

This handbook outlines the rules and regulations that you as a student in the Respiratory Therapy Program at Wheeling Jesuit University must follow. You are responsible to abide by these rules and other rules established by the University. Every attempt will be made to consistently adhere to these rules. In extenuating circumstances, the Program Director and/or Director of Clinical Education reserve the right to make decisions on an individual basis.

### **A Note to You as a Student Respiratory Therapist**

Your decision to pursue a degree in Respiratory Therapy is more than taking a series of courses and receiving a degree. It is your commitment to become a professional caregiver (body, mind, and soul). All of the courses and experiences that you will have during your time in this program are designed to help you reach these goals. However, you must accept the responsibility that comes with the profession to learn what it takes to provide quality patient care that considers the needs of each individual. When you successfully complete this program, you will be ready to take your national certification examination and join the community of respiratory therapy professionals.

After reading and signing the Student Policies Agreement form (Appendix B) at the end of the document, you agree to abide by the Code of Ethics (Appendix A) that governs the behaviors of those working in this profession. This is a serious responsibility that you assume as a student in this program. While the contents of this handbook give you specific information about your conduct and behavior as a student, you should always remember that the Code of Ethics is your guide while preparing to become a respiratory therapist.



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## **1.0      Goals and Standards**

### **Program Goal 1**

To prepare students as competent respiratory therapists.

Standard 1.A: Upon completion of the program, all students will demonstrate the ability to comprehend, apply and evaluate information relevant to their role as a respiratory therapist.

Standard 1.B: Upon completion of the program, all students will demonstrate personal behaviors consistent with professional and employer expectations for the respiratory therapist.

Standard 1.C: Upon completion of the program, all students will demonstrate technical proficiency in all skills necessary to fulfill the role of a respiratory therapist.

### **Program Goal 2**

To prepare students to assume leadership roles within the profession or to seek an advanced level of education.

Standard 2.A: Graduates will be in graduate school, working as supervisors, in-service educators, or higher-level positions within 3 years of graduation.

### **Program Goal 3**

To provide graduates to help fulfill the employment needs of RT professionals within the local and regional service areas.

Standard 3.A.: Produce sufficient numbers of graduates to fill the positions caused by turnover or expansion.

## **2.0      Respiratory Therapy Professional Program Admission Procedure**

Application to the professional phase of the Respiratory Therapy major occurs the semester prior to the first respiratory therapy course (RET). Application would normally occur during the fall semester of the sophomore year. Students who change majors, or transfer into the University may be out of sequence. These students would need to apply to the program after all math and science pre-requisites have been fulfilled, and prior to scheduling for their first respiratory therapy (RET) course. ALL Students must be accepted to the professional phase of the program prior to scheduling any level of respiratory therapy course.

The student desiring to enter the professional phase of the Respiratory Therapy major must meet the following criteria:

- 1) Full acceptance into the University
- 2) Completion of all math and science prerequisites with a grade of C (2.0 GPA on a 4.0 scale) or better (C- is not admissible).
  - a) The minimum math and science pre-requisites for the respiratory therapy professional phase include the following courses:

i)	Bio-128 Anatomy and Physiology I	(3 credits)
ii)	Bio-129 Anatomy and Physiology II	(3 credits)
iii)	Bio-127 Anatomy Lab	(1 credit)
iv)	Mat-105 Statistics <b>OR</b> Mat-108 Pre-Calculus	(3 credits)
v)	Cls-121 Introduction to Hospital Science or Medical Terminology	(2-3 credits)
vi)	Che-105 Intro to General, Organic, and Bio-chemistry*	(3 credits)
vii)	Phy-130 Physics for allied health*	(3 credits)
viii)	Bio-109 Cells and Chromosomes	(3 credits)
ix)	Bio-121 Methods of Biology (Lab)	(1 credit)
  - b) \*Upper level courses may also fulfill the required math and science pre-requisites and will be evaluated for acceptance by the program director
- 3) An overall G.P.A. of 2.3 or better (on a 4.0 scale)

- 4) A record free of patterns of negative behavior
- 5) Acceptable medical and dental examinations that support a student's ability to perform tasks required of the respiratory therapy profession. Physical requirements are necessary to meet minimum qualifications in order to participate in clinical courses and professional practice. Some areas of physical requirements include sensory, communication, mobility and motor abilities.
  - a) The Respiratory Therapy Student must possess appropriate strength, motor coordination and manual dexterity to be able to perform tasks such as:
    - i) Stand and walk for up to 90% of work time
    - ii) Bend and kneel to competently perform CPR
    - iii) Climb stairs when necessary
    - iv) Lift up to 45 pounds and carry up to 25 pounds
    - v) Push and pull heavy objects on wheels such as compressed gas cylinders and ventilators
    - vi) Use of hands and fingers 100% of the time for such duties as palpation, percussion and auscultation of patients, assembling and disassembling equipment, and manipulating controls on machines
    - vii) Document communication in charts, reports and other forms of correspondence through the use of legible handwriting
  - b) The student must be able to communicate verbally in an effective manner to explain procedures and direct patients during these procedures
  - c) The student must be able to hear, understand, and react quickly to verbal instructions, patient's needs and requests of others. The students must be able to hear alarms on equipment and monitors.
  - d) The student must have near vision acuity to read charts, observe patients, dispense medications, read machine controls, and patient monitors. The ability to read LED's is needed, as is the ability to see in dim light. Students must also be able to distinguish between various colors such as red, blue, green, yellow, orange, navy, black, purple, pink, grey and various shades of each color.
  - e) The student must demonstrate proper critical thinking, and behaviors. Impaired thinking constitutes a risk to patient safety. Impaired thinking is evidenced by an inability to make appropriate judgments and carry out respiratory care functions in relation to the delivery of patient care. Impaired thinking may be the result of fatigue, anxiety, sleep deprivation, medication use, illegal drug use, alcohol use, etc.
  - f) The student must be emotionally well. The student should be able to concentrate, have effective stress management, and positive mental health status.
- 6) All students must obtain an application from the respiratory therapy faculty and submit the completed application prior to scheduling any RET level courses.
  - a) After application, students will be notified in writing of their acceptance or denial into the professional program.
    - i) Acceptance can be granted as full admission (favorable), conditional acceptance, or non-acceptance (non-favorable).
    - ii) Students who are accepted under conditional acceptance will be required to fulfill all criteria deemed necessary by the program's faculty to continue within the program. A student cannot obtain full acceptance if the required criteria is not completed. (See progression in program)
- 7) Proof of current medical insurance coverage

## **2.1 Transfer Policies**

Applicants desiring to transfer into the Wheeling Jesuit University Respiratory Therapy Program must meet the same admission criteria required of all health science students. (Refer to University admissions requirements as well as 2.0-Respiratory Therapy Professional Program Admission Procedure).

Core and major transfer credits are awarded according to the policy as stated in the University catalog and are subject to approval by the University Registrar, and the Respiratory Therapy Program Director. (See 2.1.1 Transfer of academic credit)

In addition to the requirements stated above, the student may be requested to provide course outlines for all health science courses for which the applicant is seeking credit. The director of the program will evaluate the outlines and determine the amount of credit to be awarded.

Students applying to the 2+2 Respiratory Therapy Program must meet criteria agreed upon by both academic institutions. Credits will be evaluated by the Wheeling Jesuit University Respiratory

Therapy Program Director and assessed proper credit.

### **2.1.1 Transfer of academic credit to Wheeling Jesuit University**

All math and science pre-requisites, as well as major courses (RET, CLS) not taken at Wheeling Jesuit University must be pre-approved by the respiratory therapy program director to receive transfer credit. Students not getting pre-approval will not be able to transfer the course in as credit on the official Wheeling Jesuit University transcript and will be required to repeat the course to fulfill the major requirement.

Final approval for transfer credits for major related courses is the responsibility of the Program Director.

### **2.2 Re-entrance Policies**

Students desiring to re-enter the Respiratory Therapy Program after stop out or leave of absence must meet all criteria listed in section 2.0 “Respiratory Therapy Professional Program Admission Procedure”, as well as:

- 1). Provide an updated physical (health record) and proof of current medical insurance coverage.
- 2). Provide an official transcript showing a minimum 2.3 GPA (4.0 scale) for all courses within the health science, math, and science curriculum.
- 3). Provide an official transcript showing an overall GPA of 2.3 (4.0 scale)
- 4). Re-take only Respiratory Therapy or related science courses in which a grade of C-, D, or F was earned and earn at least a C. A student may repeat one course within the professional phase only once. If a second C-, D, or F is earned or if a C-, D, F is earned in another professional course the student will be withdrawn from the program.
- 5). Take a competency exam and make a grade of C or better and/or audit any course in which the faculty determines that the student is deficient.

