



**Mountain Empire
Community College**

Student Handbook 2023-2024

**Respiratory Therapy Program
Associate of Applied Science
Division of Health Sciences**

Mountain Empire Community College is an equal opportunity, affirmative action institution providing access to educational and employment opportunities without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability

Accreditation Statements

Mountain Empire Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Associate in Arts, Associate in Science, and the Associate in Applied Science degrees.

Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call 404.679.4500 for questions about the accreditation of Mountain Empire Community College.

<http://www.sacscoc.org/>

Please do not contact the Commission with other questions unless there is evidence that appears to support Mountain Empire Community College's significant non-compliance with the Commission's accreditation requirements or standards.

Check the College website, mecc.edu, for addenda.



The Respiratory Therapy Program at Mountain Empire Community College holds Continuing Accreditation from the Commission on Accreditation for Respiratory Care (www.coarc.com). This status signifies that the Program has demonstrated sufficient compliance with the CoARC Standards. It is recognized by the National Board of Respiratory Care (NBRC) toward eligibility to the Respiratory Care Credentialing Examination(s). Enrolled students completing the Program under Provisional Accreditation are considered graduates of a CoARC accredited program. Comments or complaints may be directed to the following:

Commission on Accreditation for Respiratory Care (CoARC)
264 Precision Blvd
Telford, TN 37690
817.283.2835
www.coarc.com

Programmatic Outcomes Data
<https://coarc.com/students/programmatic-outcomes-data/>

Welcome

The choice of Respiratory Therapy as a course of study should be accompanied by a devotion of one's total effort toward sound educational and professional objectives. You have been selected on the basis that you have made such a commitment. The Respiratory Therapy Program Handbook consists of the Program's mission, philosophy, goals, policies, and procedures applying to all Respiratory Therapy Program students, Program faculty, and staff. The Program goals, policies, and procedures will apply to you as a student as you progress toward graduation.

Each of you enters MECC with a unique set of experiences and backgrounds. We hope you will share that diversity with us and your classmates learning to respect differences, and use this opportunity to learn more about others and the profession of respiratory therapy.

Your academic success in the Respiratory Therapy Program depends on you! We will provide you with the qualified faculty, resources and experiences which will direct your program. Each of you must take responsibility to attend classes, follow your course syllabi, complete required readings prior to class, and come to class and clinical with assignments prepared.

After reading the handbook materials, you are required to sign the Respiratory Therapy Handbook Acknowledgement Form. Please complete and sign the form as indicated, and return the form to program faculty by the end of the second week of class of the summer semester. In addition to this handbook, you are expected to read and comply with the policies as published in the MECC College Catalog and Student Handbook.

We, the faculty and staff of the Respiratory Therapy Program, are looking forward to your success and your future as a health care professional. We are here to assist you in your learning process. Congratulations on selecting an exciting and rewarding career.

Sincerely,

Wes Mullins

Wes Mullins, MBA, RRT
Assistant Professor and Program Director

Isaac Sharrett

Isaac Sharrett, BBA, RRT
Instructor and Director of Clinical Education

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RESPIRATORY THERAPY PROGRAM
FACULTY & SUPPORT STAFF**

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Disclaimer Clause

The Respiratory Therapy Program at Mountain Empire Community College reserves the right to make changes in the regulations and policies announced in this handbook as circumstances arise. If changes in this handbook are required during the academic year, then the student will be given notice of those changes and asked to verify by signature that the required changes were received and understood.

Advisory Committee

An advisory committee is appointed to assist in Program development and evaluation. The committee will also assist the Program staff in achieving learning outcomes and establishing effective clinical relationships. The advisory committee consists of local individuals who are involved in respiratory therapy. Members include hospital representatives, rehab/long term care representatives, physicians, graduates, and students

Members

Jason Crawford, BBA, RRT
Respiratory Services Manager
Holston Valley Medical Center
Kingsport, TN

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I. PROGRAM INFORMATION

Program Mission Statement

The Respiratory Therapy Program's mission and philosophy are consistent with the College's mission and philosophy. The Respiratory Therapy Program faculty and staff also endorse the following beliefs:

The mission of the Mountain Empire Community College Respiratory Therapy Program is to provide competent advanced-level respiratory therapists who demonstrate professionalism while providing excellent care. It will provide the graduates with comprehensive skills to meet the employment needs of health care providers within the MECC service region, the commonwealth, and the nation.

Program Philosophy

The Mountain Empire Community College Respiratory Therapy Program is centered on the health care of patients. The health interests of the patients are impacted directly by the **quality** of care given by the graduates of the Program. That philosophy is the driving force behind the Program's primary goal, which is to prepare graduates to practice as competent advanced level respiratory care practitioners. Graduates will demonstrate **excellence** in knowledge, psychomotor skills, and attitudes expected of an advanced level respiratory therapist.

The faculty believes that the focus of respiratory care education should be comprised of a sound, integrated curriculum based on the biological and behavioral sciences with development of interpersonal relationships, critical thinking, effective communication, and problem solving skills incorporated throughout. The subject-centered curriculum is designed from simple to complex and sequenced to address the content necessary to achieve both the Program and educational outcomes.

The respiratory therapist is a part of the health care team, identifying and solving the problems that relate to respiratory diseases and disorders of the cardiopulmonary system. Therefore, the respiratory therapist is an integral part of the health care team.

The faculty believes their role is to be facilitators for student learning. Teaching is an interactive process that enhances learning for the student/learner. The instructor provides the learner with resources, **integrity**, and guidance to facilitate learning. Teaching is most effective when it adapts to the learner's needs. The learner is an active participant in the teaching-learning process and is **accountable** for his or her own learning. Learning is a life-long process.

Purpose

Congruent with the mission and goals of the College, the Respiratory Therapy Program is specifically designed to offer the new student and the Registered Respiratory Therapist the opportunity to attain the role, responsibilities, and accountability of graduates of the Associate in Applied Science degree. Graduates of the Program are eligible to take the National Board for Respiratory Care's Advanced Practitioner examinations; the Therapist Multiple-Choice (TMC) exam and Clinical Simulation Examination (CSE), leading to designation as a Registered Respiratory Therapist (RRT).

Goal

The goal of the MECC Respiratory Therapy Program is to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by Registered Respiratory Therapists.

The following Program Learning Outcomes helps us to measure our program goal.

Program Learning Outcomes (PLOs)

Upon completion of the Associate in Applied Science degree, the graduate will be able to assume the role of a provider of direct patient care, manage a group of patients, and participate as a member of the health care team. The graduate will be able to demonstrate appropriate cognitive abilities, as well as use psychomotor and critical thinking skills when performing the following competencies:

PLO #1

Upon completion of the program, the student will have demonstrated the ability to gather, comprehend, evaluate, apply, and problem solve using clinical information relevant to his/her role as a registered respiratory therapist.

1. Collecting equipment and performing diagnostic and therapeutic procedures appropriate to the respiratory care plan
2. Assembling, maintaining and troubleshooting respiratory care equipment
3. Performing procedures that will assure equipment cleanliness, disinfection and/or sterilization
4. Assisting the physician in performing special procedures

Evaluation: **Psychomotor**

- CoARC Employer Survey
- CoARC Graduate Survey
- Clinical Proficiency Evaluations
- Clinical Simulation on manikins or simulators
- Faculty Assessment of Students Clinical Performance

PLO #2

Upon completion of the program, the student will have demonstrated the ability to perform the clinical technical skills relevant to his/her role as a registered respiratory therapist.

1. Reviewing, collecting, and evaluating clinical data derived from the patient's history, physical assessment, and/or respiratory therapy orders
2. Recommending, performing and evaluating additional laboratory and bedside assessment procedures
3. Developing and assessing the respiratory care plan
4. Selecting, assembling, maintaining (including proper disinfection and sterilization), and correcting malfunctions of respiratory care equipment
5. Performing quality control procedures
6. Initiating, conducting, and modifying prescribed therapeutic procedures and/or the pulmonary rehabilitation to achieve one or more specific objectives. Objectives to include mechanical ventilation and intensive care monitoring
7. Recording, maintaining and communicating relevant information concerning the respiratory care of the patient
8. Assisting the physician with special procedures including:
 - Bronchoscopy
 - Thoracentesis
 - Insertion of chest tubes
 - Invasive monitoring equipment insertion
 - Transtracheal aspiration
 - Tracheostomy
 - Stress testing
 - Transtracheal oxygen catheter placement
 - Sleep Studies
 - Cardioversion
 - Intubation

Evaluation: **Cognitive**

- NBRC Therapist Multiple Choice Examination
- NBRC Clinical Simulation Examination

- CoARC Employer Survey
- CoARC Graduate Survey
- Clinical Proficiency Evaluations
- Clinical Simulation on manikins or simulators
- Faculty Assessment of Students Clinical Performance

PLO #3

Upon completion of the program, the student will have exhibited the personal behaviors consistent with professional standards and employer expectations of a registered respiratory therapist.

1. Communicating satisfactory with members of the health care team
2. Participating in a professional organization
3. Participating in continuing education by completing independent readings on respiratory care procedures and/or practices; by viewing audiovisual materials; or by attending conferences, workshops, and seminars pertinent to the practice of respiratory care
4. Being cooperative, ethical, dependable, mature, independent, empathetic, and confident
5. Demonstrating good judgement and organizational skills

Evaluation: ***Affective***

- CoARC Employer Survey
- CoARC Graduate Survey
- Clinical Proficiency Evaluations
- Clinical Simulation
- Faculty Assessment of Students Clinical Performance

Measurable Expected Program Outcomes (Student Learning Outcomes)

- On time graduation rate of at least 70%
- Average of at least 70% retention of the total number of students in the enrollment cohort (3-year average).
- 60% of total number of graduates achieving the TMC High Cut Score (3-year average).
- Average of 60% of graduates will obtain NBRC RRT credential (3-year average).
- Average of at least 70% of graduates will have job placement within twelve months of graduation (3-year average).
- Graduate overall satisfaction of the program survey of 80% or higher (3-year average)
- Employer overall satisfaction of the program survey of 80% or higher (3-year average)

Mountain Empire Community College Respiratory Therapy Program Curriculum

Curriculum Sequence

			Credit Hours
Semester 1 <i>(Summer)</i>	NAS 171	Human Anatomy and Physiology	4
	RTH 102	Integrated Sciences for Respiratory Care	3
	RTH 110	Fundamental Theory and Procedures for Respiratory Care	3
	SDV 100	College Success Skills	1
		Social Science/Humanities Elective	3
Total - 14			
Semester 2 <i>(Fall)</i>	ENG 111	College Composition I	3
	RTH 111	Anatomy & Physiology of the Cardiopulmonary System	3
	RTH 131	Respiratory Care Theory and Procedures I	4
	RTH 145	Pharmacology for Respiratory Care	2
	RTH 151	Fundamental Clinical Procedures I	4
Total - 16			
Semester 3 <i>(Spring)</i>	RTH 112	Pathology of the Cardiopulmonary System	3
	RTH 121	Cardiopulmonary Science	3
	RTH 132	Respiratory Care Theory and Procedures II	4
	RTH 152	Fundamental Clinical Procedures II	4
Total - 14			
Semester 4 <i>(Summer)</i>	RTH 135	Diagnostic & Therapeutic Procedures I	2
	RTH 224	Integrated Respiratory Therapy Skills I	2
	RTH 253	Advanced Clinical Procedures III	3
		Humanities/Fine Art Elective	3
		Social Science Elective	3
Total - 13			
Semester 5 <i>(Fall)</i>	ITE 119	Information Literacy	3
	RTH 226	Theory of Neonatal and Pediatric Respiratory Care	2
	RTH 227	Integrated Respiratory Therapy Skills II	2
	RTH 254	Advanced Clinical Procedures IV	3
	RTH 265	Current Issues in Respiratory Care	2
	RTH 267	12 Lead – EKG Diagnostics	3
Total - 15			

Core competencies for HLT 105, Cardiopulmonary Resuscitation, are covered within RTH 110. Students will receive a BLS Healthcare Provider Card.

