



**Andrew College**

1854

Allied Health Division

**Respiratory Therapy Program  
Student Clinical Handbook  
2021-2022**

## **Introduction**

This clinical handbook has been designed to provide you with information about all aspects of the clinical practicum portion of the respiratory care program. This handbook explains the policies and procedures the program has established and provides answers to questions you may have. I encourage you to read it carefully and refer to it often.

Because the information contained in this handbook is so important to your success during your clinical rotations, after reading this handbook you will be required to sign a form indicating that you understand and will abide by the policies and procedures described in this handbook. Should you have questions that are not answered by the handbook please don't hesitate to ask.

I stand ready to assist you as much as possible. Good luck.

Lisa Shaw RRT, NPS  
Director of Clinical Education

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# **Andrew College Respiratory Therapy Program**

## **Program Faculty**

Program Director:	Katie Brown, M.Ed., RRT
Director of Clinical Education:	Lisa Shaw, RRT, NPS
Medical Director:	Roy Reardon, MD

## **Clinical Affiliates**

Albany, Georgia	Phoebe Putney Health System
Colquitt, Georgia	Miller County Hospital Miller County Nursing Home
Cordele, Georgia	Crisp Regional Hospital
Moultrie, Georgia	Colquitt Regional Medical Center

## **Mission**

It is the mission of the Andrew College Respiratory Therapy Program to prepare qualified respiratory therapists who provide optimum patient care through technical competency and professional conduct in the profession of respiratory care. To achieve this mission, the Andrew College Respiratory Therapy Program educates associate degree graduates who will safely practice respiratory care in evolving health care environments and apply professional and ethical principles sensitive to the diverse needs of individuals, families, and communities.

## **Clinical Guidelines**

The clinical application courses in the program (RES 120, RES 210, RES 225) allow the student to apply the theory and procedures covered in the classroom and laboratory teaching. The student will practice Respiratory Care based on Clinical Practice Guidelines under direct supervision of clinical instructors or respiratory therapists.

Before entering clinical, each student must meet certain requirements:

## **Background Checks**

To satisfy JCAHO requirements some clinical affiliates of the program may require students to undergo a criminal background check before accepting them for clinical rotations. The program intends to use a company called PreCheck to furnish the required background check. The cost for this background check will be \$49.50 and is included in the fees students pay when registering for their first semester in the program. The student signs a release form allowing PreCheck to conduct the check. Results of the check released to both the respiratory program and the clinical facilities by PreCheck. In the event the report is not “clear” the student will be able to access the report from PreCheck and may possibly be able to clear up the record. Clinical facilities may or may not accept students with prior convictions depending on the circumstances. The clinical facilities decision is final. In this event the program will attempt to assign the student to a different facility. Students should realize it is very likely all clinical facilities will have similar requirements. If a student is unable to be placed in clinical facilities to complete the required competencies and fulfill the required clinical hours, the student may not complete the program.

## **Drug Screens**

Many of the clinical affiliates of the program are requiring all students to undergo a drug screen prior to any clinical assignment to their facility. The program intends to use a company called PreCheck to furnish the required drug screen. The cost for the drug screen is \$57.00 annually and is included in the fees students pay when registering for the applicable semester in the program. The most frequently required test is a 10 drug panel plus screening for oxycontin and a blood alcohol level. Students will be required to complete this drug screen through PreCheck before their clinical assignment. The results of the drug screen will be provided to both the respiratory program and the clinical facilities by PreCheck. The clinical facility will then decide if the student is acceptable for clinical assignment. The decision of the clinical facility is final. The Andrew College Respiratory Program maintains a **no tolerance policy** regarding use of drugs and/or alcohol when participating in Health Sciences programs. A student with a positive drug/alcohol screen will be denied participation and placement at a clinical agency and therefore dismissed from the program due to the inability to complete the program requirements.

## **Refusal to be Tested**

- A student’s refusal at any point to be tested for drugs will result in permanent dismissal from the health program and forfeiture of any health scholarship.

## **Failure to Appear**

- All drug screens must be completed within the time frame specified by the clinical director.
- A student who fails to appear for drug testing within the time frame given shall be treated as if a positive test result had occurred and will be dismissed from the program.

## **Confidentiality of Records**

Drug screening reports and all records pertaining to the results are considered confidential information with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act (FERPA) regulations.

## **HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) implemented in April 2003 added an additional Federal regulation to ensure confidentiality of a patient's medical information. HIPAA covers information that may be transmitted verbally, in written format, and in electronic format. Because all health care institutions are required to comply with the HIPAA regulations they must document training of their employees in the HIPAA guidelines. Hospitals and other clinical facilities may therefore require students who will be privy to confidential information to be trained in the HIPAA guidelines as well. All students will complete HIPAA training prior to entering clinical.