Students who have left the program as a result of unsatisfactory clinical performance will re-enter the program on clinical probation or “contract” and will remain on clinical probation for at least one semester. (See progression in program)

Re-entry is contingent upon recommendation and written approval by both the Respiratory Therapy Program Director and the Director of Clinical Education.

### **3.0 Progression in Program**

The Health Science Curriculum is designed so that each semester’s requirements must be met before proceeding into the next. With extenuating circumstances, one exception may be allowed with written permission from the respiratory therapy program director and the respiratory therapy director of clinical education. One grade of C- in any one pre-requisite math, science, health science, or major course (RET) may be considered for this exception. These circumstances will be evaluated on a case-by-case basis and are not guaranteed.

A student receiving an incomplete in a prerequisite course will be allowed only two weeks into the following semester to remove the incomplete. If this is not done, the student will automatically be dropped from the course(s) in which he/she is currently enrolled. A grade of F will also replace the incomplete per University policy. This may require the student to sit out or take a “stop out” option until the courses are offered again the following semester, or following academic year.

Health science students who receive less than a C (2.0 GPA on 4.0 scale) in any pre-requisite course or in any respiratory therapy major course (RET) will not be allowed to continue in the program until the course is taken again and at least a grade of C is earned. Respiratory therapy students are only allowed to re-take Respiratory Therapy or related science courses in which a grade of C-, D, or F was earned. A student may repeat a pre-requisite course or any course within the professional phase (RET,CLS) only once. If a second C-, D, or F is earned or if a C-, D, F is earned in another professional course the student will be immediately withdrawn from the program.

Respiratory therapy students who get a grade of C- in a respiratory therapy major course (RET,CLS) will not be permitted to progress within the program due to not being able to register for the following semester's course sequence. The student will be withdrawn from or not permitted to register for any respiratory therapy courses sequenced after that class. Exceptions to this rule can be made on a case-by-case basis and will require written permission from the Respiratory Therapy Program Director and Director of Clinical Education.

Physical and emotional health is assessed upon admission to the Respiratory Care Program. (See Respiratory Therapy Professional Program Admission Procedure) Health records must be completed and updated annually for a student to progress, re-enter, or graduate. After admission, any student who presents physical or emotional health problems which do not respond to appropriate treatment or counseling within a specified time frame may be evaluated for dismissal (or withdrawal) from the program. At any time, a faculty member may remove a student from clinical practice if the faculty member feels that the student is demonstrating: behavior that is in conflict with safe respiratory care practices, lack of preparation in relation to skill performance or knowledge base, or lack of professional attitude and manner. (See clinical evaluation)

Students who are accepted under conditional acceptance will be required to fulfill all criteria deemed necessary by the program's faculty to progress within the program. All students will be evaluated each semester for fulfillment of required criteria, and change of status to full acceptance. Students who do not obtain full acceptance into the program will not be allowed to register or attend senior level clinical experiences.

At any time the Respiratory Therapy Program Director and Director of Clinical Education may place a student on "contract". This is a probationary step designed to help students fulfill any personal, academic, or professional/social issues that the faculty feel may be hindering the student's academic or clinical performance. Students who are placed on contract are required to complete all criteria in the contract set forth by the Program Director and Director of Clinical Education. A student may not progress in the program until the contract criteria have been fulfilled. Each contract will state specific criteria that are required, along with deadlines and needed documentation that the student may need to provide. The student will receive ongoing written notification informing the student of fulfillment of the contract, renewal of the contract, or incompleteness of the contract and new criteria. Students who do not fulfill their contracts by the given deadlines, or fail to provide the required proof of completion stated by the contract will be evaluated for dismissal from the program. (See also: 5.4 Clinical Probation/Suspension and 3.2-Dismissal for Unsafe Clinical Practice)

### **3.0.1 Progression for Senior Level Clinical Rotations**

Students must successfully pass (grade of C or higher) all prerequisite courses prior to scheduling or attending senior level clinical experiences (RET-365 and higher). These courses include:

BIO-127	CLS-121	RET-320
BIO-128	RET-212	CLS-312
BIO-129	RET-262	CLS-330
MAT-105 or MAT-108	CLS-215	RET-330
CHE-105 or CHE-110 + 121	RET-325	RET-340
PHY-130 or PHY-110 + 121	RET-362	RET-345
BIO-109	CLS-234	RET-363
BIO-121	CLS-311	CLS-320

Students must have a current and updated physical on file, including physical exam, and proof of vaccinations.

Students must obtain a current and record free criminal background check and child abuse history clearance.

Student must submit to a random drug test and have a negative result.

Student must complete HIPAA, OSHA and SAFETY training prior to attending senior level clinical

rotations.

Student must have current American Heart Association basic life support for healthcare provider certification (BLS-HCP)

All students MUST take and successfully pass the NBRC Comprehensive (Secure) Entry Level CRT Self-Assessment Examination. This exam is administered by the respiratory therapy program faculty the first week of the senior level clinical rotation. This exam serves as a basic competency and safety exam. Students who do not pass this exam will not be permitted to attend senior level clinical rotations and may be required to remediate or withdraw from senior level courses at the student's expense. Should a student fail this exam, it will be evaluated on a case-by-case basis. Decisions regarding student progression, stop-out, or dismissal will be made by the program's Director of Clinical Education and Program Director.

In addition to the NBRC Comprehensive (Secure) Entry Level CRT Self-Assessment Examination at the beginning of senior level clinical rotations, all students will be required to take the NBRC Comprehensive (Secure) RRT Written Self Assessment Examination and the NBRC Comprehensive (Secure) RRT Clinical Simulation Self Assessment Examination. These two RRT exams are administered by the Respiratory therapy program faculty at the end of the fall semester, senior year. Students who do not successfully pass the Written SAE, or the Clinical Simulation SAE will be required to take the RET-480 Advanced Clinical course prior to graduation. A student who does not pass these exams, and does not successfully pass this course, will not be eligible for graduation until the course has been passed with a grade of C or higher.

### **3.0.2 Failure of clinical or program progression**

Should a student fail to progress academically, or in the clinical setting the student must choose between three options.

Option 1- Withdrawal from the program. The student can choose to withdraw from the program. At that time the student would be required to change to another major.

Option 2- Leave of Absence. The student can apply to the Associate Academic Dean for a medical or academic leave of absence. This option would remove the student from all academic courses within the University for a determined amount of time.

Option 3- Stop-out. The stop out option is only available upon offer from the respiratory therapy Program Director and Director of Clinical Education. Students cannot use this option solely. All criteria and requirements for the stop-out will be determined by the respiratory therapy faculty.

Students returning after any of these options are required to officially re-apply to the professional phase of the Respiratory Therapy Program (see re-admittance procedures)

### **3.1 Disability Statement**

The mission of the Wheeling Jesuit University Respiratory Therapy Program is to train competent Respiratory Care Practitioners who are capable of providing care for the general patient population in health care settings. To be effective, a student or graduate respiratory therapist should be flexible to respond to changing demands in their work environment and be able to perform during stressful situations while providing patient care.

Individuals should assess their ability to meet these qualifications. If the student is not capable of demonstrating the needed skills and abilities, it is the responsibility of the student to request appropriate accommodation. In consultation with the Director of Disability Services and the Associate Academic Dean, reasonable modifications and/or accommodations will be made for the student with a documented disability.

The following statements identify the attributes and abilities appropriate to the profession of Respiratory Therapy:

- i. Stand and walk for up to 90% of work time (8 to 12 hours)
- ii. Bend and kneel to competently perform CPR
- iii. Climb stairs when necessary
- iv. Lift up to 45 pounds and carry up to 25 pounds
- v. Push and pull heavy objects on wheels such as compressed gas cylinders and ventilators
- vi. Use of hands and fingers and all appropriate senses 100% of the time for such duties as percussion and auscultation of patients, assembling and disassembling equipment, and manipulating controls on machines.
- vii. Document communication in charts, reports and other forms of correspondence through the use of legible handwriting
- viii. The student must be able to communicate verbally in an effective manner to explain procedures and direct patients during these procedures
- ix. The student must be able to hear, understand, and react quickly to verbal instructions, patient's needs and requests of others. The students must be able to hear alarms on equipment and monitors, hear auscultatory sounds, and cries for help.
- x. The student must have near vision acuity to read charts, observe patients, dispense medications, read machine controls, and patient monitors. The ability to read LED's is needed, as is the ability to see in dim light. Students must also be able to distinguish between various colors such as red, blue, green, yellow, orange, navy, black, purple, pink, grey and various shades of each color.
- xi. The student must demonstrate proper critical thinking, and behaviors. Impaired thinking constitutes a risk to patient safety. Impaired thinking is evidenced by an inability to make appropriate judgments and carry out respiratory care functions in relation to the delivery of patient care. Impaired thinking may be the result of fatigue, anxiety, sleep deprivation, medication use, illegal drug use, alcohol use, etc.
- xii. The student must be emotionally well. The student should be able to concentrate, have effective stress management, and positive mental health status.
- xiii. Maintaining effective performance in stressful situations related to equipment and patient problems. The student must be able to respond appropriately to situations requiring emergency care of the patient
- xiv. Providing physical and emotional support to the patient during procedures
- xv. Work in close proximity with members of the health care team and in small-enclosed areas.