Credits Required to Graduate - 72

Note: Courses must be taken in the sequence outlined above. Students will not be allowed to progress to the next semester if all academic and respiratory courses are not completed successfully.

Course Descriptions for Respiratory Therapy Program

RTH 102 – Integrated Sciences for Respiratory Care (3 cr.)

Integrates the concepts of mathematics, chemistry, physics, microbiology, and computer technology as these sciences apply to the practices of respiratory care. *Lecture 3 hours per week.*

RTH 110 – Fundamental Theory and Procedures for Respiratory Care (3 cr.)

Focuses on the development of basic respiratory care skills necessary to enter the hospital environment. *Lecture 2 hours. Laboratory 3 hours. Total 5 hours per week.*

RTH 111 – Anatomy & Physiology of the Cardiopulmonary System (3 cr.)

Concentrates on anatomy and physiology of the cardio-pulmonary system. *Lecture 3 hours per week.*

RTH 112 – Pathology of the Cardiopulmonary System (3 cr.)

Presents pathophysiology of medical and surgical diseases with emphasis upon diseases of cardiopulmonary system. *Lecture 3 hours per week.*

RTH 121 – Cardiopulmonary Science (3 cr.)

Focuses on pathophysiology, assessment, treatment, and evaluation of patients with cardiopulmonary disease. Explores cardiopulmonary and neuromuscular physiology and pathophysiology. *Lecture 3 hours per week.*

RTH 131 – Respiratory Care Theory and Procedures I (4 cr.)

Presents theory of equipment and procedures and related concepts used for patients requiring general, acute and critical cardiopulmonary care. *Lecture 3 hours. Laboratory 3 hours. Total 6 hours per week.*

RTH 132 – Respiratory Care Theory and Procedures II (4 cr.)

Presents theory of equipment and procedures and related concepts used for patients requiring general, acute and critical cardiopulmonary care. *Lecture 3 hours. Laboratory 3 hours. Total 6 hours per week.*

RTH 135 – Diagnostic and Therapeutic Procedure I (2 cr.)

Focuses on purpose, implementation and evaluation of equipment, and procedures used in the diagnosis and therapeutic management of patients with cardiopulmonary disease. *Lecture 2 hours. Total 2 hours per week.*

RTH 145 – Pharmacology for Respiratory Care (2 cr.)

Presents selection criteria for the use of, and detailed information on pharmacologic agents used in pulmonary care. *Lecture 2 hours per week.*

RTH 151 – Fundamental Clinical Procedures I (4 cr.)

Offers clinical instruction in basic patient care practices. *Lecture 2 hours. Laboratory 6 hours. Total 8 hours per week.*

RTH 152 - Fundamental Clinical Procedures II (4 cr.)

Offers clinical instruction in basic patient care practices. *Lecture 2 hours. Laboratory 6 hours. Total 8 hours per week.*

RTH 224 - Integrated Respiratory Therapy Skills I (2 cr.)

Presents intensive correlation of all major respiratory therapy subject areas reflecting the entry-level and advanced practitioner matrices. Emphasizes assessment, implementation, and modification of therapy to patient response. *Lecture 2 hours per week.*

RTH 226 - Theory of Neonatal and Pediatric Respiratory Care (2 cr.)

Focuses on cardiopulmonary physiology and pathology of the newborn and pediatric patient. *Lecture 2 hours per week.*

RTH 227 - Integrated Respiratory Therapy Skills II (2 cr.)

Presents intensive correlation of all major respiratory therapy subject areas reflecting the entry-level and advanced practitioner matrices. Emphasizes assessment, implementation, and modification of therapy to patient response. *Lecture 2 hours per week.*

RTH 253 - Advanced Clinical Procedures III (3 cr.)

Offers clinical instruction in advanced patient care practices. *Clinical 15 hours per week.*

RTH 254 - Advanced Clinical Procedures IV (3 cr.)

Offers clinical instruction in advanced patient care practice. *Clinical 15 hours per week.*

RTH 265 - Current Issues in Respiratory Care (2 cr.)

Explores current issues affecting the profession of respiratory care. *Lecture 2 hours per week.*

RTH 267 - 12 Lead Electrocardiographic Diagnostics (3 cr.)

Presents a basic review of cardiac anatomy and physiology, and fundamental EKG's including the dysrhythmias. The focus of the remainder of the course is 12-lead diagnostics, including bundle branch blocks; hemiblocks; digitalis effects; myocardial ischemia, injury and infarction and related wave changes. *Lecture 3 hours per week.*

Program Expenses

Tuition

The MECC Catalog and Schedule of Classes lists the cost of tuition for both in-state and out-of-state students. Tuition/fees are due at the time of registration. If a portion of the registration expenses is to be paid by some type of financial aid or by a sponsoring agency, then it is the responsibility of the student to provide written evidence of such arrangements to the Office of Enrollment Services at or before registration. In the event of non-payment of financial obligations, the student's transcript will not be released and/or the student will not be allowed to register again until financial obligations are satisfied.

Personal Health Insurance

Students are required to have and show proof of personal health insurance while enrolled in the Respiratory Therapy Program. The Program has **no** agreement with the clinical affiliates to provide necessary emergency care for the faculty or students assigned to them. Neither MECC nor the clinical affiliates are responsible for student injuries, accidents, or exposures that may occur while the student is participating in any laboratory and/or clinical activities. Therefore, students must have personal health insurance. **The cost of any health care received while at a clinical site is the responsibility of the student.**

Physical Examination

A physical examination must be completed by a physician, nurse practitioner, or physician's assistant and results provided within the first semester of the program (RTH 110). Students are required to be immunized or show proof of immunity to selected communicable diseases. It is the student's responsibility to maintain a current PPD test and record. Students must show proof of completion of a MMR, Hepatitis B and varicella series vaccination, and tetanus within the last 10 years. At least one booster of DTaP is recommended if the tetanus vaccination has been over 10 years ago. During the Fall semester, students will be required to obtain and provide proof of influenza vaccination

Criminal Background Check / Drug Screens

Background checks for criminal history and sex offender crimes against minors are required for entrance into clinical agencies. Students with convictions of barrier crimes may be prohibited from clinical practice and therefore, may not be able to complete the Program. Clinical agencies may require drug testing prior to placement of students for clinical rotations. Students with positive drug test results may be prohibited from clinical practice and may not complete the program. Cost for criminal background checks and drug screens are the responsibility of the student.

Cardiopulmonary Resuscitation (CPR) Training

Each student is responsible for obtaining American Heart Association CPR training (CPR for Healthcare Professionals) prior to entering clinical training. You must furnish the Program with a current CPR card that does not expire until the end of the academic program. Cost for the CPR card is \$12.00 and the responsibility of the student.

Uniforms and Equipment

Student uniforms and equipment are required. More detailed information related to the clinical uniform and requirements will be discussed prior to the first clinical experience. See uniform and equipment descriptions on page 21.

Books and Printed Materials

Textbook costs will vary each semester according to the number of courses taken and the materials required. An estimate of textbooks and printed material costs for each semester is between \$150 and \$200 with the price per term decreasing with progression through the Program because several texts are used in subsequent courses. Supplemental course materials may also be required and can be purchased through the bookstore for a minimal cost.

Travel Costs

Students are responsible for travel to the various hospital sites during clinical rotations. The expense of travel will vary from individual to individual because of mileage from your home to the clinical sites.

Comprehensive Review / Credentialing / Licensure

Students are responsible for the costs of the comprehensive review course, credentialing examinations, and state licensure. Every effort is made to keep the costs to a minimum, but the students should plan for approximately \$325.00 for the comprehensive review seminar, \$190 for the NBRC Therapist Multiple-Choice Examination (CRT credential), and \$200 for the NBRC Clinical Simulation Examination (RRT credential). Virginia licensure is \$135.00, Tennessee licensure is \$160.00 and Kentucky licensure is \$150.00.

Program Activities

All students are highly encouraged to attend seminars and meetings of Program activities as assigned by the faculty. This includes any regional and/or state society meetings. Student fees are minimal, and transportation costs are the responsibility of the student. If a student desires to attend other Program-related meetings, then permission may be granted at the discretion of each course instructor.

Estimated Program Costs

<u>Item</u>	<u>Cost</u>
<i>Tuition</i>	<i>\$157.50/credit hour</i>
<ul style="list-style-type: none">• RT Program Specific Classes – 52 credits = \$8,190.00• General Studies Classes – 20 credits = \$3,150.00• Total for Program – 72 credits = \$11,340.00	
<i>Personal Health Insurance Policy</i>	<i>Cost Varies</i>
<ul style="list-style-type: none">• Required by Ballad Health	
<i>Textbooks</i>	<i>\$750.00 to \$1,000.00</i>
<ul style="list-style-type: none">• CPR certification (AHA BLS Certification)	<i>\$12.00</i>
<i>Vaccinations**</i>	<i>Cost Varies</i>
<ul style="list-style-type: none">• TB Skin Test (Mantoux) – Required during the first semester<ul style="list-style-type: none">○ <i>Proof of the following Vaccinations:</i><ul style="list-style-type: none">▪ Hepatitis B Vaccine/Titer▪ MMR Vaccine/Titer▪ Varicella (Chicken Pox) Vaccine/Titer▪ Tdap Vaccine/Titer	
<i>Annual Flu Vaccination**</i>	<i>Cost Varies</i>
<ul style="list-style-type: none">• Ballad Health require each year during the Fall Semester	
<i>Criminal Background Check</i>	<i>\$20.00</i>
<i>Physical Examination**</i>	<i>Cost Varies</i>
<i>Clinical Uniform</i>	
<ul style="list-style-type: none">• Scrubs<ul style="list-style-type: none">○ 1 Royal Blue Set• Shoes• Stethoscope• Watch with second hand	<p>\$40.00/set</p> <p>Cost Varies</p> <p>\$20.00 to \$70.00</p> <p>Cost Varies</p>
<i>Kettering Review Seminar</i>	<i>\$325.00</i>
<ul style="list-style-type: none">• National Board for Respiratory Care: TMC and CSE Review	

<i>NBRC Board Exams after graduation</i>		<i>\$390.00</i>
Therapist Multiple Choice Exam (TMC)	\$190.00	
Clinical Simulation Exam (CSE)	\$200.00	

State Licensure

Virginia	\$135.00
Tennessee	\$160.00
Kentucky	\$150.00

Note: The immunization records, vaccinations etc. can be obtained from your physician's office or local health department.

**The costs are quite variable depending on where the testing is completed and the student's medical insurance plan.

II. ADMISSION AND PROGRESSION POLICIES

Non-Discrimination Statement

Mountain Empire Community College is an open entry institution. Its mission is to provide quality higher education and workforce training programs and services that are financially and geographically accessible and meet individual, business, and community needs. The following pathways exist:

Allied Health	Arts & Music	Business	College Transfer
Construction	Education	Engineering	Environmental
Health Sciences	Manufacturing	Public Safety	Technology

MECC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law.

Harassment of an individual or group on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission has no place in a learning or work environment and is prohibited. Sexual violence has no place in a learning or work environment. Further, MECC shall work to eliminate violence in all its forms. Physical contact by designated system, college, and university staff members may be appropriate if necessary to avoid physical harm to persons or property.

Lack of English skills will not be a barrier to admission or participation. In order to eliminate barriers, we take appropriate measures to assess each student's ability to participate and benefit through placement testing and counseling. Based on the assessment and counseling, students are then provided with campus services or a referral to community services to be better prepared for successful participation.

