

# PROGRAM HANDBOOK

# Respiratory Care Program

# Student Handbook and Clinical Competency Packet 2024-2025

## **Program Faculty**

Dr. Christine Blaski, MD - Medical Director

Jane Schweizer, MSEd, RRT – Program Director

Jassmine Bradley, BSRT, RRT, RRT-NPS - Clinical Coordinator

Patricia N. Adam, RRT - Instructor

Albert Alpuerto, RRT - Clinical Instructor

Shaun O'Donnell, RRT - Clinical Instructor

Scott Stache, RRT - Clinical Instructor

Christine Whitman, RRT - Clinical Instructor

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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

### <u>\*Please note that all policies found in this NSCC Respiratory Care Student Handbook</u> <u>apply to all students and faculty regardless of the location where the instruction</u> <u>occurs\*</u>

#### NORTH SHORE COMMUNITY COLLEGE

#### PROGRAMMATIC ORGANIZATIONAL CHART

#### **Respiratory Care Program**



### FACULTY INFORMATION

Faculty Member	<u>Title</u> <u>Telephone</u>		Email address	<u>Office</u> Location
Jane Schweizer	Program Director	(978) 762-4166	jschweiz@northshore.edu	DH 325
Jassmine Bradley	Clinical Coordinator	(978) 762-4170	jbradley@northshore.edu	DH 327
Patricia N. Adam	Didactic Instructor		padam01@northshore.edu	N/A
Albert Alpuerto	Clinical Instructor		aalpuert01@northshore.edu	N/A
Christine Whitman	First year Clinical Instructor		cwhitman@northshore.edu	N/A
Shaun O'Donnell	Clinical Instructor		.Sodonnel02@northshore.edu	<u>N/A</u>
Scott Stache	First Year Clinical Instructor		.Sstache01@northshore.edu	<u>N/A</u>

#### ACADEMIC CALENDAR FALL 2024

Classes begin, day and evening	September 4, 2024
Student add/drop period	September 4-10, 2024
Deadline to withdraw from full semester classes and receive 100% refund of tuition and fees is 5:00 pm	September 17, 2024
*For all other course start dates, other than the one shown above, please go to:	https://www.northshore.edu/academics/calendar.html
Deadline to change from audit to credit or credit to audit	September 24, 2024
Indigenous Peoples' Day, no classes	October 14, 2024
Winter/Spring registration opens	November 1, 2024
Veterans Day, observed no classes	November 11, 2024
Final exam schedule posted	November 18, 2024
Thanksgiving recess, no evening classes	November 27, 2024
Thanksgiving recess, no day or weekend courses	November 28-30, 2024
Last day to withdraw from the College with a "W" grade for 15-week courses	November 26, 2024
Student evaluation week for adjunct faculty	Dec 1-7, 2024
Classes end, weekend only	December 14, 2024
Classes end, day and evening	December 17, 2024
Final exam period, day classes	December 18-19, 2024
Grades posted on MyNorthShore	December 26. 2024

## Academic Calendar Spring 2025

Winter Intersession Classes	Jan 6-31, 2025
Martin Luther King Jr. Day, no classes	Jan 20, 2025
Credit classes begin, day and evening	Jan 22, 2025
Deadline to drop 15-week classes and receive 100% refund of tuition and fees by 5 p.m.	Jan 28, 2025
Deadline to withdraw from 15-week classes and receive 100% refund of tuition only is 5 p.m.	Feb 4, 2025
President's Day, no classes	Feb 17, 2025
Deadline for IP contracts for all Fall 2024 courses	Feb 21, 2025
Last day to withdraw and receive W grade for 1st 7-week courses	Feb 25, 2025
Summer 2025 registration opens for students	Mar 1, 2025
Last day to withdraw and receive W grade for 1st 6-week courses	Mar 4, 2025
Spring recess, no day and evening classes	Mar 17-22, 2025
Classes resume, day and evening	Mar 24, 2025
Professional Day, no classes	Mar 28, 2025
Fall 2025 registration opens for students	Apr 1, 2025
Final exam schedule distributed to students and posted	Apr 15, 2025
Patriot's Day, no classes	Apr 21, 2025
Last day to withdraw and receive W grade for 15-week and 13-week courses	Apr 22, 2025
Graduation Application closes for Spring 2025 graduates	Apr 25, 2025
Student evaluation week for faculty	Apr 28-May 3, 2025
Last day to withdraw and receive W grade for 2nd 7-week and 2nd 6-week courses	Apr 29, 2024
Classes end, weekend only	May 10, 2025
Classes end, day and evening	May 13, 2025
Final exam period, day classes	May 14-15, 2025
Grades due from faculty by noon	May 19, 2025
Grades posted on MyNorthShore for students	May 21, 2025
*Academic standing will be updated within 48 hours.	
Commencement, no classes	May 23, 2025

#### **RESPIRATORY CARE PROGRAM** COURSE SEQUENCE/GRADUATION REQUIREMENTS

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

- 1. Abide by all college and program policies and procedures to maintain matriculation in the program.
- 2. Achieve a minimum of a satisfactory rating in course competency evaluations by the end of semester.
- 3. Complete all RSP courses within the curriculum with at least a 75%.
- 4. Complete BIO 211 and BIO 212 with a grade of "C" (73-76%) or higher.
- 5. Complete all other required general education classes with a C- minimum.
- 6. Satisfy all financial obligations to the college.
- 7. Complete the graduation application online.

Semester 1         BIO 211 Anatomy &Physiology 1         RSP 101 Fundamentals of RC 1         RSP 111 RC Clinical Experience 1         RSP 131 RC Lab 1         RSP 122 Physiology of Resp Care         13	Semester 2BIO 212 Anatomy & Physiology 24RSP 102 Fundamentals of RC4RSP 112 RC Clinical Experience 22RSP 132 RC Lab 21CHE 101 Intro to Chem 14RSP 126 Resp Care Pharm318
Semester 3	Semester 4
CMP 101 Composition 13RSP 201 Fundamentals of RC4RSP 211 RC Clinical Experience 34RSP 231 RC Lab 32RSP 222 Intro to Resp Disease2BEHBehavioral Science elective318	CMP 102-150 Comp 2 elective3RSP 202 Fundamentals of RC 44RSP 212 RC Clinical Experience 44RSP 232 RC Lab 42BIO 214 Intro to microbiology4RSP 215 Contemporary Topics in RC219
	Total 68

#### **Course Descriptions**

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

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**

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).

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

Pre: Communication Proficiencies

Principles of physiology as related to structure and function of the lung and tracheobronchial tree, ventilation and diffusion of gases, blood flow and metabolism, air to blood relationships, mechanics of breathing, and control of ventilation will be explored. (2 hours of lecture per week).

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

Pre: Communications Proficiency Co: RSP101 and RSP111

Prepares the student with skills associated with respiratory care procedures and equipment such as BLS, artificial airways, patient and skin integrity assessments, and airway clearance techniques with evidence-based knowledge and sensitivity to race, culture, age and gender. Students will be introduced to interprofessional simulations to enable effective collaboration and improve health outcomes. (3 hours of lab per week).

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

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).

#### 4 credits

### 1 credit

4 credits

# 2 credits

2 credits

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

#### 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).

#### RSP132 - Respiratory Care Lab 2

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).

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

#### Pre: RSP101, RSP111, RSP131

Presentation of general principles of pharmacology and action of major drug groups, inhaled and systemic, as prescribed for respiratory dysfunction, in the acutely and chronically diseased patient. Anatomy of the respiratory and central nervous systems will be discussed as they relate to drug action. Drug dose calculations, indications, side effects, and routes of administration will also be explored. (3 hours of lecture per week).

#### **RSP201 - Fundamentals of Respiratory Care 3**

Pre: RSP102, 112 and 132

Application of noninvasive positive pressure techniques such as PEP, BiPaP and CPAP therapies, principles of mechanical ventilation, management of the mechanically ventilated patient, and ethical decision making as related to the critically ill adult patient in the intensive care setting. (4 hours of lecture per week).

#### **RSP211 - Respiratory Care Clinical Experience 3**

#### 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).

#### 2 credits

#### 1 credit

3 credits

#### 4 credits

#### 4 credits

# 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**

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**

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).

#### 2 credits **RSP215** - Contemporary Topics in Respiratory Care

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 National Board of Respiratory Care (NBRC) examinations. (2 hours of lecture per week).

#### **RSP232 - Respiratory Care Lab 4**

#### 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).

#### **RSP222** - Introduction to Respiratory Disease

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

2 credits

4 credits

4 credits

13

#### **BIO 211- Anatomy and Physiology 1**

## Pre: Communication & Mathematics proficiency and BIO101 or BIO105 with a C or better. Pre-requisite equivalents for BIO211 include: TEAS - Science section score of 50 or higher (no time limit), LPN Certificate (no time limit), CLEP test with a score of 50 or higher, High School Biology with a grade of C or better taken within 5 years, AP Biology Test with a score of 3 or better with the last 5 years, Bachelor's degree or higher in Biological science or chemistry. Formerly BIO103

This is the first semester of a one-year course that studies the human body. It is primarily designed for those students pursuing majors in the health professions. Topics include tissues, and the skeletal, muscular, and nervous systems including the organs of special sense, and a review of basic chemistry and cellular structure and function. Laboratory work is designed to supplement the lecture material. Fulfills, open, liberal arts, and with BIO212, the laboratory science sequence electives. (3 hours of lecture and 2 hours of laboratory per week).

#### **BIO 212- Anatomy and Physiology 2**

#### Pre: BIO211 with 'C' or better

Continuation of Anatomy and Physiology 1. Topics include the digestive, respiratory, urogenital, and circulatory systems and the endocrines. Laboratory work is designed to supplement the lecture material and includes dissection of the fetal pig. Fulfills open, liberal arts, and with BIO211, laboratory science sequence electives (3 hours of lecture and 2 hours of lab per week.) Formerly BIO 104.

#### **CHE 101- Introduction to Chemistry 1**

Pre: Communication proficiency or PSAT Evidence based Reading and Writing of 550 or above (taken in 2016 or later), or, SAT Evidenced based Reading and Writing of 550 or above (taken in 2016 or later), or ACT English of 22 or above and Mathematic Proficiency and CEAR 49 or above, NGQA 242 or above, or PSAT Math 540 or higher or SATM 510 or above (if taken prior to 2016) or SATM 540 or above or ACT 22 or above or High School GPA 2.7 or above or MAT 091 or MAT 002 or MAT 061 or MAT 094 with a C or better or Math Module 8 or above.

A survey of basic principles of inorganic chemistry designed for students with little or no previous preparation in chemistry. Topics include: atomic and molecular structure, bonding, chemical reactions, stoichiometry, solutions, acids and bases, pH, and nuclear chemistry. Laboratory work reinforces lecture concepts and deals primarily with introductory laboratory techniques. Fulfills open, liberal arts, and with CHE102 laboratory science sequence electives. (3 hours of lecture, 3 hours of lab per week)

#### 4 credits

4 credits

4 credits

#### CMP 101- Composition 1

#### 3 credits

3 credits

Pre: Communication proficiency

Emphasis is on developing skills of writing, reading, analytical thinking, and research. Students are introduced to thought provoking ideas in readings from a variety of disciplines and learn to organize material, analyze ideas, and produce clear writing. Fulfills open and liberal arts electives.

#### **BEH- Elective Behavioral Science Elective**

#### CMP 102-150 – Composition 2

Pre: CMP 101 or CMP 101H

Emphasis is on analytical and researched writing based on a range of texts. Classic and contemporary authors will be studied

#### **BIO 214- Microbiology**

Pre: BIO 101 with C or better, or BIO 105 with C or better, or BIO 211 with C or better A study of viruses, bacteria, protozoans, and the lower fungi with special emphasis on their environmental and medical implications. The course considers the characteristics, ecology, control and impact on humans. The laboratory concentrates on the development of aseptic techniques and the culturing, enumerating, and identification of microorganisms. Fulfills open and liberal arts electives. (3 hours of lecture, 2 hours of lab per week) Formerly BIO 110

#### 4 credits



# **FALL 2024 Tuition and Fees** for credit courses

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840 978-762-4189 www.northshore.edu/paying/financial-services sfs@northshore.edu

# **PAYMENT DUE**<br/>BEFORE 5PMREGISTER 4/1-7/31: PAYMENT DUE AUGUST 1<br/>REGISTER 8/1-8/31: PAYMENT DUE SEPT. 5<br/>REGISTER AFTER 9/1: PAYMENT DUE at time<br/>of registration

#### **TUITION AND FEES**

NSCC charges the tuition and fees based on the number of registered hours. A typical credit course is a 3-credit course. Examples of the tuition and fees based on credit hours:

	MA Resident Rate (Minimum 6 months residency)	NE Regional Rate (CT, ME, NH, RI, or VT)	Out-of-State Rate (non-regional)		
	\$223.00/credit	\$235.50/credit	\$455.00/credit		
3 credits	\$669.00	\$706.50	\$1,365.00		
12 credits	\$2,676.00	\$2,826.00	\$5,460.00		
15 credits	\$3,345.00	\$3,532.50	\$6,825.00		
<b>Note:</b> Payment not made by the bill due date will result in class cancellation. NSCC cannot guarantee readmission into the classes, sections or professional program in which you were originally enrolled.					