### **3.2 Dismissal for Unsafe Clinical Practice**

A student may be dismissed from a program for unsafe clinical practice any time during the semester. In such cases a grade of "F" will be given for the course in which the unsafe practice occurred.

Practice may be unsafe for academic or disciplinary reasons. Academic reasons include failure to attain the required level of cognitive or motor skills. A few examples of unsafe practice due to academic reasons are inadequate preparation, inaccurate documentation, inability to perform motor skills safely, and practice beyond the scope of preparation.

Unsafe practice for disciplinary reasons include: violation of institutional or professional codes of conduct, and unethical behavior. In addition, this includes failure to be safe because of attitudinal or physical problems. A few examples are poor hygiene, inability to establish rapport with clients, and a lack of integrity, initiative, interest, or dependability.

Students will be afforded due process in cases of dismissal for unsafe practice. The student will be given verbal or written notice concerning the unsafe practice from the clinical instructor. The clinical instructor may ask for an evaluation from another clinical instructor or request a departmental hearing. If a second instructor is consulted, a departmental hearing will occur after the second instructor completes the evaluation. The student will be given the opportunity to be present during the departmental hearing in order for rebuttal. The

department will then make a decision about whether or not dismissal is warranted. The respiratory therapy program's director of clinical education, along with the program director will determine who will be present for the hearing and who will make the decision.

In cases where there is a time lag between when a clinical instructor deems a student unsafe and when the departmental hearing occurs, the clinical instructor may keep the student off the clinical areas. If, however, the departmental hearing results in the student remaining in the course, the student should be given the opportunity to make up the clinical time if necessary.

Students who are dismissed from the program for unsafe practice may request readmission into the program to repeat the course at a later time. If the student is readmitted into the program, remedial work may be required depending upon the nature of the deficiency. (See also 3.0-Progression in Program and 5.4-Clinical Probation/Suspension)

### **3.3 Criminal Background Checks**

As required by some clinical facilities contracted by WJU, all applicants to the Respiratory Therapy Program and current respiratory therapy students must submit to a criminal background check. A form or (contact) information for the appropriate background check will be provided to the student as it is needed. All forms must be accurately and truthfully filled out, signed, dated, and properly submitted by the student. Once the student receives their official background clearance, the form must be turned into the Director of Clinical Education so that it may remain on file. The RT Program Director or Director of Clinical Education also may request copies of other types of official documentation as needed.

The incurred cost of the background check will be the student's responsibility and is independent of any tuition or fee costs assessed by the University.

Criminal background checks may or may not include child abuse clearance. If the background check does not include child abuse clearance, a second clearance for child abuse may be required. Students will be responsible for this additional cost. However, the respiratory therapy faculty will make reasonable attempts to provide checks that cover both types of clearance.

(A sensitive position entails a person providing care, safety, and security of people or property.) If the background check reveals a conviction or other information relevant to the position, you may be disqualified from holding that position. Your background report may contain the following information:

- Criminal records (fingerprints)
- Civil records
- Social Security verification
- Credit reports
- Employment history

Any student with a criminal history who denies that history by answering "no" to the questions regarding criminal background will be dismissed from the program based on fraudulently presenting her/himself as not having a criminal record.

Students with criminal histories who desire licensure or registration in allied health professions are urged to consult the laws governing licensure or certification in the state in which they intend to apply for license to practice.

### **3.4 Drug Screens**

All students who participate in any level of clinical experience will be required to submit to a random urine sample for drug screens. In addition, the Respiratory Therapy Program Director, Respiratory Therapy Director of Clinical Education, or any contracted clinical site instructor/manager has the right to require random drug testing (blood, urine, hair, etc) for any student, at any time. Any incurred cost will be the responsibility of the student and is independent of any tuition or fee costs assessed by the University.

Any positive drug test will be grounds for automatic dismissal from the respiratory therapy program.

#### **4.0 Attendance Policy**

##### **4.1 Inclement Weather Policy**

When inclement weather causes driving conditions to be hazardous, attendance at clinical or laboratory is left to your discretion. Classroom lecture attendance will follow the *class attendance policy*. The student should call the Director of Clinical Education to discuss road conditions. If the student decides to miss clinical or laboratory days due to hazardous conditions AND follows proper procedure, they will be charged with an excused absence. Students not following the appropriate procedures will be charged with an unexcused absence. All absences must be made up as per the appropriate level clinical attendance policy.

##### **4.2 Class Attendance**

Students should realize that being in a health care profession requires stricter guidelines due to the nature of the profession. Health science students need to be responsible. The respiratory therapy program is a fast paced learning environment that requires students to build on material from class to class, and course to course. Students who miss excessive classes have been found to have difficulty in linking the material together. The respiratory therapy faculty emphasizes the importance of student attendance in the classroom as a key to a successful academic and professional career. Therefore, respiratory therapy students should be aware that they are subject to attendance guidelines that may be stricter than the University's student classroom attendance policy.

Students are expected to attend all class meetings. Attendance is checked at the beginning of each class. Specific attendance requirements are delineated in each course syllabus. In general, a student may not accumulate more than six (6) class absences in any respiratory therapy or health science course (RET or CLS). However, the individual respiratory therapy or health science instructor/professor reserves the right to set stricter attendance policies as s/he deems necessary. Exceptions to this rule can be made, and should be discussed with the course's instructor/professor.

It is the student's responsibility to obtain assignments and materials missed during any absence.

When a student is absent, assigned work or scheduled tests must be made up within one week after a student returns to class. Tests may be made up only if the student has been excused from the test by the instructor prior to the scheduled testing time. Students who are tardy must be excused by the instructor before being allowed to take a test. If the test missed is a final exam, it will be handled on an individual basis.

##### **4.3 Clinical Attendance**

Students are required to attend all clinical experiences. In addition to all patient care situations, clinical experiences include all alternate experiences scheduled for clinical days. Policies relative to clinical experiences are enforced for all alternate activities.

###### **4.3.1 Senior Level Clinical Attendance Policy**

Course(s) involved: RET-365, RET-366, RET-464, RET-465, RET 466, RET-467, RET-468, RET-469, RET-482.

Student attendance policy: Senior level RT major absence allowances are based on the length of the individual rotations. For each clinical site with three (3) or less scheduled days a student is not permitted ANY excused absences. Any absences from these rotations MUST be made up.

For each clinical site with more than 3 scheduled days, the student is permitted to acquire one (1) excused absence, per site, without penalty. Absolutely no unexcused absences will be permitted. A student is allowed a maximum of three (3) excused absences for the entire senior clinical experience.

The first two on campus lecture weeks, and all Friday lectures on campus are considered as ONE rotation. Therefore, a student is allowed one absence without penalty. Absences from these lecture days will follow the same guidelines as the other clinical rotations.

Any conferences that the RT faculty requires senior level students to attend will be treated as a clinical rotation. Absence from the required conference will follow the same guidelines as all other clinical rotations. Make-up will be established at the clinical site of which the student was to be assigned during the conference time period.

Students will not be excused for routine medical or dental appointments. These must be scheduled after school hours or the student will receive an unexcused absence.

It is the student's responsibility to call and talk with the WJU director of clinical education if unable to attend clinical. If the student is unable to reach the director of clinical education immediately, a message should be left. The student must continue calling until they have spoken directly with director of clinical education to explain the absence. Failure to follow this procedure will result in an unexcused absence.

In event of an absence or tardiness, it is also the student's responsibility to call off to the assigned contact at the clinical site, of which the student was to be assigned. The student **MUST** talk to the preceptor or department coordinator directly. Leaving a message is not appropriate. Failure to follow this procedure will result in an unexcused absence.

Students must also obtain verbal approval from the WJU director of clinical education **AND** the site clinical contact to leave the clinical area prior to the scheduled departure time. **THIS IS NOT AN OPTION**. The student **MUST** speak to the director of clinical education directly prior to leaving an assigned clinical site early. Leaving a message is inappropriate. Failure to obtain verbal permission prior to leaving early (no matter how much time was spent at the clinical site) will result in an unexcused absence for the entire day.

Any student who works 11-7, 12-8 or any other night shift (including on-campus RA duties) prior to a clinical day will be asked to leave the clinical facility and will be given an unexcused absence for the clinical day involved. (Sleep impairment on the part of the student is a detriment to patient safety.)

