrate and discuss infection control.
  - \_\_\_ a. Begin working the department wash room if available.
  - \_\_\_ b. Discuss why infection control is so important in respiratory care.
  - \_\_\_ c. List the different isolation techniques employed at the hospital.
  - \_\_\_ d. Discuss the methods used in sterilization/disinfection of equipment.
  - \_\_\_ e. Explain donning/doffing of PPE
  
5. \_\_\_\_\_ | 5. Discuss various medications used in Respiratory Care.

___ a. _____	d. _____
___ b. _____	e. _____
___ c. _____	f. _____

**Unit One: INTRODUCTION (continued)**

6. \_\_\_\_\_ | 6. Discuss, observe, and demonstrate CPT.
- \_\_\_ a. Review the therapeutic components of airway clearance techniques (ACT) and Incentive Spirometry. ACT includes chest physical therapy with percussion/vibration, postural drainage, and positive expiratory pressure (PEP) devices.
  - \_\_\_ b. Review the goals and hazards of pulmonary hygiene and deep breathing exercises.
  - \_\_\_ c. Demonstrate proper pulmonary hygiene techniques on a mannequin or fellow student.
  - \_\_\_ d. Demonstrate the instructions involved in teaching coughing, diaphragmatic breathing, pursed lip breathing, and localized expansion.
7. \_\_\_\_\_ | 7. Discuss, observe, and demonstrate oxygen therapy.
- \_\_\_ a. Assemble an oxygen set-up for patient use.
  - \_\_\_ b. Collect and fill out the appropriate paperwork for an oxygen set-up.
  - \_\_\_ c. Engage and disengage a flowmeter from the wall outlet.
  - \_\_\_ d. Prepare an E cylinder for patient use.
  - \_\_\_ e. Identify all equipment and paperwork needed for an oxygen set-up.
  - \_\_\_ f. Identify all oxygen devices used at the hospital and their approximate FIO<sub>2</sub> delivered.
  - \_\_\_ g. Put all oxygen devices on a mannequin under simulated conditions.
  - \_\_\_ h. Review the goals and hazards of oxygen therapy.
  - \_\_\_ i. Discuss infection control techniques used in conjunction with oxygen therapy.
8. \_\_\_\_\_ | 8. Discuss, observe, and demonstrate aerosol therapy.
- \_\_\_ a. Identify all equipment needed for a large volume nebulizer (LVN) set-up.
  - \_\_\_ b. Identify all aerosol devices used at the hospital.
  - \_\_\_ c. Review the goals and hazards of aerosol therapy.
  - \_\_\_ d. Assemble a heated and cool continuous aerosol set-up for patient use.
  - \_\_\_ e. Assemble a hand-held small volume nebulizer (SVN).
  - \_\_\_ f. Collect and fill out the appropriate paperwork for a LVN and SVN set up.
  - \_\_\_ g. Put all aerosol devices on a mannequin under simulated conditions.
  - \_\_\_ h. Discuss infection control techniques used in conjunction with aerosol therapy.

**Unit Two: DEPARTMENT, HOSPITAL, AND PROFESSIONAL ORIENTATION**

**Competency:** SET UP A HYPOTHETICAL RESPIRATORY CARE DEPARTMENTAL PLAN COMPLETE WITH ORGANIZATIONAL CHART, JOB DESCRIPTIONS, PATIENT SERVICES, DIAGNOSTIC TESTS PERFORMED, RECORDKEEPING AND BILLING PROCEDURES, AND EQUIPMENT CLEANING STERILIZATION PROCEDURES.

**Rationale:** At some time, all Respiratory Care Practitioners will work in a hospital based department. In order to perform job functions efficiently in such an environment, the learner must know and understand the workings of a modern respiratory care department.

**Pass Date** | \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ | 1. List and discuss the components of a given procedure in the department procedure manual.
  
2. \_\_\_\_\_ | \*2. If applicable, perform equipment rounds and define the recordkeeping and billing procedures.
  
3. \_\_\_\_\_ | 3. Discuss cleaning and sterilization techniques on given respiratory care equipment.



### **Unit Three:**                    **PATIENT ASSESSMENT**

**Competency:**      PERFORM A COMPREHENSIVE PATIENT ASSESSMENT FOR A GIVEN PATIENT AND DOCUMENT USING THE SOAP NOTE FORMAT.

**Rationale:**            The Respiratory Care Practitioner must be able to perform, locate, and interpret patient assessment procedures in order to make appropriate therapeutic recommendations, to administer therapy in the most effective manner, to evaluate progress toward predetermined therapeutic goals, and to recognize adverse reactions to therapy.

**Pass Date**        \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ |      \*1. Given a medical chart, locate, obtain, and interpret (normal and abnormal) information pertinent to the case. Information including parts of physical exam, vital signs, lab values, breathing patterns, medical terminology.
  
2. \_\_\_\_\_ |      2. Gather the pertinent *Subjective* information on a given patient.
  
3. \_\_\_\_\_ |      3. Gather the pertinent *Objective* information on a given patient.
  
4. \_\_\_\_\_ |      4. Utilize the Subjective and Objective information to interpret and develop the *Assessment* (analysis) on a given patient.
  
5. \_\_\_\_\_ |      5. Incorporate the Subjective and Objective information along with the Assessment to formulate an appropriate *Plan* for a given patient.
  
6. \_\_\_\_\_ |      \*6. Apply the seven decision making steps (Therapeutic Decision Making) to formulate a respiratory care treatment plan for a given patient.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**MEDICAL CHART SURVEY**

Page 1 of 2

Patient Initials \_\_\_\_\_ Unit \_\_\_\_\_

Dx \_\_\_\_\_ MD \_\_\_\_\_

Pulm Dx \_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

<b>Procedure</b>	<b>Performance</b>
<b>1. RSP ORDERS</b> _____ _____ _____ _____	<b>1.</b> _____
<b>2. VITAL SIGNS</b> BP _____ P _____ RR _____ T _____	<b>2.</b> _____
<b>3. NURSES NOTES (clinical signs, complaints, ambulating, etc.)</b> _____ _____ _____ _____	<b>3.</b> _____
<b>4. LAB REPORT</b> WBC _____ pH _____ HCO <sub>3</sub> _____ RBC _____ PaCO <sub>2</sub> _____ SaO <sub>2</sub> _____ PaO <sub>2</sub> _____	<b>4.</b> _____
<b>5. SPUTUM REPORT</b> _____ _____ _____ _____	<b>5.</b> _____

# MEDICAL CHART SURVEY (cont'd)

Page 2 of 2

Procedure	Performance
6. CXR _____	6. _____
7. PAST Hx _____ (pertinent to resp.) _____	7. _____
8. MD COMMENTS/RECOMMENDATIONS (Progress notes, consults) _____ _____	8. _____
9. THERAPY NOTES _____ _____ _____	9. _____
10. STUDENT'S COMMENTS/IMPRESSIONS _____ _____	10. _____

Procedure completed in a timely manner. ☐ yes ☐ no

Comments:

\_\_\_\_\_  
Evaluator's Signature                      Date                      ☐ Pass                      ☐ Fail

√ = acceptable    X = unacceptable    O = omitted    N = not applicable

**NORTH SHORE COMMUNITY COLLEGE  
RESPIRATORY CARE PROGRAM**

**MEDICAL NECESSITY EVALUATION AND DOCUMENTATION**

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

1. Patient Initials only \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Rm No \_\_\_\_\_

2. Primary Dx \_\_\_\_\_ 3. Pulmonary Dx \_\_\_\_\_

4. Respiratory Care Orders \_\_\_\_\_

5. Therapeutic Objective(s) \_\_\_\_\_

6. SUBJECTIVE INFORMATION (patient statements)

7. OBJECTIVE INFORMATION (physical exam and charted data)

8. ASSESSMENT (analysis of your collected data to determine the patient's current condition)

9. PLAN (recommendations - provide a brief rationale)

Evaluation completed in a timely manner. ☐ Yes ☐ no

Comments:

\_\_\_\_\_  
Evaluator's Signature                      Date                      ☐ Pass                      ☐ Fail

√ = acceptable X = unacceptable O = omitted N = not applicable

## **Unit Four: PHARMACOLOGY**

Competency: ADMINISTER, EVALUATE, AND RECOMMEND THE PHARMACOLOGY REGIMEN FOR A GIVEN PATIENT.

Pass Date | \* \* OBJECTIVES \* \*

1. \_\_\_\_\_\*1.Administer the following medications in accordance with a given physician's order.

<b>Pharmacology</b>	
Albuterol Sulfate (Proventil, Ventolin)	Mometasone/Formoterol (Dulera)
Levalbuterol (Xopenex)	Fluticasone furate/Vilanterol (Breo)
Ipratropium Bromide (Atrovent)	Tiotropium/Olodaterol (Stiolto)
Ipratropium bromide/Albuterol Sulfate (Combivent, Duoneb)	Umeclidinium/Vilanterol (Anoro)
Aclidinium Bromide (Tudorza Pressair)	Indacaterol/Glycopyrrolate (Utibron)
Arformoterol (Brovana)	Formoterol/Glycopyrrolate (Bevespi)
Formoterol (Brovana)	Zanamivir (Relenza)
Indacaterol (Arcapta)	Tobramycin (TOBI)
Salmeterol (Serevent)	Aztreonam (Cayston)
Tiotropium (Spiriva)	Cromolyn Sodium (Intal)
Olodaterol (Striverdi)	Ribavirin (Virazole)
Umeclidinium (Incruse)	Mannitol (Aridol)
Glycopyrrolate (Seebri, Lonhala Magnair)	Pentamidine (Nebupent)
Beclomethasone (QVAR)	Omalizumab (Xolair)
Budesonide (Pulmicort)	Reslizumab (Cinqair)
Ciclesonide (Alvesco)	Aminophylline (Aminophylline)
Flunisolide (Aerospan)	Theophylline (Theo-Dur)
Fluticasone Propionate (Flovent)	Xylocaine (Lidocaine)
Fluticasone Furoate (Arnuity)	Methylprednisolone (Solumedrol)
Mometasone Furoate (Asmanex)	Mepolizumab (Nucala)
Acetylcysteine (Mucomyst)	Racemic Epinephrine (Vaponefrin)
Dornase Alpha N-Acetylcysteine (Pulmozyme)	Varenicline (Chantix)
Bland Aerosols (hypertonic, normal, hypotonic saline)	Nicotrol patch (Nicoderm CQ)
Fluticasone/Salmeterol (Advair, AirDuo)	Prednisone (Steroid)
Budesonide/Formoterol (Symbicort)	Cyklokapron (Tranexamic Acid)
Proteolytic (Proteinase Enzyme therapy)	

2. \_\_\_\_\_ Evaluate and recommend the pharmacology regimen for a given patient.

## **Unit Five:     AIRWAY CLEARANCE THERAPY (ACT)**

Competency:      PERFORM, EVALUATE, AND RECOMMEND AN ACT PROGRAM FOR A GIVEN PATIENT.

**Rationale:** The practitioner uses ACT on patients with various pulmonary diseases, pre- and post-operative patients, and those that have difficulty mobilizing secretions.