Per Credit Tuition Charge					
Mass. Resident	\$25.00				
N.E. Regional	\$37.50				
Non-Resident \$257.00					
Per Credit Fee Cl	Per Credit Fee Charges				
General College \$163.00					
Technology \$35.00					

#### ADDITIONAL Program Fee - Applied to the following programs:

Program Fee by TERM							
<b>\$450.00</b> /term	<b>NSG</b> Nurse Education	<b>OTA</b> Occupational Therapy Assistant	<b>PNR</b> Practical Nursing Certificate	<b>PTA</b> Physical Therapist Assistant	<b>RAD</b> Radiologic Tech	<b>RSP</b> Respiratory Tech	<b>SRT</b> Surgical Tech Degree
<b>\$325.00</b> /term		<b>VET</b> Veterinary Tech					
<b>\$225.00</b> /term	Medical A	MAC ssisting Certificate					
<b>\$175.00</b> /term	<b>FNS</b> Funeral Service						
<b>\$100.00</b> /term	ASC ASD Animal Care Specialist Certificate Animal Care Specialist						
<b>\$50.00</b> /term	Ei	EST ngineering Science					
<b>\$25.00</b> /term	<b>EDT, ECD, ITC</b> Early Childhood Program	<b>DAD, HSD</b> Human Services Program	<b>PAC</b> Paralegal Certificate	P/ Para Prog	<b>AD</b> ilegal gram	<b>HUD</b> Horticulture Program	<b>HRC</b> Horticulture Certificate
	P	rogram Fee	by COURS	:			
<b>\$25.00</b> /course	Grap	<b>GDC</b> hic Design Certificat	e Graphic	<b>GDD</b> : Design – Prin	t Graphic	<b>IMD</b> Design – Integrat	ed Media

(OVER)

6/18/24



Student Financial Services 1 Ferncroft Road Danvers, MA 01923-0840

#### 978-762-4189

www.northshore.edu/paying/ financial-services

You may find more details about NSCC's Student Financial Services at our web site.

#### **Please feel free to contact us with any questions.** Staff are available to help students and their families determine the best payment option to finance their education at NSCC.

## FALL 2024 Tuition and Fees for credit courses (continued)

#### **OTHER CHARGES**

Fee Type	Fee Amount	Frequency	Note
Facility Fee	\$50	Per semester	All registered students
Science Lab Course Fee	\$45	Per course	Applied to courses with lab sections
Health Program Admin. Fee	\$150	Per acceptance	Required for admissions to special health programs
Cosmetology Fee	\$4,900	Per semester	Includes Cosmetology kit
Health Care Tech Elective Fee	\$35	Per course	Courses include - EMS102, EMS104 and ALH134
Late Payment Fee	\$50	Per semester	
MASSPIRG	\$9	Per semester	Can be waived through myNorthshore

#### **PAYMENT OPTIONS**

- Online payments by check or credit card via your MyNorthshore account
- Personal check, bank check or money order
- Credit card (Mastercard/Visa/Discover)
- NSCC Monthly Payment Plan (\$40 fee charged per semester)

	Enrollment period	1st payment	Enrollment fee	Remaining payments		
Plan 1	7/1/24 to 8/1/24	25% of total balance	\$40	9/1/24	10/1/24	11/1/24
Plan 2	8/2/24 to 9/5/24	33% of total balance	\$40	10/1/24	11/1/24	N/A
Plan 3	9/6/24 to 10/1/24	50% of total balance	\$40	11/1/24	N/A	N/A

#### ADDITIONAL FEES

Fee Type	Fee Amount
Non-refundable payment plan enrollment fee (only apply to students who sign up for payment plans)	40
Returned check fee (each returned check)	\$25

#### **HEALTH INSURANCE FEE**

Mandatory for students taking 9 credits or more according to the Massachusetts' Universal Health Insurance law. Students who have comparable coverage must submit the waiver on-line at *www.gallagherstudent.com/nscc* 

For more information, please check the Health Insurance page on the Student Financial Services page *www.northshore.edu/paying/cost/health-insurance.html* 

Note: MassHealth Limited, Children's Medical Security Plan, Health Safety Net or Free care are not considered comparable plans and will not be qualified for a waiver.

Health Insurance	Fall 2024	Annual Cost	\$3,573.00 (September 1, 2024 to August 31, 2025)
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#### **NSCC BILLING POLICY**

Students who register are required to act on a payment option by the due date. If you register after the due date, be sure to review your semester charges on MyNorthshore and act on a payment option immediately.

#### Paper bills are not mailed.

NSCC's Electronic Billing system is the official means of generating tuition bill to enrolled students. Students can authorize a third party, such as a parent or employer to be notified by e-mail each time a new billing statement becomes available. These authorized users can also make payments on-line via check or credit card. For more information on these convenient services, please go to **northshore.edu/paying/cost/payment-options.html** 

**Please note:** The Board of Trustees reserves the right to increase fees without prior notice. The MA Board of Higher Education reserves the right to increase tuition without prior notice.

6/18/24

<b>Textbooks for Respiratory Care:</b> Approximately \$850.00 total (this does not include cost for general education courses)	<b>Clinical Uniform</b> including stethoscope approximately \$200.00 depending on the number of uniforms purchased.
<b>Professional Rescuer CPR</b> - Approximately \$100.00 (needed before the first semester)	<b>Post-graduation Expenses</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 \$365.00 optional, most grads do this. NBRC exam costs for TMC (Therapist Multiple Choice) \$190.00, Clinical simulation exam \$200.00

#### AMERICAN ASSOCIATION FOR RESPIRATORY CARE POSITION STATEMENT

#### **Definition of Respiratory Care**

Respiratory Therapy is the health care discipline specializing in the promotion of optimum cardiopulmonary function, health and wellness. Respiratory therapists are educated, trained and licensed professionals who 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 direct and indirect patient care services efficiently and effectively across all care settings.

As health care professionals, respiratory therapists use critical thinking, patient and environmental assessment skills, and evidence-based clinical practice to enable them to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, patient education, and disease management programs.<sup>1</sup>

A variety of care settings serve as practice sites for respiratory care including, but not limited to:

- Acute care hospitals.
- Emergency departments.
- Urgent care settings.
- Sleep disorder centers and diagnostic laboratories.
- Long term acute care facilities.
- Rehabilitation facilities.
- Skilled nursing facilities.
- Home health.
- Patient transport systems.
- Physician offices and clinics.
- Convalescent and retirement centers.
- Educational institutions.
- Medical equipment companies and suppliers.
- Wellness centers.
- Telehealth providers.
- Research.
- Insurance companies.

#### 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).

#### NSCC 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 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**

- The program academic retention rate will be a minimum of 70% (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 60% of our graduates will achieve the TMC high cut score

#### **RESPIRATORY CARE CLINICAL AFFILIATES**

- Beth Israel Deaconess Medical Center, Boston, Massachusetts
- Beverly Hospital, Beverly, Massachusetts
- Boston Children's Hospital
- Salem Hospital MGB, Salem , Massachusetts
- Massachusetts General Hospital, Boston, Massachusetts
- Winchester Hospital, Winchester, Massachusetts
- Franciscan Children's Hospital, Boston, Massachusetts
- Lahey Clinic Medical Center, Burlington, Massachusetts
- > Spaulding Hospital Cambridge, Cambridge, Massachusetts
- Tufts Medical Center, Boston Massachusetts

#### **RESPIRATORY CARE ADVISORY COMMITTEE COMPOSITION**

#### **College Personnel**

Provost or Assistant Provost Dean of Health Professions Program Director, Respiratory Care Clinical Coordinator (Director of Clinical Education), Respiratory Care Admissions Representative Simulation Lab Representative Freshman Student Representative Sophomore Student Representative Alumni Representative **Hospital Personnel** Department Managers Clinical Preceptors Medical Director **Community/Public Representative** 

# Position Statement



# **AARC Code of Conduct**

The American Association for Respiratory Care (AARC) is committed to providing a professional, friendly, safe, and welcoming environment for all participants at its meetings, regardless of gender, sexual orientation, disability, race, ethnicity, religion, national origin, or other protected class.

This Code of Conduct may be revised at any time by the AARC, and the terms are non-negotiable. Your registration for, or attendance at, any AARC event indicates your agreement to abide by this policy and its terms. Unacceptable behavior will not be tolerated during any portion of a meeting or event.

Unacceptable behavior includes but is not limited to:

- Intimidating, harassing, abusive, discriminatory, derogatory, or demeaning speech or actions.
- Harmful or prejudicial verbal or written comments or visual images related to gender, sexual orientation, race, religion, disability, or other personal characteristics, including those protected by law.
- Inappropriate use of nudity and/or sexual images.
- Real or implied threat of professional or financial damage or harm.
- Disruption of presentations during sessions, in the exhibit hall, or at other events organized by AARC throughout the meeting. All participants must comply with the instructions of the moderator and any AARC event staff.
- Presentations, postings, and messages should not contain promotional materials, special offers, job offers, product announcements, or solicitation for services. AARC reserves the right to remove such messages and potentially ban sources of those solicitations.

Reporting Unacceptable Behavior to the AARC:

- If you see, overhear, or experience a violation of the Code of Conduct during an event, you are
  encouraged to visit the AARC onsite Convention Office in person and report your concerns
  directly to an AARC staff member. The location of the AARC Onsite Convention Office is listed in
  your meeting program.
- Alternately, you may relate your concerns and/or ask for help from any AARC staff member at the meeting.
- A final option would be to send an email to the AARC staff at <u>info@aarc.org</u> outlining the unacceptable behavior you witnessed.

# **Position Statement**



# AARC Statement of Ethics and Professional Conduct

In the conduct of professional activities, the Respiratory Therapist shall be found 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. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always unacceptable behaviors. It is the position of the American Association for 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
Revised:	10/21

# **Position Statement**



# **Diversity and Inclusion**

The American Association for Respiratory Care (AARC) professional community embraces diversity and equity in all its forms, promoting respect, cultural humility, and inclusion in every facet of its mission.

The AARC is enriched by the differences and uniqueness found among its diverse members, their patients/clients/customers, and additional stakeholders. The AARC values and embraces equitable opportunity and respect for personal cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating openness to and acceptance of all forms of diversity and multiculturalism including, but not limited to, age, gender and gender identity, race, accessibility, ethnicity, nationality and national origin, ancestry, religious affiliation, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities/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, equitable, and inclusive professional environment.
- Promoting an appreciation for communication between and understanding among people with varied beliefs and backgrounds.
- Being accessible to all abilities at events and activities.
- Using multicultural and equitable content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural humility in its educational programs.
- Actively recruiting candidates from minoritized groups for leadership and mentoring programs.

Effective:	12/94
Revised:	12/07, 04/13
Reaffirmed:	07/10
Revised:	07/18
Revised:	1/23

# Position Statement



# **Respiratory Care Scope of Practice**

**Prologue:** 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, resident populations, and care sites. This may include the following settings:

- Short-term acute care/hospital
- Emergency/urgent care
- Long-term acute care
- Sub-acute care
- Skilled nursing facilities
- Physician's offices
- Sleep labs
- Cardiac clinics and labs (e.g., cath labs)
- Hospital outpatient clinics
- Pulmonary clinics
- Respiratory outpatient clinics
- Primary care clinics
- Medical Industry
- Homeless shelters
- Patient's home

The practice of respiratory therapists is under the general direction of a physician (MD/DO). Respiratory therapists execute orders directed by licensed independent practitioners (e.g., physicians, advanced practice clinicians such as physician assistants, nurse practitioners) determined by state licensure laws where applicable. The practice typically focuses on:

- Patients across the age spectrum neonatal through geriatric.
- Direct/indirect patient observation to include signs, symptoms, and reactions to therapeutic interventions.
- Monitoring of clinical and behavioral responses to respiratory care therapeutic and diagnostic interventions.
- Implementation of cardiopulmonary procedures, medical technology, diagnostic procedures, disease prevention, treatment management, and pulmonary rehabilitation.
- Utilization of protocols guidelines nathways and policies driven by evidence-based

- Participation in research to evaluate interventions and technology to determine their ability to define best practices and improve patient outcomes.
- Facilitation and direction of cardiopulmonary rehabilitation programs and the development of disease and care management plans, including but not limited to patient/home care caregiver education (e.g., disease and devices), pulmonary and cardiac rehabilitation programs, utilization of pulmonary disease navigation and/or telemedicine respiratory therapy consultants.
- 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 provider education that may include but is not limited to paramedics, EMTs, nurses, residents, medical students, fellows, and advanced practice providers that may include mentorship of student clinical rotations.
- Support of public education activities focused on the promotion of cardiopulmonary wellness and prevention that is sustainable (e.g., Breathe-zy Community education program, health fairs.)