Clinical Call-off:

A senior-level RT student who is unable to attend clinical on the scheduled day **MUST** call off to the Director of Clinical Education **AND** the clinical site contact, **a minimum of 2 hours before the start of the scheduled clinical time**. If the student properly calls off and has a valid excuse for missing clinical, an excused absence will be issued. Failure to call-off or improper excuse will lead to an

unexcused absence.

Students may be excused from clinical for the following situations:

- A. Injury or illness (**must be verified by an excuse from a doctor or dentist**). The excuse must specifically state that the student was seen or treated on a given day(s) and a specific recommendation that the student not attend clinical for a given number of days.
- B. A student may be excused by an instructor who has evaluated the situation and decided that the student should not participate in clinical experiences.
- C. A death in the immediate family.

Clinical Make-up:

Senior level RT students who miss an assigned clinical day with an **excused** absence will make up the day using the following guidelines:

If a rotation is less than or equal to three (3) days in length (including half-day rotations), the student **MUST** make up the absence at the site where the absence occurred. If a student does not make up this absence, the student will receive a grade of F for the rotation.

If a rotation is more than three days in length a student is allowed to acquire one (1) excused absence per rotation without penalty or make-up.

A student may acquire a maximum of three (3) excused absences for the entire senior clinical experience. Accumulation of more than three excused absences will require the student to make up the excess absences regardless of the site where they were acquired.

All make-up will be scheduled through the WJU RT faculty, and will be performed on the student's own time (not during scheduled clinical or class time).

Senior level RT students who miss an assigned clinical day with an **unexcused** absence will be required to make up all unexcused absences for the clinical rotation. Unexcused absences do not follow the same policy as excused absences; however they do count towards a student's total acquired absence total.

- A. **NO UNEXCUSED ABSENCES ARE PERMITTED.**
- B. Make-up for unexcused absences must be scheduled through the WJU RT faculty at the rotation site that was missed and will be performed on the preceptor and student's own time (according to the clinical site's availability). **The instructor/preceptor must also be compensated for their time at their current hourly salary by the student**, since the service is not being performed on scheduled Wheeling Jesuit University time. The director of clinical education may decide to assign the student an alternative preceptor if deemed necessary.
- C. After attending the make-up day, the student will be reduced to a grade **NO HIGHER** than a C for the entire rotation of which the unexcused absence was obtained.
- D. If the student fails to make-up the unexcused absence(s) by the end of the fall semester, a grade of incomplete (I) will be issued for the course in which the clinical was assigned. Should a student not make-up the clinical day(s) before the

last day to change an incomplete grade, which is set by the Registrar, the incomplete (I) will convert to a grade of F per WJU policy.

#### **4.3.2 Junior Level Clinical Attendance Policy**

Course(s) involved: RET-362, RET-363

Student attendance policy: Junior level RT majors are permitted to acquire one excused absence from each clinical site (per semester) without penalty. No unexcused absences will be permitted. A student is allowed a maximum of two excused absences for the semester.

Students will not be excused for routine medical or dental appointments. These must be scheduled after school hours or the student will receive an unexcused absence.

All lab days are considered to be one clinical rotation.

It is the student's responsibility to call and talk with the instructor in person.

If the student is unable to reach an instructor immediately, a message should be left with a staff member in the appropriate clinical department. The student must continue calling until they have spoken directly with their instructor. Failure to follow this procedure may result in an unexcused absence.

It is the student's responsibility to contact the instructor personally prior to the absence and discuss the situation with him/her before the scheduled meeting time. Leaving a message is unacceptable!

Students must also obtain verbal approval from the clinical instructor to leave the clinical area prior to the scheduled departure time. Failure to do so will result in an unexcused absence.

Any student who works 11-7, 12-8 or any other night shift (including on-campus RA duties) prior to a clinical day will be asked to leave the clinical facility and will be given an unexcused absence for the clinical day involved. (Sleep impairment on the part of the student is a detriment to patient safety.)

Clinical Call-off

A junior level RT student who is unable to attend clinical on the scheduled day, **MUST** call off to the clinical instructor a **minimum of 2 hours before the start of the scheduled clinical starting time**. If the student properly calls off and has a valid excuse for missing clinical, an excused absence will be issued. Failure to call-off or improper excuse will lead to an unexcused absence.

Students may be excused from clinical for the following situations:  
A. Injury or illness (**must be verified by an excuse from a doctor or dentist**). The excuse must specifically state that the student was seen or treated on a given day(s) and a specific recommendation that the student not attend clinical for a given number of days.

- B. A student may be excused by an instructor who has evaluated the situation and decided that the student should not participate in clinical experiences.
- C. A death in the immediate family.

Clinical Make-up:

Junior level RT students who miss an assigned clinical day with an **excused** absence will be required to make-up the clinical rotation **if more than one clinical day is missed at any one clinical site**. Students acquiring more than two absences (one from each site) will be required to make-up the clinical absences that are in excess of those allowed without penalty. This make-up will be scheduled through the WJU RT faculty, and will be performed on the student's own time (not during class time).

Junior level RT students who miss an assigned clinical day with an **unexcused** absence will be required to make up all unexcused absences for the clinical rotation. **NO UNEXCUSED ABSENCES ARE PERMITTED**. This make-up must be scheduled WITH the WJU RT faculty and will be performed on the instructor's own time (not during class time) at the instructor's place of employment. The instructor must also be compensated for their time at their current hourly salary, since the service is not being performed on Wheeling Jesuit University time. The clinical instructor may decide to assign the student an alternative preceptor if deemed necessary. After attending the make-up day, the student will be reduced to a grade **NO HIGHER** than a C for the rotation missed.

If the student fails to make-up the required excused or unexcused absence(s), a grade of incomplete (I) will be issued for the course in which the clinical was assigned. Should a student not make-up the clinical day(s) before the last day to change an incomplete grade, which is set by the Registrar, the incomplete (I) will convert to a grade of F per WJU policy. This would also lead to the student being immediately withdrawn from any classes in which the course, in which the F was received, was a prerequisite for.

**4.3.3 Sophomore Clinical Attendance Policy**

Course(s) involved: RET-262

Student attendance policy: Sophomore level RT majors are not permitted to acquire any excused or unexcused absences from their clinical observation.

All lab days are considered to be clinical days or one rotation.

Students will not be excused for routine medical or dental appointments. These must be scheduled after school hours or the student will receive an unexcused absence.

It is the student's responsibility to call and talk with the instructor in person. If the student is unable to reach an instructor immediately, a message should be left with a staff member in the appropriate clinical department. The student must continue calling until they have spoken directly with their instructor. Failure to follow this

procedure may result in an unexcused absence.

It is the student's responsibility to contact the instructor personally prior to the absence and discuss the situation with him/her before the scheduled meeting time. Leaving a message is unacceptable!

Students must also obtain approval from the clinical instructor to leave the clinical area prior to the scheduled departure time. Failure to do so will result in an unexcused absence.

Any student who works 11-7, 12-8 or any other night shift prior to a clinical day will be asked to leave the clinical facility and will be given an unexcused absence for the clinical day involved. (Sleep impairment on the part of the student is a detriment to patient safety.)

#### Clinical Call-off

A sophomore level RT student who is unable to attend clinical on the scheduled day, **MUST** call off to the clinical instructor a **minimum of 2 hours before the start of the scheduled clinical starting time**. If the student properly calls off and has a valid excuse for missing clinical, an excused absence will be issued. Failure to call-off or improper excuse will lead to an unexcused absence.

Students may be excused from clinical for the following situations:

- A. Injury or illness (**must be verified by an excuse from a doctor or dentist**). The excuse must specifically state that the student was seen or treated on a given day(s) and a specific recommendation that the student not attend clinical for a given number of days.
- B. A student may be excused by an instructor who has evaluated the situation and decided that the student should not participate in clinical experiences.
- C. A death in the immediate family.

#### Clinical Make-up:

Sophomore level RT students who miss an assigned clinical day with an **excused** absence will be required to make up the clinical rotation. This make-up will be scheduled through the WJU RT faculty, and will be performed on the student's own time (not during class time).

Sophomore level RT students who miss an assigned clinical day with an **unexcused** absence will be required to make up the clinical rotation. This make-up must be scheduled through the WJU RT faculty and will be performed on the student's own time (not during class time). Also, the student will be reduced to a grade **NO HIGHER** than a C for the rotation missed.

If a student fails to make-up the required excused or unexcused absence(s), the student will be issued a grade of incomplete (I) for the course in which the rotation was assigned. Should a student not make-up the clinical

day(s) before the last day to change an incomplete grade, which is set by the Registrar, the incomplete (I) will convert to a grade of F per WJU policy. This would also lead to the student being immediately withdrawn from any classes in which the course, in which the F was received, was a prerequisite for.