Nondiscrimination Coordinators:

Title IX Coordinator – Ron Vicars, Room 136, Godwin Hall, 276.523.7478

Title IX Coordinator (Students) – Lelia Bradshaw, Room 133, Holton Hall, 276.523.9107

Title IX Coordinator (Employees) – Valerie Lee, Room 137, Godwin Hall, 276.523.9079

Disabilities Coordinator – Dale Lee, Room 131, Holton Hall, 276.523.9108

This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

General Admission Requirements

Applications for the Respiratory Therapy Program are accepted between mid-August and May 1 each year with a May 1 application deadline. Selections are made in May for admission in the summer semester. Application submission **does not** guarantee acceptance in the Respiratory Therapy Program. Admission requirements are the following:

1. State accredited high school diploma, home school diploma or GED is required
2. High/Home school courses must include:
 - a. 1 unit of algebra with a “C” or better
 - b. 1 unit of laboratory science (biology, chemistry, or physics) with a “C” or better
 - Algebra I part I, basic algebra, applied biology, consumer chemistry, or placement test scores do NOT satisfy these requirements

If algebra and/or a laboratory science were not completed in high/home school, the student may complete in college.

A student who has completed the above referenced requirements and has maintained an overall 2.0 GPA is eligible to apply for admission to the MECC Respiratory Therapy Program.

To apply for admission into the Respiratory Therapy Program, the student must complete and return to the Office of Admissions a “Respiratory Therapy Program Application” form. This form must be filled out prior to May 2 of the year the student elects to participate in the selection process for the new Summer Term respiratory therapy cohort.

Selection to the Respiratory Therapy Program

Students are ranked on the basis of predetermined criteria which is used to select the freshman class. The criteria include but are not limited to:

- Overall Grade Point Average
- Number of successfully completed courses beyond those required for admission to the Respiratory Therapy Program
- Final grades received in completed required core general education courses
- Letter of Intent explaining why the student wants to be a respiratory therapist
- Interview with Program Faculty

The top ranked applicants will be selected for each class. Decisions are final.

Students selected for the summer term cohort will be notified in writing on or before May 15th of each year. Those students notified of admission into the respiratory therapy program must return the “Admission to the Respiratory Therapy Program” email designating on the bottom of that email that you “Will” or “Will Not” be entering the program. Students who do not respond

or do not plan to attend will have their positions filled by other applicants designated on the alternate list. Students not selected for admission may reapply for a subsequent class.

Advanced Placement Policy

The Mountain Empire Community College Respiratory Therapy Program does not give advanced placement to any student. All applicants are considered on an equal basis, based on the weighted point system for admission.

Progression & Retention Policies

To remain in good standing once admitted to the respiratory therapy program, the student must:

1. Adhere to all MECC, Respiratory Therapy Program, and clinical agencies policies.
2. Earn a “C” or better in each required Respiratory Therapy and elective course and maintain a minimum GPA of 2.0.
3. Students will be tracked and counseled as it relates to academic progress. A Plan for Success (***Appendix B***) will be developed and placed in the student’s file when deficiencies are noted.
4. Satisfactorily complete the didactic, laboratory and clinical requirements in each course. A grade of “D” or less in any respiratory therapy course or elective course will result in dismissal from the program.
5. Exhibit safe clinical behavior as described in the appropriate course syllabi
6. Demonstrate professional, ethical and legal conduct.
7. Maintain CPR certification
8. Submit to a drug test if requested by the Program faculty or clinical affiliate at any time during the program. A positive drug test is grounds for immediate dismissal.
9. Submit to a criminal background check before beginning first fall semester in the program.
10. Have an initial comprehensive health exam and submit the required form to the Director of Clinical Education by the designated date.

Readmission Policies

A student who has received a “D” or “F” in a respiratory therapy (RTH) or elective course or who has withdrawn from the respiratory therapy program may be readmitted the next semester that course is offered. **Readmission to the program is NOT guaranteed.**

The following apply:

1. A student must schedule an appointment with their faculty advisor or with the program director and complete the exit interview process. (**Appendix D**) Failure to complete the exit interview will render the student ineligible to pursue readmission. **The exit interview must be completed within seven (7) days of leaving the program.**
2. A student must request in writing, to the Program Director, to be considered for readmission according to the following schedule:
 - Apply by March 15th for readmission to the summer semester
 - Apply by July 1st for readmission to the fall semester
 - Apply by October 1st for readmission to the spring semester

A student is eligible to appear before the Program faculty two times. If readmission is not granted after the second application, the student becomes ineligible for readmission.

3. If a student gets an unsatisfactory grade in an RTH course, the student may only repeat that course the next semester it is offered. The student will not be able to repeat any of the courses where a satisfactory grade has been made.
4. Only one readmission to the Respiratory Therapy Program is permitted.
5. If a student elects to apply for readmission, he/she may be required to take a designated respiratory therapy or general studies course to increase his/her probability of success.
6. A student with previous unsatisfactory clinical performance must be evaluated and recommended for readmission by a consensus of the Program faculty. (Clinical Evaluation Assessment procedure below)
7. Failure of two or more RTH courses in the same semester **will require** the student to apply as a **new student**.
8. A student must have a cumulative 2.5 GPA or higher to be considered for readmission.
9. A student repeating a clinical respiratory therapy course must repeat both the classroom and laboratory components of the co-requisite courses.
10. A student may be readmitted only if space is available.
11. Any exceptions to the above policies must be approved by the Program faculty.

Clinical Evaluation Assessment:

The re-applicant will satisfactorily complete the following procedure prior to the Program faculty recommending re-admission.

- **Cognitive Evaluation** – The re-applicant will sit for a comprehensive examination covering the materials presented in previous courses while enrolled. The examination may consist of multiple-choice, true-false, fill in the blank, short answer and case studies related to the courses. The re-applicant must receive a score of 75% to receive a satisfactory assessment. A re-applicant receiving less than a score of 75% is not eligible to continue the remainder of the re-evaluation process and will not be readmitted.

- **Psychomotor Evaluation** – Following successful completion of the cognitive evaluation portion, the re-applicant will participate in a psychomotor skills evaluation. The re-applicant must arrive in proper clinical attire ascribed in the Respiratory Therapy Program Student Handbook. The re-applicant will be allowed to randomly select three skills to perform from the required skills listed in previous enrolled syllabus. Six 3x5 cards with the listed skills will be placed face down in front of the re-applicant. The re-applicant will then select three cards from the table. The skills selected will be observed and evaluated by program faculty. The clinical assessment will utilize the skill performance assessment instruments in the laboratory competency manual, which is a required text in RTH courses. The proper supplies and equipment will be provided by the program for each skill. The re-applicant must meet the satisfactory skill level and time limits listed for each skill. The program will provide a practice patient. The re-applicant must receive a satisfactory score on each of the three skills to receive a satisfactory assessment.
 - **Skill Practice** – The re-applicant will be provided skill practice time and the requisite supplies necessary for each skill. The re-applicant will be given times available for practice and will provide written confirmation of when the re-applicant intends to practice. Due to liability concerns, presently enrolled students are not eligible to serve as practice patients. The re-applicant will inform the Program faculty who will serve as a practice patient if the re-applicant desires to have one of their choosing.

- **Affective Evaluation** – The re-applicant will be asked to provide written comments on appropriate profession behaviors. These are the essential behaviors of a professional registered respiratory therapist as they relate to clinical performance. The re-applicant will be graded on how well the re-applicant correctly describes his/her understanding of the behaviors required by a registered respiratory therapist. The re-applicant must correctly evaluate the importance of these behaviors in clinical practice as assessed by the Program faculty to receive a satisfactory assessment.

Following completion of the three assessment components, Program faculty will grade and assess the individual components. The Program faculty will then use the results of the overall clinical evaluation assessment in preparing a recommendation for readmission. The re-applicant will then be informed of the results of the overall assessment by letter or email prior to the last day of the semester before the requested readmission semester.

III. GENERAL PROGRAM POLICIES AND GUIDELINES

Faculty Expectations

Commitment

Students are expected to dedicate the time and energy necessary to complete successfully all academic assignments and projects, to learn what is required to become a competent Respiratory Therapist, and to achieve the goals of the Program.

Attendance

Students are required to attend all scheduled Respiratory Therapy classes, laboratories, and clinical sessions. Our purpose is to prepare the students for the workforce. There is a direct correlation among class attendance, productivity, and success on the job after graduation. The student's grade will be affected by attendance. Depending upon the course, attendance and timeliness may be graded.

When students must miss a class, laboratory, or clinical session, they must contact their instructor prior to the absence. Students are responsible for any information taught during their absence, so they should check with classmates to read or borrow class notes and make a copy of any handouts. The student should also make an appointment to see the instructor for clarifications and questions or make arrangements to make up missed clinical time.

Frequent absences may result in administrative withdrawal from a class and the termination or reduction of financial assistance including veterans' benefits. In view of the nature of the associates degree respiratory therapy program objectives and difficulties inherent in "making up" laboratory and/or clinical experiences which have been missed, regular attendance is vital.

Excused absences may include a medical excuse (physician note) or faculty approved excuse (illness, death in the immediate family, hazardous weather, etc). Missed laboratory or clinical experience must be made up and will be scheduled at the discretion of the Program faculty.

Excessive absences, excused or unexcused, during a semester may result in dismissal from the Program.

Change of Physical Condition or Extended Illness Policy

Students are required to inform the Program Director and Director of Clinical Education of any change of physical condition or extended illness. Prior to returning to the classroom or clinical setting after experiencing an illness, injury, hospitalization, or other circumstance that results in either a physical or psychological limitation(s) or an absence from the program, the student is required to submit to Program faculty a completed **Fitness for Duty – Return to Classroom and Clinical Courses** form (**Appendix F**) from their physician or health care provider.

In the event the physician or health care provider places limitations on the student’s ability to perform activities, the student will be restricted accordingly. In addition, the rules and regulations of participating clinical agencies will prevail in determining whether a student who has limitations imposed by their physician or health care provider can participate in the clinical experience.

Every attempt will be made by Program faculty to accommodate make up days necessary for student success in the clinical area. Every missed clinical day must be made up by the end of the semester prior to or on the last day of scheduled classes before exams begin.

Religious Observance Policy

Students are required to inform the Program Director and Director of Clinical Education in writing if you plan to be absent from a class, examination or clinical experience in order to observe a religious holiday. Notification of an impending absence for the purpose of religious observance should be made within the first three (3) days of the semester by emailing a request to the Program Director. The Program is committed to providing reasonable accommodations for students’ sincerely held religious beliefs with regard to examinations and other academic requirements.

Inclement Weather Policy

Purpose: To provide a standardized response to a delayed opening, school closing, or severe weather.

Procedure:

I. Delayed Opening/Early Dismissal

In the case of a delayed opening or early dismissal, students are expected to report to any class that would normally be in session at the time the College is open.

The following is a schedule of delayed opening for the fall and spring semesters:

Classroom Classes:

Fall Semester – First Year Students		
RTH 145	10:00am – 11:00am	Monday & Wednesday
RTH 111	11:05am – 12:05pm	
RTH 131	12:10pm – 1:10pm	
RTH 131-Lab	10:00am – 12:50pm	Tuesday

Fall Semester – Second Year Students		
RTH 226	11:00am – 2:00pm	Tuesday
RTH 267		
RTH 227	10:00am – 2:00pm	Thursday
RTH 265		

Spring Semester – Second Year Students		
RTH 121	10:00am – 10:40am	Monday & Wednesday
RTH 112	10:45am – 11:25am	
RTH 132	11:30am – 12:10pm	
RTH 132-Lab	10:00am – 12:50pm	Tuesday

Clinical Rotations

Clinical sites will not close/delay operation during periods of inclement weather unless conditions are severe enough to endanger employees or patients. Therefore, Respiratory Therapy Program students are expected to attend clinical as scheduled unless the college is closed. Additionally, students may need to leave the clinical site early to avoid hazardous driving conditions that may occur late in the day. The college will announce if the college is closing or if night classes are cancelled.