Pass Date |                      \* \* OBJECTIVES \* \*

- |          |     |   |
|----------|-----|---|
| 1. _____ | *1  | Perform the following pulmonary hygiene techniques:   |
|          |     | Postural drainage _____ vibrations _____  |
|          |     | Percussion _____ oscillatory PEP (Flutter, Acapella) _____  |
|          |     | Mechanical percussor _____ HFCWO _____  |
| 2. _____ | 2.  | Perform the following deep breathing exercises:   |
|          |     | Diaphragmatic breathing _____   |
|          |     | Coughing techniques _____   |
|          |     | Pursed lip breathing _____  |
|          |     | Localized expansion _____   |
|          |     | Relaxation techniques _____   |
| 3. _____ | *3. | Perform ACT on a given patient.   |
| 4. _____ | *4. | Evaluate and recommend the appropriate ACT technique for a given patient.   |
| 5. _____ | *5. | Administer incentive spirometry/sustained maximal inspiration (SMI) in accordance with a given physician's order. |
| 6. _____ | *6. | Evaluate and recommend the incentive spirometry therapy program for a given program.                              |

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**Airway Clearance Therapy (ACT)**

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

<u>Procedure</u>	<u>Performance</u>
1. CHECK ORDERS (frequency, DBE or pulmonary hygiene, IS)	1. _____
2. PRE-THERAPY EVALUATION (medical record, patient)	2. _____
3. EXPLAIN TO PATIENT (purpose, goals)	3. _____
4. PATIENT EVALUATION (level of coherence, cooperation, physical assessment)	4. _____
5. PERFORM APPROPRIATE ACT TECHNIQUE (postural drainage, vibrations, percussion, diaphragmatic breathing, coughing, pursed lip breathing, SMI)	5. _____
6. MONITOR PATIENT (observation, general appearance, toleration WOB, auscultation, VS)	6. _____
7. POST-TREATMENT EVALUATION (observation, general appearance, toleration, auscultation, cough, vs, results)	7. _____
8. COMPLETE PAPERWORK (T.O., rm, unit, Dx, pulmonary Dx, time, CXR, ABG, Rx description)	8. _____
9. DOCUMENT (date, time, signature, procedure, length of time given, toleration, cough, sputum)	9. _____
10. BEDSIDE MANNER	10. _____

Comments:

Evaluation completed in a timely manner. ☐ Yes ☐ no

\_\_\_\_\_  
 Evaluator's Signature Date ☐ Pass ☐ fail

= acceptable    x= unacceptable    o = omitted    n = not applicable

**Unit Six:**           **MEDICAL GAS THERAPY**

**Competency:**       ADMINISTER, EVALUATE, AND RECOMMEND THE APPROPRIATE OXYGEN THERAPY FOR A GIVEN PATIENT.

**Rationale:**       Oxygen is a drug commonly administered to patients for emergency life support, pulmonary disability, and postoperative states, who have developed pulmonary complications. Administration of oxygen and other medical gases is one of the duties of the Respiratory Care Practitioner, therefore, a thorough understanding of the goals, indications, contraindications, and hazards is necessary.

**Pass Date**       \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ | 1.    Locate oxygen zone valves in your affiliate hospital and demonstrate the role of the Respiratory Care Practitioner in a mock fire drill.
2. \_\_\_\_\_ | \*2.   Administer oxygen therapy using various devices in accordance with a given physician's order.
3. \_\_\_\_\_ | \*3.   Discuss the goals of oxygen therapy.
4. \_\_\_\_\_ | \*4.   Demonstrate the use of an oxygen analyzer.  
.
5. \_\_\_\_\_ | 5.    Demonstrate the proper use of a pulse oximeter  
                - discuss and evaluate overnight pulse oxim results
6. \_\_\_\_\_ | 6.    Evaluate and recommend the oxygen therapy, heated high flow nasal cannula, or heliox device for a given patient.



**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**OXYGEN THERAPY**

Device\_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Performance

1. CHECK ORDERS (device, liter flow,)
2. PRE-THERAPY EVALUATION (chart, patient)
3. COLLECT EQUIPMENT (flowmeter, humidifier, water, device)
4. EXPLAIN TO PATIENT (purpose, rules for use, no smoking)
5. SET-UP AND ADJUST EQUIPMENT (connect to source, attach device, adjust liter flow)
6. CHECK FUNCTION OF EQUIPMENT (liter flow, pres relief valve)
7. ATTACH TO PATIENT
8. MONITOR PATIENT (observation, how tolerated)
9. ASSESS AND TITRATE according to the order or therapy protocol.
10. COMPLETE PAPERWORK if necessary
11. BEDSIDE MANNER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_

Comments:

Evaluation completed in a timely manner.    ☐ yes    ☐ no

\_\_\_\_\_  
Evaluator's Signature    Date    ☐ pass    ☐ fail

= acceptable    x= unacceptable    o = omitted    n = not applicable

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**OXYGEN ANALYZERS**

Device \_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_  
 Procedure \_\_\_\_\_

Date \_\_\_\_\_

**Performance**

1. COLLECT EQUIPMENT (analyzer, adaptor{s}, sensor)

1. \_\_\_\_\_

2. PERFORM PRE-USE CALIBRATIONS AND ADJUSTMENTS (check battery, inspect electrode, calibrate: to 0, to 21%, to 100%)

2 \_\_\_\_\_

3. SAMPLE AND ANALYZE GAS

3 \_\_\_\_\_

Specify type of sample:

4. SET ALARMS if applicable. (+/- 5 to 10%)

4 \_\_\_\_\_

Comments:

Evaluation completed in a timely manner.    ☐ yes    ☐ no

☐ pass    ☐ fail

\_\_\_\_\_  
 Evaluator's Signature Date

= acceptable    x= unacceptable    o = omitted    n = not applicable

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**REST/EXERCISE OXIMETRY**

Device\_\_\_\_\_

Student Name \_\_\_\_\_ Hosp\_\_\_\_\_ Date\_\_\_\_\_

Procedure\_\_\_\_\_

Performance

- |  |           |
|--|-----------|
| 1. OBTAIN PHYSICIAN'S ORDER  | 1. _____  |
| 2. EXPLAIN PROCEDURE/PURPOSE TO PATIENT and assess ability to ambulate safely  | 2. _____  |
| 3. GATHER NECESSARY EQUIPMENT (oximeter, portable O2 system, watch)  | 3. _____  |
| 4. CHECK FUNCTION OF EQUIPMENT (calibration, O2)   | 4. _____  |
| 5. GATHER BASELINE READINGS AT REST (pulse, SpO2)<br>titrate oxygen as needed to maintain SpO2 at 90% or higher or as ordered. | 5. _____  |
| 6. AMBULATE PATIENT AS TOLERATED (level ground)  | 6. _____  |
| 7. GATHER READINGS DURING EXERCISE (peak pulse, SpO2<br>subjective dyspnea level)  | 7. _____  |
| 8. GATHER READINGS AFTER EXERCISE (pulse, SpO2, distance walked, recovery time)  | 8. _____  |
| 9. DOCUMENT INFORMATION  | 9. _____  |
| 10. BEDSIDE MANNER   | 10. _____ |

Comments:

Evaluation completed in a timely manner.    ☐ yes    ☐ no

\_\_\_\_\_  
Evaluator's Signature    Date    ☐ pass    ☐ fail

= acceptable    x= unacceptable    o = omitted    n = not applicable

## **Unit Seven: ARTERIAL BLOOD GAS INTERPRETATION**

**Competency:** INTERPRET ALL ASPECTS OF ARTERIAL BLOOD GAS VALUES AND DESCRIBE THE TREATMENT REQUIRED TO CORRECT A PATIENT'S CLINICAL SITUATION BASED ON THE VALUES.

**Rationale:** Arterial blood gases (ABGs) are an important tool in the assessment of respiratory patients. It is of critical importance that the Respiratory Care Practitioner become adept in the interpretation of these lab values. However, this expertise must go beyond simple interpretation. The therapist must also be able to describe the appropriate therapy to correct a clinical problem based on the blood gas values if he/she is to play a vital role in the care of these patients.

**Pass Date** | \* \* **OBJECTIVES** \*

1. \_\_\_\_\_ | 1. Interpret arterial blood gases on given patients according to: pH, PaCO<sub>2</sub>, HCO<sub>3</sub>, PaO<sub>2</sub>, AaDO<sub>2</sub>, SaO<sub>2</sub>.
2. \_\_\_\_\_ | 2. Correlate the arterial blood gas values on a given patient to their clinical status.
3. \_\_\_\_\_ | 3. Describe the treatment required to correct a given patient's clinical problem based on the arterial blood gas values.
4. \_\_\_\_\_ | 4. Integrate and discuss a series of arterial blood gas values with respect to the total clinical course of a given patient.

## **Unit Eight:    ARTERIAL BLOOD GAS (ABG) SAMPLING AND ANALYSIS**

**Competency:**    PERFORM ARTERIAL BLOOD GAS SAMPLING AND ANALYSIS

**Rationale:**        It is the responsibility of the respiratory care practitioner to sample and/or analyze arterial blood gases. Therefore, knowledge of the appropriate procedure, adverse reactions, and troubleshooting of equipment enhances patient safety and reliable information on which to base important clinical decisions.

**Pass Date**    |    \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ | 1.    Demonstrate competency in a simulated ABG procedure.
  
2. \_\_\_\_\_ | \*2.    Successfully perform a *radial* arterial puncture in accordance with a given physician's order.
  
3. \_\_\_\_\_ | 3.    Successfully obtain a blood sample from an arterial line if available.
  
4. \_\_\_\_\_ | \*4.    Analyze a given arterial blood gas sample.
  
5. \_\_\_\_\_ | 5.    Be familiar with quality control procedures on a given blood gas machine.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**ABG SAMPLING**

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

<u>Procedure</u>	<u>Performance</u>
1. CHECK ORDERS (procedure, time, FIO2)	1. _____
2. PRE-THERAPY EVALUATION (anticoagulants, lab tests)	2. _____
3. COLLECT AND PREPARE EQUIPMENT (syringe, alcohol prep pad, gloves, resheathing device, cap, needles, heparin, gauze, ice, heparinized syringe)	3. _____
4. IDENTIFY PATIENT, EXPLAIN PROCEDURE PURPOSE	4. _____
5. PRE-PUNCTURE EVALUATION (palpate, select site, Allen's Test)	5. _____
6. PREPARE SITE	6. _____
7. OBTAIN SAMPLE	7. _____
8. POST-PUNCTURE SITE CARE (apply pressure for minimum 5 minutes)	8. _____
9. POST-PUNCTURE SITE EVALUATION (observe for bleeding, hematoma, check distal pulse)	9. _____
10. PREANALYTICAL SAMPLE HANDLING (eliminate air, apply cap, mix, place in ice, label sample with patient ID)	10. _____
11. COMPLETE PROCEDURE	11. _____
12. DOCUMENT PROCEDURE	12. _____
13. REVIEW AND ACCEPT RESULTS	13. _____
14. FOLLOW-UP if necessary	14. _____
15. BEDSIDE MANNER	15. _____

Comments:

Evaluation completed in a timely manner. ☐ yes ☐ no

\_\_\_\_\_  
 Evaluator's Signature Date ☐ pass ☐ fail

= acceptable    x= unacceptable    o = omitted    n = not applicable

**Unit Nine:        HUMIDIFICATION/AEROSOL THERAPY**

Competency:        ADMINISTER, EVALUATE, AND RECOMMEND THE APPROPRIATE  
HUMIDIFICATION/AEROSOL THERAPY FOR A GIVEN PATIENT.