#### **4.3.4 Clinical Absence Appeals Policy**

A student, due to unavoidable circumstances, may accumulate more than the allowed number of absences during the clinical semester/course. The RT faculty is aware that certain circumstances may arise that prevent a student from attending clinical experiences at scheduled times. If a student should acquire more absences than permitted for the semester/course, the student may submit a formal absence appeal to the RT faculty for review. This appeal may also be submitted if a student feels that s/he has been mistakenly awarded an unexcused absence versus an excused absence.

The appeal will allow the RT faculty to assess the student's attendance record, and reasons for absence. The WJU Respiratory Therapy Program Director and Director of clinical education will then jointly evaluate the student's appeal on a case by case basis, and will make a formal decision on the attendance and any requirements the student should have to fulfill. An attendance appeal form can be obtained from the Respiratory Therapy Program Director or the Director of Clinical Education.

**Senior level appeals:** Senior level students have exposure to the hospital setting to integrate the theory they have learned with the hands on, real world setting. The knowledge obtained during the senior clinical experience is irreplaceable and extremely valuable. You will learn and see things that you will not experience in the classroom. Therefore, missing a clinical day can be detrimental to the student's education. If a student would have a circumstance that prohibits clinical attendance, the student should follow the above call-off and make-up procedures. If the student acquires more than the allotted absences (per site or total) during the senior clinical experience (summer and fall semesters), the student has the opportunity to file an absence appeal to the RT faculty. The student may also appeal if s/he feels that an unexcused absence was inappropriately issued.

**Junior level appeals:** Junior level students have exposure to the hospital setting to facilitate the knowledge they are learning in the classroom. (approx. 16 days). Therefore, missing a clinical day can be detrimental to the student's education. If a student would have a circumstance that prohibits clinical attendance, the student should follow the above call-off and make-up procedures. If the student acquires more than 1 excused absence per clinical site in a semester, or more than two excused absences per course, the student has the opportunity to file an absence appeal to the RT faculty. The student may also appeal if s/he feels that an unexcused absence was inappropriately issued.

**Sophomore level appeals:** Sophomore level students have a limited exposure to the hospital setting (approx 4-6 days). Therefore, missing clinical is detrimental to the student's education. If a student would have a circumstance that prohibits clinical attendance, the student should follow the above call-off and make-up procedures. If the student acquires more than 1 absence (excused or unexcused), the student has the opportunity to file an absence appeal to the RT faculty.

#### **4.3.5 Alternate Clinical Activity Attendance**

To prepare you to be a well-rounded and informed respiratory therapist, your attendance is required at all alternate clinical activities scheduled on clinical days, as well as any local educational meetings scheduled by the respiratory therapy Program Director or Director of Clinical Education.

Rules regarding clinical attendance are also enforced for all alternate clinical activities. In addition, a failure to attend any of these alternate clinical activities must be made up as 8 hours of clinical time and a 5-page written report on the topic missed must also be turned into the Director of Clinical Education (DCE) within 2 weeks of the missed alternate clinical activity. Failure to attend meetings where funds were provided for the student means that the student must reimburse the respiratory therapy program any pre-paid, and unused funds.

#### **4.4 Clinical Tardiness and Early Dismissal**

##### **4.4.1 Clinical Tardiness**

Tardy is defined as arriving to the clinical area at time later than the scheduled meeting time. If the student arrives within thirty minutes of the scheduled time, the student will be allowed to remain in the clinical area. If the student arrives after the thirty minute limit, she/he may be allowed to remain in the clinical area at the discretion of the instructor, but will be issued a half day excused or unexcused absence. If the student is more than one hour late it will be considered a full unexcused absence from clinical (regardless of the amount of time spent at the clinical rotation).

An unexcused tardy will be recorded if a student fails to notify the clinical instructor prior to the scheduled beginning of clinical practice if he/she will be late. Being less than 30 minutes late more than 3 times (excused OR unexcused) during any clinical rotation will be treated as ONE unexcused absence.

It is a professional courtesy to the clinical instructor or site to call when a student is going to be more than ten (10) minutes late to a clinical site. Students who do not make these appropriate phone calls and arrive more than 10 minutes late will be considered as tardy.

##### **4.4.2 Clinical Early Dismissal**

Early dismissal is defined as leaving a clinical site earlier than the scheduled dismissal time. Students who leave a clinical site prior to ten (10) minutes before the scheduled dismissal time, without written or verbal permission from the program's Director of Clinical Education, will be considered as a full unexcused absence. Exceptions can be made to this rule on a case by case basis. Students wishing to leave a clinical site/rotation early must have expressed verbal permission from the program's Director of Clinical Education prior to leaving the facility.

#### **4.5 Injury or Illness During Clinical Attendance**

If a student becomes ill or injured during clinical practice, the student should notify his/her instructor and proceed as directed by the instructor. The student should also contact the program's Director of Clinical Education as soon as possible. Should the need for the student to leave the facility or clinical rotation early arise, the student should follow the same procedure as outlined in section 4.3.2-Clinical Early Dismissal.

As per the WJU and hospital affiliation agreement the "hospital" shall render emergency first aid to students at the student's expense in the event of an accident or sudden illness while on the premises of the hospital.

#### **5.0 Evaluation - Overall**

The following will be evaluated to obtain a grade in the clinical course requirements:

Cognitive (40%)

All quizzes, tests, case studies, presentations, etc., as stated on syllabi are weighted 40%. Students must achieve 70% or better on the NBRC, CRRT and RRT self-assessment exams.

Psychomotor (40%)	All course required check-off skills must be completed with two signatures. All check-offs are worth 40% of the student's clinical grade.
Affective (20%)	Development of appropriate attitudes is as important as skill and knowledge development. Affective evaluation will focus attention on the development of professional behaviors.

Students, who consistently are unable to meet the clinical objectives, use unsafe methods of delivering patient care, who show inadequate preparation in caring for patients, or who demonstrate unprofessional conduct in the clinical area may receive an unsatisfactory clinical evaluation. An unsatisfactory clinical evaluation constitutes failure of the course and immediate withdrawal from the program.

## **5.1 Performance Skills Objectives**

Performance skill objectives are intended to prove that the student is performing steps needed for an acceptable level of patient care. Students should realize that they are an important assessment tool used to determine individual student skill, procedure exposure, competency, and safety in the clinical setting. The completion of all performance skill objectives is required before final grades are distributed each semester, and at the completion of senior level clinical rotations.

### **5.1.1 Student Skills Check Off Books**

Every respiratory therapy student will be issued a "student skills check off book" during their first clinical rotation, junior year (RET-262). These books are property of the Wheeling Jesuit University Respiratory Therapy Program. Students will be assigned a specific book at the beginning of their clinical rotations. Students are responsible for this book until it is to be returned to the WJU faculty for evaluation of completion (senior year). Students are responsible to keep the book in good condition, and are not permitted to use the book for any other means.

Each student will be required to sign a receipt upon receiving the check off book. This receipt will be kept in the student's clinical file for reference. If a book is lost, damaged or not returned as directed, the student will be required to pay for a replacement book.

Students are solely responsible for maintaining and completing all check-off pages, and other necessary documentation (physician records, student skill exposure records, etc) within the check off books. Students should realize that check-offs are not voluntary, and are mandatory for program progression and completion. Failure to complete required clinical check offs and other documentation may lead to failure of the course, denial of program progression, placement on clinical probation, dismissal from the program, failure to graduate, etc.

Each clinical course or rotation has specific check-offs assigned to it within the skills check off book. Students need to be aware of which procedures must be completed for each clinical rotation/course. Courses are color-coded and students can check the key in the front of the check-off book to determine the criteria for the class(es) in which they are enrolled.

### **5.1.2 Objectives (skill check off) will be completed in the following manner:**

Every procedure or task that a student respiratory therapist is permitted to perform is contained within the student skills check-off book.

Students can obtain completion signatures at any time after receiving their check-off books. However, students need to be proficient, competent and confident in their skills, prior to official skill evaluation.

Students are required to have a minimum of two signatures of skill competency for each skill check-off (psychomotor).

Signatures can only be obtained from licensed, and practicing respiratory therapists who are directly supervising or precepting the student. These therapists must be employed by the contracting hospital in which the student is rotating. (I.e. no traveling therapists, temporary therapists, graduate therapists, etc)

Special rotations which include, but are not limited to: EKG, anesthesia, perfusion, OR, and Sleep lab can have signatures obtained from a certified or licensed professional who specializes in that area.

Students may also obtain signatures from the WJU Respiratory Therapy Program Faculty. Faculty may sign off a skill based on clinical performance, or a simulated lab competency.

It is the student's responsibility to set up an evaluation time with their preceptor during their clinical rotation. Clinical skill evaluation should be separate from routine procedures, and must be directly observed. Students found to have obtained signatures without direct observation, or under false pretense may face disciplinary action and possible dismissal from the program for cheating/fraud

## **5.2** **Affective Evaluations**

Affective evaluations are the third part of the clinical evaluation process. They represent the instructors' overall view of the student's ability to communicate, confidence and independence, initiative and cooperation, maturity, professional ethics, organization and theory application. Points for the observed level of performance are assigned. Guidelines for outstanding behavior are outlined in the student conduct, behavioral, and operational sections of this manual.