Because students come from various locations and distances, some of which may be more seriously affected by adverse weather than others, students must always exercise judgment on whether or not it is safe to drive to/from the clinical site. **Prudent students should exercise safety because safety is first in all cases.**

II. *School Closing*

When the College is closed in celebration of a holiday, classes/clinical will not be held. When classes at Mountain Empire Community College are canceled due to inclement weather, students have the option of attending clinicals if weather in their area permits.

- A. Mountain Empire Community College utilizes a state-of-the-art emergency notification system called **Text Alerts**. This system will allow students to receive instant notification should an emergency occur on campus. The student receives alerts via email and/or text messaging via **Text Alerts**. Standard charges for incoming text messages may apply. (Please check with your provider if you have questions concerning those charges.)
- B. During unforeseen events, such as inclement weather, the College may employ **Text Alerts** to broadcast pertinent information (such as school closures) and appropriate response. Students should keep their contact information up-to-date via the Test Alert Portal on the MECC Website homepage as required by the College each semester.
- C. Students may also check the Mountain Empire Community College website (www.mecc.edu) for College closings in the event of inclement weather.

Academic Honesty

Cheating is the giving or receiving of information or material with the intention of wrongfully using it to aid oneself or another student in academic endeavors. The Program faculty expects honest behavior from students in relation to performing patient care, written examinations, papers, or any other assignment. Students must do their own work; there are no exceptions. Students who plagiarize or cheat in any way risk dismissal from the Program and expulsion from the college. Cheating on any exam, quiz, lab practical, lab test, or any other type of examination, as well as thoughts, words, or ideas is prohibited. Students are expected to maintain a high level of integrity in their academic pursuits. Academic honesty is essential for maintaining the relationship of trust that is fundamental to the education process. Academic dishonesty is a violation of one of the most basic ethical principles of an academic community. Acts of dishonesty that would subject a student to disciplinary action include, but not limited to the following:

- **Cheating:** Using unauthorized material or unauthorized help from another person in any work submitted for academic credit.
- **Fabrication:** Inventing information of citations in an academic or clinical exercise.
- **Facilitating Academic Dishonesty:** Providing unauthorized material or information to another person.
- **Plagiarism:** Submitting the work of another person or persons as one's own without acknowledging the correct source.
- **Unauthorized Examination Behavior:** Conversing with another person. Passing or receiving material to or from another person, accessing electron media such as cell phones, tablets, or laptop PC's, or temporarily leaving an examination site to visit an unauthorized site.

Professional Demeanor

Students must function as professionals in the academic and health care setting. Students are expected to project a professional image, including appearance, confidence, respect, courtesy, self-control, initiative, dependability, reliability, honesty, punctuality, and responsibility. Students must demonstrate accountability for respiratory care practice by functioning within legal and ethical limits. Failure to comply within these limits may result in immediate dismissal from the Program.

Regan's 7 Rules of Professional Conduct

1. Always be polite to patients. Regardless of the circumstances.
2. Do not discuss the patient's ailments with him.
3. Do not discuss the respective merits of various forms of therapy.
4. Never prescribe.
5. Do not discuss the patient's physician or any other physician with the patient.
6. Keep accurate records of patients not performing as directed (not keeping appointments, refusing therapeutic treatment, etc.).
7. Be alert to hazards.

Student Code of Ethics

Students of MECC's Respiratory Therapy Program are expected to subscribe and conform to the AARC Code of Ethics. In addition, all students are expected to be honest and honorable in all academic and professional endeavors. It is further expected that they will refrain from any activity, which might impair the image of the College or the Respiratory Care profession. Respiratory Care encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the AARC Code of Ethics and their interpretation provide guidance for conduct and relationships in carrying out Respiratory Care responsibilities consistent with the ethical obligations of the profession and quality in respiratory care. The registered respiratory therapist provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Student Code of Conduct

The Student Code of Conduct found in the Mountain Empire Community College Student Handbook contains the rules and policies that are followed by the Respiratory Therapy Program with regard to student behavior. In addition to MECC policies, the Respiratory Therapy Program has behavioral policies that will be enforced. Failure to abide by these policies is grounds for disciplinary action. These policies include, but are not limited to, the following:

- Inappropriate dress
- Tardiness or absenteeism
- Failure to demonstrate safe performance of procedures
- Breaching confidentiality (HIPAA)
- Unprofessional behavior
- Inappropriate use of handheld electronic devices

Procedure:

1. When it is deemed a student has violated the student code of conduct, the following procedures will apply depending on the step appropriate for the situation.
 - a. Oral reprimand by Program faculty - **Anecdote will be placed in the student's file.**
 - b. Written reprimand by Program faculty - **a Written Warning will be issued, subsequently placing the student on probation. While on probation, the student may continue clinical, and he or she will be reassessed as indicated during the probationary period. (Appendix A)**
 - c. Dismissal from the Respiratory Therapy Program - **Written notification is required.**
2. At any step, except with an oral reprimand, written communication shall state what behavior is inappropriate, the behavior expected, and the consequences of a failure to correct.
3. Any violations of the proper clinical conduct may result in immediate dismissal from the Respiratory Therapy Program without steps 1 or 2 occurring.

Typically, probation will last for at least one full semester. Failure to adhere to Program policies or protocol after receiving probation **will** subject the student to dismissal from the Program. Probation may affect grading in the clinical course.

Student Responsibilities

It is the student's responsibility to know and comply with all MECC and Program guidelines and policies in addition to all pertinent clinical facility policies and procedures as they may apply. It is the student's responsibility to have access to the Internet (Blackboard and e-mail), and to check those resources daily.

Student Email

Students need to be familiar with using their MECC student email account. Program faculty and other administrative personnel at MECC will use students' email as a method of communicating with students. MECC personnel cannot reply to emails from other sources such as Hotmail, Yahoo, or other personal email accounts once you are a student and enrolled in classes. If you need assistance with student email, please contact your Program advisor for assistance or further referral.

Employment Policy

Students who are employed while enrolled in the Program may not use work-related excuses as an excuse for not meeting the objectives for the Program. A student's employment should not interfere with assigned class or clinical. We discourage working night shifts prior to class or clinical days. Students should arrange their work schedule so that it in no way interferes with class or clinical time. Failure to attend a scheduled class or clinical due to work is considered an unexcused absence. Noncompliance will jeopardize a student's success within the Program. Additionally, a student must not identify himself or herself as a MECC Respiratory Therapy Student when working as an employee in a clinical agency.

Please be aware that students may be asked to attend a variety of workshops, labs and other educational experiences that may not be in the Program schedule. It is the responsibility of the student to work with their instructor and employer to attend required educational experiences.

Illegal Substance Policy

Students or employees within a Virginia Community College shall not possess, sell, use, manufacture, give away or otherwise distribute illegal substances including drugs or alcohol while attending college or college related activities including clinical experiences. Students or employees who violate this policy shall have college charges processed against them in the normal manner of due process provided by college rules. Further, students or employees who violate this policy shall have committed a criminal offense, and the college shall notify the appropriate agency of the Commonwealth of Virginia, country or city government for investigation and, if warranted, prosecution.

Childcare

Students are responsible for making childcare arrangements for their children while they attend class, laboratory, or clinical rotations. Children are never allowed to attend class, lab or clinical with the parent. Some clinical rotations may begin as early as 6:00am or be overnight until 6:00am. Thus students with dependent children must prepare in advance.

Program Facilities

Program Offices

Faculty in the Respiratory Therapy Program have assigned offices and scheduled office hours. The Program Director's office is in Phillips-Taylor Hall, Office 137, and the Director of Clinical Education office is in Phillips-Taylor Hall, Office 138. Students are welcome in the Program offices for conferences with faculty and to review academic work.

Faculty Office Hours

Faculty in the Respiratory Therapy Program have ten (10) office hours per week during the fall and spring semesters and eight (8) office hours per week during the summer semester. These hours are posted outside the faculty's office door and in course syllabi. The purpose of this time is to be available to work with individual students on their academic or occupational problems/questions. Appointments can also be arranged for student-faculty conferences at times other than posted office hours if needed.

Educational Facilities

The respiratory therapy program classroom and laboratory are all located within Phillips Taylor Hall. The Program utilizes the College's extensive library and clinical facilities' libraries to provide a wide variety of professional reference material and journals. Students also have access to other college library material through internet database access with the Virginia Community College System (VCCS). The respiratory therapy program also utilizes the MECC SimLab for simulated clinical experiences during each semester.

Academic Advising / Guidance and Counseling

Each student will be advised by program faculty for assisting with academic progress and concerns. The advisor will authorize all course work the student plans to take and will provide guidance for future course requirements and career development.

As a service to students, the college provides the services of professional counselors in addition to faculty advisors in each instructional program. These counselors can assist students in making realistic decisions regarding vocational, educational and personal/social plans. Students have a variety of resources available to them through both the Career Center and the Student Services Center of the College.

TRIO Student Support Services

Is a federally funded program that helps all students adjust to college life and achieve academic success. This includes tutoring (live and online), study skills, mentoring, career development, transfer assistance, and information/referrals. Please email Kemper Edwards, kedwards@mecc.edu for more information about the TRIO Student Support Services. There is online tutoring available also through **tutor.com**. Please email Susan Kennedy, skennedy@mecc.edu for more information for **tutor.com**.

Telephones

Students are not allowed personal use of the telephones in the Program offices. Cell phones may not be used during classroom, laboratory or clinical instruction.

Name Badge/Student ID

All students must obtain a Mountain Empire Community College picture I.D. and have it available while on campus or at a College function. Respiratory Therapy Program students must also obtain a Ballad Health Student I.D. badge prior to the first day of clinical rotations. Students are required to wear their student I.D. badges while in the clinical facilities. Students will wear the Ballad Health Student I.D. badge in Ballad Health facilities.

IV. ACADEMIC POLICIES AND GUIDELINES

General Academic Policies

Please note: Program academic policies apply to all students and faculty regardless to location

Class/Laboratory Hours

The Program utilizes teaching strategies, such as lecture, laboratory practice, observational experiences, simulation lab, clinical experiences, independent study, and seminars.

Class/Laboratory generally meet two to four days a week from 8:30 am until approximately 12:30 pm to 3:00 pm depending on the semester and are arranged on a set schedule and sequence.

Clinical Hours

Clinical rotations are arranged on a self-schedule basis which can occur either at the beginning, end or throughout the semester. Students will rotate through area hospitals/long term care facilities/rehab hospitals utilizing the following time schedules.

Ballad Health Facilities

Day shifts (6:00 am-6:00 pm)

Night shifts (6:00 pm-6:00 am)

Specialty clinical experiences may require the student to work a rotation schedule that is different from original assigned rotations during the semester for a one or two-week period. Students are expected to provide their own transportation to all clinical training sites.

Simulation Lab Hours

Simulation is a controlled patient care situation in which the students can practice communication skills as well as clinical skills. A simulated experience allows the student to practice in a safe environment and it affords the opportunity for students to experience conditions or situations not typically encountered in the real world. A major advantage is that the student can analyze their actions or those of other students in the debriefing session that follows the simulation. All students participate in Simulation Education. They participate in an orientation to the simulation lab in the first semester of the program.

Simulation Lab days and hours vary from semester to semester and will be announced to the class by Program faculty when the core theory and laboratory skills have been covered and basic competency has been accessed.

Classroom/Laboratory Conduct Policy

Respiratory therapy classes will be conducted in an orderly and professional manner. Both instructors and students will attend classes, be on time, and be prepared. The instructor

facilitates the learning process and determines both the selection of subject matter and learning style. Students are expected to contribute to the discussions in class. When there is a question or concern about subject content, the student may further discuss concerns with the instructor outside of class time. Students are asked to be mindful of the classroom learning objectives for that day and not prolong discussions in class.