Rationale:        Humidification/aerosol therapy are a frequent and integral part of the management of many patients with varied diseases and conditions. There are a vast number of types and brands of devices that are used in conjunction with oxygen therapy, bronchial hygiene, mechanical ventilation, and home care. The student must be competent in both the equipment and the application of humidification/aerosol therapy.

Pass Date |        \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | \*1. Administer aerosol therapy in accordance with a given physician's order.

Spacers \_\_\_\_\_

Large volume nebulizer \_\_\_\_\_ MDI \_\_\_\_\_

DPI \_\_\_\_\_ Small volume nebulizer \_\_\_\_\_

Other(s) \_\_\_\_\_

2. \_\_\_\_\_ | \*2. Evaluate and recommend the aerosol therapy program for a given patient.

3. \_\_\_\_\_ 3. Administer humidity therapy in accordance with the order.

Bubble humidifier \_\_\_\_\_ Wick humidifier \_\_\_\_\_

Passover humidifier \_\_\_\_\_ HME \_\_\_\_\_

4. \_\_\_\_\_ 4. Evaluate and recommend humidity therapy for a given patient.

5. \_\_\_\_\_ 5. Discuss goals, indications, and hazards for aerosol and humidity therapy.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**HUMIDIFICATION/AEROSOL THERAPY**

Device \_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_

Date \_\_\_\_\_

Procedure \_\_\_\_\_

Performance

- |   |           |
|---|-----------|
| 1. CHECK ORDERS (device, frequency, duration, medication, FIO2)   | 1. _____  |
| 2. PRE-THERAPY EVALUATION (medical record, patient)   | 2. _____  |
| 3. COLLECT EQUIPMENT (device, tubing, gas source, patient connection: mask, face tent)                        | 3. _____  |
| 4. IDENTIFY AND EXPLAIN TO PATIENT (purpose)  | 4. _____  |
| 5. SET UP AND ADJUST EQUIPMENT (connect device, adjust FIO2, liter flow)                                      | 5. _____  |
| 6. CHECK FUNCTION OF EQUIPMENT (mist, FIO2, pres relief valve)  | 6. _____  |
| 7. ATTACH TO PATIENT  | 7. _____  |
| 8. MONITOR PATIENT (observation, general appearance, how tol WOB, auscultation, HR, RR)                       | 8. _____  |
| 9. MODIFY THERAPY (if necessary)  | 9. _____  |
| 10. POST-TREATMENT EVALUATION (observation, general appearance how tol, auscultation, HR, RR, cough, results) | 10. _____ |
| 11. COMPLETE PAPERWORK if necessary   | 11. _____ |
| 12. DOCUMENT (date, time, Tx, medication, results, how tol, sig)  | 12. _____ |
| 13. BEDSIDE MANNER  | 13. _____ |

Comments:

Evaluation completed in a timely manner. ☐ yes ☐ no

\_\_\_\_\_  
 Evaluator's Signature Date ☐ pass ☐ fail

√= acceptable      x= unacceptable      o = omitted      n = not applicable



**Unit Ten:   NONINVASIVE POSITIVE PRESSURE VENTILATION (NPPV) (Bilevel, CPAP)**

Competency:       ADMINISTER, EVALUATE, AND RECOMMEND APPROPRIATE NPPV THERAPY ON A GIVEN PATIENT.

Rationale:        The Respiratory Therapist frequently administers NPPV to patients who are having ventilation and/or oxygenation difficulties in a variety of settings.

Pass Date |       \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | 1.   Perform patient evaluation to determine the need for NPPV. (Bilevel or CPAP).
  
2. \_\_\_\_\_ | \*2.   Administer NPPV in accordance with a given order.
  
3. \_\_\_\_\_ | 3.   Recommend setting changes to improve the blood gas values and the patient's clinical condition.
  
4. \_\_\_\_\_ | \*4.   Evaluate the clinical course of a patient receiving NPPV.
  
5. \_\_\_\_\_    5.   Inspect pt to assess skin integrity.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**NONINVASIVE POSITIVE PRESSURE VENTILATION (NPPV)**

Device (Bilevel, CPAP) \_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

Procedure	Performance
1. CHECK ORDERS (device, frequency, duration, FIO2, pressure)	1. _____
2. PRE-THERAPY EVALUATION (chart, patient)	2. _____
3. COLLECT EQUIPMENT (device, tubing, mask)	3. _____
4. EXPLAIN TO PATIENT (purpose)	4. _____
5. SET-UP AND ADJUST EQUIPMENT (connect device, settings for pressure, inspiratory time or rise time, FIO2, proper mask fit, set alarms )	5. _____
6. CHECK FUNCTION OF EQUIPMENT	6. _____
7. ATTACH TO PATIENT	7. _____
8. MONITOR PATIENT (observation, general appearance, how tol, WOB, auscultation, HR, RR, SPO2, Vt, VE, ABG results)	8. _____
9. ADJUST EQUIPMENT/SETTINGS (if necessary)	9. _____
10. DOCUMENT implementation of NPPV.	10. _____
11. COMPLETE PAPERWORK if required.	11. _____
12. BEDSIDE MANNER	12. _____

Comments:

Evaluation completed in a timely manner ☐ yes ☐ no

\_\_\_\_\_  
☐ pass ☐ fail

Evaluator's Signature Date

√ = acceptable

x = unacceptable

o = omitted

n = not applicable

## **Unit Eleven: AIRWAY MANAGEMENT**

**Competency:**    PERFORM, EVALUATE, AND RECOMMEND APPROPRIATE AIRWAY MANAGEMENT FOR A GIVEN PATIENT.

**Rationale:**    A patent airway is necessary for human life and it will be the responsibility of the Respiratory Care Practitioner to maintain and care for that airway. Students are likely to encounter artificial airways for relief of airway obstruction, facilitation of bronchial hygiene, and prolonged artificial ventilation.

Therefore, it is necessary that the student become adept in all aspects of airway management.

**Pass Date**    \* \* **OBJECTIVES** \* \*

1. \_\_\_\_\_ | 1.    Demonstrate competency in the management of artificial airways by completing the following:

oropharyngeal _____	tracheostomy tube _____
nasopharyngeal _____	fenestrated tracheostomy tube _____
oral endotracheal _____	trach button _____
naso endotracheal _____	Passy-Muir _____
laryngeal mask airway _____	
other(s) _____	

2. \_\_\_\_\_ | 2.    Demonstrate competency in assisting with an intubation.

3. \_\_\_\_\_ | 3.    Demonstrate competency in endotracheal extubation.

4. \_\_\_\_\_ | \*4.    Perform suctioning techniques on an intubated patient.

5. \_\_\_\_\_ | \*5.    Perform suctioning techniques on a non-intubated patient.

6. \_\_\_\_\_ | \*6.    Evaluate and recommend airway management of a given patient.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**NASOTRACHEAL SUCTIONING**

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date \_\_\_\_\_

<u>Procedure</u>	<u>Performance</u>
1. CHECK ORDERS	1. _____
2. COLLECT EQUIPMENT (complete suction set-up, O2 equipment)	2. _____
3. ASSEMBLE EQUIPMENT (maintain sterility, pres = -80 to -120)	3. _____
4. PRE-OXYGENATE PATIENT (2-4 minutes)	4. _____
5. EXPLAIN TO PATIENT (purpose)	5. _____
6. MAKE FIRST PASS WITH CATHETER (no suction in, proper depth, rotate catheter, intermittent suction moving out slowly)	6. _____
7. MONITOR PATIENT (general appearance, EKG)	7. _____
8. REPEAT OXYGENATION AND SUCTION PASSES AS NECESSARY	8. _____
9. ASSESS SPUTUM (color, amount, consistency)	9. _____
10. INSTILLATION TECHNIQUES (NS, acetylcysteine, coordinate w/ pt)	10. _____
11. OVERALL INFECTION CONTROL TECHNIQUE	11. _____
12. POST-PROCEDURE CARE OF EQUIPMENT (proper disposal, shut off O2 & suction, re-connect patient, cover manual resuscitator and connect tubing)	12. _____
13. DOCUMENT (pt tol, sputum assessment, date, time, signature)	13. _____
14. BEDSIDE MANNER	14. _____

Comments:

Evaluation completed in a timely manner. ☐ yes ☐ no

\_\_\_\_\_  
 Evaluator's Signature Date ☐ pass ☐ fail

√= acceptable      x= unacceptable      o = omitted      n = not applicable

## **Unit Twelve:     VENTILATORY SUPPORT**

Competency:        ESTABLISH AND MAINTAIN VENTILATION ON A PATIENT WITH A GIVEN VENTILATOR.

Rationale:         The Respiratory Care Practitioner must be proficient in all aspects of mechanical ventilators (e.g. controls, alarms, tubing circuits, and troubleshooting) in order to effectively, efficiently, and safely carry out prescribed ventilator therapy.

Pass Date |        \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | 1.    Identify and describe the function of each of the ventilator controls and prepare a given ventilator for patient use.

VENTILATOR BRAND	ASSIST/CNTRL	SIMV	Spontaneous
NPB 840			
Hamilton			
LTV 1200			
PB 980			

2. \_\_\_\_\_ | 2.    Perform a ventilator check procedure and routine ventilator maintenance procedures.

3. \_\_\_\_\_ | 3.    Troubleshoot and correct a given malfunction in a given ventilator.

## **Unit Thirteen:    MANAGEMENT OF THE PATIENT ON VENTILATORY SUPPORT**

Competency:        RECOGNIZE THE CAUSES OF VENTILATORY/RESPIRATORY FAILURE AND PERFORM, EVALUATE, AND RECOMMEND VENTILATOR MANAGEMENT FOR A GIVEN PATIENT.

Rationale:        Determining the proper ventilator settings for a given patient is a frequent task of the Respiratory Care Practitioner, which requires a familiarity of the patient's entire clinical status. Once the patient's condition is stabilized, the Respiratory Care Practitioner must use the appropriate weaning procedures to allow the patient to breathe and function according to his/her baseline daily life.

Pass Date |        \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | \*1. Establish initial mechanical ventilation on a given patient in accordance with a physician/s order and/or department standard operating procedure/protocol.

2. \_\_\_\_\_ | 2. Recommend the ventilator changes to correct the clinical condition of a given patient.

3. \_\_\_\_\_ | \*3. Evaluate the parameters that are used to monitor all modes of mechanical ventilation on a given patient.

vital signs	_____	Swan-Ganz measurements	_____
auscultation	_____	PAP	_____
CXR	_____	dynamic compliance	_____
ABG's	_____	static compliance	_____
I & O	_____	PCWP	_____
CVP	_____	sputum	_____
body weight	_____	PIP	_____
wave forms	_____		

4. \_\_\_\_\_ | 4. Administer adjunct ventilatory techniques such as CPAP, PEEP, pressure support ventilation (PSV).

5. \_\_\_\_\_ | 5. \*Evaluate the entire clinical course of a mechanical ventilator patient.