### **5.2.1** **Patient Satisfaction Questionnaire**

A third part of the clinical evaluation process may include the Patient Satisfaction Questionnaire. They represent the patient's overall view of the student's ability to communicate, work independently, and instill confidence. Points from the questionnaire are assigned. When required, the final grade will include the area of behavior with a weight of 20%.

### **5.2.2** **External Rotations**

Students will be evaluated on rotations not in the respiratory therapy department. Students will have one individual in each external rotation responsible for completing this evaluation. The components of the evaluation include the students': attitude and affect, interest, promptness and attendance, knowledge of the specialty area, appearance, and involvement in patient care. A grade is derived in the same manner as the performance skill objectives.

Students will also complete an evaluation of each rotation. Evaluation forms must be obtained from the Director of Clinical Education prior to each rotation.

## **5.3** **Student Records**

- A. Exposure Cards: Are a daily log of the student's clinical experience. A list of experiences is found in the student skills check off book. Students list the code for each experience and how often it occurred (observed or performed) and will also list a brief patient diagnosis as well as the date and rotations that it occurred on.
- B. Patient Care Plans: Care plans are done to help the student to understand and piece together the respiratory care and disease of the patient. Care plans and mini-care plans are valuable

tools that students can utilize, to help them understand and alter a patient's treatment. The care plans are designed to help the student to plan the proper sequence of care for their assigned patient, and to help them to determine the effectiveness of current therapies.

Mini care plans - **Junior Year** - TBA

Large care plans - **Junior Year** - TBA

Senior Year - TBA

#### **5.4 Clinical Probation/Suspension**

A student may be placed on clinical probation for reasons which include but are not limited to the following: less than satisfactory clinical performance, unsatisfactory written assignments, treatments, procedures, or medication errors and/or performing any procedure or giving any medication without securing appropriate supervision designated by the instructor. Examples of medication errors are: pouring or preparing to draw up the incorrect dosage, selecting the wrong medication or form of medication, preparing to give the medication at the wrong time, failing to give the medication at the correct time, delivering incorrect FiO<sub>2</sub>'s, adjusting life support equipment incorrectly, or failing to appropriately chart all therapy rendered. The faculty member who recommends a student for clinical probation will devise a written contract which will state the conditions of the probation and the deficiencies which must be corrected. Failure to comply with a clinical probation contract will result in an unsatisfactory evaluation. (See also 3.0-Progression in Program and 3.2-Dismissal for Unsafe Clinical Practice)

In the clinical area, the respiratory care faculty use their professional judgment in determining if a student is incapable of performing patient care or presents a threat to the health and safety of the patients. Should this situation arise, the student, after being informed of the reason, may be directed to leave the clinical area. Within two (2) teaching days after commencement of the removal, the program director will furnish the student with a written statement of the rationale upon which the recommendation for suspension is based.

#### **5.5 Cheating and Plagiarism**

The faculty have the responsibility for seeing that all students receive credit for work which they have done. All students are expected to be honest in dealings with members of the staff and faculty of WJU and staff members and patients in all clinical facilities. Students are also expected to report any observed instances of dishonesty to the instructor in charge. Failure to do so makes the observer as guilty as the one who is cheating. Students will not receive credit for work which is not their own.

Plagiarism is the use of someone else's words, writings, thoughts, or ideas without giving proper credit. Taking a section of a book, website or a magazine article and copying it essentially word for word without giving proper credit to the author is one example of plagiarism. Students should be aware that any clinical site has the right to refuse any student for unethical behavior including cheating and plagiarism.

As a health science student at Wheeling Jesuit University, you are bound to follow the code of ethics/academic integrity policy. Students should keep in mind that plagiarism, cheating, etc. will not be tolerated in ANY form. Student's who are SUSPECTED **OR** proven to have cheated in any form will be withheld from clinical and/or patient contact. The student may also be dismissed from the program. The Program Director and Director of Clinical Education will decide the need of the student's dismissal from the program. Cheating (in any form) can eventually lead to increased patient risk of injury (direct or indirect), and will not be tolerated!

#### **6.0 Clinical Guidelines**

Clinical practice provides the opportunity for the respiratory therapy student to practice and attain proficiency in

respiratory therapy skills and other hospital based procedures. The student uses the hospital environment to make the transition from theoretical learning to actual patient care.

The hospital provides the key factor—THE PATIENT.

Clinical practice will help the student to develop skills in the following areas:

Patient communication and therapeutic relationships	Professional attitudes and behavior
Health care team communication and relationships	Organization
Respiratory organization and procedures	Safe practice

The hospital is a learning environment. The individual student's personal gains depend on their actions, reactions, ambition, assertiveness and willingness to help and learn as well as the knowledge base brought from the lecture based classes and laboratories.

As a respiratory therapy student, one must remember that you are a guest of the clinical facility and should, therefore, conduct yourself accordingly.

Each respiratory therapy student is a representative of the Wheeling Jesuit University Respiratory Therapy Program at all times. People will judge you as an individual, as well as fellow students by your actions.

Clinical rotations are the beginning of a student's professional life/career.

Those respiratory therapists, to whom you will be responsible in clinical practice, realize that you may not be completely proficient in all areas. They do, however, expect you to behave at all times in a professional manner, and attempt to eliminate any deficiencies.

## **6.1 Appearance**

Students are representative of Wheeling Jesuit University Respiratory Care Program as well as the Respiratory Care profession. Students are expected to conduct themselves in a manner which will reflect a responsible professional profile. The student's uniform is worn only in the clinical facility and while traveling between the clinical facility and the school. Failure to comply with the respiratory therapy appearance guidelines will result in the student's dismissal from the clinical setting, and a potential unexcused absence. Student appearance is also reflected in the student's weekly clinical evaluations and can potentially hurt a student's affective grade content.

The student should keep in mind that their outward appearance, among other things, is how they are judged by patients, visitors, and staff. The student is looked upon as a professional and attention to dress should reflect that image.

Each student must report on duty in complete uniform.

- A. Students will wear hunter green scrub uniforms or dress clothes with a waist/hip length white lab coat.
- (1) Dress clothes include a collared dress shirt, tie, dress slacks, or an appropriate length dress or skirt.
  - (2) Appropriate undergarments must be worn at all times.
  - (3) Jeans, tops that allow the midriff to be seen, sleeveless tops, low ride pants, torn pants, low cut v-neck tops, t-shirts, or shirts with logos, or advertisements of any kind are not permitted.
  - (4) Sandals, or open toed shoes are not permitted. High heeled shoes are not recommended. Students may wear tennis shoes that can be secured and cover the entire heel. Shoes must be all white. Clinical shoes cannot have mesh covering the top of the shoe or toe area. Clinical shoes also must be kept neat and clean, and should not be worn outside of the clinical setting. Clogs, slip-ons, thongs, slippers and Crocks are not permitted to be worn due to safety hazard.
  - (4) Stockings or socks are to be worn at all times.
  - (5) Shirt or scrub cuffs must be above the wrists for infection control reasons. In addition, If a student is not wearing an additional top under their scrub top, the scrub top must be tucked in at all times as an infection control measure.

(6)

- Students are permitted to wear white or hunter green t-shirts or tank tops under their scrub tops if desired. Students are not permitted to wear long sleeve shirts under short sleeve shirts or scrub tops. If a student chooses to wear a top under their scrubs, the underlying top must be tucked in at all times. Shirts of any other color are prohibited.
- B. Hair must be maintained in a neat and stylish manner and will be kept off the student's face and above the collar in all patient care settings. Hair must be of natural color.
    - (1) All males are to be clean shaven, i.e., no beards or mustaches. Sideburns must be short and well trimmed.
  - C. A watch with a second hand is mandatory in the clinical setting. All other jewelry will be kept at a minimum. Dangling jewelry or long chains are prohibited. Students are responsible for their own belongings. The student assumes the risk of losing or damaging any jewelry or personal items worn in the clinical setting.
  - D. Students must wear their official Wheeling Jesuit University identification badges at all times on the hospital premises. ID badges must be physically affixed to the students uniform or lab jacket, and cannot be displayed on any type of lanyard, or device that can potentially cause strangulation. Students will be provided with one ID badge holder at the beginning of their first clinical rotation.
  - E. An official Wheeling Jesuit University patch (purchased from the campus shop) must be permanently affixed to the left shoulder of the student's scrub tops and lab coats.
  - F. Lab coat sleeve length should coordinate with shirtsleeve length (i.e., no short sleeve lab coats with long sleeve shirts.)
  - G. Stethoscopes are essential for quality patient care and will be mandatory for all rotations. (Personal stethoscopes are not to be used in the Burn Unit, Neonatal ICU or with patients in isolation).
  - H. The use of any chewing material is not considered professional and will not be permitted in the clinical setting or at lectures.
  - I. Students will abide by the dress code of the division of Respiratory Services, and are required to abide by the specific rules of each area they are assigned. When O.R. scrubs are worn, the students' identification badge must be worn on the O.R. scrubs.
  - J. Personal hygiene is to be in accordance with standards set by facilities.
  - K. Students should make all reasonable attempts to cover all body art or tattoos.
  - L. Students with any kind of body piercing (tongue, eyebrow, nose, etc) will be required to remove hardware while attending clinical rotations for safety reasons. Students with multiple ear piercing may keep up to two studs in each ear during their clinical rotations. Males must remove all piercing including ear piercing.
  - M. Students must have nails that are clean, trimmed, and well kept. The length of fingernails must promote patient and employee safety. All patient care providers regardless of position or level are prohibited from having artificial nails, long nails, or wildly painted nails.
  - N. Cosmetics must convey a professional appearance. Make-up should not be excessive. Students should also not wear perfume to clinical rotations, as it can cause deterioration of a patient's respiratory status.