Classroom/Laboratory Dress Code

- For safety purposes, shoes/sandals are to be worn in theory and laboratory classes.
- Midriff shirts or blouses, halters, backless blouses or backless dresses shall not be worn.
- See-through or mesh garments may be worn only with proper undergarments.
- Hats or caps shall not be worn in the classroom or laboratory.
- Sunglasses are not to be worn in the classroom or laboratory unless prescribed by a physician and documentation provided to the instructor prior to class time.
- Garments that display or suggest sexually themed, vulgar, or drug-related wording or graphics or that provoke or may tend to provoke violence or disruption in the school shall not be worn.
- Clothes and shoes/sandals must be clean and neat.

Examination/Test Policy

Exams/Tests will consist of multiple choice, matching, true-false, short answers or fill in the blank. A specific number of unit exams/tests and a comprehensive final will be administered each semester. A score of 75 or above is considered passing for each exam/test and course.

Absences on Exam/Test Day: If a student is absent on the day of an exam/test, the faculty member administering the exam must be notified by the student themselves by phone or email at least 30 minutes prior to testing. **Exams/Tests that are not taken on the scheduled day must be made-up before attending the next scheduled class for that course. Failure to make-up exams/tests will result in an automatic zero (0) for that exam/test.**

Grading Policy

In the Respiratory Therapy Program, each student is evaluated on a scheduled basis as to comprehension of theoretical concepts, safe performance, and psychomotor skills in clinical areas as well as the ethical and affective behavior expected of the professional practitioner.

- Laboratory Performance:** Grading is pass or fail in the laboratory. Laboratory check-off proficiencies are scenario-based. The students are given two opportunities to complete the required proficiencies before attending the next clinical course.
- Theory:** The Respiratory Therapy Program uses the following academic grading system:

A = 93 – 100 (Excellent)
B = 85 – 92 (Good)
C = 75 – 84 (Average)
D = 70 – 74 (failing in the RTH Program)
F = 0 – 69 (failing in the RTH Program)

A point system equivalent to the above scores and letter grade is used in all respiratory and NAS courses. Please see the course syllabus for the point spread sheet for that course. **A grade of “C” is required for passing in all respiratory, NAS and general elective courses.** Students may not enroll in the next respiratory course until they have successfully passed the previous course(s) including general electives.

Examination/Test Grades

Examination/Test results will be given to students by course faculty. Prior to the return of unit test grades to students, the Program faculty will review all scores for accuracy and make necessary revisions. Program faculty will return and review the test items with students and questions concerning accuracy should be addressed at that time. Students will have seven (7) days to address grading concerns with Program faculty. **No test scores or grades will be given over the telephone or email.** Students not in class during review of a test will not be allowed to address accuracy of tests or request a review.

Functional Skills Requirement

Students entering the Respiratory Therapy program must possess the following functional skills:

- Sufficient eyesight to observe patients, perform and visualize patient assessments, manipulate equipment, visually read patient records, graphs and test results, including color vision.
- Sufficient hearing to communicate with patient and members of the health care delivery team, monitor patients using electronic equipment, and hear necessary sounds during operation of equipment.
- Satisfactory speaking, reading and writing skills to effectively communicate in English in a timely manner
- Sufficient gross and fine motor coordination to exhibit excellent eye-hand coordination and dexterity so as to manipulate equipment, lift, stoop or bend in the delivery of safe patient care.
- Satisfactory physical strength and endurance to be on one’s feet for extended periods and to move heavy equipment, patients, and supplies. Sitting, walking, bending, and reaching motions are also requirements for respiratory therapists.
- Satisfactory intellectual, emotional, and psychological health and functioning to ensure patient safety and to exercise independent judgment and discretion in performing assigned tasks. Time management of multiple priorities, multiple stimuli, and fast paced environments are also required.
- Analysis and Critical Thinking skills are necessary to be a competent, safe respiratory therapist.

Curriculum Changes

In order to keep the Respiratory Therapy Program current, and congruent with the College’s general education requirements, it may be necessary to make curriculum changes on occasion. Program faculty will keep students informed of changes as they occur, as well as the effects those changes will have on students currently enrolled in the respiratory therapy program. All

syllabi are subject to change at the discretion of the instructor to more fully meet course objectives.

Transportation

Students are responsible for providing their own transportation to all educational areas. Please be aware of parking information provided for MECC and any clinical affiliate. Carpooling is encouraged; but must be arranged between students. Neither the instructors nor college are responsible for carpooling arrangements or issues with carpooling in any way.

Student Success Plan

A student success plan is facilitated to keep students informed of progress when performance requires alteration. Implementation would be indicated when classroom, laboratory or clinical behaviors place the student at risk.

- Quality care and safe practice are goals of the respiratory therapy faculty. When student behavior requires attention, a written Student Success Plan is implemented. **(Appendix B)** The areas that require attention include, but not limited to: classroom achievement, attendance or tardiness behavior, clinical performance that does not meet minimal criteria, or irresponsible behaviors.
- Success plan will be signed and dated by all involved parties. Student success plans will be placed in the student's file.

V. CLINICAL INFORMATION / POLICIES

The preparation of competent Respiratory Care practitioners is the most important goal of the Respiratory Therapy Program at Mountain Empire Community College. One of the necessary ingredients of competence is the ability of the student to perform an array of clinical procedures in a safe, effective, and efficient manner. Through the clinical experience, students are offered the opportunity to enhance their clinical performance.

All clinical and/or class traveling is the responsibility of the student. The College does not provide the student with a travel or lodging allowance.

What is Clinical?

As you begin the first fall semester, you will embark on an experience unique to any other in your education. This experience is called coordinated practice or "clinical."

Clinical is an opportunity for you to become involved in the direct observation of the patient. It also affords you with "hands on" experience in patient care. This is the time when you must take the skills you have learned in the laboratory and apply them to patient care. It is not a time for you to practice medicine but a time for you to give therapy according to the treatment plan set by the medical care team. You will not only be responsible to the patient but also to every member of the patient care team. From the first day of your rotation, you become an integral part of that team. You will not only be responsible to the patient, but also to every member of the patient care team.

The clinical emphasis is twofold -- one on performance and the other on the integration of different concepts and their applications to patient care. As you begin this assimilation process, you will develop a level of rapport with your patients and co-workers, which will stem from a growing sense of self-confidence. Integration and assimilation will not occur behind books but in the clinical setting by keeping an open eye, open mind, and compassionate heart. Be mindful that the recipients of your care are people whose medical needs must be met to the best of your ethical and professional ability.

Coordinated practice will be conducted at any one of the program's twelve hospital affiliates. An experience, knowledgeable clinical preceptor whose role is to provide you with guidance and direction during this unique education experience will supervise your actions.

The process of becoming a dynamic respiratory therapist is expansive and sometimes overwhelming. Do not expect to master these tasks during your first clinical exposure. Have patience with yourself. More importantly, learn from each mistake and grow with each new experience.

Goals of the Clinical Experience

1. To give the student the opportunity to develop task-related skills and techniques learned in the laboratory setting while working in the actual patient care environment.
2. To provide an opportunity for the student to integrate learned theory with clinical practice enabling the student to problem-solve and, in this way, assist the physician in treating the patient.
3. To develop an awareness of the patient's rights as a diverse individual considering their psychosocial, emotional and physical needs.
4. To afford the student the opportunity to develop professional responsibility and ethical decision making.
5. To expose the student to a wide variety of clinical experiences and settings.

CoARC Accreditation Standard 5.09

As noted elsewhere in this handbook, the Respiratory Therapy Program is accredited by CoARC. CoARC Standard 5.09 outlines specific requirements for clinical experiences.

“Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.”

What this means is that respiratory therapy students are not therapists. As such, students must **not** under any circumstance be utilized as a substitute for a paid therapist or staff. Students, in the absence of a paid therapist or staff, are not used as back-ups during clinical rotations.

The scope of practice for a student is clearly identified as supervised by a licensed professional. Should a student practice outside of the scope of practice, the student may be removed from the clinical and depending on the circumstance the Program may not be able to place the student in another clinical facility.

Regardless of the circumstance, a student who is removed from his/her current clinical placement must provide the program with written permission to discuss the circumstances for clinical removal with another facility. This is necessary to place the student in new clinical placement.

Program and Student Clinical Expectations

The Program expects students to:

1. Take responsibility for your own learning.
2. Come prepared-review objectives for the rotation-review critical thinking questions for the clinical skills you will be performing prior to the clinical day.

3. Be respectful and courteous to your preceptor, peers and other hospital employees.
4. Attend the full clinical day and arrive on time.
5. Follow the policies of the clinical affiliate that you are rotating in.
6. Evaluate both positive and negative experiences and observations.
7. Question preceptors and physicians.
8. Attend rounds and lectures that are offered at your clinical affiliate.
9. Utilize your time to maximize learning experiences.
10. Maintain an enthusiastic and positive attitude!
11. Sign into and out of the MECC Time Log every day you are in clinical.
12. Complete the Clinical Activities Form completed by you and your clinical preceptor.

As a student you can expect:

1. To be treated with respect by preceptors.
2. To be given specific assignments.
3. To be evaluated.
4. To be observed by preceptors, staff and physicians.
5. To be questioned by preceptors, staff and physicians.
6. To give report to the next shift of respiratory therapists.
7. To become proficient in administering respiratory care.
8. To have the clinical activities form validated by your preceptor

Please remember as noted above, students enrolled in programmatic clinical rotations shall not receive any form of remuneration in exchange for their work. In addition, students shall not be substituted for paid staff and/or used as simply back-ups in the absence of appropriate paid staff during clinical rotations.

You are the only one who can take advantage of the clinical opportunity.
**WHAT YOU GET OUT OF YOUR CLINICAL ROTATION IS IN DIRECT PROPORTION
TO THE ENERGY YOU PUT INTO IT.**

Clinical Instructor/Preceptor Role

Clinical preceptors are responsible for teaching students in the day to day application of respiratory care. The clinical instructor supervises, counsels, and evaluates the student's clinical competencies while they are rotating through their clinical affiliate.

It is the clinical instructor's job to evaluate the following three areas while the students are rotating through the hospital: psychomotor skills, cognitive skills, and the behavioral skills (Affective) necessary to successfully perform Respiratory Care in the clinical environment. All three of these areas are equally important. (*Appendix G*)

The clinical instructor will assign students to a clinical area that will enable the student to meet the defined learner objectives. The clinical instructor will evaluate the student on successful completion of a clinical skill and the associated professional behavior/s required of that skill. It is the clinical instructor’s job to evaluate fairly and impartially. This may mean that a student may be required to perform the clinical evaluation several times to meet the minimal acceptance passing score for that skill. This should not be looked at as punishment but necessary remediation.

The clinical instructor/preceptor act as the student's liaison between the respiratory department, nursing, physicians, and the college. The preceptor is there to teach, listen, and offer constructive criticism.

Clinical Sites

The following facilities are used by the MECC Respiratory Therapy Program as clinical sites for student learning experiences:

Facility	Location
Holston Valley Medical Center	Kingsport, TN
Bristol Regional Medical Center	Bristol, TN
Johnson City Medical Center	Johnson City, TN
Johnston Memorial Hospital	Abingdon, VA
Indian Path Medical Center	Kingsport, TN
Lonesome Pine Hospital	Big Stone Gap, VA
Norton Community Hospital	Norton, VA
Wexford House	Kingsport, TN
Encompass Rehabilitation Hospital	Kingsport, TN

Scheduled Clinical Hours

The clinical day will be 12 hours in length with a 30-minute lunch break. Clinical hours and rotations will be determined by the Director of Clinical Education (DCE) for the following:

Ballad Health Facilities

Day shifts (6:00 am-6:00 pm)

Night shifts (6:00 pm–6:00 am)

The clinical schedule will vary each semester and will be presented to students in a timely manner to limit personal scheduling conflicts. Special requests cannot be honored. Clinical rotations are selected based on the availability of the clinical site as well as the ability to meet course objectives. Specialty clinical experiences may require the student to work a rotation schedule that is different from original assigned rotations during the semester for a one or two-week period.