**NORTH SHORE COMMUNITY COLLEGE**  
**Respiratory Care Program - Clinical Procedure Check-Off**

**INITIATING VENTILATOR CARE**

Device\_\_\_\_\_

Student Name \_\_\_\_\_ Hosp \_\_\_\_\_ Date\_\_\_\_\_

Procedure

1. CHECK ORDERS (device, parameters, mode)
2. SET-UP AND ADJUST EQUIPMENT (connect gas source, connect power, prepare humidifier set parameters: Vt, RR, V, FIO2, PS, P, sensitivity, pres limits, alarms)
3. PERFORM PRE-USE PERFORMANCE CHECK.
4. EXPLAIN TO PATIENT
5. ATTACH TO PATIENT
6. MONITOR PATIENT (observation, how tol, auscultation)
7. ADJUST VENTILATOR (if necessary)
8. COMPLETE PAPERWORK IF REQUIRED
9. DOCUMENT APPROPRIATELY
10. BEDSIDE MANNER

Performance

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Comments:

Evaluation completed in a timely manner.      ☐ yes      ☐ no

\_\_\_\_\_  
Evaluator's Signature      Date      ☐ pass      ☐ fail

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**North Shore Community College**  
**Daily Patient Assessment**  
**Clinical Experience 3 and 4**

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

Date \_\_\_\_\_

<b>Admitting Diagnosis</b>	
<b>Pulmonary Diagnosis</b>	
<b>Past Medical History</b>	
<b>Date of Admission</b>	
<b>Pt Age and Gender</b>	

**Airway**

<b>Reason patient is intubated</b>	
<b># of days on ventilator</b>	
<b>Type and size of artificial airway</b>	
<b>Cuff Pressure</b>	
<b>ETT position at the lip</b>	
<b>SBT candidate? Explain</b>	

**Ventilator**

<b>Mode</b>		<b>PSV</b>		<b>PC Insp Pressure</b>	
<b>Set rate</b>		<b>Flow or Ti</b>		<b>Vt (cc/kg)</b>	
<b>Set Vt</b>		<b>PEEP</b>		<b>Is Vt appropriate?</b>	
<b>FiO2</b>		<b>I:E ratio</b>			

**Treatment(s)**

<b>List all respiratory treatments (medications and modalities)</b>	
---	--



**Patient Data**

<b>Total RR</b>		<b>Spont Vt</b>	
<b>PIP</b>		<b>MAP</b>	
<b>Auto PEEP</b>		<b>Raw</b>	
<b>P plateau</b>		<b>V<sub>E</sub></b>	
<b>P/F ratio</b>		<b>Compliance</b>	

**Patient Assessment**

<b>Respirations (spontaneous WOB, agonal, presence of paradoxical movement)</b>	<b>Breath Sounds</b>	<b>Secretions color, amount, consistency</b>
<b>HR</b> _____ <b>RR (Spon + Vent)</b> _____ <b>BP (include MAP)</b> _____ <b>Temp</b> _____	<b>Neuro status</b>	<b>Skin</b> <b>Presence of edema, color, subQ</b>

**Evaluate the following:**

<b>Arterial Line (location, accuracy of readings)</b>	
<b>Central Line or PICC Line (location)</b>	
<b>PA catheter (location, accuracy of readings)</b>	
<b>Chest tubes (location, suction/water seal)</b>	
<b>Gastric tubes (location, suction?)</b>	
<b>Foley catheter (present?, I + O last 24 hours)</b>	

**Pharmacology (All drugs patient is on)**

Drug Name	Current dosage	Classification	Status (weaning, maximum)

**Cardiovascular Assessment**

EKG rhythm	PAP	PCWP	CVP	C.O/CI

**ABG's**

Time	ABG	Vent settings	Interpretation	Changes made if any

**Chest X-Ray Report**

*Include conformation of ETT placement, current findings, trending changes from previous CXR's*

--

--

### **Relevant Lab Results**

*Electrolytes, CBC, cardiac enzymes, troponin, BUN/Creatinine, H+H, Cultures, lactate*

--

### **Summary of Care**

*List any special procedures (i.e. bronchoscopy), OR, CT Scans, etc.*

--

*Airway Care (ETT re-positioning, re-taping, trach care, oral care, skin integrity)*

--

### **Critical Application**

*After reviewing the patient's chart and listening to pt rounds, give a brief summary of the history of present illness and describe the plan for the patient at this point.*

--

--

*What are the indications that the patient continues to need ventilatory support?*

--

*Do you have any suggestions you would recommend for your patient?*

--

*List at least 1 thing you have learned about critical care today*

--

## **Unit Fourteen:            PULMONARY FUNCTION TESTING**

Competency:            OBSERVE, DISCUSS, PERFORM, AND INTERPRET PULMONARY FUNCTION TESTS

Rationale:            Pulmonary function tests provide valuable information to assist in the diagnosis, evaluation, and management of many patients. Both simple and sophisticated tests may be performed at the bedside or in the pulmonary function laboratory. The respiratory therapist must be able to understand and integrate the pulmonary function assessment data into the total clinical picture of the patient.

Pass Date |            \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | 1. Confirm the correct selection of a nomogram for a given patient that would determine the pulmonary function test values for their age, sex, height, and weight.
2. \_\_\_\_\_ | 2. Demonstrate the use of volume displacement or pneumotachometers, and verbalize the patient testing procedure.
3. \_\_\_\_\_ | 3. Perform the following tests and determinations on a given patient: VC, FVC, FEV1, FEV3, MVV, FEVt%, FEF25-75%, and FEF200-1200.
4. \_\_\_\_\_ | 4. Calculate volumes and capacities and flows from spirometer tracings or readouts, and compute the percent predicted values.
5. \_\_\_\_\_ | 5. Discuss the servicing of the spirometer/ pneumotachometers with respect to sterilizing, changing tubing, and calibrating.
6. \_\_\_\_\_ | 6. Observe helium dilution testing, body box plethysmography, or nitrogen washout test for determination of FRC/TGV .
7. \_\_\_\_\_ | 7. Verbalize the concept of helium equilibration for volume measurement.
8. \_\_\_\_\_ | 8. Verbalize the concept of diffusion testing.
9. \_\_\_\_\_ | 9. Discuss and perform flow-volume loops.
10. \_\_\_\_\_ | 10. Discuss the role of pulmonary function tests and their values in the management and evaluation of patients.
11. \_\_\_\_\_ | 11. Interpret PFT values in accordance with standard procedure.
12. \_\_\_\_\_ | 12. Discuss bronchoprovocation testing.

## **Unit Fifteen:     PEDIATRIC/NEONATAL RESPIRATORY CARE**

Competency:     PERFORM, EVALUATE, AND RECOMMEND RESPIRATORY CARE ON A PEDIATRIC/NEONATAL PATIENT.

Rationale:     Pediatric/neonatal emergencies and routine therapy are increasingly the responsibility of the respiratory care practitioner. In addition to major medical centers, community hospitals are managing more neonatal/pediatric cases. The knowledge and expertise of these procedures is necessary for all respiratory care practitioners in order to give safe and effective treatment.

Pass Date     \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | 1. Administer pediatric respiratory medications to a given patient in accordance with a physician's order.
2. \_\_\_\_\_ | \*2. Administer airway clearance techniques to a pediatric patient in accordance with a physician's order.
3. \_\_\_\_\_ | 3. Administer/observe aerosol therapy to a pediatric patient in accordance with a given physician's order.
4. \_\_\_\_\_ | 4. Participate and/or observe physician rounds.
5. \_\_\_\_\_ | 5. Set-up and troubleshoot a pediatric/neonatal manual resuscitator bag and demonstrate proper manual ventilation.
6. \_\_\_\_\_ | 6. Set-up and troubleshoot a pediatric/neonatal ventilator.
7. \_\_\_\_\_ | 7. Perform and/or observe a pediatric/neonatal ventilator safety check.
8. \_\_\_\_\_ | 8. Analyze the delivered FIO<sub>2</sub> on a pediatric/neonatal patient.
9. \_\_\_\_\_ | 9. Discuss transcutaneous gas monitoring.
10. \_\_\_\_\_ | 10. Perform and interpret oximetry.
11. \_\_\_\_\_ | 11. Interpret ABG's on a given pediatric/neonatal patient.
12. \_\_\_\_\_ | \*12. Discuss a respiratory care program for a given pediatric/neonatal patient.

## **Unit Sixteen:     PATIENT ASSESSMENT 2**

Competency:            PERFORM AND/OR INTERPRET THE APPROPRIATE PATIENT ASSESSMENT DATA/  
PROCEDURES FOR A GIVEN PATIENT.

Rationale:            The respiratory care practitioner must be able to perform, locate, and interpret patient data and procedures in order to make appropriate therapeutic recommendations, to administer therapy in a most effective manner, to evaluate progress toward pre-determined therapeutic objectives, and to recognize adverse reactions to therapy.

Pass Date |     \* \* OBJECTIVES \* \*

1. \_\_\_\_\_ | \*1. Demonstrate competency with respiratory assessment.

ABG's	_____	bronchoscopy	_____
		- Endobronchial ultrasound	
		- Navigational bronchoscopy	
PFT's	_____	biopsy	_____
thoracentesis	_____	Apnea test	_____

2. \_\_\_\_\_ | \*2. Demonstrate competency with laboratory assessment.

CBC	_____	EOS	_____
Hct	_____	sputum	_____
Hb	_____	C & S	_____
WBC	_____	AFB	_____
RBC	_____	cytology	_____

3. \_\_\_\_\_ | \*3. Demonstrate competency with radiology assessment.

CXR	_____	V/Q scan	_____
bronchography	_____	CT scan	_____
MRI	_____	PET scan	_____
Ultrasound	_____		

4. \_\_\_\_\_ | \*4. Demonstrate competency with EKG/cardiac monitor assessment.

ventricular tachycardia	_____	PVCs	_____
ventricular fibrillation	_____		
atrial arrhythmias	_____	others	_____

**Unit Seventeen:     CASE STUDY**

Competency:     PREPARE AND PRESENT A 30-MINUTE ORAL AND A WRITTEN CASE STUDY DEMONSTRATING UNDERSTANDING OF A RESPIRATORY RELATED CONDITION MANAGED WITH A MECHANICAL VENTILATOR.

Rationale:        The respiratory care practitioner is frequently called upon to explain a procedure to a patient, a patient's family, and/or hospital staff; to give an inservice talk, and/or to recommend therapy to physicians. This assignment is to familiarize the student with the aspects of organizing, preparing, and presenting the clinical course of a mechanical ventilation patient as well as to study the disease state and how it is managed both in its classical presentation and in the particular case.

Grade:            Case studies will be presented in the lab, but will be graded as a clinical unit and will count as part of the grade for Clinical Experience 4.

**CASE STUDY OUTLINE**

The case study should be organized into three parts: the classical manifestation of the disease; the patient's manifestation of the disease, and the comparison of the two manifestations.