## **6.2 Impaired Thinking**

Impaired thinking constitutes a risk to patient safety. Impaired thinking is evidenced by an inability to make appropriate judgments and carry out respiratory care functions in relation to the delivery of patient care. Impaired thinking may be the result of fatigue, anxiety, sleep deprivation, medication use, illegal drug use, alcohol use, etc.

An instructor who determines that a student is exhibiting evidence of impaired thinking will ask the student to leave the clinical area and consult with the Program Director and Director of Clinical Education. The student will be given an unexcused clinical absence and/or an unsatisfactory clinical grade. Impaired thinking may be grounds for probation, or dismissal from the program (See also 5.4 Clinical Probation/Suspension)

## **6.3 Drug/Alcohol Use**

Under no conditions will student possession or use of any controlled substances or alcohol be tolerated at the school or any clinical facility. Any student who is found to possess or be a user of controlled substances (drugs) or alcoholic beverages, who has ever been convicted for the

possession of, or the use of, controlled substances, or who appears in the classroom or the clinical facility under the influence of such drugs or alcoholic beverages shall be evaluated for dismissal from the program. (See also 5.4 Clinical Probation/Suspension)

#### **6.4 CPR Certification**

All students involved in clinical courses must have current American Heart Association Basic Life Support for Healthcare Provider certification. (BLS-HCP)

#### **6.5 Infectious Disease Policy**

Because of the nature of the healthcare profession, students participating in required clinical education experiences will find themselves at risk for exposure to infectious diseases. Even though the risk is extremely small, it cannot be completely eliminated. However, it can be minimized by careful and consistent technique and the implementation of universal precautions in the care of all health care consumers. "Universal Precautions" (i.e., gloves and safety glasses, gowns, hand washing, and masks where appropriate) will be implemented in the care of all patients. Because of the nature of the student patient relationship, the patient must also be protected from a student care giver who may transmit infectious diseases.

#### **6.6 Universal Precautions**

Since medical history and examination cannot reliably identify all patients infected with HIV and other blood-borne pathogens, blood and body-fluid precautions should be consistently used for all patients. This approach, previously recommended by CDC, and referred to as "universal blood and body-fluid precautions" or "universal precautions," should be used in the care of all patients, especially including those in emergency-care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

- A. All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing veni-puncture and other vascular access procedures.
- B. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- C. All health-care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large-bore reusable needles should be placed in a puncture-resistant container for transport to the processing area. If a needle stick does occur, please report the incident immediately to the supervisor/charge person and fill out an accident report.
- D. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable. Any splashes, especially in the eyes must be reported to the supervisor and an accident report filed.
- E. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.
- F. Pregnant health-care workers are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

- G. Implementation of universal blood and body-fluid precautions for ALL patients eliminates the need for use of the isolation category of “Blood and Body Fluid Precautions” previously recommended by the CDC for patients known or suspected to be infected with blood-borne pathogens.

Taken from: Recommendation for Prevention of HIV Transmission in Health Care Settings, U.S. Department of Health and Human Services, Public Health Service, and Center for Disease Control, Atlanta, Georgia 30333.

### **6.7 Communicable Disease Statement**

When in the clinical setting, the student is responsible for being free of communicable diseases. If the student has been exposed to a communicable disease (e.g., chicken pox, etc.), the student must inform the respiratory therapy faculty immediately and before going into any clinical area.

### **6.8 Student Physicals and Immunization**

#### **6.8.1 Student Physicals**

Each student is required to get a routine annual physical prior to beginning a clinical rotation. The physical must meet all physical and emotional program admission requirements, as well as the requirements listed below. These forms will outline the necessary requirements. Reports of all necessary tests, blood work, physical examinations and immunizations must be included with the physical.

In addition, each student must show proof of current medical insurance coverage to be allowed to participate in clinical experiences.

Annually, students will need to provide the following documentation on the respiratory therapy student physical form:

1. Routine Urinalysis (Microscopic evaluation if any abnormality is present on the routine urinalysis).
2. Complete Blood Count (CBC) with Differential.
3. Blood Serology - RPR or VDRL.
4. Mantoux Tuberculosis testing: Have received PPD. This test must be done yearly (every 12 months) and prior to graduation. Additional testing may be deemed necessary if the student has been directly exposed to the disease.
5. Chest X-ray -PA and lateral views if PPD test is positive
6. Patient History.
7. Physician’s examination with a signed statement from the physician releasing you for work.
8. A copy of your immunization records, including Hepatitis B vaccine if received.
9. Random urinary drug screen

Each student must provide a copy of these records to the Director of Clinical Education (DCE) at Wheeling Jesuit University. It is your responsibility to obtain these records from your physician. No student may begin a clinical rotation until a proper physical has been completed. Failure to give these records to the Director of Clinical Education by the stated deadline may delay the student’s entry into the clinical experience.

#### **6.8.2 Immunization**

As part of the annual physical, all respiratory therapy students in the professional phase will be required to show proof of immunization by physician written report and signature and/or blood immunity titer.

In addition to the requirements specified by the University, respiratory therapy students, prior to beginning the annual clinical experience, are required to meet the following requirements.

- A. Hepatitis B Vaccine: The Health Science Department strongly recommends that respiratory therapy students receive the Hepatitis B vaccine. Students must show they have received the Hepatitis B vaccine series, or have immunity as evidenced by a Hepatitis B Antigen titer. A release form must be signed if the student refuses to receive this vaccine series.
- B. Rubella: Have received the Rubella booster and/or have immunity as evidenced by a Rubella titer.
- C. Measles: Have received the Measles booster, and/or have immunity as evidenced by a Measles titer.
- D. Mumps: Have received the Mumps booster, and/or have immunity as evidenced by a mumps titer.
- E. Chicken pox (Varicella): Document history of the disease, or provide proof of receiving the varicella vaccine, and have immunity as evidenced by a varicella titer.
- F. Mantoux Tuberculosis testing: Have received PPD. This test must be done yearly (every 12 months) and prior to graduation. Additional testing may be deemed necessary if the student has been directly exposed to the disease.
- G. Tetanus (if not received within the last 10 years): proof of vaccination.

## **6.9 Policies Related to Bloodborne Pathogens**

- A. Universal Precautions: Because the control of infection is an integral part of every action the therapist performs, all students will be required to consistently apply learned principles of Infection Control. Students are to observe universal blood and body fluid precautions for all patients/clients as identified in institutional policies.
- B. Safety precautions: Students are responsible for utilizing safety precautions to minimize exposure to bloodborne pathogens. These precautions include the proper use and disposal of personal protective equipment, decontamination of areas and disposal of sharps according to agency policies, and compliance with policies in the agency's exposure control plan.
- C. Annual Training: All students in the clinical courses must attend annual training on occupational exposure to bloodborne pathogens. This training includes HIPAA, OSHA, and Safety training. Students not successfully completing this training will not be permitted to attend clinical rotations.
- D. Exposure Incidents: Students must immediately report any exposure incident that occurs during a clinical experience to their instructor and then follow the exposure procedure of the clinical agency. The WJU respiratory therapy director of clinical education should also be notified as soon as possible.
- E. Personal Protection Equipment (PPE): All students are required to have appropriate eye protection and CPR barrier protection while attending any clinical rotation. Students have the right to decide not to use them, but in doing so, assume the risk of acquiring any disease, illness, etc. Approved PPE devices are available for purchase at the Campus Shop.

## **7.0 Malpractice Insurance**

All health science students are required to carry student professional malpractice insurance through Wheeling Jesuit University. Students are not permitted to work with patients or in the clinical setting without being covered by the University's offered malpractice insurance. The University arranges for a blanket coverage policy on an annual basis for all health science majors.