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 diagnostic
  - c. Sleep studies
  - d. Noninvasive and invasive diagnostic procedures
  - e. Blood gas and other pertinent laboratory analysis
- 2. Patient assessment
  - a. Physical exam
  - b. Diagnostic data interpretation
- 3. Application of therapeutics to respiratory care
  - a. Medical gas therapy
  - b. Humidity therapy
  - c. High Flow Oxygen Therapy (HFOT)
  - d. Aerosol therapy (both with and without pharmacologic agents)
  - e. Artificial airway insertion, management, and care
  - f. Airway clearance therapy
  - g. Initiation and titration of invasive, non-invasive, and high-frequency (HFOV, HFJV, HFPV, etc.) mechanical ventilation.
  - h. Vascular catheter insertion, management, and care
  - i. Extracorporeal Life Support (ECLS)

- j. Hyperbaric oxygen therapy
- k. Cardiology interventions (e.g., ECG, cath labs)
- I. Lung ultrasound
- 4. Assessment of therapeutic interventions
- Disease management of acute and chronic diseases with and without clinical decision support systems.
- 6. Discharge planning and case management
- Provision of emergency, acute, critical, and post-acute care, including, but not limited to:
  - a. Patient and environmental assessment
  - b. Diagnostic and therapeutic interventions (including the administration of pharmacologic agents)
  - c. Patient air and ground transport
  - d. In-hospital and interhospital transports
- 8. Advanced care/end-of-life planning discussion facilitators.

Effective:	8/87
Revised:	12/07, 12/10, 07/13
Revised:	11/18
Revised:	03/23

# Position Statement



# Entry Requirements to Respiratory Therapy Practice: 2030 and Thereafter

The American Association for Respiratory Care (AARC) recommends the following requirements for Respiratory Therapists entering the workforce beginning in 2030 and thereafter. The AARC asserts that meeting these requirements is essential for respiratory therapists to be able to demonstrate the minimum competencies needed to provide safe, effective, and efficient patient care in an increasingly complex and evolving health care environment.

The Respiratory Therapist entering practice in 2030 and thereafter must:

 Obtain a minimum of a baccalaureate degree in respiratory therapy or health sciences with a concentration in respiratory therapy.

AND

 Have earned the Registered Respiratory Therapist (RRT) credential from the National Board for Respiratory Care (NBRC).

These requirements must be achieved by all new therapists prior to beginning their practice.

The proposed requirements are not intended to negatively affect the practice of respiratory therapists engaged in active practice prior to 2030 if they have maintained their NBRC credentials and state licensure in good standing. However, state licensure regulations will ultimately determine the impact on this group of practitioners.

Evidence supporting the proposed requirements, as well as resources to assist with their implementation by 2030, are provided in the AARC issue paper entitled "Entry to Respiratory Therapy Practice 2030".

Developed: 05/01/2019

#### 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.<sup>1</sup> In addition, marijuana is the most widely used illicit drug due to substantial changes in cannabis policies.<sup>2</sup> 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 cessation, tobacco 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.<sup>3</sup> 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 as 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.<sup>2</sup>

#### References

 U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2019 Apr 18].
 National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press. https://doi.org/10.17226/24625 [accessed 2019 Apr 19].
 The American Association for Respiratory Care; Electronic Cigarette Position Statement, 2020.

Effective 1991 Revised 07/2011 Revised 04/2014 Revised 04/2019 Revised 01/2020

#### 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 <u>https://www.neche.org/</u>

The Respiratory Care program at NSCC is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). The program received continuing accreditation in 2015 and is due for an onsite visit in 2025. To view additional information about the program, please go to: <u>https://coarc.com/students/programmatic-outcomes-data/</u>

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 <u>http://ope.ed.gov/accreditation/</u> Council for Higher Education <u>http://www.chea.org/</u>

#### 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	TMC High Cut	RRT Success	Grad Satisfaction	Employer Satisfaction
North Shore CC Danvers	95 %	100%	97%	93 %	100%	100%
Berkshire CC Pittsfield	100%	80%	80 %	60%	100%	100%
Quinsigamond CC, Worcester	91%	100%	100%	100%	100%	100%
Northern Essex CC, Lawrence	98%	83%	74%	66%	100%	100%
Springfield Tech CC, Springfield	96%	83%	79%	50%	100%	100%
Massasoit CC Brockton	87%	92%	87%	75%	100%	100%
COARC Threshold	70%*	N/A	60%	N/A	80%	80%
National Average	91% AS degree	87%	83%	72%		

Measurable Outcomes Reported 6/2023

#### ACADEMIC POLICIES

Each student will review a copy of the program handbook at the time of applying for admission to the program as posted on the website. 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.

- 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 absence from class, clinical or lab should notify the faculty member via email.
- 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**

- 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.
- 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 or dismissal. A written document outlining the behavior will be composed and placed in student file. See full Professional Conduct Policy.
- 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 the social media policy that follows.

- 4. Cell phones must be turned off/silenced 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. In addition, Smart watches and headphones should not be accessed/worn during class time and exams.
- 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 weeks 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 MyNorthShore 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 Registrar's office so that course work from other educational institutions can be evaluated. In laboratory and didactic courses, a mid-term and final competency evaluation will be documented and sent to each student.

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:

- Accessibility Service: https://www.northshore.edu/support/accessibility/index.html
- Veterans' Services: https://www.northshore.edu/veterans/index.html
- Library: https://library.northshore.edu/nscclibrary
- Testing Center: https://www.northshore.edu/cas/testing/hours.html
- Tutoring general and Respiratory Care specific (Danvers only) see schedule
- Here to Help: https://www.northshore.edu/paying/heretohelp/index.html

# WELLNESS STATEMENT

# **TELUS Student Support**

Call. Chat. Anytime. Anywhere.

Student Support connects NSCC students with free, confidential emotional health and wellbeing support conveniently available 24/7 via the app, telephone and web. Search TELUS Health Student Support on either the Apple App Store or Google Play Store and download the app.

For more information visit: https://myssp.app/ca/home

# Wellness Services

Wellness Services provides holistic support to help students maintain an overall sense of wellbeing while balancing the expectations of being a college student. This includes a Wellness Counselor on each campus and part-time Essential Needs Coordinators serving both campuses.

Essential Needs Coordinators provide: food resources, SNAP benefit assistance, food insecurity assistance, housing resources, financial literacy workshops, and referrals to community resources.

Wellness Counselors provide: wellness appointments, wellness resources, wellness workshops, crisis intervention, and referrals to community resources.

To make an appointment with a Wellness Counselor or to ask questions:

Danvers Campus: Pamela Grasso-Lyon, LMHC (she/her) pgrassol@northshore.edu Lynn Campus: Liz Driscoll, LMFT (she/her) edriscol@northshore.edu

For general inquiries: wellness@northshore.edu | Website: www.northshore.edu/wellness

# 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 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 a mandatory information session.
- 5. Completed questionnaire/essay, answering all questions.
- 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 MA and National Criminal Offender Record Information (CORI).

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

StatusRecommended to BOTLegal AuthorityAdoptedLast Reviewed2019

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 collegeendorsed 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.

# ADVANCED STANDING/PLACEMENT POLICY

The Respiratory Care Program at North Shore Community College does not grant advanced placement

# TRANSFER STUDENT POLICY

Transfer students from another CoARC accredited Respiratory Care Program must provide:

- an official transcript proving enrollment in Respiratory Care within the last 3 years
- course syllabi from all previous Respiratory Care courses. Additional documents can be emailed to: <u>SelectiveAdmissions@northshore.edu</u>

Decisions regarding admissions are made on a case-to-case basis.

# COVID VACCINE STATEMENT FOR NORTH SHORE COMMUNITY COLLEGE HEALTH PROFESSION STUDENTS

# **COVID Requirement**

Although currently, the Commonwealth of Massachusetts doesn't mandate the COVID Vaccine, students in a health profession program are required to have the vaccine and show proof of the vaccine per the clinical affiliation agreements.

Please be advised, while the college will make a reasonable effort to place you in a clinical facility; clinical placement cannot be guaranteed in an un-immunized status. If the college cannot secure a clinical placement due to your un-immunized status, you will be unable to complete the program's clinical requirement. Thus, you will be unable to progress and will fail out of the program.

# Proof of COVID Vaccine and 1 booster is due no later than July 10, 2024.

# **MEDICAL/RELIGIOUS EXEMPTION**

**Students** who cannot be vaccinated for COVID-19 because of a medical reason or religious belief may request an exemption through the College. **Exemptions or reasonable accommodations are not guaranteed.** 

Individuals who wish to submit a medical exemption must provide a letter from either their MD, NP or PA that states administration of COVID-19 vaccine is likely to be detrimental to the individual's health. For religious exemption, students must state in writing how this vaccine conflicts with his/her/their religious belief.

# FALSIFYING VACCINATION RECORDS

As you may have read, there have been instances of people submitting falsified vaccination records to various institutions. This is fraud. We will be checking the veracity of any card that appears suspicious, and submission of a falsified card will result in disciplinary action.

Revised 8.13.21

#### 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, 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:

- Complete an application for re-entry to the program and submit it to the Enrollment office. A readmissions committee (Program Director, Resp Care faculty member) 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.
- 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.
- If accepted, the student must have documentation of a current CPR certification, complete health record, CORI and National background check, technical standards, N95 fit testing may be required, and health insurance.
- 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 <u>any reason</u>, 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 <u>clinical setting</u>, 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.
- 3. Students who require additional practice time will have the opportunity for practice in the simulation lab or respiratory care lab.
- 4. 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 having any problems with test scores or attendance. A follow up meeting will take place for students receiving an alert.
- 5. An Early Alert is submitted online by the instructor in the third week of the semester if the student is having any problems with test scores or attendance. A follow up meeting will take place for students receiving an alert.
- 6. 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 <u>didactic setting and laboratory setting</u>, 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 having 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 (RSP) require a passing grade of 75% or higher. BIO 211 and BIO 212 (A+P 1 and 2), require a NSCC grade of C (73-76%). Intro to Chem (CHE 101), Behavioral Science Elective, BIO 214 (Microbiology), and Composition 1 and 2 (CMP 101 and CMP 102) all require a C- (70-72%). 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%**

А	93-100	В-	80-82	D+	67-69
A-	90-92	C+	77-79	D	63-66
B+	87-89	С	75-76	D-	60-62
В	83-86	C-	70-74	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**

А	93-100	B-	80-82	D+	67-69
A-	90-92	C+	77-79	D	63-66
B+	87-89	С	73-76	D-	60-62
В	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.

For more information about this policy, please see the Code of Conduct policy in the NSCC Student Handbook at the following link: <u>https://northshore.smartcatalogiq.com/2022-2023/credit-catalog/student-handbook/code-of-conduct/</u>

#### 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, 122 and 131 have been successfully completed with a grade of "75%" 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 approved by the Board of Respiratory Care. All licensure forms and information can be downloaded and printed at <u>www.mass.gov/dph/boards</u>. 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. 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. A Social Security number is mandatory for all NBRC Examinations.

#### SERVICE WORK STATEMENT

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 while at clinical rotations.

#### NATIONAL BOARD FOR RESPIRATORY CARE

The National Board for Respiratory Care (NBRC) is the official credentialing board of the profession. The NBRC sets standards for entry into the credentialing process, administers examinations for respiratory care practitioners, and ensures the integrity of the examination process. The NBRC also maintains a registry of all registered and certified respiratory personnel. The state of Massachusetts Department of Public Health uses the NBRC exams (the TMC exam) for licensing practitioners in Respiratory Care. For additional information on licensure, please visit <u>www.mass.gov/respiratory-care-licensing</u>. Applications for credentialing exams can be obtained by contacting the NBRC direct or through their web site at www.nbrc.org. In order to become a Registered Respiratory Therapist (RRT), the NBRC requires that educational requirements be met. Having completed an accredited respiratory care program, the graduate must successfully pass the NBRC Therapist Multiple-Choice Examination and the Clinical Simulation Examination (CSE) before receiving the RRT national credential. A social security number is necessary for all NBRC examinations.

#### **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 professional 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 <u>after 2:00 pm.</u>
- 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**

<b>Television Channels</b>	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		Website: www.northshore.edu

# **CHILDREN ON CAMPUS POLICY**

In accordance with the **Children on Campus Policy**, found in the <u>North Shore Community College</u> <u>Student Handbook</u> 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 form the RC program.