I. Classical Manifestations

- A. Etiology and pathology
- B. Clinical manifestations
- C. Radiology and laboratory findings
- D. Treatment

II. Primary Disease (patient)

- A. Pathogenesis (etiology) and pathology
- B. Clinical manifestations
- C. Radiography and laboratory findings
- D. Treatment

III. Case Presentation (Compare the patient's case to the classical)

- A. Admission history and work-up
- B. Clinical course
  - 1. pre-mechanical ventilation
  - 2. during mechanical ventilation
    - a. drugs and their actions
    - b. laboratory work
    - c. rationale for treatments
- C. Short-term goals
- D. Long-term goals
- E. Conclusions



## PROGRAM COMPETENCIES

The program is dedicated to the development of appropriate cognitive, psychomotor, and affective competencies in students such that they may apply scientific understanding, technological skills, and human values within the profession of Respiratory Care. Additionally the program strives to provide individuals with career preparation associated with entry-level and advanced practitioner Respiratory Care competencies with consideration of the needs and expectations of the program's communities of interest. In addition to the clinical competencies listed in the program handbook, the following are program competencies. The competencies listed below identify what you, as an associate degree graduate and advanced practitioner, will be able to do upon completion of your degree. Please refer to the program policy handbook for further information about how these will be evaluated by the faculty.

Students/graduates are expected to:

<b>Competency</b>	<b>Student Evaluation Method</b>	<b>Graduate Evaluation Method</b>
1. Demonstrate core knowledge about current and evolving biomedical and clinical sciences and the application of this knowledge to patient care. Applies evidence based practice.	IPR evaluation Performance on didactic exams and clinical performance (practicals) exams, NBRC Self-Assessment Exams. Case study presentations Simulation lab performance	Attainment of RRT credential CoARC graduate and employer survey results
2. Demonstrate effective verbal communication skills with patients, families, physicians, professional associates, classmates and faculty.	IPR evaluation. Simulation lab performance Pre-clinical performance assessment exams	CoARC graduate and employer survey results
3. Develop written materials/documents at a professional level.	Successful completion of research papers, journals and case study written reports.	CoARC graduate and employer survey results
4. Exhibit professional behavior at all times.	IPR evaluation Performance in interdisciplinary simulations. Performance in group assignments and activities	CoARC graduate and employer survey results
5. Demonstrates preparedness for class. When appropriate, utilizes class time effectively. In lab, check-offs are completed in a timely manner.	IPR evaluation Performance in all didactic, laboratory, and clinical exams Performance in class assignments and activities	CoARC graduate and employer survey results
6. Function as a member of an inter-professional team with the goal of providing safe, ethical and patient centered care.	IPR evaluation Performance in interdisciplinary simulations Performance in group assignments and activities	CoARC graduate and employer survey results

7. Use computer technology appropriate to the field	Complete activities on the college's online platform (Blackboard), clinical setting documentation, perform web based assignments and complete NBRC self-assessment exams.	Attainment of RRT credential CoARC graduate and employer survey results
8. Apply critical thinking and problem solving strategies effectively. Use scientific and quantitative/mathematical reasoning.	All didactic and clinical performance exams. Performance in simulation lab. Pre-clinical performance assessment exams NBRC Self-Assessment Exams.	CoARC graduate and employer survey results
9. Apply appropriate information literacy skills to locate, evaluate and use information effectively.	Case study evaluation and presentation, journal presentations, classroom debate, written research papers, locating information in clinical setting that pertains to patient care.	CoARC graduate and employer survey results
10. Work effectively in groups of people from diverse backgrounds.	IPR evaluation Performance in simulation lab, performance in group assignments, activities.	CoARC graduate and employer survey results
11. Participate in opportunities for civic engagement, service learning or activities that indicate commitment to profession.	Service learning participation and journal. Attendance at state conference.	Attainment of RRT credential CoARC graduate and employer survey results
12. Applies ethical decision making and professional responsibility at all times	IPR evaluations Performance in simulation lab	CoARC graduate and employer survey results
13. Provide safe and competent patient care and be able to assess and improve patient care practices.	IPR evaluations Clinical competencies	CoARC graduate and employer survey results

## RESPIRATORY CARE PROGRAM COMPETENCY EVALUATION FORM

*At the midpoint and conclusion of each semester, the student will be evaluated by the course instructor in Respiratory Care laboratory and classroom courses. The instructor will meet with the student to discuss any deficiencies and then forward the evaluation form to the program faculty advisor. The student must demonstrate at least the minimum satisfactory assessment for each program competency by the end of the semester.*

**STUDENT NAME:**

**DATE:**

<i>Competency</i>	<i>Needs improvement</i>	<i>Satisfactory</i>	<i>Exceeds expectation</i>
1. Demonstrate core knowledge about current and evolving biomedical and clinical sciences and the application of this knowledge to patient care. Applies evidence based practice.			
2. Demonstrate effective verbal communication skills with patients, families, physicians, professional associates, classmates, and faculty.			
3. Develop written materials/documents at a professional level. Completes all assignments on time.			
4. Exhibits professional behavior at all times.			
5. Demonstrates preparedness for class. When appropriate, utilizes class time effectively. In lab, check-offs are completed in a timely manner.			
6. Function as a member of an inter-professional team. (group projects/presentations, simulation activities, lab activities)			
7. Use computer technology appropriate to the field			
8. Apply critical thinking and problem solving strategies effectively. Use scientific and quantitative/mathematical reasoning.			
9. Apply appropriate information literacy skills to locate, evaluate and use information effectively.			
10. Demonstrate the ability to work or get along with individuals from diverse backgrounds. More information can be found at <a href="http://www.northshore.edu/diversity/">http://www.northshore.edu/diversity/</a>			
11. Participate in opportunities for civic engagement, service learning or activities that indicate commitment to profession.			
12. Demonstrates ethical decision making and professional responsibility at all times			
13. Demonstrate core knowledge about safe and competent patient care practices. In the lab setting, the student can assess and provide safe and competent patient care practices.			

**Comments**

**Faculty Signature/Date**

## SUMMARY OF CLINICAL COMPETENCIES

The initials and signature of the student and instructor on this log will certify that the student has completed ALL of the objectives and check-offs associated with the given unit as it appears in the official NSCC Respiratory Care Handbook and Clinical Competency Packet.

Student \_\_\_\_\_

Class of \_\_\_\_\_

### CE-1

Unit	Competency	Student initials	Instructor initials	Date
1	Demonstrate competence in the introductory clinical objectives			
2	Set up a hypothetical hospital respiratory care departmental plan			
3	Perform and interpret the appropriate patient assessment procedures for a given patient			
4	Administer, evaluate and recommend the pharmacology regime for a given patient			
5	Perform, evaluate and recommend an airway clearance therapy (ACT) program for a given patient			

### CE-2

Unit	Competency	Student initials	Instructor initials	Date
6	Administer, evaluate and recommend the appropriate medical gas therapy for a given patient			
7	Interpret all aspects of arterial blood gas values and describe the treatment required to correct a patient's clinical situation based on values			
8	Perform arterial blood gas sampling and analysis			
9	Administer, evaluate and recommend the appropriate humidification/aerosol therapy for a given patient			

**CE-3**

<b>Unit</b>	<b>Competency</b>	<b>Student initials</b>	<b>Instructor initials</b>	<b>Date</b>
<b>10</b>	<b>Administer, evaluate and recommend appropriate NPPV therapy on a given patient</b>			
<b>11</b>	<b>Perform, evaluate and recommend appropriate airway management for a given patient</b>			
<b>12</b>	<b>Establish and maintain ventilation on a patient with a given mechanical ventilator</b>			

**CE-4**

<b>Unit</b>	<b>Competency</b>	<b>Students initials</b>	<b>Instructors initials</b>	<b>Date</b>
<b>13</b>	<b>Recognize the causes of ventilatory/respiratory failure and perform, evaluate and recommend ventilator management for a given patient</b>			
<b>14</b>	<b>Observe, discuss, perform and interpret pulmonary function tests</b>			
<b>16</b>	<b>Perform, and/or interpret the appropriate patient assessment data/procedures for a given patient</b>			
<b>17</b>	<b>Prepare and present a 30 minute oral and written case study demonstrating understanding of a respiratory related condition managed with a mechanical ventilator</b>			
	<b>Perform, evaluate and recommend inpatient rehabilitative techniques and/or equipment for a given long term care patient</b>			

Evaluator's signature \_\_\_\_\_

Date \_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

## **Respiratory Care Program**

### **Interpersonal Relations Evaluation**

The IPR evaluation will be completed by the clinical instructor and reviewed with the student on an as needed basis and at the end of the semester. Students must have a passing grade in the clinical course in order to receive additional points from this evaluation.

Name \_\_\_\_\_

CE 1 2 3 4 20\_\_\_\_

#### **APPEARANCE**

- A. always dressed appropriately with appropriate personal appearance, competency packet, and stethoscope, and no inappropriate paraphernalia (e.g. jewelry, smoking items).
- B. chronic inappropriate dress, inappropriate personal appearance, and inappropriate paraphernalia prevalent.
- C. usually dressed appropriately with appropriate personal appearance, competency packet, and stethoscope. No inappropriate paraphernalia in patient's presence.
- D. always sets an outstanding example with dress, personal appearance, and paraphernalia.
- E. usually dressed appropriately, but inappropriate paraphernalia in patient's presence.

Comments:

#### **ATTENDANCE**

- A. frequent absences with or without appropriate excuses or occasionally absent without appropriate excuse.
- B. rarely absent, has appropriate excuse when absent.
- C. chronic absences with poor or no excuse.
- D. perfect attendance
- E. absent occasionally with reasonable excuse.

Comments:

#### **PROMPTNESS**

- A. seldom tardy, but does have appropriate excuse.
- B. always on time.
- C. chronic tardiness with poor or no excuse.
- D. tardy occasionally with reasonable excuse.
- E. frequently tardy with or without appropriate excuse or occasionally tardy without appropriate excuse.

Comments:

#### **PROFESSIONAL BEHAVIOR**

- A. Does not apply independent ethical decision making or demonstrate professional behavior on a regular basis even after multiple reminders
- B. Usually applies independent ethical decision making and often demonstrates consistent professional behavior
- C. May be advised occasionally to apply ethical decision making and may need to be spoken to more than once to demonstrate professional behavior throughout the clinical experience
- D. Consistently applies independent ethical decision making to patient centered care and consistently demonstrates professional behavior in all aspects of the clinical experience without any reminders. Is a role

- model for other students to follow
- E. Consistently applies ethical decision making and usually demonstrates professional behavior throughout the clinical experience

### **Interpersonal Relations Evaluation (continued)**

#### **PREPARATION**

- A. usually prepared, may take slightly additional time or effort, but can rectify the situation without adversely affecting performance or outcome.
- B. always prepared for all activities.
- C. never prepared for activities and forgetful of necessary items.
- D. almost always prepared. Unpreparedness does not need rectifying in order to accomplish task to required standards.
- E. frequently unprepared. Rectifying situation requires additional time or effort which adversely affects the performance or outcome of tasks.

Comments:

#### **INITIATIVE**

- A. always demonstrates exceptional initiative. Completes patient centered care safely and competently, assists others, or finds other productive activities for spare time. Utilizes time to the fullest.
- B. generally lacks initiative, procrastinates, and frequently cannot complete patient centered care safely and competently. Requires frequent direction and supervision. Poor use of free time.
- C. always completes patient centered care safely, competently and comfortably and frequently ahead of time. Has no difficulty finding additional appropriate activities.
- D. occasionally lacks initiative. Can complete patient centered care safely and competently, but fails to seek out other activities during spare time. Needs occasional direction.
- E. satisfactory initiative. Completes patient centered care safely and competently and comfortably and generally seeks out additional activities.