### **7.1 Limit of Liability - Information regarding the limit of liability is available to the student upon request to the Program Director.**

### **7.2 Policy Provisions and Coverage - Malpractice policies may include the following:**

Payment is made by the insurance company on claims arising out of real or alleged malpractice, regardless of the number of claims or persons involved, when the injury being claimed is the result of error, accident or omission. Payment of all court costs is also provided. Expert legal counsel and claim adjusters are immediately available in all sections of the country to aid and defend the insured without cost. Under this program, students are covered for malpractice related to their normal curriculum studies only.

Each year, Wheeling Jesuit University renews or changes its malpractice policy and/or carrier. Students may request a copy of the current malpractice policy from the Program Director.

**7.3 Methods of Payment** - The annual premium for the required malpractice insurance will be billed to the student for the semesters of active clinical only. Students will note a separate charge on their University bill for this insurance.

Note: This malpractice insurance is mandatory for all health science students without exception. Students without insurance will not be allowed in the clinical area and will receive an unexcused clinical absence.

## **8.0 General Information/Activities**

### **8.1 Student Transportation and Housing**

Students are responsible for their own transportation to and from the University and all clinical facilities. Student car pools are the responsibility of the individual student and not the responsibility of the University.

Arrangements for transportation should be made prior to entering the program. Excused absences will not be granted for transportation problems.

Living arrangements are also the responsibility of the individual student. All students must keep the RT department advised of their current address and phone number.

### **8.2 Student Employment**

Employment during the course of study is strongly discouraged. The student who must work in addition to attending school should consider the effect that working may have on the grade point average. No excused absences or tardiness will be allowed for work conflicts. No student may work the 7-11, 11-7, 12-8, (including on-campus RA duties) or any other night shift prior to a clinical day.

If the student is employed by a facility which is used as a clinical facility by the Program, the student should be aware that the nature of those responsibilities should in no way be related to his/her responsibilities as a student and the student uniform may never be worn while functioning in roles outside of school clinical assignments. The employing facility takes full responsibility for the student employee's actions while working and neither Program nor Wheeling Jesuit University will be responsible for any student's activities while functioning in the role of an employee.

### **8.3 Student Health Reporting Policy**

Each student must notify the Program Director and Clinical Education Coordinator of any and all contracted diseases or health problems that might or could jeopardize a patient's and/or employee's health at each clinical affiliate hospital.

Students who are involved with a blood and/or body fluid exposure must have follow-up testing at their personal physician's office, local hospital, or county health department.

Student must agree to and sign a release for information to be reported to the program director relating to exposure follow-up testing, and/or treatment for blood and/or body fluid exposure. Said information will be treated in strictest of confidence and shall be utilized for the sole purpose of determining if the student should be removed from clinical rotation to protect employees and/or patients of the affiliate hospitals.

### **8.4 Professional Association Membership**

Students are required to join the American Association of Respiratory Care (AARC) before the start of their junior and senior years. Freshman and sophomore level RT students are also highly encouraged to obtain membership to the AARC as well. Professional membership and participation in the RT community is an important part of the student's career development. Membership benefits of these associations are broad in scope and may include, but are not limited to, the Respiratory Care Journal, the AARC Times, and the state society newsletter.

Those students applying for membership may obtain application information from the RT program faculty. Questions regarding these organizations should be addressed to the Respiratory Care faculty.

### **8.5 Adjunct Instructors**

The Respiratory Therapy Program at WJU utilizes additional personnel as needed to facilitate and maintain the student's learning experiences. These additional personnel are considered adjunct instructors for WJU. Adjunct faculties are contracted to the University through personal or clinical contracts. These individuals are able to complete your check off sheets. They will be assigned to you and will oversee you in either the clinical or classroom settings. All adjunct faculties are considered your supervisor and are to be treated as such.

### **9.0 Grievance Policy**

Per Department of Student Life

### **10 Fees and Tuition**

#### **10.1 Clinical Science Fee**

The Clinical Science Fee is assessed to all allied health major students, including *the respiratory therapy program*. This fee offsets the additional costs incurred to these majors from accreditation fees, clinical site fees, faculty salaries due to professional status maintenance, and faculty travel to clinical sites. The fee is added to billing *beginning in the spring sophomore semester and is applied each subsequent semester until the student completes the respiratory therapy program graduation requirements*.

#### **10.2 Background Checks and Clinical Clearances**

As required by some clinical facilities contracted by WJU, all applicants to the Respiratory Therapy Program and current respiratory therapy students must submit to various criminal background checks. The incurred cost of these background checks will be the student's responsibility and is independent of any tuition or fee costs assessed by the University. (*See section **3.3 Criminal Background Checks***)

#### **10.3 Physicals and Drug Screenings**

All students who participate in any level of clinical experience will be required to submit to a random urine sample for drug screens. In addition, the Respiratory Therapy Program Director, Respiratory Therapy Director of Clinical Education, or any contracted clinical site instructor/manager has the right to require random drug testing (blood, urine, hair, etc) for any student, at any time. Any incurred cost will be the responsibility of the student and is independent of any tuition or fee costs assessed by the University. (*See section **3.4 Drug Screens***)

Each student is required to get a routine annual physical prior to beginning a clinical rotation. The physical must meet all physical and emotional program

admission requirements, as well as the other site specific requirements. The student is solely responsible for all costs associated with annual physicals, immunizations, titer confirmations, and/or treatments. These costs are independent of any tuition or fee costs assessed by the University. (*See section **6.8 Student Physicals and Immunization***)

#### **10.4 Conferences and Alternative Clinical Experiences**

To prepare students to be a well-rounded and informed respiratory therapist attendance is sometimes required at an alternate clinical activities or professional conference. While the respiratory therapy program tries to keep student costs to a minimum, the student may be required to pay a portion of the costs for attending these alternative experiences. These costs are independent of any tuition or fee costs assessed by the University. While the University faculty members do not condone students missing these types of scheduled experiences; the student maintains the right to not attend these alternative experiences. When a student decides not to attend the scheduled alternative conferences (etc.) they may continue with their scheduled class or clinical schedule.

Failure of a student to attend meetings or other alternative experiences where funds were provided for the student will require that the student reimburse the respiratory therapy program for any pre-paid, and unused funds. (*See section **4.3.5 Alternate Clinical Activity Attendance***)

#### **10.5 Student Malpractice Insurance Coverage**

All health science students are required to carry student professional malpractice insurance through Wheeling Jesuit University. Students are not permitted to work with patients or in the clinical setting without being covered by the University's offered malpractice insurance. The University arranges for a blanket coverage policy on an annual basis for all health science majors. The annual premium for the required malpractice insurance will be billed to the student for the semesters of active clinical only. Students will note a separate charge on their University bill for this insurance. (*See Section **7.0 Malpractice Insurance***)

#### **10.6 Clinical Uniforms and Equipment**

Students are representative of Wheeling Jesuit University Respiratory Care Program as well as the Respiratory Care profession. Each student must report on duty in complete uniform and with the proper equipment/assessment tools. The costs associated with these items are the sole responsibility of the student. These costs are independent of any tuition or fee costs assessed by the University. (*See section **6.1 Appearance***)

## **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. Actively maintain and continually improve their professional competence and represent it 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 they treat, 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 responsible performance of duty, 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.***

STUDENT POLICIES AGREEMENT

Dear Student,

Your enrollment in the Respiratory Therapy Program at Wheeling Jesuit University’s Department of Respiratory Therapy affirms your choice to participate in the program and privileges it offers.

The policies contained herein are specific to you, the respiratory therapy student. They in no way negate, but are an addition to, the policies of the Wheeling Jesuit University Catalog and Student Handbook. Every respiratory therapy student is held responsible for knowing the regulations, expectations and information contained in this handbook.

\_\_\_\_\_  
Respiratory Therapy Department Chairperson

I, the undersigned, have read, received an explanation of, and understand the guidelines.

I also understand that I must comply with and follow these guidelines and policies during the period of my enrollment as a respiratory care student at Wheeling Jesuit University.

In accordance with Wheeling Jesuit University’s clinical affiliation agreement, I grant permission for Wheeling Jesuit University’s Health Science Faculty to discuss my academic and clinical progression and standing with any or all of the Program’s clinical affiliates. Further, I hold Wheeling Jesuit University’s administration and faculty harmless for any discussion of my academic and clinical progression and standing with clinical affiliate sites.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID number

I, the undersigned, give Wheeling Jesuit University my permission to release my medical records and contact information to the hospital affiliates as necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID number

I, the undersigned, understand that if clinical instructor(s) must be paid so that I may make up lost clinical hours (per the attendance policy 4.3), I will be charged at the preceptor’s current hourly wage as set by **their** primary employer. I understand that Wheeling Jesuit University or the WJU Respiratory Therapy Program will not be responsible for this payment if the situation arises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student ID number