Note: *The Director of Clinical Education may change clinical rotation start times, dates, and locations to accommodate learning experiences.*

Clinical Attendance and Tardiness Policy

Due to limited time in the clinical area, students must attend and perform at an acceptable level in the clinical area. Absences will deny the student opportunities needed to acquire skills necessary to meet minimum safety standards. Therefore, clinical assignments require 100% attendance. If a student finds it unavoidable to be tardy or absent from any assigned clinical experience, then the student must contact the Director of Clinical Education or their designee with an explanation at least one (1) hour prior to the start of the assigned clinical shift.

Failure to notify the Director of Clinical Education or their designee of an absence or tardiness is considered unprofessional conduct. Students may be dismissed from the program for no call / no show in the clinical setting.

The only absences that will be excused are the following:

- The student or immediate family member is ill, and the student has notified the Director of Clinical Education at least one (1) hour prior to the start of clinical assignment.
- The student is hospitalized or very sick (acutely ill and under a doctor's care). A routine (non-emergency) office visit is not a valid excuse. Please make all routine doctors' appointments on non-clinical days before or after your scheduled shift.
- The student is in court or jail.
- The death of an immediate family member occurs.

Procedure for Notification of Absence or Tardiness

1. Contact the Director of Clinical Education by email or phone concerning the tardiness or absence. If a student is aware of an absence hours or days in advance of scheduled clinical time, let the Director of Clinical Education know of the absence as soon as possible.

Clinical Make-up Policy

All **excused** absences must be made up by the last day of class unless extenuating circumstances exist. If a student has not completed any and all make-up time prior to the deadline, then the student will receive a letter grade of "F" for the clinical course involved and will be dismissed from the Program. All clinical make-up time must be approved by the Director of Clinical Education **prior** to any day(s) being made up. Missed clinical time will be made up on a designated day to be scheduled at the discretion of the Director of Clinical Education, at a designated facility that may be different from the assigned site.

Student attending an unscheduled shift will be immediately withdrawn from the program.

Essential Job Function Standards

Respiratory Therapy is a physically demanding profession. Most, if not all, health care institutions require their respiratory personnel to meet minimal physical requirements for employment. As part of clinical training, students are required to perform respiratory

procedures/tasks in area hospitals. The student must be able to perform all essential job functions in the clinical setting with reasonable accommodation. Program faculty can refuse to permit a student into the clinical setting if he/she is unable to perform essential job functions adequately. Essential job functions include, but are not limited to the ability to perform the following:

- **Critical Thinking** – critical thinking ability sufficient for clinical judgement
- **Interpersonal** – interpersonal abilities sufficient to interact with diverse individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds
- **Communication** – communication abilities sufficient for interaction with others in verbal and written form.
- **Mobility** – physical abilities sufficient to move from room to room and maneuver in small spaces.
- **Motor Skills** – gross and fine motor abilities sufficient to provide safe and effective care.
- **Hearing** – auditory ability sufficient to monitor and assess health needs.
- **Visual** – visual ability sufficient for observation and assessment
- **Tactile** – tactile ability sufficient for physical assessment
- **Olfactory** – olfactory ability sufficient for observation and assessment
- **Personal Responsibility and Accountability** – each student must be responsible and accountable for their patient care activities. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he/she has been assigned.

The student may ask for reasonable accommodations in writing. The Office of Student Services will determine if the student meets the accommodations.

Clinical Pre-Requisites

Before the student can start attending any clinical rotations, the student must provide the Director of Clinical Education with proof of the following:

- BLS Healthcare Provider (CPR) Course must be provided and must cover the entire program period beginning with the student's enrollment to projected date of graduation without the need for renewal
- Current immunizations including Hepatitis B, MMR, and Varicella, documentation of immunization via blood titers, or immunization waivers may be accepted.
- Proof of current PPD testing or a negative chest x-ray.
- HIPAA training / certification
- Criminal background check
- Proper ID's from college and Ballad Health System and signed returned form.
- Assumption of Risk form.
- Completed Ballad Health orientations with required forms signed.

If any of the items mentioned above are not provided to the Director of Clinical Education the student will not be allowed to attend clinicals at any of our approved clinical affiliates.

Clinical Affiliate Contracts

Individual contracts are in effect with each affiliate clinical agency and these contracts differ in requirements made of students. The general stipulations are as follows:

- Clinical agencies reserve the right to dismiss a student from their agency at any time with any due cause. This will be done with advance notice except in an emergency.
- Proper uniform must be worn including identification badges provided by the college or the facility.
- Published policies of the clinical agency must be adhered to.
- Immunizations must be current and include Hepatitis B, MMR and Varicella. Other immunizations may be required.
- Proof of tuberculin skin test (PPD) or a negative chest x-ray must be shown on admission to the program and before beginning the second year.
- Current BLS Healthcare Provider (CPR) certification.
- Proof of a criminal background check with no evidence of barrier crime activities.
- Proof of successful completion of HIPAA training.
- The student releases the clinical agency, its agents and employees from any liability to his/herself or damage to his/her property arising out of agreement of use of hospital's facilities.

Clinical contracts for each agency are available in the Respiratory Therapy Program Directors office and may be reviewed by students upon request.

Confidentiality/HIPAA

The right to privacy of students, faculty, staff, patient, families, and other health professionals should be judiciously protected by those associated with the Respiratory Therapy Program. All such confidential information is now covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

It is the responsibility of all those who have access to confidential information to see such information is accessible only to those directly concerned with the individual's health care delivery. All information learned by the student about a patient in the course of research and study is considered confidential.

The confidentiality with which the information is to be treated should be established with the patient. Patient information is not to be discussed in public places with people not involved with the student's study or patient's care. Failure to take this into account can be considered as an invasion of the right to privacy and as such, a violation of HIPAA. This action may result in dismissal from clinical activities and/or dismissal from the Program.

Definition of Proper Clinical Conduct

In addition to the Student Conduct Policy in the MECC catalog, it is important that students maintain an attitude of professionalism while in the clinical setting. The list includes, but is not limited to, behaviors that are necessary and desirable in the role as a Respiratory Therapist.

- Respiratory Therapists are reliable. Students should report to the clinical site on time. Excessive tardiness or absences are not acceptable.
- Respiratory Therapists keep patient information confidential. Students will have access to a great deal of patient information, and by law (HIPAA) this information must be kept confidential and must only be discussed as necessary for the completion of work.
- Patient information is not to be discussed outside of the clinical area under any circumstances. This includes the hospital cafeteria, elevators, hallways, and anywhere outside the hospital building.
- Respiratory Therapists are honest. Stealing, falsifying medical records, or falsifying clinical notebooks are grounds for immediate dismissal from the Program. Reported instances may be grounds for dismissal. Suspected instances will be reported to the appropriate dean and investigated.
- Respiratory Therapists do not use alcohol or any other intoxicating substances while on duty. Use of such substances while at clinical is grounds for immediate dismissal from the clinical site. Reported instances may be grounds for dismissal from the Program. Suspected instances will be reported to the appropriate dean and investigated.
- Respiratory Therapists' appearance must be professional. The hospital and school dress code must be strictly adhered to. Perfumes and colognes are not allowed. Good grooming is essential.
- Respiratory Therapists conduct themselves in a professional manner. Loud, raucous behavior is inappropriate in the hospital. When relating to physicians, nurses, other hospital staff, patients, and visitors, Respiratory Therapists always are amiable and courteous. There is no place for rudeness or short tempers in the hospital. If Respiratory Therapist students have a personality conflict with a preceptor, then please discuss it with that individual and the shift supervisor.
- Usage of electronic devices is prohibited during assigned clinical hours. Personal items should always be kept in a secure location during clinical hours. Disciplinary action will be initiated if warranted.
- Behavior that violates state laws or Virginia Board of Medicine regulations that govern the practice of Respiratory Care are not acceptable.

Clinical Appearance Policy

Students in the Mountain Empire Community College Respiratory Therapy Program represent the College, the Respiratory Care profession, as well as the clinical facility. Professional attire and appearance of all respiratory students are vitally important in our interaction with patients, visitors, and other employees of our clinical affiliates. By the very nature of the work of the

respiratory therapist, student uniforms and attire are designed with health and safety in mind. A professional personal appearance assures poise and self-confidence; thus, the following policies have been established for both the clinical and classroom setting:

Uniform and Equipment

The designated MECC Respiratory Therapy Program uniform for students consists of the following:

Ballad Health System

- Royal Blue scrub uniforms – top and bottom of solid color
- White crew neck t-shirt – no design/logo on the t-shirt
- White or light colored athletic or nursing shoes
- Royal Blue lab coat (no short sleeves)
- Ballad Health issued picture I.D. badge

Equipment: small note pad, black pen, stethoscope, calculator, and a watch with second hand

Students who do not present self to the clinical area in the designated uniform will be dismissed from the clinical site and will not be allowed to return until the required uniform is complete. All clinical time missed as a result will be considered unexcused. The following guidelines are to be adhered to:

1. Students are required to purchase the designated school uniform. (See required uniforms above.)
2. The uniform should be clean, ironed, and in good condition.
3. The clinical affiliate and/or college student ID is to worn on the left side of the uniform, visible above the waist and in clear view when in uniform and in all clinical settings.
4. Hair must be clean, neat, and pulled away from face. Facial hair must also be kept trimmed and neat. Hair must be controlled in such a way that it will not cause contamination. Hair must not be of an extreme color or style. (no pink, blue, etc)
5. Jewelry should be kept to a minimum. Small stud ear ring per ear and wedding bands are acceptable. Necklaces are not permitted unless Medic Alert. Jewelry should not interfere or distract from work being performed. Please note that working in certain areas and facilities may require that jewelry is removed (i.e., MRI, NICU). Other body piercings/ornaments are prohibited.
6. Tattoos are not to be visible when in the clinical setting.
7. Fingernails should be kept short, clean, and neatly groomed as not to interfere with work. Clear polish may be worn. Acrylic nails, tips and fingernail jewelry are prohibited.

8. Shoes to be worn must be closed toe, clean and in good repair. Shoes must be made of material that will not absorb biohazardous materials and can be cleaned. Laces must be clean at all times. High top tennis shoes, canvas shoes or shoes with sport logos are prohibited
9. Excessive or strong smelling perfume, aftershave, lotion, and/or makeup must not be worn. The patients with whom you will be working have respiratory difficulties. Fragrances may contribute to their problems.
10. Noxious odors and poor dental hygiene are unacceptable. Showering / bathing and the use of deodorant / antiperspirant are expected.
11. Eating and drinking is not permitted in patient areas; only in designated breakrooms / cafeteria. Students will not be allowed to leave clinical for breakfast/lunch/dinner.
12. Students cannot leave clinical and then return. Students are not allowed to return to clinical after leaving a scheduled shift. **Student attending an unscheduled shift will be immediately withdrawn from the program.**
13. Smoking is not permitted in any of the clinical sites.
14. Gum chewing is not permitted.
15. Uniforms are to be worn in the clinical setting only, NOT outside the clinical area such as to a place of employment, grocery store, or while shopping. If a student is required to return to campus during or after clinical, a clean lab coat may be worn over the uniform or the student may change into street clothes.
16. When full uniform is not required (i.e., field trips, seminars), remember it is imperative to dress in a professional manner. The following guidelines must be adhered to:
 - Khaki or dress slacks
 - Collar shirts or blouses
 - Dresses, skirts, or shorts length no more than four inches above the knee
 - Socks or hosiery
 - Denim jeans, tee shirts, mini-skirts, and shorts are prohibited.