Comments:

#### **PRODUCTIVITY**

- A. above average productivity. Can usually complete tasks ahead of time.
- B. chronically poor productivity. Very unorganized or requires exceptionally large amounts of time to carry out tasks.
- C. excellent productivity, highly organized, almost always finishes tasks ahead of time, usually assists others after completion of own tasks.
- D. below average productivity, generally needs additional time to complete assignments.
- E. acceptable productivity, takes acceptable amounts of time to complete assigns tasks.

Comments:

## **Interpersonal Relations Evaluation (continued)**

### **COMMUNICATION SKILLS**

- A. reports accurately and concisely most of the time. Can follow verbal instructions, but may require occasional clarification. Gives clear explanations most of the time. May occasionally use non-verbal signs inappropriately.
- B. always reports accurately with occasional extraneous information. Understands intent of verbal instructions and follows them. Explanations are clear almost all of the time. Rarely uses inappropriate non-verbal signs.
- C. frequently gives inaccurate information. Includes extraneous information that sometimes confuses the message. Able to understand and follow verbal instructions only after several explanations. Often uses inappropriate non-verbal signs.
- D. usually gives inaccurate information. Gives much extraneous information that often confuses the message. Rarely able to follow verbal instructions. Explanations are usually unclear. Often uses very inappropriate non-verbal signs.
- E. always reports accurately and very concisely. Readily able to understand and clarify intent of verbal instructions and follow them. Gives excellent explanations. Always uses appropriate non-verbal signs.

Comments:

### **COOPERATION**

- A. usually functions cooperatively with instructors/students/other members of health care team and can work with those from diverse backgrounds. Effective at negotiating crucial differences with others.
- B. always functions cooperatively with instructors/students/other members of health care team and can work with those from diverse backgrounds. Highly effective at negotiating all differences with others.
- C. occasionally uncooperative with instructors/students/other members of health care team at first, but able to cooperate after explanations. Has some difficulty working with those from diverse backgrounds. At times can be effective at negotiating differences with others.
- D. usually uncooperative with instructors/students/other members of health care team and occasionally is uncooperative with those from diverse backgrounds. Always wants it his/her way. Unable/unwilling to negotiate differences with others.
- E. Almost always functions cooperatively with instructors/students/other members of health care team and can work with those from diverse backgrounds. Able to negotiate most differences with others.



Comments:

Interpersonal Relations Evaluation (continued)

**CHANGE**

- A. can usually improve by self-evaluation, may be advised occasionally, readily accepts and incorporates comments.
- B. does not change poor habits or inappropriate behavior after repeated suggestions.
- C. able to discover better ways to do things and initiates appropriate change within scope of training without being told.
- D. changes poor habits reluctantly after being spoken to several times.
- E. appropriately modifies behavior after weaknesses are pointed out.

Comments:

**GENERAL ATTITUDE**

- A. just "putting in the time".
- B. almost always demonstrates genuine interest in learning
- C. usually treats the course as "necessary", occasionally shows genuine interest in learning.
- D. always enthusiastic and interested in pursuing learning. Frequently able to motivate and stimulate interest in others.
- E. Always demonstrates genuine interest in learning.

Comments:

**KNOWLEDGE**

- A. lacks significant knowledge and problem solving skills, but seeks assistance appropriately.
- B. lacks significant knowledge and problem solving skills, fails to seek assistance appropriately.
- C. has all necessary knowledge and problem solving skills to perform within scope of practice, rarely seeks assistance.
- D. has appropriate knowledge and problem solving skills, seeks assistance appropriately.
- E. has most necessary knowledge and problem solving skills, seeks assistance appropriately.

Student is progressing appropriately. Yes \_\_\_\_\_ No \_\_\_\_\_

Suggestions for improvement.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

Other Comments -

**North Shore Community College  
Respiratory Care Program**

**Counseling/Advising Form**

This form serves as documentation of a counseling/advising meeting with \_\_\_\_\_ held on \_\_\_\_\_  
Student name

\_\_\_\_\_  
Date

If applicable, his/her performance/status in the course \_\_\_\_\_ may not be consistent with successful completion of this component of the program.

**Counseling/Advising issues discussed:**

**The student was advised to seek assistance from:**

- |   |  |
|---|--|
| <input type="checkbox"/> Clinical Coordinator   | <input type="checkbox"/> Program Director  |
| <input type="checkbox"/> Student Support Center | <input type="checkbox"/> Counseling Center |
| <input type="checkbox"/> Clinical Instructor    | <input type="checkbox"/> Other _____       |

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

*I have read the above regarding my performance status in the Respiratory Care Program.*

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

**NORTH SHORE COMMUNITY COLLEGE  
Respiratory Care Program**

**Clinical Experience Unit Exam Summary**

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

CE 1 2 3 4

Unit \_\_\_\_\_: \_\_\_\_\_

Instructor's Comments:

FINAL SCORE \_\_\_\_\_

I have seen and discussed this evaluation: ☐ No comments ☐ Comments below

Student Comments: (indicate if an additional sheet has been used) ☐ Yes ☐ No

\_\_\_\_\_  
Evaluator's Signature      Date ☐ Pass ☐ Fail

\_ = acceptable      X = unacceptable      O = omitted      N = not applicable

# **RESPIRATORY CARE PROGRAM** **WEEKLY CLINICAL SELF EVALUATION**

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

**Hospital** \_\_\_\_\_ **CE 1 2 3 4 (circle one)**

Directions: This weekly self-evaluation is to be completed by the student and given to the clinical instructor at the end of each clinical day for first year students and at the end of the clinical day on Wednesday for second year students. The clinical instructor will then complete the form by adding his/her rating of the student.

**Rating Scale:**

- 5= Strongly agree, performance is always above average
- 4= Agree, performance is satisfactory most of the time
- 3= Neutral, performance is progressing but still needs improvement
- 2= Disagree, performance not progressing in a timely fashion and is below standards
- 1= Strongly disagree, performance is well below standards

*Students who consistently score at a 3 or below may be in jeopardy of failing a clinical course even when test scores are passing.*

<b>Areas</b>	<b>Student Self-Evaluation</b>	<b>Instructor Rating</b>	<b>Instructor Comments</b>
<b>1. Appearance</b> * Professional Appearance (Uniform, stethoscope, jewelry, hygiene)			
<b>2. Attendance</b> <ul style="list-style-type: none"> <li>Attendance, reports to clinical on time</li> <li>Follows procedure for notification for absence or tardiness</li> </ul>			
<b>3. Preparation</b> <ul style="list-style-type: none"> <li>Prepared for all activities</li> <li>Applies theory to clinical application</li> <li>Has necessary items to perform therapy</li> </ul>			
<b>4. Initiative</b> <ul style="list-style-type: none"> <li>Completes work comfortably</li> <li>Seeks out additional activities during spare time. Is self-directed</li> </ul>			
<b>5. Productivity</b> <ul style="list-style-type: none"> <li>Can complete tasks in appropriate amount of time</li> </ul>			
<b>6. Communication Skills</b> <ul style="list-style-type: none"> <li>Give report accurately and concisely</li> <li>Communicate clearly with staff, patients, family members, classmates and faculty.</li> <li>Can complete written materials/documents/charting at a professional level.</li> </ul>			
<b>7. Cooperation</b> <ul style="list-style-type: none"> <li>Functions cooperatively as member of an inter-professional team. i.e. staff, faculty, classmates and patients/family members</li> <li>Can work effectively with diverse groups.</li> <li>Can effectively negotiate differences with others</li> </ul>			

<b>8. Change</b> <ul style="list-style-type: none"> <li>• Can improve by self-evaluation</li> <li>• Readily accepts constructive criticism</li> <li>• Incorporates suggestions from instruction into practice</li> </ul>			
<b>9. Professional Behavior and Attitude</b> <ul style="list-style-type: none"> <li>• Is enthusiastic and interested in learning</li> <li>• Seeks out clinical experiences to enhance learning</li> <li>• Projects a professional attitude and demeanor</li> <li>• Demonstrates ethical behavior</li> </ul>			
<b>10. Knowledge</b> <ul style="list-style-type: none"> <li>• Has appropriate knowledge to perform safely and competently within scope of practice</li> <li>• Can perform therapy with appropriate level of supervision</li> <li>• Applies evidence based practice to patient care.</li> <li>• Can apply critical thinking and problem solving strategies effectively.</li> <li>• Uses technology effectively.</li> <li>• Is able to locate, evaluate and utilize information effectively.</li> </ul>			

***Instructor Use***

Student is progressing appropriately. Yes \_\_\_\_\_ No \_\_\_\_\_

Suggestions for improvement:

**Physician/provider Interaction - Please describe briefly and include name of provider and topic.**

**Describe something new that you learned, observed or participated in this week in clinical.**

**Student Signature**

**Date:**

**Instructor Signature**

**Date:**

## Respiratory Care Program

### Clinical Progress Report

Student Name \_\_\_\_\_ Hospital \_\_\_\_\_ CE 1 2 3

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

COMPETENCIES SCORES AVERAGE (40%) \_\_\_\_\_

FINAL SIMULATION EXAM SCORE (40%) \_\_\_\_\_

WRITTEN QUIZ-EXAM AVERAGE (20%) \_\_\_\_\_

FINAL AVERAGE \_\_\_\_\_

TOTAL CLINICAL HOURS \_\_\_\_\_ FINAL GRADE \_\_\_\_\_

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies of this report should be forwarded to the Clinical Instructors, Clinical Coordinator, and Program Director.

# Respiratory Care Program

## Clinical 4 Progress Report

Student Name \_\_\_\_\_ Hospital \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

Unit\_\_\_\_: \_\_\_\_\_ Final Score \_\_\_\_\_

COMPETENCIES SCORES (Unit scores) AVERAGE (40%) \_\_\_\_\_

CASE STUDY SCORE (25%) \_\_\_\_\_

FINAL EXAM SCORE (35%) \_\_\_\_\_

FINAL AVERAGE \_\_\_\_\_

TOTAL CLINICAL HOURS \_\_\_\_\_ FINAL GRADE \_\_\_\_\_

COMMENTS:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies of this report should be forwarded to the Clinical Instructors, Clinical Coordinator, and Program Director.

## RESPIRATORY CARE PROGRAM

### Clinical Attendance Policy

1. The student must complete the required number of clinical hours as evidenced by the Clinical Progress Report.
2. If the student is unable to report to the hospital at the required time, then he/she must notify the clinical instructor **BEFORE** the start of the clinical day. If the student is unable to contact the instructor, the student should call the Respiratory Care department and leave a message if that option is available. The clinical coordinator should also be notified in the event that the student, after making a reasonable effort, is unable to notify the instructor.
3. Students will be allowed one absence from clinical per semester. The following will apply for absences from clinical in **excess of one day**.
  - A. Absence #2 : A comprehensive written assignment will be required. A grade of at least a 75% on the written assignment must be attained for this requirement to be met. This will be submitted to and graded by the clinical coordinator.
  - B. Students who are absent more than 2 days per semester will have 5 points deducted per day from their final course grade. For example, a student with a final clinical course average of 80% but having 4 absences will end up with a final course grade of 70%. This would result in the student failing the course and not being able to progress in the program. **NOTE: Any absence due to Covid-19 (exposure, positive test result), will NOT result in any point deduction when accompanied by proper notification and documentation).**
  - C. Extended Absence: Students who experience an extended illness or other medical condition that may prevent them from attending clinical must have verification from his/her health care provider stating that they have an extended illness/medical condition. An extended absence is defined as an absence which occurs for no more than 3 consecutive clinical days. During an extended absence, only the first absence from clinical will be counted. In order to return from an extended illness/medical condition, the student must provide documentation from their health care provider stating when he/she can safely return to clinical and meet all of the technical standards. Absences without medical verification from a medical provider will be each be counted as an individual absence.  
At faculty discretion, a student may need to prove clinical competence upon return.
  - D. Bereavement Policy: Students will be allotted 2 consecutive school days for bereavement of immediate family members which includes grandparents, parents, siblings, spouse, children, mother-in-law, and father-in-law. Other bereavement issues will be considered on an individual basis.
4. Upon the first **No Call/No Show** absence from a clinical session, the student will be immediately suspended from the Clinical Experience. A suspension from clinical will result in a 5 point deduction from the final course grade in addition to any other point deductions that may apply. Suspended students will not be eligible to receive any IPR points.