#### **EMERGENCY NOTIFICATION SYSTEM**

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 ENS 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.



- For those users who opted in last year <u>please re-visit the Emergency Notification System</u>, 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.
- 3. 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 ENS 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 https://www.northshore.edu/hr/policies/title-ix.html

Here is a link to the Student's Rights, Responsibilities, and Policies regarding the Sexual Harassment policy on NSCC website: <u>https://www.northshore.edu/legal/files/student-rights.pdf</u>

#### JEANNE CLERY 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. This information is required by law and provided by the Campus.

# THE 2023- NORTH SHORE COMMUNITY COLLEGE ANNUAL SECURITY REPORT IS NOW AVAILABLE

Please utilize the link below to review North Shore Community College's Annual Security Report which was produced in compliance with the Jeanne Clery Act. The security report includes statistics for the previous three calendar years concerning reported clery crimes that occurred on campus, in certain offcampus buildings owned or controlled by North Shore Community College, and on public property within, or immediately adjacent to and accessible from the campus. This report also includes institutional policies concerning campus security, alcohol and drug use, crime prevention, the reporting of crimes, timely warning of crimes, sexual and interpersonal violence, and personal safety at North Shore Community College.

The direct URL is: https://www.northshore.edu/safety/police/files/jeanne-clery-disclosure.pdf

A paper copy of the ASR is available upon request by contacting visiting the North Shore Community College Police or by sending your request for a copy to Chief David Cook <u>dcook@northshore.edu</u>.

#### **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 RESPIRATORY CARE 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 and follow the college procedures regarding reporting and documenting the injury/accident.
- 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 registration, 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 home page at 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.

#### NAVIGATE DEGREE EVALUATION

In the third semester, before meeting with an advisor, the students should perform a degree evaluation through Navigate. 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.

#### **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. For further information go to: https://www.northshore.edu/registrar/graduation.html

#### **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 an illness or injury or who stop out of the program and return will be required to submit an updated technical standard 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.

#### **PREGNANCY POLICY**

In accordance with Title IX of the educational amendments of 1972, absences due to pregnancy or related conditions, including recovery from childbirth shall be excused for as long as the student's Health Care Provider deems the absence to be medically necessary. When the student returns to the College they shall

be reinstated to the status she held when the leave began. The College may offer the student the opportunity to make up any missed work. The College may offer the student alternatives to making up missed work, such as retaking the semester, taking part in on-line instruction, or allowing the student additional time in the program. For additional information the student should contact the College Title IX coordinator. Due to potential presence of contaminants in the clinical setting, it is advised that pregnant students contact their health care provider to ensure that there are no health concerns or limitations. To be in the clinical area, Resp Care Laboratory or Simulation experiences while pregnant, students must be able to meet the technical standards for respiratory care students.

#### **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.

#### **ARTIFICIAL INTELLIGENCE POLICY**

At North Shore Community College, we place high value in academic integrity and expect all students to adhere to the highest standards of ethical behavior. Modern Language Generators (MLG's), such as ChatGPT, contain an abundance of information that may be helpful for academic assignments, but students should not rely solely on these generated responses for their academic work. Artificial intelligence programs are not designed to replace critical thinking and research skills essential for

academic work. The best way to use AI is for idea generation, synthesis, rephrasing, essentializing, and gathering information about the typical understanding of a topic. Instructors may use plagiarism detection software to check for the use of AI programs in academic assignments. Policy Statement: Since writing, analytical, and critical thinking skills are part of the learning outcomes of this program, all writing assignments should be prepared by the student. Developing strong competencies in this area will prepare you for a competitive workplace. Therefore, AI-generated submissions are not permitted and will be treated as plagiarism unless properly cited in APA style as required. Although AI may provide useful suggestions, students should not rely solely on these generated responses for their academic work as the material generated by these programs may be inaccurate, incomplete, or otherwise problematic for assignments that require original ideas or analysis. It is reasonable to limit AI created information to be no more than 25% of an assignment. It is important to understand that AI programs are not capable of making moral or ethical decisions.

#### 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, infection prevention, PPE, hand hygiene.

# 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." at:

https://northshore.smartcatalogiq.com/en/current/credit-catalog/student-handbook/student-grievanceprocedure/.

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.

# **DISMISSAL 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- See following policy.
- Unsafe Patient Care.
- Unsafe Clinical Performance
- Violation of Academic Honesty Policy.
- > Inability to maintain the minimum grade requirement.
- > Inability to meet compliance standards (immunization, orientation, certification).
- ➢ Failure to follow HIPAA guidelines.
- Clinical absence that is a no show/no call
- > Once a faculty member has identified a student's program/policy violations, the following will occur:
- 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).
- 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, the Dean of Health Professions, a member from NSCC's Health Profession Faculty (with another department faculty as needed) 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.
- The committee will review the circumstances and will 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, 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 Student Grievance Officer. Here is a link to the Student Grievance Procedure:

https://northshore.smartcatalogiq.com/en/current/credit-catalog/student-handbook/student-grievanceprocedure/

# 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 written warning (#1) by the instructor, Clinical Coordinator, or the Program Director.
- 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 graduation may be affected.
- 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 affect 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. A meeting with the Dean of Health Professions concerning Health Professions Dismissal is required.
- 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.

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 Dean of Health Professions, program director and clinical coordinator.
- 3. The Dean, 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 or
  - d. dismiss the student permanently from the Program.

# 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: <u>lmarcus@northshore.edu</u>



# 2024-2025 TECHNICAL STANDARDS FOR RESPIRATORY CARE PROGRAM

**To the Student:** As you complete this form please consider your physical and mental/attitudinal ability to meet the Technical Standards associated with the health professions program that you are about to enter. Please carefully consider the General Job Description as you evaluate your ability to meet the Technical Standards specified.

**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.

Throughout the performance of your duties as a healthcare provider, you will be exposed to infectious diseases in all practice settings. Although you will learn practices and procedures to minimize the risk of exposure, you should be aware of the risk and take it into consideration when deciding to enter this program and profession.

PHYSICAL STANDARDS		Expected Level of Performance Freq*
LIFT:	up to 50 pounds to assist moving patients	F
STOOP:	to adjust equipment	F
KNEEL:	to perform CPR	0
CROUCH:	to locate and plug in electrical equipment	F
REACH:	5 $\frac{1}{2}$ above the floor to attach oxygen devices to wall outlet	С
HANDLE:	small and large equipment for storing, retrieving, moving	С
GRASP:	syringes, laryngoscope, endotracheal tubes	С

PHYSICAL STA	Expected Level of Performance Freq*	
STAND:	for prolonged periods of time (e.g., deliver therapy, check equipment)	С
FEEL:	to palpate pulses, arteries for puncture, skin temperature	С
PUSH/PULL: large, wheeled equipment e.g., mechanical ventilators		С
WALK:	for extended periods of time to all areas of a hospital	С
MANIPULATE:	knobs, dials associated with diagnostic/therapeutic devices	С
HEAR:	verbal directions	С
HEAR:	gas flow through equipment	С
HEAR:	alarms	С
HEAR:	through a stethoscope such as breath or heart sounds	С
SEE:	patients' conditions such as skin color, work of breathing	С
SEE:	mist flowing through tubing	F
SEE:	shapes and forms associated with radiographs	F
TALK:	to communicate in comprehensible English goals/procedures to patients	С
READ:	typed, handwritten, computer information in English	С
WRITE:	WRITE: to communicate in English pertinent information (e.g., patient evaluation data, therapy outcomes)	
MENTAL/ATTI	Expected Level of Performance Freq*	
Function safely, effectively, and calmly under stressful situations.		F
Maintain composure while managing multiple tasks simultaneously.		F
Prioritize multiple tasks.		С
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.		С
Maintain personal (including cigarett patients and co-wo	С	
Display attitudes/a of the profession.	С	

# **IMMUNIZATIONS**

Health science students must meet immunization requirements under state law, MGL Chapter 76, Section 15C and its regulations at 105 CMR 220.000 – 220.700. Students must also meet any additional immunization requirements required by clinical affiliates.

According to MGL Chapter 76, Section 15C, 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 documentation will be required and, if sufficient to qualify for a medical or religious exemption, it will be granted. <u>PLEASE BE ADVISED</u> that, while the college will make a reasonable effort to place you in a clinical facility, **clinical placement cannot be guaranteed in light of an un-immunized status. If a clinical placement cannot be secured, then you will be unable to complete the program's clinical requirement. Thus, you will be unable to progress and will fail out of the program.** 

# \*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact Accessibility Services for eligibility determination for reasonable accommodation(s). For those applicants offered admission into the program, you will be asked to self-certify that you meet the Technical Standards.

# TECHNICAL STANDARDS – RESPIRATORY CARE

Applicants must acknowledge and self-certify by initialing and signing the Technical Standards form that they have read and understand the need to perform all essential tasks with or without reasonable accommodation. This form is required to be uploaded to the applicant's online application in order to be considered for admission.

RESPIRATORY CARE PROGRAM TECHNICAL STANDARDS	INITIAL
PHYSICAL STANDARDS	
MENTAL/COGNITIVE STANDARDS	
IMMUNIZATIONS	

I certify that I am able to perform the above Technical Standards and that the above information is true and correct. If, at any time, during my enrollment in the program, I am unable to meet the above performance requirements, please see below.

Student Signature

Date

OR

I will be seeking a reasonable accommodation for the following technical standard/s

and will make an appointment with accessibility services at accessibility@northshore.edu if I am admitted to the

Respiratory Care program.

Student Signature

Date

# NEW STUDENT ORIENTATION

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

Presented by program faculty:

- A review of programmatic and college advising resources.
- A review of program policies and procedures
- An overview of financial aid resources and requirements.
- Health record compliance requirements.
- CORI processing if not completed.
- Uniform ordering, if not completed.
- Student ID to be worn in clinical.
- Appropriate BLS course to complete prior to classes starting.
- Meet and greet with current Respiratory Care students.
- A review of the fall schedule.
- Course advising by program faculty and registration.

# PRE-CLINICAL FACULTY/STUDENT ORIENTATION

# As part of the annual pre-semester training, clinical instructors, faculty, and students participate in comprehensive training sessions, either at the college or clinical sites. These sessions include, but are not limited to, the following topics:

Healthcare Provider Guidelines and Policies

 Advanced Directives for Healthcare Providers
 Personal Protective Equipment (PPE) for Nurses and Healthcare Personnel
 HIPAA: Guidelines for Healthcare Workers
 Culturally Competent Care
 Communication, Culture, and Family in End-of-Life Care

# Patient Safety and Reporting Patient Event Reporting (Safety Incident Reports) Risk Management National Patient Safety Goals

# • Infection Prevention and Control Infection Prevention and Hand Hygiene Bloodborne Pathogens High Level Disinfection

Covid 19: Infection Control Information Needle Stick Injury

# • Safety Protocols

Emergency Codes and Management Active Shooter Response Environment of Care Safety Fire Safety Emergency Oxygen Shut-Off Hazardous Chemical Communication Electrical Safety

- Compliance and Workplace Safety Sexual Harassment Policy Tobacco Free Policy Body Mechanics and Ergonomics
- Technology System Training EPIC Training Information Security
- Clinical and Equipment Maintenance Clinical Maintenance and Repair This orientation ensures that all faculty and students are well-versed in essential clinical, safety, and ethical practices to the highest standards of care and complliance.

# **INFECTION PREVENTION**

In addition to the pre-semester training, students and faculty may 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.

All Respiratory Care students will be fit tested (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.

# INJURIES AT CLINICAL FACILITIES/SKILLS AND SIMULATION

Students are required to report injuries to clinical faculty immediately and follow the agency/college procedures regarding reporting and documenting the accident/injury.

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

HIPAA rules mandate that all health care personnel including students protect Patient Health Information (PHI). The regulations are:

- Anyone who has access to medical records, including computerized records.
- Inadvertent displays of personal information on computer screens.
- Use of publicly accessible "name boards" to note patient name, room number, nurse and physician, etc.
- Identification of patient by name and diagnosis on published operating room schedules
- Answering questions in person or on the phone from friends and family about the patient's medical condition.

The regulations do include teaching students under the definition of "health care operations" in the list of privacy rules. Actual implementation of HIPAA regulations varies from facility to facility and how each facility views student access to PHI may vary. Respiratory Care faculty will give additional information about following HIPAA regulations during clinical orientation. In general, however, students should abide by the following practices:

- Remember confidentiality is ALWAYS practiced. There should be no discussion about patients in public spaces.
- Know the facility's regulations regarding release of PHI.
- When charting electronically, log out before leaving the work area.
- Do not photocopy any part of the patient's chart.
- In preparing clinical paperwork, only identify the patient by his/her initials.
- Health information may only be discussed with the patient, the designated patient advocate, and the healthcare team. Patient's private health information may never be shared on social media.