General Description of Clinical Rotations

1. **Adult Floor Therapy** - includes aerosol therapy, chest physiotherapy, postural drainage, incentive spirometry, IPPB, oxygen therapy, and basic patient monitoring of clinical condition and vital signs.
2. **Equipment and Infection Control** - involves cleaning, sterilizing, repairing, assembling, and storing equipment. Supplies and parts must also be ordered and kept stocked. Oxygen for transport is usually stored and maintained in these areas.
3. **Adult Intensive Care** - deals with patients in all phases of intensive medical, surgical, and cardiac care. CPR, mechanical ventilation, suctioning and maintenance of airways, ABG's, and patient monitoring are skills that must be developed rapidly. The ability to

think on your feet and make decisions become critical with all intensive care and medical emergency patients.

4. **Neonatal & Pediatric Floor Therapy** - includes aerosol therapy, chest physiotherapy, postural drainage, incentive spirometry, IPPB, and basic patient monitoring of clinical condition and vital signs.
5. **Neonatal & Pediatric Intensive Care** - deals with neonatal and pediatric patients in all phases of intensive medical, surgical, and cardiac care. CPR, mechanical ventilation, suctioning and maintenance of airways, ABG's, and patient monitoring are skills that must be developed rapidly. The ability to think on your feet and make decisions become critical with all intensive care and medical emergency patients.
6. **Pulmonary Function Testing** – consists of diagnostic procedures allowing physicians to determine the degree of obstruction or restriction to ventilation; arterial blood gas analysis; administration of bronchodilators; exercise testing; and therapeutic/diagnostic bronchoscopies or other procedures experienced during this rotation.
7. **Specialty Rotations** - includes Long-Term Care and Rehabilitation Hospital.
8. **Surgery & Recovery Room** - allows the student to develop some skill in endotracheal intubation and post-op recovery room care. It also allows the student to observe common post-surgical problems that therapists are faced with daily.

Clinical Evaluation

During the clinical experience, students shall be evaluated on their ability to integrate theory with practice, performance of skills, attitudes, and appearance. Students shall be responsible for documentation of the clinical time and activities. Students shall also be governed by specific policies and procedures of the individual hospitals. Clinical knowledge and skills build on one another from semester to semester, and students are expected to demonstrate all basic clinical skills.

The student will observe and perform clinical course objectives under immediate supervision of a clinical preceptor or clinical instructor. Following the demonstration of initial clinical skill ability, the student will further reinforce and develop those clinical skills by repeated clinical practice. A designated clinical instructor will be available in the hospital for supervision, instruction and clinical skill check off once the student has mastered that clinical skill.

Clinical evaluations consist of the following:

Clinical Instructor:

- Cognitive skills: Focusing on knowledge acquisition and intellectual skills and abilities
- Psychomotor skills: Relating to skills that require varying levels of well-coordinated physical activity and precise manipulative procedures
- Affective skills: Dealing with feelings, emotions, mindsets, and values, including the nurturing of desirable attitudes for personal and professional development

- Daily clinical documentation on the Clinical Activities Form
 - Documentation must be appropriate and coincide with the course/clinical objectives.

Clinical Preceptor:

- Daily clinical documentation on the Clinical Activities Form
 - Documentation must be appropriate and coincide with the course/clinical objectives.

Standard Precautions

Students entering a health care field should be aware of the possibility of being exposed to various contagious diseases during the clinical education and career. Precautions and protective procedures are discussed prior to the first clinical course. Additional information may be provided by each clinical facility. Students are required to make use of any protective devices available and to use universal precautions.

There is an increasing prevalence of HIV and Hepatitis B and C that increases the risk for health care workers who may be exposed to blood and body fluids from infected patients. With this in mind, it is necessary to consider ALL patients as potentially infected with blood borne pathogens.

The following precautions apply to all faculty and students of the Mountain Empire Community College Respiratory Therapy Program.

1. Gloves must be worn when touching the following:
 - a. blood and body fluids
 - b. mucous membranes
 - c. non-intact skin
 - d. items or surfaces soiled with blood or bloody fluids
 - e. performing arterial puncture and other vascular access procedures
2. Gloves should be changed between patients, and hands should be washed thoroughly.
3. Protective eyewear should be worn when suctioning or at any time droplets of blood or other body fluids might contaminate the eyes of the caregiver.
4. Needles are not to be recapped after patient use and must be placed in a sharps (puncture resistant) container immediately after use.
5. Needles should not be purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
6. Disposable syringes and needles, scalpel blades, and other sharp items should be disposed of in the sharps container.
7. Clinical agency policy must be followed by students and faculty.
8. Any break in skin integrity of the caregiver must be covered by an occlusive/protective covering.

9. Gloves that are punctured or torn while in use should be removed as soon as possible. Hands are to be washed thoroughly and new gloves applied before proceeding with the task.
10. Laboratory specimens should be handled with gloves on and labeled appropriately. (Place in biohazard bag for transport to the laboratory.)
11. Soiled linens will be put in bags at the bedside and are not to come in contact with the uniform.
12. Gloves should be worn when providing personal care for all patients and while doing any procedure where contact with blood or body fluids may be expected (including all times when patient's skin will be punctured, i.e. arterial puncture).
13. Spills should be removed with gloved hands and papers towels, and then a request that housekeeping clean and disinfect the area should be submitted.
14. Gloves are to be worn for post-delivery care of the umbilical cord and until all blood and amniotic fluids have been cleansed from the infant's skin.
15. Gloves should be worn when assisting the respiratory mother and baby.
16. The same precautions will apply when administering post-mortem care.

Sharps and Biohazard Policy

Students will be taught correct techniques to be used when dealing with bio-hazardous materials and/or sharps. If the student is injured by any of these items while at the clinical site, then the student must immediately report to the shift supervisor and/or preceptor and the Director of Clinical Education on the same day of the event and complete a MECC Respiratory Therapy Program Occurrence Report. The student must then obtain care for the injury in the occupational Health Department or Emergency Room at his/her own expense. A copy of the Student Exposure Incident Report must be submitted to the Director of Clinical Education for placement in the student's permanent file.

Incidents in the Clinical Setting

An incident that negatively impacts the student's well-being or the patient's prescribed plan of care will be reported to the clinical site shift supervisor and the Director of Clinical Education immediately. A hospital incident report will then be completed following the policy of that institution, if applicable. A MECC RT Program Occurrence Report will be completed and submitted to the Director of Clinical Education and placed in the student's clinical file.

(Appendix C)

Student Actions

1. Report the incident/occurrence to the clinical preceptor and shift supervisor as soon as possible. Provide all the pertinent information needed to document the incident/occurrence.
2. Complete/provide information for the hospital incident report, if applicable.
3. Within 24 hours of the incident/occurrence, complete the MECC RT Program Occurrence Report.
4. This form will be available to all students in one or more of the following locations and formats:
 - On the MECC Respiratory Therapy Home Page under Student Handbook
 - Other location/format as directed by the Program faculty

Clinical Preceptor Actions

1. Assess student status and take appropriate steps to assure student safety at scene of incident.
2. Obtain critical incident information from student or witnesses regarding the incident.
3. Seek medical attention for student, as appropriate.
4. Contact Director of Clinical Education or his designee by phone/email to report the incident.

Director of Clinical Education Actions

1. Discuss situation with clinical preceptor to help determine necessary course of action, as appropriate.
2. Assure that the incident form has been received within 24 hours or contact clinical preceptor if it has not been submitted.
3. Maintain one copy for the student, and the original to the student's file.

VI. GRADUATION INFORMATION

Requirements to Graduate

Students must meet the following requirements to graduate from the Respiratory Therapy Program:

1. Completion of all required academic and Respiratory curriculum courses
2. Achieve a grade of C (75) or better in all respiratory care courses
3. Achieve a grade of C (70) or better in all academic courses
4. Completion of all clinical competencies
5. Successful completion of the comprehensive review course and comprehensive assessment examinations
6. At least 25 percent of the credit hours (18 credits) in the Respiratory Therapy Program curriculum are earned here at MECC.

See the MECC College Catalog for further college specific graduation requirements.

Student Records

Students who are seeking admission and/or are enrolled in the Respiratory Therapy Program at Mountain Empire Community College are required to submit an application, academic information, health, medical, and related information to the Respiratory Therapy Program's office. All information submitted to the Program office becomes the property of that office and is held confidential. Students and graduates of the Program are encouraged to obtain and maintain copies of their health, medical, or related information submitted for future reference (i.e. medical exam record, TB skin test results, immunization record, CPR records, etc.). **NO HEALTH, MEDICAL, OR RELATED INFORMATION THAT MAY BE IN THE PROGRAM'S OFFICE FILE WILL BE RELEASED TO PERSONS OR AGENCIES FOR EMPLOYMENT OR PERSONAL REASONS.** All student records, including class related records, will be kept on file within the Respiratory Therapy Program offices for a minimum of five years.

It is the responsibility of the student to maintain an accurate address with the College even after leaving the Program. Program graduates should check College records within four weeks following graduation to be assured the records show completion of all graduation requirements, and the degree has been conferred.

Graduation Ceremony

Refer to the College catalog for information pertaining to the graduation ceremony. Graduation commencement exercises are held at the end of the Spring semester.

Becoming a Registered Respiratory Therapist

To be eligible to become a Registered Respiratory Therapist, the candidate must graduate from a minimum Associate Degree Program accredited by the Committee on Accreditation for Respiratory Care (CoARC) and must take the National Board for Respiratory Care (NBRC) Therapist Multiple-Choice (TMC) Examination and Clinical Simulation Examination (CSE). There

will be two established cut scores for the Therapist Multiple-Choice Examination. If a candidate achieves the lower cut score, then he or she will earn the CRT credential. If a candidate achieves the higher cut score, then he or she will earn the CRT credential **AND** become eligible for the Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential). If any of the tests are failed, then the candidate must reapply to retake the failed exam(s) after paying a reapplication fee.

State Licensure

The following addresses and contact information may be used to answer questions about eligibility criterion and/or obtain an application for state licensure to practice respiratory therapy in the Commonwealth of Virginia and its neighboring states. Information for additional states may be obtained at the following: www.nbrc.org .

Virginia

The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Phone: 804.367.4600
<https://www.license.dhp.virginia.gov>

Tennessee

State of Tennessee Department of Health
Health Related Boards
Board of Respiratory Care
First Floor, Cordell Hull Building
425 5th Avenue North
Nashville, TN 37247-1010
Phone: 615.532.3202 or 1.888. 310.4650
www.state.tn.us/health

Kentucky

Kentucky Board Of Respiratory Care
2365 Harrodsburg Rd., B350
Lexington, KY 40504-3386
Phone: 859.246.2747
<https://kbrc.ky.gov>

VII. SURVEYS

Survey data compiled will aid the RTH Program in an ongoing process of Program improvement and quality. Data from individual surveys will be held in strict confidence.

Student Evaluation of Clinical Site

This survey will be administered at the end of each semester when clinical rotations are assigned. Each student will evaluate each clinical site attended during that semester.

(Appendix H)

Clinical Instructor/Preceptor Evaluation Survey

This survey will be administered at the end of each semester when clinical rotations are assigned. Each student will have an opportunity to evaluate their clinical instructor/preceptor. This information will be shared with the department director/manager. *(Appendix I)*

Student Opinion Surveys

The MECC Student Opinion Surveys are administered each fall and spring semester and designed to help the students voice their opinions about the College, the faculty, and support services at Mountain Empire Community College. These surveys are important to institutional effectiveness, which assists each instructor in enhancing course curriculum and instruction.