5. Repeated tardiness (more than 2 times) is sufficient cause for suspension from Clinical Experience. A verbal warning will occur upon the first instance of tardiness. On the second occurrence a written warning will occur and any further occurrences during the semester will result in dismissal from clinical. Tardiness in excess of 2 days will result in a point deduction of 3 points per day.
6. Following suspension, the student may continue the Clinical Experience only after reaffirming his/her commitment in the Respiratory Care Program to the satisfaction of the Program Director, Clinical Coordinator and the appropriate Clinical Instructor.
7. Some clinical sites may begin the shift earlier or later than 7:00 am. The student will be required to adhere to the policies and procedures of the department.

\* A **No Call/No Show** absence occurs when a student misses a significant portion of the clinical day:

- 1) without prior approval of the Clinical Instructor
- OR -
- 2) without personally notifying the Clinical Instructor before the start of the shift on the day of the absence

## **RESPIRATORY CARE PROGRAM**

### **Dress Code**

The *required* dress code for all students for Clinical Experience will consist of a short white lab jacket, navy blue scrub outfit, preferably white shoes or sneakers but other colors will be considered if neat and professional in appearance, identification badge, stethoscope, and watch with a second hand. Only navy blue shirts may be worn under a scrub top. The company that is used by students in the program to purchase the uniform is McGill's Inc., Manchester, N.H. (603) 627-3472.

Additionally, due to safety concerns, earrings/piercings on parts of the body, other than the earlobe, that are within view or grasp of a patient are not allowed to be worn during clinical hours. An appropriate selection of earring to be worn in the earlobe is a stud type only. Students will not be permitted to wear artificial fingernails or extenders. Natural nails must be clean and should be no longer than 1/4 inch long. No visible facial jewelry/body piercing is allowed (tongue, nose, chin, and eyebrow). Body tattoos that are visible to others will need to be covered during clinical hours.

**With regards to the identification badge, Massachusetts General Law Chapter 112, section 23 V** allows the practice of respiratory care by "any person pursuing a supervised course of study leading to a degree or certificate in respiratory care as part of an accredited and approved educational program, if the person is so designated by a title which clearly indicates his status as a student. An employment identification badge does **NOT** satisfy this statutory requirement.

Students are not allowed to view/use **cell phones** while in a direct patient care area. Inappropriate use of

cell phones will result in a written warning and possible suspension. In the event that an urgent issue or an emergency arises, the instructor should be informed and arrangements will be made.

Due to the close professional relationship that respiratory therapists have with patients, upon which the success of the therapy often depends, **smoking** paraphernalia, gum, candy, or other personal items should not be brought to the patient care area. Students are required to refrain totally from smoking while in clinical because some noxious odors such as cigarette smoke or vaping smoke that may linger on clothing or heavy perfumes/colognes can be a trigger that may put some patients into acute bronchospasm and respiratory distress. Hair color and styling must be conservative (i.e. not blue, green or unnatural red etc). Extreme hairstyles and colors are inappropriate.

All participants in Clinical Experience are required to bring a stethoscope, a watch with a second hand to each clinical day. Students will be sent home and not permitted to participate in the clinical experience if any portion of the clinical uniform is missing. This absence from the clinical experience will have an impact on the student's standing in the course and the program.

## **RESPIRATORY CARE PROGRAM**

### **Communication Policy**

Students who wish to discuss an issue of academic or professional concern should adhere to the following procedure:

1. The student should **first** have a discussion with the instructor who is responsible for the course in which there is a concern. Most circumstances that arise can and should be addressed with the instructor directly involved. Rarely will situations occur that need any more than a calm, open, and professional discussion between the student and his/her instructor.
2. However, if the student has further questions, the student may discuss it with the clinical coordinator of the program. The clinical coordinator will attempt to gather all necessary information from all available sources in order to determine the appropriate resolution.

If another faculty member is contacted before any discussion with the instructor, then the student will be immediately referred back to the instructor for the appropriate discussion/resolution.

## **RESPIRATORY CARE PROGRAM**

### **Program Professional Conduct Policy**

The student must demonstrate appropriate conduct becoming a health care professional in the classroom as well as the clinical setting.

Professional conduct includes but is not limited to:

1. Adhering to the clinical dress code of the program.
2. Behaving courteously towards patients, faculty, hospital staff, and peers. Displaying a professional demeanor including the use of professional language at all times.
3. Adhering to the attendance policy of the program.
4. Performing procedures, administering therapy, and completing assigned work in accordance with established policies and procedures in a timely manner.
5. Demonstrating the ability to work independently and utilizing free clinical time effectively.
6. Displaying appropriate bedside manner including identifying self and status, stating instructions clearly and concisely with appropriate pronunciation, using a friendly and pleasant tone of voice. [*Be aware that some patients are hard of hearing and you may need to adjust your voice level in order to be heard. Do not assume that all elderly people are hard of hearing.*]
7. Maintaining patient confidentiality at all times both in and out of the hospital including the classroom while on campus.
8. Following the Scope of Practice. The duties and responsibilities of the Respiratory Care Practitioner are well defined and outlined in the Clinical Competency Packet, the hospital Procedure Manual, and the Laws/Regulations of the Board of Respiratory Care of the Commonwealth of Massachusetts. The student must not perform any procedures and/or assessments that are outside these defined duties.

Under most circumstances, if a student fails to adhere to the appropriate standards of professional conduct:

- .. Upon a first occurrence the student will receive a verbal warning (#1) by the instructor and the student will be required to write a satisfactory essay on Professional Behavior as assigned by the Instructor.
- .. Upon a second occurrence the student will receive a written warning (#2) with a follow-up meeting with the Program Director, The Clinical Coordinator, and the Instructor. The student must satisfactorily complete an assigned project on Professional Behavior. This may require the student to perform additional hours *outside of clinical/class* to complete the project. The student will be placed on probation until completion of the project **AND** the end of the current academic year.
- .. Upon the third occurrence the student will be immediately suspended from clinical/class. This, of course, will prevent the student from continuing on in the sequence and will delay graduation. The student must submit a ten (10) page typed paper on what it means to be a "Professional"; or complete a college level course (with a grade of "C" or better) on professional behavior in order to be considered in good standing in the Respiratory Care Program.
- .. If the student is re-admitted to the program, any future infraction will initiate an ~~F grade~~ and the student will be immediately dismissed from the Respiratory Care Program.

In the instance of any serious infraction, the disciplinary process may progress immediately to a written warning or immediate suspension or dismissal from the program.

### **Professional Conduct Policy (cont.)**

In order to be considered for re-instatement the student must:

1. Re-apply for admission to the Program. Readmission to the program will not be guaranteed and will be on a space available basis in the following academic year.
2. Meet with the program director and clinical coordinator.
3. Present to the program director and clinical coordinator a typed, written explanation as to why s/he should be re-instated to the Program.
4. The program director and clinical coordinator may:
  - a. re-instate the student with or without probation and/or
  - b. require additional activities and/or
  - c. continue the suspension for a designated period of time and/or
  - d. dismiss the student permanently from the Program.

### **Change in Health Status of Student**

Any student with a change in their health status i.e. accidental injury must provide documentation to the program that attendance in clinical or return to clinical is permitted.

**NORTH SHORE COMMUNITY COLLEGE  
HEALTH PROFESSIONS  
CLINICAL/FIELDWORK CANCELLATION POLICY**

1. If mandatory college closing (classes cancelled) is required prior to the start of scheduled clinical/fieldwork, the student will not be required to attend clinical/fieldwork for the duration of the cancellation.
2. If mandatory college closing (classes cancelled) during the day/evening, after the student has arrived at clinical/fieldwork site, the student is required to complete assigned procedures prior to leaving the site. The student must ensure patient safety is not compromised and documentation is completed.
3. If mandatory college closing (classes cancelled) is required, the student may have to make up hours/time in order to fulfill program requirements (per program policy).  
  
a.If classes are not cancelled, but there is questionable weather, the student will use their own discretion as to their ability to travel safely to and from clinical/fieldwork site. Should the student decide that travel is not prudent, they are to follow the program's attendance policy regarding absence from clinical/fieldwork.
4. Students may attend clinical/fieldwork on holidays that are not typically observed by health care agencies (i.e. Evacuation Day, Patriot's Day, President's Day, etc. ) or any other day at the program's discretion.
5. Students may access the college adverse weather/emergency closings by:
  - calling the college adverse weather hotline at
  - (978) 762-4200
  - accessing the college website
  - local television and radio stations

This policy should be communicated to all clinical affiliates and to all students.

## RESPIRATORY CARE PROGRAM

### Normal Values

<u>Test</u>	<u>Normal Value</u>	<u>Normal Range</u>
<b>ALARM VALUES</b>		
Oxygen analyzer .....	.....	+/- 5-10% from set FIO <sub>2</sub>
Ventilator pressure limit.....	.....	+/- 10 cmH <sub>2</sub> O from PIP
<b>Atmospheric Values</b>		
Oxygen 20.95%		
Nitrogen 78.08%		
CO <sub>2</sub> .03%		
<b>Blood Gas Values</b>		
<i>Arterial</i>		
pH.....	7.40.....	7.35-7.45
PaCO <sub>2</sub> .....	40mmHg.....	35-45 mmHG
PaO <sub>2</sub> .....	95mmHg.....	80-100 mmHg
SAO <sub>2</sub> @ PaO <sub>2</sub> = 95 mmHg.....	97%.....	95-100%
@ PaO <sub>2</sub> = 60 mmHg.....	90%	
@ PaO <sub>2</sub> = 40 mmHg.....	75%	
HCO <sub>3</sub> .....	24mEq/L.....	22-26mEq/L
A-a DO <sub>2</sub> .....	10mmHg on room air.....	5-10 mmHg on room air or less than 100mmHg on 100% O <sub>2</sub>
CaO <sub>2</sub> .....	20 vol%.....	
CvO <sub>2</sub> .....	15 vol%.....	
CaO <sub>2</sub> -CvO <sub>2</sub> .....	5 vol%.....	
P50.....	27mmHg.....	
Tot CO <sub>2</sub> .....	25.....	
BE.....	0 mEq/L.....	-2 to +2 mEq/L
COHb.....	Less than 1.5% in non smokers, 3- 10% in smokers.....	
MetHb.....	Less than 1% in normal patients	
<i>Venous</i>		
PH.....	7.36.....	7.31 – 7.41
PvCO <sub>2</sub> .....	46 mmHg.....	41 – 51 mmHg
PvO <sub>2</sub> .....	40 mmHg	
HCO <sub>3</sub> .....	26 mEq/L	
<b>PULMONARY VALUES</b>		
Lung compliance (static).....	0.2 L/cmH <sub>2</sub> O	
Lung & chest wall compliance ....	0.1 L/cmH <sub>2</sub> O	
R <sub>aw</sub> .....	1.5 cmH <sub>2</sub> O/L/sec	
V <sub>d</sub> /V <sub>t</sub> .....	0.3	
FEV <sub>1</sub> /FVC.....	80%	
Dlco.....	25 ml/min/torr	
PECO <sub>2</sub> .....	25 mmHg	
MVV.....	170 L/min	
VO <sub>2</sub> .....	250 ml/min	
VCO <sub>2</sub> .....	200ml/min	