#### Failure to abide by HIPAA regulations will result in dismissal from the Respiratory Care Program.

# 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, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and

college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College's Affirmative Action and/or Title IX Coordinator, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights.

https://www.northshore.edu/hr/policies/title-ix.html

# Immunization/Health Documentation Requirements for Students Based on CDC Guidelines

• COVID-19 vaccination record for the primary 2 dose series and booster.

• Two (2) doses of live MMR: Measles (Rubeola), Mumps, German Measles (Rubella) or positive blood test/titers.

- One (1) dose of Adult Tdap after 2005. Must update Tdap/TD (tetanus) if Tdap is  $\geq$  to 10 yrs. old.
- Hepatitis B positive immune blood test/titer

• If Hepatitis B blood test/titer is negative (not immune), then must seek booster OR repeat 2nd series Hep B vaccine and re-test blood test/titer one month following booster or series.

• Two (2) doses of Chicken Pox (Varicella) or positive blood test/titer report (Hx: chicken pox disease unacceptable).

• One (1) dose meningococcal vaccine (MenACWY) on/after 16th birthday or waiver (ONLY students 21 years or younger).

• 2024-2025 Seasonal Influenza documentation dated by 8/30/2024.

• IGRA-serology (QuantiFERON®-TB Gold Plus (QFT-Plus) or T-SPOT®) blood test documentation due between July 1st and July 31st 2024.

# **CLINICAL EDUCATION**

# **UNIT COMPETENCIES:**

# **RSP111 - Clinical Experience 1:**

- 1. W, P Demonstrate competence in the introductory clinical objectives.
- 2. Pass/Fail 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.
- 3. W Perform and/or interpret the appropriate patient assessment procedures for a given patient.
- 4. W Administer, evaluate, and recommend the pharmacology regimen for a given patient.
- 5. P Administer, evaluate, and recommend an appropriate chest physical therapy (CPT) program for a given patient.

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

- 6. W Administer, evaluate, and recommend the appropriate medical gas therapy for a given patient.
- 7. W 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.
- 8. W Perform arterial blood gas sampling and analysis.
- 9. P Administer, evaluate, and recommend appropriate humidification and aerosol therapy for a given patient.

# **RSP211 - Clinical Experience 3:**

10.	P, W	Administer, evaluate, and recommend appropriate spontaneous positive pressure therapy for a
		given patient.
11.	P, W	Demonstrate competence in the ICU Preparation clinical objectives.
12.	Р	Perform, evaluate, and recommend appropriate airway management for a given patient.
13.	W	Establish and maintain ventilation on a patient with a given ventilator.
14.	W	Observe, discuss, perform, and interpret pulmonary function tests.

# **RSP212 - Clinical Experience 4:**

- 15. W Recognize the causes of ventilatory/respiratory failure and perform, evaluate, and recommend ventilator management for a given patient.
   16. De (Fille Object of the second se
- 16. Pass/Fail Observe, discuss and recommend appropriate pediatric/neonatal care.
- 17. W Perform and/or interpret the appropriate patient assessment procedures for a given patient.
- 18. W, O Prepare and present a case study on a patient with a respiratory condition.

#### W= Written Examination P= Performance Assessment (Practical Examination- Hands on) O= Oral
### **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.
- Each objective with an asterisk (\*) will be evaluated with the use of a Clinical Procedure Check-Off (Competency).
- 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.
- 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" via Trajecsys. 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.</p>
- 9. If only one UNIT in RSP111, RSP112, RS 211 is not completed during the designated semester, the student will be given an In Progress (IP) for that course, work which must be successfully completed before the beginning of the following semester. If any UNIT in RSP212 is not completed an IP will be submitted and that unit must be successfully completed by a date specified by course instructor/program director.
- 10. The course grade will be determined based upon the following evaluations:

- 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

Pass Date

\* \* OBJECTIVES \* \*

Competency: DEMONSTRATE COMPETENCE IN THE INTRODUCTORY CLINICAL OBJECTIVES.

- <u>Rationale</u>: 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.
- 1. 1. Perform cardiopulmonary resuscitation (CPR). \_\_\_\_a. Discuss the medical emergency team (MET) /rapid response team \_\_\_\_\_b. Identify equipment used in intubation. Identify manual resuscitators used in the hospital. c. Ventilate the intubation manikin with and without an endotracheal tube. d. Assemble and troubleshoot manual resuscitators. e. 2. 2. Discuss department organization. List all therapeutic and diagnostic procedures performed by the department a. b. List the department personnel positions, a brief job description and identify the person presently occupying that position. Identify all documentation involved in department record keeping and billing. с. 3. Discuss the patient's records. 3. \_\_\_\_ a. Identify the different sections of the medical chart. \_\_\_\_ b. Successfully complete 5 or more Medical Chart Surveys. \_\_\_\_ c. Discuss HIPAA and summarize its importance relating to patients' rights and privacy 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. List the different isolation techniques employed at the hospital and demonstrate proper с. procedure. \_\_\_\_ d. Discuss the methods used in sterilization/disinfection of equipment. Demonstrate the proper donning/doffing of PPE. e. 5. Discuss various medications used in Respiratory Care. 5. 

   a.
   d.

   b.
   e.

   c.
   f.

   6. Discuss, observe, and demonstrate CPT. 6. Review the therapeutic components of airway clearance techniques (ACT) and Incentive a. 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. Demonstrate proper pulmonary hygiene techniques on a mannequin or fellow student. с. Demonstrate the instructions involved in teaching coughing, diaphragmatic breathing, d. pursed lip breathing, and localized expansion.

- 7. | 7. Discuss, observe, and demonstrate oxygen therapy.
  - Assemble an oxygen set-up for patient use. a.
  - Collect and fill out any appropriate paperwork for an oxygen set-up. b.
  - Engage and disengage a flowmeter from the wall outlet. с.
  - Prepare an E cylinder for patient use. \_\_\_\_d.
  - Identify all equipment and paperwork needed for an oxygen set-up. e.
  - Identify all oxygen devices used at the hospital and their approximate FIO2 delivered. f.
  - Put all oxygen devices on a mannequin under simulated conditions. \_\_\_\_g.
  - \_\_\_\_ h. Review the goals and hazards of oxygen therapy.
  - Discuss infection control techniques and skin integrity considerations used in \_\_\_\_\_ i. conjunction with oxygen therapy.
- 8. Discuss, observe, and demonstrate aerosol therapy. 8.
  - Identify all equipment needed for a large volume nebulizer (LVN) set-up. a.
  - Identify all aerosol devices used at the hospital. b.
  - \_\_\_\_ c. Review the goals and hazards of aerosol therapy.
  - Assemble a heated and cool continuous aerosol set-up for patient use. \_\_\_\_\_d.
  - Assemble a hand-held small volume nebulizer (SVN). e.
  - \_\_\_\_f. Collect and fill out any appropriate paperwork for an LVN and SVN set up.
  - Put all aerosol devices on a mannequin under simulated conditions. g.
  - Discuss infection control techniques and skin integrity considerations used in h. conjunction with aerosol therapy.

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

- <u>Competency</u>: DISCUSS 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.
- <u>Rationale</u>: 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 policy and procedure manual.
- 2. \_\_\_\_\_ \*2. If applicable, perform equipment rounds and define the record keeping and billing procedures.
- 3. \_\_\_\_\_ 3. Discuss cleaning and sterilization techniques on given respiratory care equipment.

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

- <u>Competency</u>: PERFORM A COMPREHENSIVE PATIENT ASSESSMENT FOR A GIVEN PATIENT AND DOCUMENT USING THE SOAP NOTE FORMAT.
- <u>Rationale</u>: 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.

Page 1 of 2

# MEDICAL CHART SURVEY

Patient Initials	Unit	
Dx	MD	
Pulm Dx		
Student Name	Hosp Date	
Procedure		Performance
1. RSP ORDERS		1
2. VITAL SIGNS	BP	2
	P	
	RR	
	Τ	
3. NURSES NOTES (cl	inical signs, complaints, ambulating, etc.)	3
4. LAB REPORT	WBC pH HCO3	4
	RBC PaCO2 SaO2	
	PaO2	
5. SPUTUM REPORT		5

Procedure	Performance
6. CXR	6
7. PAST Hx	7
(pertinent to	_
8. MD COMMENTS/RECOMMENDATIONS (Progress notes, consults)	8
9. THERAPY NOTES	9
10. STUDENT'S COMMENTS/IMPRESSIONS	10
	_
Procedure completed in a timely manner. $\Box$ yes $\Box$ no	
Comments:	
	Fail
Evaluator's Signature Date	
$\sqrt{=}$ 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.  $\Box$  Yes  $\Box$  no

Comments:

	· · · · · · · · · · · · · · · · · · ·	□ Pass	🗆 Fail
Evaluator's Signature	Date		
$\sqrt{=}$ acceptable X = unacceptable	O = omitted	N = not appl	icable

# **Unit Four: PHARMACOLOGY**

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

\* \* OBJECTIVES \* \* Pass Date

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

Pharmacology			
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. 3. Discuss medication reconciliation.

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

<u>Competency</u>: PERFORM, EVALUATE, AND RECOMMEND AN ACT PROGRAM FOR A GIVEN PATIENT.

<u>Rationale</u>: 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
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.

# **<u>Airway Clearance Therapy (ACT)</u>**

Student Name	Hosp	_Date
Procedure		Performance
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, physica assessment)	al	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 appears toleration, auscultation, cough, vs, results)	ance,	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, BS)		9
10. BEDSIDE MANNER		10
Comments:		
Evaluation completed in a timely manner. $\Box$ Yes $\Box$ no		
Evaluator's Signature Date	1	

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

### Unit Six: MEDICAL GAS THERAPY

- <u>Competency</u>: 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,
  - rest and exercise oximetry results
  - 6 minute walk test
- 6. Evaluate and recommend the oxygen therapy, heated high flow nasal cannula, or heliox device for a given patient.

# **OXYGEN THERAPY**

Device				
Student Name		Hosp	Date	
Procedure				Performance
1. CHECK ORDI	ERS (device, liter flow,)	)		1
2. PRE-THERAP	Y EVALUATION (cha	urt, patient)		2
3. COLLECT EQ	UIPMENT (flowmeter,	, humidifier, water, dev	vice)	3
4. EXPLAIN TO	PATIENT (purpose, rul	les for use, no smoking	g 5	4
5. SET-UP AND device, adjust li	ADJUST EQUIPMENT ter flow)	T (connect to source, a	ttach	5
6. CHECK FUNC	CTION OF EQUIPMEN	NT (liter flow, pres reli	ef valve)	6
7. ATTACH TO	PATIENT			7
8. MONITOR PA	TIENT (observation, he	ow tolerated)		8
9. ASSESS AND TITRATE according to the order or therapy protocol.			9	
10. COMPLETE	PAPERWORK if neces	ssary		10
11. BEDSIDE M	ANNER			11
Comments:				
Evaluation comp	leted in a timely man	ner. 🗆 yes	□ no	
Evaluator's Signa	ature Date	Dass	□ fail	
= acceptable	x= unacceptable	o = omitted	n = not applicable	

# **OXYGEN ANALYZERS**

Device				
Student Name		Hosp	Date	
Procedure				Performance
1. COLLECT EQUIPMEN	NT (analyzer, adap	tor{s}, sensor)		1
2. PERFORM PRE-USE C inspect electrode, calibra	CALIBRATIONS te: to 0, to 21%, to	AND ADJUSTN 100%)	/ENTS (check battery,	2
3. SAMPLE AND ANAL' Specify type of sample:	YZE GAS			3
4. SET ALARMS if applic Comments:	cable. (+/- 5 to 10%	%)		4
Evaluation completed in a	a timely manner.	□ yes	🗆 no	
Evaluator's Signature	Date	□ pass	□ fail	
= acceptable x= unac	cceptable o	= omitted	n = not applicable	

# **REST/EXERCISE OXIMETRY**

Device				
Student Name	Но	osp	Date	
Procedure				Performance
1. OBTAIN PHYSICIAN'S OI	RDER			1
2. EXPLAIN PROCEDURE/P ambulate safely	URPOSE TO PA	TIENT and ass	sess ability to	2
3. GATHER NECESSARY EC watch)	QUIPMENT (oxir	neter, portable	O2 system,	3
4. CHECK FUNCTION OF E	QUIPMENT (cali	bration, O2)		4
5. GATHER BASELINE REA titrate oxygen as needed to n	DINGS AT REST naintain SpO2 at 9	Г (pulse, SpO2 00% or as orde	) pred.	5
6. AMBULATE PATIENT AS	S TOLERATED (	level ground)		6
7. GATHER READINGS DUI subjective dyspnea level)	RING EXERCISE	E (peak pulse, S	SpO2	7
8. GATHER READINGS AF time)	TER EXERCISE	(pulse, SpO2	, distance walked, re	ecovery 8
9. DOCUMENT INFORMAT	ION			9
10. BEDSIDE MANNER				10
Comments:				
Evaluation completed in a tin	nely manner.	□ yes	□ no	
Evaluator's Signature	Date	□ pass	□ fail	
= acceptable x= unaccep	table $o = or$	mitted	n = not applicable	

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

- <u>Competency</u>: 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, PaCO2, HCO3, PaO2, AaDO2, SaO2.
- 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. 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. <u>\*4.</u> Analyze a given arterial blood gas sample.
- 5. Be familiar with quality control procedures on a given blood gas machine.