Student-Program Resource Surveys

This assessment will be completed annually by the students to provide feedback regarding their clinical and non-clinical experience with Personnel Resources; Facilities; Laboratory Resources; Academic Support Resources; and Clinical Resources. This information will aid in the on-going process of Program improvement.

Graduate Surveys

Graduate follow-up surveys are administered to RTH graduates employed in the field of respiratory care approximately 6-12 months after graduation from the Program. Each graduate will be contacted and asked to complete a survey of the Program. Completion of this survey is required as part of outcomes assessment by the Program's accreditation body (CoARC). The purpose of this survey is to help faculty and staff evaluate the Program's success in preparing graduates to function as competent Respiratory Therapists.

Employer Surveys

Employer surveys are administered to employers of graduates approximately 6-12 months after graduation from the Program. Each employer will be contacted and asked to complete a survey of the Program. Completion of this survey is required as part of outcomes assessment by the Program's accreditation body (CoARC). The purpose of this survey is to help faculty and staff evaluate the Program's success in preparing graduates to function as competent Respiratory Therapists. The CoARC requests this survey be administered by the graduate's immediate supervisor.

VIII. PROFESSIONAL ORGANIZATIONS

The American Association for Respiratory Care (AARC)

The AARC is our most important professional organization. The AARC produces and distributes booklets, videos, special news bulletins, a magazine for respiratory practitioners, and a professional journal, to its members every month. These periodicals serve to keep members abreast on professional seminars, conventions, technical innovations, and the health care field in general. Additionally, the AARC advocates for professional respiratory therapists on a national level with regard to national governmental issues and regulations.

The AARC serves as an excellent source to introduce students to the many different aspects of respiratory therapy as a career and to the role and responsibilities of respiratory therapists. The faculty believes that this is the best way to keep abreast of changes occurring in a dynamic field like respiratory therapy.

Applications can be obtained on the AARC website.

American Association for Respiratory Care
9425 N. MacArthur Boulevard, Suite 100
Irving, TX 75063-4706
www.aarc.org

The Virginia Society for Respiratory Care (VSRC)

The VSRC is our state chapter of the AARC, represents the profession in state regulations and legislation as well as provides educational meetings and seminars.

Each summer and fall, the VSRC holds a seminar and annual meeting of the state respiratory therapy profession. The meetings feature nationally known guest speakers, exhibits of specialty equipment and new innovations, as well as social functions. Students and graduates are encouraged to attend the day and evening activities of the VSRC.

Membership in the VSRC is automatic when you join the AARC.

Virginia Society for Respiratory Care
977 Seminole Trail PMB 327
Charlottesville, VA 22901-2824.
www.vsrc.org

The National Board for Respiratory Care (NBRC)

The NBRC is a voluntary health certifying board which was created in 1960 to evaluate the professional competence of respiratory therapists. It is the official credentialing agency for the profession. The NBRC sets the standards for admission of candidates into the credentialing process and provides the credentialing examinations for respiratory therapy candidates and for practicing respiratory therapists.

Credentialed practitioners can join the NBRC as a member. As an active member, the practitioner is entitled to a directory listing all active credentialed persons in the U.S. They also receive a copy of the quarterly newsletter and special notices, which members of the Trustees write. National Board for Respiratory Care:

**NBRC Executive Office
18000 W. 105th Street
Olathe, KS 66061-7543
Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.895.4650
www.nbrc.org**

Committee on Accreditation of Respiratory Care

Mountain Empire Community College's Respiratory Therapy program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). Questions about accreditation issues may be referred to the CoARC or the nearest CoARC-member.

**Committee on Accreditation for Respiratory Care
264 Precision Blvd
Telford, TN 37690
(817) 283-2835
www.coarc.org**

Programmatic Outcome Data

www.coarc.com/Students/Programmatic-Outcomes-Data.aspx

AARC Statement of Ethics and Professional Conduct

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

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

**Mountain Empire Community College
Respiratory Therapy Program
Code of Conduct - Written Warning**

Student: _____ **EMPLID:** _____

Location of Occurrence: _____ **Time of Day:** _____

Cause: Check all that apply

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Disobedience | <input type="checkbox"/> Absence/Tardy | <input type="checkbox"/> Unprofessional Behavior |
| <input type="checkbox"/> Safety Issue | <input type="checkbox"/> HIPAA Violation | <input type="checkbox"/> Violation of Dress Code |
| <input type="checkbox"/> Other: _____ | | |

Description of Event(s)

Remarks and Actions

Probationary Period: _____

Has student previously been warned of this violation? Yes No **When?** _____

Student Signature

Date

Faculty Signature

Date

**Mountain Empire Community College
Respiratory Therapy Program
Student Success Plan**

Student: _____ EMPLID: _____

Behavioral/Academic/Clinical Issues

Activities/Recommendations for Improvement

Plan for Further Action if No Improvement

Date of Re-evaluation: _____

Program Faculty Signature

Date

Student Signature

Date

Review/Coaching Log	
Date	Details of Discussion/Action

Student Comments

Student Signature: _____ Date: _____

Faculty Comments

Faculty Signature: _____ Date: _____

**Mountain Empire Community College
Respiratory Therapy Program - Occurrence Report**

Date of Occurrence:		Time of Occurrence:	
Student Name:		EMPLID:	
Course Number & Name:			
Clinical Preceptor:			
Exact Location of Occurrence (clinical facility, laboratory, Sim Lab, etc):			
Type of Occurrence:			
Patient Fall		Unprotected Exposure to Blood/Body Fluids	
Medication Error		Needlestick Injury	
Equipment Failure		Student Injury/Accident	
Misconduct		Unsafe Practice	
HIPAA Violation		Academic Integrity Violation	
Other			
Description of Occurrence:			
Name of Witnesses/Others Involved:			
Actions Taken Following Occurrence and By Whom:			
Medical Attention Given, If Needed:			
Additional Comments:			
Name of Person Making Report:			
Signature of Person Making Report:			
Date Submitted:			

Note: Copy to Student and Student File

**Mountain Empire Community College
Respiratory Therapy Program
Exit Interview**

Student: _____

Date: _____

EMPLID: _____

Reason for Withdrawal/Leaving the Program:

Personal Health Financial

Failure of Coursework Specify: _____

Do you plan to return to the Respiratory Therapy Program? Yes No

Plan of Action for Return

Student Comments

Program Faculty Signature

Date

Student Signature

Date

**Mountain Empire Community College
Respiratory Therapy Program**

Fitness for Duty – Return to Classroom and Clinical Courses

Student Name:	EMPLID:
<p>This form is required for all students who have experienced an illness, injury, pregnancy, hospitalization or other circumstance which resulted in either a physical or psychological limitation(s) or an absence from the program.</p>	
<p>Please use the following information to determine if this student can return to the classroom and clinical setting.</p> <ul style="list-style-type: none"> • Each clinical rotation is 8-12 hours in length, various shifts • Students are expected to complete respiratory therapy activities comparable to that of a staff therapist with the supervision of their clinical preceptor • Physical demands in the respiratory therapy program include duties that require squatting, bending, kneeling, reaching, and stair climbing, lifting and carrying up to 50 pounds; frequent pushing and pulling up to 200 pounds with assistance: occasional lifting up to 200 pounds with assistance and can occasional carrying up to 51-74 pounds. Duties also require constant use of sense of sight, hearing, touch, and speech. Environmental conditions include procedures that involve handling blood and body fluids using standard (universal) precautions 	
<p>Please indicate your recommendation regarding this student’s ability to return to the classroom/clinical setting. The student must be free of any restrictions or limitations which may endanger the student’s health or a client’s safety in the clinical setting.</p> <p>_____ I find the above named student fit for duty with NO restrictions or limitations in the classroom or clinical setting</p> <p>_____ I find the above named student fit for duty WITH the following restrictions or limitations:</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin: 5px 0;"></div> <p>_____ I find the above named student NOT fit for duty; may reconsider after _____(date)</p>	
Healthcare Provider Signature/Title:	Date:

**Mountain Empire Community College
Respiratory Therapy Program**

Student Clinical Evaluation by Clinical Instructor

Student Name: _____ **Date:** _____

Clinical Site: _____

Instructions: The following is the clinical preceptor’s opinion of the student’s performance during the clinical rotation.

Rating: **1=**Poor **2=**Fair **3=**Good **4=**Very Good **5=**Outstanding

Please provide detailed comments for any item rated below 3

1. Demonstrates the relationship between theory and clinical practice making suggestions about how the respiratory care plan could be modified.	1	2	3	4	5
2. Applies and maintains aseptic technique and dons personal protective equipment (PPE) as required	1	2	3	4	5
3. Follows directions, exhibits sound clinical / therapeutic judgment, and seeks help when required.	1	2	3	4	5
4. Interacts well with patients and family: pleasant, sincere, patient, compassionate, and respectful of cultural diversity.	1	2	3	4	5
5. Displays initiative, self-direction, responsibility, and accountability in seeking out new learning experiences and continuing practice of previous tasks.	1	2	3	4	5
6. Professional Conduct is demonstrated: appearance, punctuality, cooperation, maintaining confidentiality and adhering to all policies.	1	2	3	4	5

Comments:

Instructor Signature: _____ **Date:** _____

**Mountain Empire Community College
Respiratory Therapy Program**

Student Evaluation of Clinical Site

Clinical Site: _____

Rotation Dates: _____ to _____

Clinical Areas: _____

Instructions: Please rate the clinical site from 1 to 5 according to the following rating criteria

Rating: 1=Poor 2=Fair 3=Good 4=Very Good 5=Outstanding

Physical Characteristics					
1. Quality of Equipment	1	2	3	4	5
2. Number of Procedures	1	2	3	4	5
3. Variety of Procedures	1	2	3	4	5
Personnel:					
1. Able to Teach	1	2	3	4	5
2. Knowledge of Subject	1	2	3	4	5
3. Willingness to Spend Time With Students	1	2	3	4	5
4. Professional Attitude	1	2	3	4	5
5. Sets Good Example	1	2	3	4	5
6. Physician Instructional Input	1	2	3	4	5

What did you like best about this rotation?

What problems, if any did you experience at this rotation?

**Mountain Empire Community College
Respiratory Therapy Program**

Student Evaluation of Clinical Instructor

Instructor Name: _____ **Date:** _____

Clinical Site: _____

Instructions: Please rate the Clinical Preceptor from 1 to 5 according to the following rating criteria

Rating: 1=Poor 2=Fair 3=Good 4=Very Good 5=Outstanding

1. Instructor displayed a respectful attitude toward students.	1	2	3	4	5
2. Instructor's attitude toward teaching pertinent skills/topics	1	2	3	4	5
3. Instructor encouraged understanding of concepts and their application.	1	2	3	4	5
4. Instructor explained topics clearly.	1	2	3	4	5
5. Instructor provided/arranged clinical practice of required performance evaluation skills.	1	2	3	4	5
6. Instructor encouraged student's critical thinking.	1	2	3	4	5
7. Instructor was patient with students' critical thinking.	1	2	3	4	5
8. Instructor provided opportunities for learning, despite volume of clinical site procedure opportunities.	1	2	3	4	5
9. Instructor displayed professional behavior in clinical setting.	1	2	3	4	5

Additional Comments:

**Mountain Empire Community College
Respiratory Therapy Program**

Student Handbook Acknowledge Form

I, _____, have received the MECC Respiratory Therapy Program Student Handbook and I assume responsibility for being knowledgeable of the contents. I agree to be governed by the policies and procedures described within the handbook and to adhere to the rule/regulations of the Respiratory Therapy Program, Mountain Empire Community College, and the clinical facilities I attend. I am aware that program faculty of the Respiratory Therapy Program are available to assist me with understanding the program and college policies, procedures, and practices.

Student Name: _____
(Print Name)

Signature

Date