V <sub>A</sub> .....	4L/min.....	4-6 L/min
V <sub>E</sub> .....	6 L/min.....	5-10 L/min
<b>CARDIAC VALUES</b>		
CI.....	.....	3.2 +/-0.2 L/min/M2
SV.....	70 ml/beat.....	50-80 ml/beat
Q <sub>s</sub> /Q <sub>t</sub> .....	.....	2-5%
PAP.....	25/10 mmHg.....	20-30/6-15 mmHg
CVP.....	.....	3-8 cmH2O
PCWP.....	.....	6-12 mmHg
Q.....	5L/min.....	4-6 L/min
PVR.....	<250 dynes/sec/cm5.....	
SVR.....	.....	800-1200 dynes/sec/cm5
SVI.....	.....	33-47 ml/beat/m2
EF.....	67%.....	65-75%
RA.....	.....	2-6 mmHg
RV.....	.....	20-30/0-5 mmHg
LA.....	.....	4-12 mmHg
LV.....	.....	100-140/0-5 mmHg
<b>LABORATORY VALUES</b>		
K+.....	.....	3.5-5.0 mEq/L
Cl.....	.....	95-105 mEq/L
Na.....	.....	135-145 mEq/L
Mg.....	.....	1.3-2.5 mEq/L
Ca.....	.....	4.5-5.8 mEq/L
Hb males.....	.....	13-18gm%
Hb females.....	.....	12-16 gm%
HCT males.....	.....	39-55%
HCT females.....	.....	36-48%
WBC.....	.....	5,000-10,000/mm3
RBC males.....	.....	4.6-6.2 million/mm3
RBC females.....	.....	4.2-5.4 million/mm3
Glucose.....	.....	60-110 mg%
BUN.....	.....	8-25 mg%
Bilirubin.....	.....	0.1-1.2 mg%
Creatinine.....	.....	0.6-1.5 mg%
Albumin.....	.....	3.5-5.5 gm%
Lactate .....	Less than 2 mmol/L	
<b>VITAL SIGNS</b>		
RR.....	14 breaths/min.....	12-20 breaths/min
T oral.....	37.0° C (98.6°F)	
Axillary.....	36.5° C (97.6° F)	
Rectal.....	37.5°C (99.6° F)	
BP.....	120/80 mmHg.....	100-140/60-90 mmHg
HR.....	72 beats/min.....	60-100 beats/min

**APPROXIMATE F<sub>I</sub>O<sub>2</sub>s:**

DEVICE	1 lpm	2 lpm	3 lpm	4 lpm	5 lpm	6 lpm	7 lpm	8 lpm	10 lpm
nasal cannula	24%	28%	32%	36%	40%	44%			
simple mask					35% to 55%				
part rebr mask						Up to 60% properly adjusted			
non-rebr mask	close to 100%, tight fitting mask, properly adjusted flow								

**Approximate Air:Oxygen Ratios for Common Oxygen Concentrations** (according to Mosby's Respiratory Care, 6<sup>th</sup> Edition)

Percent Oxygen	Air:Oxygen ratio	Total Ratio Parts
100	0:1	1
70	0.6:1	1.3
60	1:1	2
50	1.7:1	2.7
40	3:1	4
35	5:1	6
28	10:1	11
24	25:1	26

**Frequency Abbreviations**

<b>BID</b>	<b>Twice a day</b>
<b>TID</b>	<b>Three times a day</b>
<b>QID</b>	<b>Four times a day</b>
<b>Q4<sup>o</sup> or Q4H</b>	<b>Every 4 hours</b>
<b>Q2<sup>o</sup> or Q2H</b>	<b>Every 2 hours</b>
<b>PRN</b>	<b>As needed</b>
<b>Q4H PRN</b>	<b>Every 4 hours as needed</b>
<b>Q4H + PRN</b>	<b>Every 4 hours and as needed</b>

**Please Note:** average. Normal values are not exact numbers, but are meant to be guideposts. Normal values frequently vary according to characteristics such as height, weight, age, gender, etc. As practitioners become more experienced, they are better able to "adjust" their expectation of normal values to the specific patient in a specific situation. In addition to the values listed above, this program will consider any other values cited in recognized references.



## **Student Responsibility for Program Handbook**

It is the responsibility of each student to read the Program Handbook. Failure to read the information contained in the Program Handbook will not be considered an excuse for non-compliance or lack of understanding.

The Respiratory Care Program may change policies or revise information due to institutional and/or program circumstances. When indicated, changes will be made known to students and the Program Director will distribute the updated information.

Each student is required to read, understand, and agree to comply with all policies stated in this handbook. An acknowledgement form is provided on the next page and must be signed by the student to indicate his or her agreement. This signed form will be maintained by the Program Director.

**NORTH SHORE COMMUNITY COLLEGE  
CLINICAL/FIELDWORK WAIVER FORM**

I, \_\_\_\_\_ (student name ) a student at NSCC enrolled in a Health Professions program, understand and agree that I am fully responsible for the cost of any physical, emotional or property injury resulting from my transportation, safe conduct to and from the Clinical Agency for/or my participation in clinical activities and thus, will in no way hold the College or faculty/staff member responsible for any injuries and or losses incurred during transit or while participating in any clinical activities including but not limited to medical and dental expenses incurred as a result of my participation in this program; and further, I agree to indemnify and hold harmless the said College against any and all claims, damages and liabilities arising in therefrom.

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

**PROGRAM: Please circle the program you are enrolled in:**

Medical Assisting	Nurse Education
Occupational Therapy Assistant	Physical Therapist Assistant
Practical Nursing	Radiologic Technology
Respiratory Care	Surgical Technology
Veterinary Technology	

Date \_\_\_\_\_

Parent's consent if the student is under 18 years of age. \_\_\_\_\_



1 Ferncroft Road  
P.O. Box 3340  
Danvers, Massachusetts 01923-0840  
  
Danvers Campus  
Telephone: 978-762-4000  
Lynn Campus  
Telephone: 781-593-6722  
Institute for Corporate Training & Technology/Beverly  
Telephone: 978-236-1200  
  
[www.northshore.edu](http://www.northshore.edu)

## **Respiratory Care Program Student Confidentiality Agreement**

I \_\_\_\_\_, recognize and acknowledge that in the performance of my duties as a student in the Respiratory Care Program at North Shore Community College, I will have access to confidential information. I agree to keep all information in strict confidence and will not disclose or disseminate any confidential information that I may have access to as a result of my student status. I understand that I am obligated to maintain patient confidentiality at all times, both at the assigned clinical facility or at or away from classes.

I agree not to disclose any confidential information related to my assignments to unauthorized people ( family members for example) or use such information for personal gain.

I understand that all the medical information/records regarding a patient are confidential. I understand that it is not appropriate to discuss any patient's care and treatment in public places or with people that have not been involved in the case or have no reason to know. I understand that any medical information gleaned for presenting a case study/project, classroom discussion, and or discussion board post is confidential and will not include any name or other identifying factors.

I understand that any and all computer system access codes and passwords that are assigned to me are confidential. I will not disclose my access code(s) to anyone. I am responsible for every action that is made while using that password. Therefore, I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own. Upon completion of my assignment, I understand that any and all access codes and passwords that have been assigned to me will be deleted as necessary.

I understand that all patient, associate and/or organizational information (financial and/or clinical) retrieved from any and all computer systems is strictly confidential. It should not be reproduced, transmitted, transcribed or removed from the premises in any form.

I understand that any deviation from the above could result in legal action against North Shore Community College or myself. I further understand that any breach of confidentiality, intentional or unintentional may result in immediate termination of my student affiliation status and/or dismissal from the program.

My signature below certifies that all of the above confidentiality considerations have been explained to me and I was afforded the opportunity to ask questions. I understand the importance of privacy and confidentiality of patient and Facility related data.

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

\_\_\_\_\_  
Date



**NORTH SHORE**  
COMMUNITY COLLEGE  
*Real Opportunities*

## **Respiratory Care Program** **Emergency Contact Information**

**Student Name:**

**Emergency Contact:**

**Name:**

**Telephone Number:**

**Relationship:**



1 Ferncroft Road  
P.O. Box 3340  
Danvers, Massachusetts 01923-0840  
  
Danvers Campus  
Telephone: 978-762-4000  
Lynn Campus  
Telephone: 781-593-6722  
Institute for Corporate Training & Technology/Beverly  
Telephone: 978-236-1200  
  
[www.northshore.edu](http://www.northshore.edu)

## **NORTH SHORE COMMUNITY COLLEGE RESPIRATORY THERAPY PROGRAM**

### **PERSONAL DATA SHEET**

#### **Personal Information**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

#### **Health Insurance Information**

**Name of Insurance Carrier** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

#### **Emergency Contact Information**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Contact Phone Numbers**      **Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Secondary Contact**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**I certify that the above information is accurate**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE choose and sign only ONE of the following 2 (TWO) options:

**2020-2021 SEASONAL INFLUENZA ADMINISTRATION VACCINATION RECORD**

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

Vaccine Given: \_\_\_\_\_ Vaccination Date: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_

Print Healthcare Provider Name: \_\_\_\_\_

Healthcare Provider Address:

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

Student Self-Certifies (Signature) \_\_\_\_\_

**DECLINATION OR EXEMPTION STATEMENT**

I have declined/waived the Influenza vaccination. I understand that the clinical agencies may, in their discretion, require me to wear a surgical mask during all patient encounters and/or other designation deemed appropriate for patient/client safety. Furthermore, this decision may impact your clinical site placement based on their requirements for students.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Student MUST make a copy for your personal health file BEFORE returning the original to:**

Donna Montalbano, R.N., B.S.N.  
Health Compliance Nurse  
North Shore Community College  
Division of Health Professions  
One Ferncroft Road  
Danvers, MA 01923-0840

## **Respiratory Care Program**

### **Program Handbook Acknowledgement Form**

I, \_\_\_\_\_, have received, reviewed, and understand the content in this Program Handbook. I am aware of and accept my responsibility to both the college and the program with regard to rules and regulations governing student performance. As a student of North Shore Community College's Respiratory Care Program, I understand that I am to maintain the attitudes and behaviors reflected in these guidelines. My signature below indicates my commitment to abide by the policies and procedures within this handbook.

---

Student's Signature

---

Date

---

Student's Printed Name