### ABG SAMPLING

Student Name			Hosp		Date	
Proced	lure					Performance
1.	CHECK	ORDERS	(procedure,	time,	FIO2)	1.
2. PRE	E-THERAPY EVA	LUATION (anticoa	gulants, lab tests)		•	2
3. COI reshea	LLECT AND PRE athing device, cap,	PARE EQUIPMEN	T (syringe, alcohol uze, ice, heparinize	prep pad, glove d syringe)	es,	3
4.IDEN	NTIFY PATIENT	, EXPLAIN PROCE	DURE PURPOSE			4
5. PRE-PUNCTURE EVALUATION (palpate, select site, Allen's Test) 5			5			
6. PREPARE SITE 6			6			
7. OB	TAIN SAMPLE					7
8. POS	ST-PUNCTURE S	ITE CARE (apply pr	essure for minimum	n 5 minutes)		8
9. POS hema	ST-PUNCTURE S atoma, check dista	ITE EVALUATION l pulse)	(observe for bleed	ing,		9
10. PR plac	EANALYTICAL e in ice, label samı	SAMPLE HANDLI ole with patient ID)	NG (eliminate air,	apply cap, mix	,	10
11. COMPLETE PROCEDURE 11			11			
12. DOCUMENT PROCEDURE 12			12			
13. REVIEW AND ACCEPT RESULTS 13.			13			
14. FOLLOW-UP if necessary 14			14			
15. BEDSIDE MANNER			15			
Comme	nts:					
Evaluat	tion completed ir	n a timely manner.	□ yes	□ no		
Evaluat	tor's Signature	Date	□ pass	□ fail		

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

**<u>Unit Nine</u>:** HUMIDIFICATION/AEROSOL THERAPY

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

<u>Rationale</u>: 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.

# HUMIDIFICATION/AEROSOL THERAPY

Device		
Student Name	Hosp	Date
Procedure		Performance
1. CHECK ORDERS (device, frequency, durat	ion, medication, FIO2)	1
2. PRE-THERAPY EVALUATION (medical n	record, patient)	2
3. COLLECT EQUIPMENT (device, tubing, g connection: mask, face tent)	as source, patient	3
4. IDENTIFY AND EXPLAIN TO PATIENT	(purpose)	4
5. SET UP AND ADJUST EQUIPMENT (con liter flow)	nect device, adjust FIO2,	5
6. CHECK FUNCTION OF EQUIPMENT (m	6	
7. ATTACH TO PATIENT		7
8. MONITOR PATIENT (observation, general WOB, auscultation, HR, RR)	appearance, how tol	8
9. MODIFY THERAPY (if necessary)		9
10. POST-TREATMENT EVALUATION (ob how tol, auscultation, HR, RR, cough, results	servation, general appearance	10
11. COMPLETE PAPERWORK if necessary		11
12. DOCUMENT (date, time, Tx, medication,	results, how tol, sig)	12
13. BEDSIDE MANNER	13	
Comments:		Ι
Evaluation completed in a timely manner.	□ yes □ no	
Evaluator's Signature Date	$\Box$ pass $\Box$ fail	

 $\sqrt{-}$  acceptable x= unacceptable o = omitted n = not applicable

### <u>Unit Ten</u>: NONINVASIVE POSITIVE PRESSURE VENTILATION (NPPV) (Bilevel, CPAP)

- <u>Competency</u>: ADMINISTER, EVALUATE, AND RECOMMEND APPROPRIATE NPPV THERAPY ON A GIVEN PATIENT.
- <u>Rationale</u>: 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. 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.

# 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 EVALUA	TION (chart, patient)		2
3. COLLECT EQUIPMENT (	levice, tubing, mask)		3
4. EXPLAIN TO PATIENT (p	urpose)		4
5. SET-UP AND ADJUST EQ pressure, inspiratory time or the second	UIPMENT (connect device, settings ise time, FIO2, proper mask fit, set	for alarms )	5
6. CHECK FUNCTION OF E	QUIPMENT		6
7. ATTACH TO PATIENT			7
8. MONITOR PATIENT (obso WOB, auscultation, HR, RR,	rvation, general appearance, how tol SPO2, Vt, VE, ABG results)	,	8
9. ADJUST EQUIPMENT/SE	TTINGS (if necessary)		9
10. DOCUMENT implementation of NPPV.			10
11. COMPLETE PAPERWOR	K if required.		11
12. BEDSIDE MANNER			12
Comments:			ĺ
Evaluation completed in a timely	y manner □ yes □ no		
	pass 🛛 fail		
Evaluator's Signature	Date		
$\sqrt{-}$ acceptable $x=u$	nacceptable o = omitted	n = not applicable	

# **<u>Unit Eleven:</u>** ICU INTRODUCTION

Competency:	DEMONSTRATE COMPETENCE IN THE ICU INTRODUCTORY CLINICAL OBJECTIVES
Rationale:	The first 4-5 weeks of Clinical Experience in the 3 <sup>rd</sup> semester will be devoted to the presentation of the material contained in the ICU Prep Handbook, so the learner may rapidly achieve a threshold of information in order to provide perspective to future observance and practice.
Pass Date	**OBJECTIVES**
1	1. Discuss the essential information to be transferred during ICU report sessions, and the order in which they should be presented.
2	2. Demonstrate competence in ABG interpretation:
3	Recognize potential causes of acid base disturbances Recommend appropriate changes in ventilator settings to achieve ABG goals Recommend appropriate treatment 3. Discuss airway care:
	Describe and demonstrate the proper insertion of OPA and NPA Describe and demonstrate "blind" nasotracheal suctioning Describe and demonstrate sterile tracheal suctioning Describe and demonstrate sterile tracheal suctioning List the indications and hazards of airway suctioning Identify and prepare intubation equipment Discuss bedside methods to assess ETT position Describe and demonstrate techniques for securing and repositioning ETTs Describe and demonstrate endotracheal extubation Discuss and demonstrate cuff pressure monitoring Identify the parts of a tracheostomy tube Describe the use of a speaking valve Discuss and demonstrate techniques for obtaining patient mechanics
4	
	Discuss the principles of mechanical ventilation         Paw      Compliance      Raw      Plateau         Discuss the indications for mechanical ventilatory support
5	5. Discuss the clinical indications, generic/brand names, and side effects of the following
	Lidocaine Etomidate Epinephrine Versed

Morphine	Nipride	Verapamil	Levophed
Narcan	Romazicon	Ativan	Zemuron
Dopamine	Atropine	Lasix	Propofol
Digoxin	Dobutamine	tPA	Vasopressin
Succinylcholine_	Fentanyl	Nimbex	Precidex
Amiodarone	Bumex	Mannitol	Decadron

6. \_\_\_\_\_6. Discuss the administration of the following gases Inhaled nitric oxide \_\_\_\_\_ Heliox\_\_\_\_\_

Unit Twelve: AIRWAY MANAGEMENT

# <u>Competency</u>: 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 endotrachreal \_\_\_\_\_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 including the evaluation of skin integrity.
  7. \_\_\_\_\_ 7. Demonstrate competency in the measurement of cuff pressures
- 8. \_\_\_\_\_ 8. Demonstrate competency in the assessment of capnography.
- 9. 9. Demonstrate competency in assisting with bronchoscopy

# **NASOTRACHEAL SUCTIONING**

Student Name	Hosp	Date	
Procedure			Performance
1. CHECK ORDERS			1
2. COLLECT EQUIPMENT (complete suction	ı set-up, O2 equ	ipment)	2
3. ASSEMBLE EQUIPMENT (maintain sterili	ity, pres = $-80$ t	o -120)	3
4. PRE-OXYGENATE PATIENT (2-4 minute	s)		4
5. EXPLAIN TO PATIENT (purpose)			5
6. MAKE FIRST PASS WITH CATHETER (r rotate catheter, intermittent suction moving or	no suction in, pr ut slowly)	oper depth,	6
7. MONITOR PATIENT (general appearance,	EKG)		7
8. REPEAT OXYGENATION AND SUCTIO	N PASSES AS	NECESSARY	8
9. ASSESS SPUTUM (color, amount, consistent	ncy)		9
10. INSTILLATION TECHNIQUES (NS, ace	tylcysteine, coo	rdinate w/ pt)	10
11. OVERALL INFECTION CONTROL TEC	HNIQUE		11
12. POST-PROCEDURE CARE OF EQUIPM O2 & suction, re-connect patient, cover many and connect tubing)	ENT (proper d ual resuscitator	sposal, shut off	12
13. DOCUMENT (pt tol, sputum assessment, d	late, time, signa	ture)	13
14. BEDSIDE MANNER			14
Comments:			I
Evaluation completed in a timely manner.	□ yes	🗆 no	
	□ pass	□ fail	

Evaluator's Signature Date

 $\sqrt{-1}$  acceptable x=unacceptable o = omitted n = not applicable

### **CAPNOGRAPHY**

Device\_\_\_\_\_

Student Name Hosp Date	
Preliminary Steps	Performance
Acquires requisition or report	
Ubtains appropriate equipment and supplies	
Verifies physicians order	
Evaluates order for compliance with Clinical Practice Guidelines	
Detionst Interestion and Equipment Dreparation	
Patient Interaction and Equipment Preparation	
Correctly identifies patient	
Introduces self and identifies department	
Explains procedure to patient and provides patient/family education	
Confirms patient understanding	
Washes hands and implements Universal Precautions	
Implementation of Procedure	
Calibrates device according to manufacturer specifications with calibration gases in the clinical range	
Connects device in-line according to device specifications; minimizing deadspace and taking care to	
If using side stream device adjusts sampling rate to the recommended level	
Checks for proper function (presence of appropriate CO2 waveform): lack of signal contamination	
caused by secretions or condensate, excessive sample tube length or excessive sampling rate, or	
obstruction of the sampling chamber	
Evaluates and records arterial CO2 and end-tidal CO2 difference (PaCO2 - PetCO2) to establish baseline value (Caution: the difference between the PaCO2 and PetCO2 increases as deadspace)	
volume increases; the difference may also change within the same patient)	
Assesses end-tidal CO2 waveform to evaluate patient-ventilator interface and/or response to therapy	
aimed at improving matching of ventilation and perfusion (e.g. To detect re-breathing of CO2,	
intubation, decreased pulmonary blood flow or embolus, contamination of the sampling device, etc.)	
Follow-Un	
Monitor ventilator variables: "tidal volume, respiratory rate, PEEP, I:E ratio, Peak airway pressure,	
concentration of respiratory gas mixture"	
Monitor hemodynamic variables: "systemic and pulmonary blood pressures, cardiac output, shunt and ventilation perfusion imbalances"	
Evaluates pulse, blood pressure, respiratory rate, and saturation	
Completes breaths sounds evaluation and documents location of adventitious sounds by lobe	
Decontaminates hands with an alcohol-based hand rub or performs a 15 second hand wash	
Records relevant data in patient chart and appropriate departmental records	
Provides suggestions for modification of the patient care plan to physician or appropriate personnel, or	
modifies patient care plan following appropriate protocol	
Knowledge of Fundamental Concepts (student should be able to	
answer these questions)	
Identifies indications for Capnography	

### BRONCHOSCOPY ASSISTING

Device			
Student Name	Hosp	Date	
Preliminary Steps			Performance
Acquires requisition or report			
Identifies and gathers the necessary eq resuscitator and oxygen tubing, mask, supplies)	uipment (cylinder, regulator and flow PEEP valve, HME, monitoring equip	v metering device, manual oment; emergency airway	
Inspects medical records for precaution	ns/complications		
Verifies physicians order			
Implements Universal Precautions			
Patient Interaction and l	Equipment Preparation		
Review indications for procedure on the peripherals (e.g. tissue specimen samp	his patient in order to select the appro le, cell washings, removal of tissue b	ppriate equipment and by laser)	
Reviews patient chart for significant fi absolute contraindications to the proce	ndings and relevant data (specifically dure – e.g. recent MI, clotting disord	y looking for relative and ler)	
Uses appropriate isolation precautions			
Reviews patient compliance with the cresting state, proper attire, medication	conditions preceding the test (i.e. fast considerations, etc.)	ing, fluid restrictions,	
Confirms patient has complied with pr room air has been stable for required a	eparation criteria if applicable (e.g. S mount of time; stable ventilator para	Supplemental oxygen or meters)	
Identifies complications or risks assoc	iated with the procedure and complet	tes patient consent form	
Confirms patient and/or family unders	tanding of the procedure		
Equipment Preparation			
Gathers equipment related to the brond light source, video or photographic equ	choscopic device and confirms functi	on: appropriate size scope,	
Specimen Retrieval Equipment - gathe compatibility: cytology brushes, flexib specimen collection devices and fixati	rs appropriate peripheral devices for le forceps, transbronchial aspiration ves (ref. 1)	procedure and verifies needles, retrieval baskets,	
Collects additional equipment for proc tubes, thoracostomy tray, I.V. equipme	edure: syringes, bite block, laryngoso ent	cope, various sized ET	
Monitoring Devices - assembles and c ECG, blood pressure monitor, radiatio	hecks the function of monitoring equ n badge for personnel	ipment: pulse oximetry,	
Collects Oxygen Delivery and Resusci equipment and Code Cart, vacuum sys	tation Equipment: oxygen delivery e tem and related suction supplies	equipment, resuscitation	
Collects other equipment specific to the equipment)	e procedure (e.g. ventilatory support	, fluoroscopy or laser	
Follows institutional guidelines regard bronchoscopic procedure (be familiar used: narcotics and narcotic antagonis anesthetics, vasoconstrictors, bronchoo emergency resuscitation)	ing administration of medications pri- with the following types of medication ts, sedatives and sedative antagonists dilators, lubricants, sterile isotonic sa	ior to, during and post the ons that may be s, anticholinergics, topical line, fixatives, drugs for	
Implementation of Proce	edure		

The precise role of the bronchoscopy assistant depends on institutional polices and may vary significantly between institutions, but may include any or all of the following: Prepares patient for procedure	
Monitors patient during procedure	
Assists physician bronchoscopist with the procedure	
Handles specimens in an appropriate manner	
Follow-Up	
Assists physician bronchoscopist with post procedure care and monitoring of the patient (e.g. stable vital signs, oxygenation, and observes patient for potential complications - chest pain, dyspnea, wheezing, hemoptysis, etc.)	
Records relevant data in patient chart and appropriate departmental records	
Processes equipment appropriately for level of sanitation (cleaning, disinfection, sterilization); processes disposable equipment appropriately	
Records relevant data in patient chart and appropriate departmental records	
Provides suggestions for modification of the patient care plan to physician or appropriate personnel, or modifies patient care plan following appropriate protocol	
Documentation and Records	
Records procedure and documents outcomes in medical record	
Documents procedure in departmental records	
Knowledge of Fundamental Concents (student should be able to	
answer these questions)	
Identifies at least three indications for bronchoscopy	
Identify at least four complications associated with bronchoscopy	
Additional Comments: (enter in text field at right)	
Student Signature: Student may add signature by attaching a post-submission comment.	

### **Unit Thirteen: VENTILATORY SUPPORT**

- <u>Competency</u>: ESTABLISH AND MAINTAIN VENTILATION ON A PATIENT WITH A GIVEN VENTILATOR.
- <u>Rationale</u>: 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. Identify and describe the function of each of the ventilator controls and prepare a given ventilator for patient use.

VENTILATOR BRAND	ASSIST/CNTR L	SIMV	Spontaneous
NPB 840			
Hamilton G5			
LTV 1200			
PB 980			
Hamilton T1			
Other			

2.

2. Perform a ventilator check procedure and routine ventilator maintenance procedures.

3.

3. Troubleshoot and correct a given malfunction in a given ventilator.

4.

4. Demonstrate competency in the manual ventilation of a patient during transport.

### MANUAL VENTILATION DURING TRANSPORT

Device		
Student Name	Hosp Date	
Preliminary Steps		Performance
Acquires requisition or report		
Identifies and gathers the necessar resuscitator and oxygen tubing, m supplies)	ry equipment (cylinder, regulator and flow metering device, manual lask, PEEP valve, HME, monitoring equipment; emergency airway	
Inspects medical records for preca	autions/complications	
Verifies physicians order		
Patient Interaction ar	<u>id Equipment Preparation</u>	
Correctly identifies patient		
Introduces self and identifies depa	artment	
Explains procedure to patient and	provides patient/family education	
Confirms patient understanding		
Washes hands and implements U	niversal Precautions	
Implementation of Pr	ocedure	
Selects appropriate cylinder and v	verifies content via label	
Assembles cylinder, regulator & f Oxygen)	flow metering device correctly (see competency on Transport with	
Verifies pressure in cylinder and o	calculates duration of flow for patient device	
Based on time calculation change	e cylinder or bring extra cylinder for back-up	
Transfers cylinder to patient bed	using correct technique and proper placement	
Transfers manual resuscitator fro	m room oxygen source to portable source	
Attaches appropriate heat moistur	re exchanger	
Confirms PEEP valve assembly i	f appropriate	
Checks to make sure that portable	e system is operating correctly	
Removes patient from mechanica	l ventilation during exhalation and connects manual resuscitator	
Begins manual resuscitation, ensu sounds, pulse oximetry, and heart	uring adequate respiratory rate, chest expansion, bilateral breath t rate	
Follows oxygen safety precautior	15	
Follow-Up		
Recheck cylinder contents and ch	ange when necessary	
Connects patient to mechanical v	entilator and confirms operation and settings	
Decontaminates hands with an al	cohol-based hand rub or performs a 15 second hand wash	
Records relevant data in patient c	hart and appropriate departmental records	

Decontaminates hands with an alcohol-based hand rub or performs a 15 second hand wash	
Knowledge of Fundamental Concepts (student should be able to	
answer these questions)	
Identifies indication for manual ventilation and supplemental oxygen during transport	
Identifies potential complications associated with cylinder transport	
Understands use of monitors and appropriate troubleshooting steps	
Identifies flow meter in use: Bourdon gauge, Thorpe Tube, and variable orifice/adjustable flow restrictor	
Incorrect equipment assembly / usage	
Additional Comments: (enter in text field at right)	
Student Signature: Student may add signature by attaching a post-submission comment.	

### **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. 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, FEV1%.
- 4. <u>Calculate volumes and capacities and flows from spirometer tracings or readouts, and compute the percent predicted values.</u>
- 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:** MANAGEMENT OF THE PATIENT ON VENTILATORY SUPPORT

- <u>Competency</u>: 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<br/>Respiratory Care Practitioner, which requires a familiarity of the patient's entire clinical status.<br/>Once the patient's condition is stabilized, the Respiratory Care Practitioner must use the<br/>appropriate weaning procedures to allow the patient to breathe and function according to his/her<br/>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. Evaluate the parameters that are used to monitor all modes of mechanical ventilation on a 3.\_\_\_\_\_ given patient.

vital signs	 Pulmonary artery catheter me	asurements
auscultation	 PAP	
CXR	 PCWP	
	CVP	
	PIP	
	dynamic compliance	
ABG's	 static compliance	
I & O	 driving pressure	

sputum

body weight	
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.

### **INITIATING VENTILATOR CARE**

Device					
Student Name	Н	losp		Date	
Procedure					Performance
1. CHECK ORDERS (device, pa	arameters, mod	e)			1
2. SET-UP AND ADJUST EQU power, prepare humidifier set p P, sensitivity, pres limits, alarm	IPMENT (com parameters: Vt, ns)	nect gas source, RR, V, FIO2, P	connect S,		2
3. PERFORM PRE-USE PERF	ORMANCE C	HECK.			3
4. EXPLAIN TO PATIENT					4
5. ATTACH TO PATIENT					5
6. MONITOR PATIENT (observation, how tol, auscultation)				6	
7. ADJUST VENTILATOR (if necessary)					7
8. COMPLETE PAPERWORK IF REQUIRED					8
9. DOCUMENT APPROPRIAT	TELY				9
10. BEDSIDE MANNER					10
Comments:					'
Evaluation completed in a time	ly manner.	□ yes	□ no		
Evaluator's Signature	Date	$\Box$ pass	□ fail		
$\sqrt{-}$ acceptable x= un	acceptable	o = omitted		n = not applicabl	e
## NORTH SHORE COMMUNITY COLLEGE DAILY PATIENT ASSESSMENT Clinical Experience 3 and 4

Student Name	Date
Admitting Diagnosis	
Pulmonary Diagnosis	
Past Medical History	
Date of Admission	
Pt Age and Gender	

### Airway

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

## Ventilator

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

## Treatment(s)

List all respiratory treatments (medications and modalities)	

## **Patient Data**

Total RR	Spont Vt	
PIP	MAP	
Auto PEEP	Raw	
P plateau	VE	
P/F ratio	Compliance	

## **Patient Assessment**

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

## **Evaluate the following:**

0	
Arterial Line (location, accuracy of readings)	
Central Line or PICC Line (location)	
PA catheter (location, accuracy of readings)	
Chest tubes (location, suction/water seal)	
Gastric tubes (location, suction?)	
Foley catheter (present?, I + O last 24 hours)	

# Pharmacology (All drugs patient is on)

Drug Name	Current dosage	Classification	Status (weaning, maximum)

## **Cardiovascular Assessment**

EKG rhythm	РАР	РСѠР	СVР	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

## 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.

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

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

#### Unit Sixteen: PEDIATRIC/NEONATAL RESPIRATORY CARE

- <u>Competency</u>: PERFORM, EVALUATE, AND RECOMMEND RESPIRATORY CARE ON A PEDIATRIC/NEONATAL PATIENT.
- <u>Rationale</u>: 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	
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 FIO2 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.

## NORTH SHORE COMMUNITY COLLEGE RESPIRATORY CARE PROGRAM CLINICAL PROCEDURE CHECKOFF

## **Initiation of Neonatal Mechanical Ventilation**

Device				
Student Name	Hosp	Date_		
Preliminary Steps				Performance
Acquires requisition or report				
Identifies and gathers the necessary of	equipment			
Inspects medical records for precauti assessment, signs of asphyxia, signs	ons/complications including of aspiration, laboratory data	g maternal history, <sub>l</sub> a	physical	
Verifies physicians order				
<b>Patient Interaction and</b>	<b>Equipment Prepa</b>	<u>aration</u>		
Establishes an airway				
Assembles the required equipment including ventilator, patient circuit, humidifier, resuscitation bag, noninvasive monitors				
Performs ventilator pre-use check				
Establish appropriate setting for patient including mode, respiratory rate, inspiratory time, expiratory time, flow pattern, trigger, flow, inspiratory pressure or tidal volume, pressure limit, PEEP, pressure support, FiO2				
Sets alarms appropriately				
Implementation of Proc	edure			
Attaches ventilator to patient and more rise, appearance, ventilator waveform	nitors patient and ventilator	including breath so	ounds, chest	
Documents patient ventilator assessm	nent.			
Additional Comments: (enter in tex	t field at right)			
Student Signature: Student may add	d signature by attaching a po	ost-submission com	ment.	

### **Unit Seventeen: PATIENT ASSESSMENT 2**

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

<u>Rationale</u>: 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.

EOS
sputum
C & S
AFB
cytology

3. |

\*3. Demonstrate competency with radiology assessment.

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

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

ventricular tachycardia	PVCs
ventricular fibrillation	 
atrial arrhythmias	 others

### **Unit Eighteen:** CASE STUDY

- <u>Competency</u>: 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.
- <u>Grade</u>: 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. <u>Case Presentation</u> (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 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 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:

Competency	<b>Student Evaluation Method</b>	Graduate Evaluation Method
<ol> <li>Demonstrate core knowledge about current and evolving biomedical and clinical sciences and the application of this knowledge to patient care. Applies evidence-based practice.</li> </ol>	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. (group projects/presentations, simulation activities, lab activities)	Performance in interdisciplinary simulation, IPR, Performance in group activities/projects	CoARC graduate and employer survey results
7. Use computer technology appropriate to the field	Complete activities on the college's online platform	Attainment of RRT credential

8. Apply critical thinking and problem-solving strategies effectively. Use scientific and quantitative/mathematical reasoning.	(Blackboard), clinical setting documentation, perform web-based assignments and complete NBRC self- assessment exams. 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 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
<ol> <li>Work effectively in groups of people from diverse backgrounds.</li> </ol>	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. Performance in group activities	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 Performance in didactic, lab, and clinical exams	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. <u>The student must demonstrate at least the minimum satisfactory assessment for</u> <u>each program competency by the end of the semester.</u>

### **STUDENT NAME:**

### DATE:

Competency	Needs improvement	Satisfactory	Exceeds expectation
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.			

## 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.

Stu	dent

## 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			

Unit	Competency	Student initials	Instructor initials	Date
10	Administer, evaluate and recommend appropriate NPPV therapy on a given patient			
11	Demonstrate competence in the Introductory ICU objectives			
12	Perform, evaluate and recommend appropriate airway management for a given patient			
13	Establish and maintain ventilation on a patient with a given mechanical ventilator			
14	Observe, discuss, perform and interpret pulmonary function tests			

## **CE-4**

Unit	Competency	Students	Instructors	Date
15	Recognize the causes of ventilatory/respiratory failure and perform, evaluate and recommend ventilator	mitiais	Initiais	
16	Perform, evaluate, and recommend appropriate pediatric/neonatal care			
17	Perform, and/or interpret the appropriate patient assessment data/procedures for a given patient			
18	Prepare and present a 30 minute oral and written case study demonstrating understanding of a respiratory related condition managed with a mechanical ventilator			

 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.

CE 1 2 3 4 20

Name\_\_\_\_\_

## APPEARANCE

- A. meets expectation 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. exceeds expectation by always sets an outstanding example with dress, personal appearance, and paraphernalia.
- D. usually dressed appropriately, but sometimes inappropriate paraphernalia in patient's presence.

#### Comments:

#### ATTENDANCE

- A. frequent absences with or without appropriate excuses or occasionally absent without appropriate excuse.
- B. does not meet expectation with chronic absences with poor or no excuse.
- C. exceeds expectation with perfect attendance
- D. 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.

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

#### 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. 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.

Comments:

#### PRODUCTIVITY

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

#### Interpersonal Relations Evaluation (continued)

#### COMMUNICATION SKILLS

- A. always communicates accurately with occasional extraneous information. Understands intent of verbal and written instructions and follows them. Explanations are clear almost all of the time. May occasionally use inappropriate non-verbal signs.
- B. occasionally 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.
- C. frequently gives inaccurate information. Gives much extraneous information that often confuses the message. Rarely able to follow verbal instructions and has difficulty with listening. Explanations are usually unclear. Often uses very inappropriate non-verbal signs.
- D. 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. Listens intently.

Comments:

#### COOPERATION

- A. always functions cooperatively and respectively with patients, instructors, students, or other members of health care team and can work with those from diverse backgrounds. Highly effective at negotiating all differences with others.
- B. occasionally uncooperative and disrespectful with patients, instructors, students, or 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.
- C. usually uncooperative and disrespectful with patients, instructors, students, or other members of health care team and is uncooperative with those from diverse backgrounds. Always wants it his/her way. Unable/unwilling to negotiate differences with others.
- D. Almost always functions cooperatively and respectfully with patients, instructors, students, other members of health care team and can work with those from diverse backgrounds. Able to negotiate most differences with others.

#### 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.

Comments:

#### GENERAL ATTITUDE

- A. present but lacks interest
- B. usually treats the course as "necessary", occasionally shows genuine interest in learning.
- C. always enthusiastic and interested in pursuing learning. Frequently able to motivate and stimulate interest in others.
- D. always demonstrates genuine interest in learning. Frequently demonstrates enthusiasm in learning.

Comments:

#### **PSYCHOMOTOR SKILLS**

- A. has the ability to independently set-up, break down, troubleshoot and assess the proper functioning of equipment
- B. generally has the ability to independently set-up, break down, troubleshoot and assess the proper functioning of equipment but with occasional prompting
- C. lacks the ability to independently set-up, break down, troubleshoot and assess the proper functioning of equipment, even with prompting
- D. Has some ability to independently set-up, break down, troubleshoot and assess the proper functioning of equipment, requires prompting

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.

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 as	ssistanc	e from:
Clinical Coordinator		Program Director
□Student Support Center		Counseling Center
Clinical Instructor		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

#### **<u>Clinical Experience Unit Exam Summary</u>**

Student Name

CE 1 2 3 4

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

Instructor's Comments:

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

I have seen and discussed this evaluation:		No comments $\Box$	Commer	nts below
Student Comments: (indicate if an addition	al she	et has been used)	□ Yes	□ No

Evaluator's Signature	Date	□Pass	s □ 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.

Areas	Student Self-	Instructor	Instructor Comments
	Evaluation	Rating	
1. Appearance			
* Professional Appearance			
(Uniform, stethoscope, jewelry, hygiene)			
2. Attendance			
<ul> <li>Attendance, reports to clinical on time</li> </ul>			
<ul> <li>Follows procedure for notification for</li> </ul>			
absence or tardiness			
3. Preparation			
<ul> <li>Prepared for all activities</li> </ul>			
• Applies theory to clinical application			
• Has necessary items to perform therapy			
4. Initiative			
Completes work comfortably			
• Seeks out additional activities during spare			
time. Is self-directed			
5. Productivity			
• Can complete tasks in appropriate amount of			
time			
6. Communication Skills			
• Give report accurately and concisely			
• Communicate clearly with staff, patients,			
family members, classmates and faculty.			
• Can complete written			
materials/documents/charting at a			
professional level.			
7. Cooperation			
• Functions cooperatively as member of an			
inter-professional team. i.e. staff, faculty,			
classmates and patients/family members			
• Can work effectively with diverse groups.			
• Can effectively negotiate differences with			
others			
8. Change			
Can improve by self-evaluation			

• Desdily seconts constructive anti-		
Readily accepts constructive criticism		
<ul> <li>Incorporates suggestions from instruction</li> </ul>		
into practice		
9. Professional Behavior and Attitude		
• Is enthusiastic and interested in learning		
Seeks out clinical experiences to enhance		
learning		
• Projects a professional attitude and demeanor		
Demonstrates ethical behavior		
10. Knowledge		
• Has appropriate knowledge to perform safely		
and competently within scope of practice		
• Can perform therapy with appropriate level		
of supervision		
<ul> <li>Applies evidence based practice to patient</li> </ul>		
care		
Can apply aritical thinking and problem		
• Call apply critical tilliking and problem		
Solving strategies effectively.		
• Uses technology effectively.		
• Is able to locate, evaluate and utilize		
information effectively.		
Instructor Use		
Student is progressing appropriately. Yes No		
Suggestions for improvement:		

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

Clinical Coordinator Interaction-

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	
	COMPETENCIES SCORES	AVERAGE (40%)
	FINAL SIMULATION EX	AM SCORE (40%)
	WRITTEN QUIZ-EXAM	AVERAGE (20%)
	FINAL AV	ERAGE
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**

## **<u>Clinical 4 Progress Report</u>**

Student Name	Hospital	_
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.

#### 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 and clinical coordinator via NSCC email only BEFORE the start of the clinical day. All students must clock in and clock out each clinical day via Trajecsys. After 2 missed submissions, a verbal warning will be given and then 1 point will be deducted from the student's final grade average for each subsequent missed submission (in or out).
- 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 <u>per day</u> 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.

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 <u>No Call/No Show\*</u> 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.

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:
- without prior notification/approval of the Clinical Instructor +/or the Clinical Coordinator
   OR -
- 2) without <u>personally</u> notifying the Clinical Instructor before the start of the shift on the day of the absence.

#### **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). No false eyelashes are allowed. 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 <u>refrain totally</u> 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.

### **COMMUNICATION POLICY**

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

- 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.
- 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.

### 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:

- Adhering to the clinical dress code of the program.
- Behaving courteously towards patients, faculty, hospital staff, and peers. Displaying a professional demeanor including the use of professional language at all times.
- Adhering to the attendance policy of the program.
- Performing procedures, administering therapy, and completing assigned work in accordance with established policies and procedures in a timely manner.
- Demonstrating the ability to work independently and utilizing free clinical time effectively.
- 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.]
- Maintaining patient confidentiality at all times both in and out of the hospital including the classroom while on campus.
- 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 written warning (#1) by the instructor, Clinical Coordinator, or the Program Director.
- 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 graduation may be affected.

- 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. A meeting with the Dean of Health Professions, Program Director, and another faculty member concerning Health Professions dismissal is required.
- 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.

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 Dean of Health Professions, program director and clinical coordinator.
- 3. The Dean, 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 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

- 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.
- 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).
- 4. 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.
- 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.
- 6. 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

Test	Normal Value	Normal Range
ALARM VALUES Oxygen analyzer Ventilator pressure limit Atmospheric Values Oxygen 20.95% Nitrogen 78.08% CO <sub>2</sub> .03%		+/- 5-10% from set FIO2 +/- 10 cmH2O from PIP
Blood Gas Values $Arterial$ PH         PaCO2         PaO2         SaO2 @ PaO2 = 95 mmHg         @ PaO2 = 60 mmHg         @ PaO2 = 40 mmHg	7.40 40mmHg 95mmHg 97% 90% 75%	7.35-7.45 35-45 mmHG 80-100 mmHg 95-100%
HCO <sub>3</sub> A-a DO2 CaO2 CvO2 CaO2-CvO2 P50 Tot CO2	24mEq/L 10mmHg on room air 20 vol% 15 vol% 5 vol% 27mmHg 25	22-26mEq/L 5-10 mmHg on room air or less than 100mmHg on 100% O2
BE COHb	0 mEq/L Less than 1.5% in non smokers, 3- 10% in smokers Less than 1% in normal patients	-2 to +2 mEq/L
Venous           PH           PvCO2           PvO2           HCO3	7.36 46 mmHg 40 mmHg 26 mEq/L	7.31 – 7.41 41 – 51 mmHg
PULMONARY VALUES         Lung compliance (static)         Lung & chest wall compliance $R_{aw}$ $V_d/V_t$ FEV1/FVC         Dlco.         PECO2.         MVV.         VO2.         VCO2.         V_A         V_E.	0.2 L/cmH2O 0.1 L/cmH2O 1.5 cmH2O/L/sec 0.3 80% 25 ml/min/torr 25 mmHg 170 L/min 250 ml/min 200ml/min 4L/min	4-6 L/min 5-10 L/min

#### CARDIAC VALUES

CI
SV
O/O
$Q_{s} Q_{t}$
PAP
CVP
DOUUD
PCWP
OT
PVK
SVR
CV/I
SV1
EF
DA
КА
RV
LA
LV

3.2 70 ml/beat	2.: 50
	2-
25/10 mmHg	20
	3-
	6-
5L/min	4-
<250 dynes/sec/cm5	
	80
	33
67%	65
	2-
	20
	4-
	10

2.5-4 L/min/M2 50-80 ml/beat 2-5% 20-30/6-15 mmHg 3-8 cmH2O, 2-6 mmHg 6-12 mmHg 4-6 L/min 800-1200 dynes/sec/cm5 33-47 ml/beat/m2

33-47 ml/beat/m2 65-75% 2-6 mmHg 20-30/0-5 mmHg 4-12 mmHg 100-140/0-5 mmHg

#### LABORATORY VALUES

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	
VITAL SIGNS		
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
НК	72 beats/min	60-100 beats/min

#### **APPROXIMATE F1O2s:**

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		ted		
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, 6th 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**

BID	Twice a day	
TID	Three times a day	
QID	Four times a day	
Q4º or Q4H	Every 4 hours	
Q2° or Q2H	Every 2 hours	
PRN	As needed	
Q4H PRN	Every 4 hours as needed	
Q4H + PRN	Every 4 hours and as needed	

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.

## APPENDIX A

## **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.

Student signature

Date

## **APPENDIX B**

## 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 \_\_\_\_\_

Date \_\_\_\_\_

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


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

# **APPENDIX C**

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

Ι

, 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



1 Ferrenoff Read PC Day 2340 Damers, Massachusetts 01923-0840 Damers Campus Telephone: 978-762-0400 Lyna Campus Telephone: 978-10-996-6722 Institute for Corporate Training & Technology/Beverly Telephone: 978-264-0200 www.northshore.edu

### **APPENDIX D**

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

**Student Name:** 

**Emergency Contact:** 

Name:

**Telephone Number:** 

**Relationship:** 



1 Ferreroof Read P.O. Box 3240 Dumrers, Massicchusetts 01923-0840 Damrers Campus Telephone: 798-702-0400 Lynn Campus Telephone: 791-936-6722 Institute for Corporate Training & Technology/Beverly Telephone: 978-236-1200

# **APPENDIX E**

### North Shore Community College Respiratory Therapy Program

**Personal Data Sheet** 

<b>Personal Information</b>			
Name		Date of Birth	
Address			
Home Phone		Cell Phone	
Email			
Health Insurance Informati	<u>on</u>		
Name of Insurance Carrier			
Policy Number			_
Emergency Contact Inform	<u>ation</u>		
Name			
Relationship			
<b>Contact Phone Numbers</b>	Home		
	Work		
Secondary Contact	Cell		
Name		Phone Number	
Relationship			
I certify that the above in	formation is	accurate	
Signature		Date	

#### **APPENDIX F**

### **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