## **Immunization Record**

Students are required to submit, and the program maintains a health form documenting a student's vaccination record as part of the application process. Due to student confidentiality rights the Program cannot release immunization records to the clinical site without student approval. Students will be asked to sign a form (Sample included) allowing the program to send a copy of their immunization record to the clinical site if requested. Students have the option of providing a copy of the needed records to the clinical site themselves.

## **Clinical Practicum Policies and Procedures**

The following policies and procedures govern the clinical practicums. The Program strives to make the clinical experience as beneficial and as rewarding as possible. Facilitation of students' instruction and well-being is our primary goal; however, we cannot do it without your help and cooperation. With this goal in mind the following policies and procedures apply.

## **Expectations**

The Andrew College Respiratory Care Program subscribes to the principles of adult learning. Founded in the principle of adult learning is the following:

- The adult learner is primarily in charge of his/her own learning
- The instructor's responsibility is to manage the process through which adults learn
- Adults have accumulated a foundation of life experiences and knowledge
- Adults are goal oriented
- Adults are practical

Students are encouraged to assume responsibility for their own learning needs and request appropriate assistance if needed. If a student is not progressing satisfactorily in the clinical rotations, resources are available to assist the student. The student should first seek assistance from the Director of Clinical Education and then a plan will be initiated to overcome the deficiency.

### **Level of Preparedness**

Students will only be expected to perform care and skills for which they have been prepared in the classroom. If assigned to an unfamiliar activity, it is the responsibility of the student to bring to the attention of the instructor or preceptor areas of care and skill for which they have not been formally prepared or previously supervised. Additionally, if a student is required to perform a skill they are not familiar with, they are required to review the clinical facility's policy and procedure manual before performing any procedure.

### **Professional Behavior**

Students are expected to display professional behavior at all times during their clinical rotation. Remember you are guests of the clinical facility.

While assigned to a clinical facility, students are responsible to the college faculty as well as the clinical facilities departmental personnel including the departmental director, medical director, supervisors, and assigned preceptors. Students are obligated to abide by all hospital and departmental policies, as well as the policies and procedures set forth by the Program and/or the College.

All students are responsible for demonstrating an enthusiastic, professional attitude towards the hospital and its personnel. This behavior includes being cheerful, mature, motivated to learn and accepting of responsibility. Students are expected to display this same professional behavior to all other employees, patients, and visitors of the facility.

Should a student experience a problem (personal, professional, or medical) that requires the student to leave the clinical site, the student should immediately notify their clinical instructor, and appropriate hospital personnel so that patient care will not be interrupted. The student must also notify the Clinical Director of the reason for leaving the site.

Unexcused tardiness or absence, unavailability, inappropriate behavior, improper conduct, or failure to comply with Program or clinical facility policy may result in disciplinary action.

### **Confidentiality**

In accordance with Georgia Law (Official Code of Georgia, Annotated, Sections 37-3,37-4,37-7) every patient's right to confidential treatment must be protected.

As a student care provider, you must maintain the patient's right to privacy and treatment must remain confidential. During clinical assignment you may become knowledgeable of certain patient related information including: identity, treatment, diagnosis, prognosis, financial information, family matters, or other information of a personal nature. You are prohibited from discussing confidential patient information with anyone other than Andrew College Respiratory Care faculty or hospital personnel directly responsible for the patient's care. This includes other students in the class. If

patient information is required or must be used to complete assignments such as case studies or other assignments, it must be used in such a way that patient identification is not possible.

Failure to follow these confidentiality policies will constitute a breach of the Clinical Code of Conduct and will result in disciplinary action. In addition, violation of confidentiality regulations may subject you to civil liability.

Students will be required to sign a form acknowledging this policy before clinical assignment. (Sample included)

## **Student Assignments**

Students may be assigned to care for patients with communicable diseases such as AIDS, and hepatitis. Student immunizations must be current. Every student is taught Standard and Transmission-Based Precautions, which include safety measures to avoid contact and/or the spread of infectious organisms.

## **Clinical Code of Conduct**

The clinical facility reserves the right to refuse access to its facility to any student whose preparation, patient care, or professional conduct may bring discredit to the Facility, the Program, the College, or the Profession.

Any student in any clinical practicum will be subject to disciplinary action by the Program or College whenever the Program faculty or the clinical facility have documented evidence of inappropriate behavior as noted below. This list of infractions of the Code of Conduct is in addition to the Code of Conduct as published in the Andrew College Student Handbook.

- Falsification of patient or institutional records
- Concealing information or activities that affect the safety and well-being of patients.
- Inappropriate violations of patient or institutional confidentiality
- Engaging in activities that are contrary to professional codes of ethics or standards of practice as defined by the Clinical Facility, Program, College, Professional Associations, or State Statutes.
- Misrepresenting ones' role as a student to an institution, patient, or to the public at large so as to mislead them in their expectations of the student's competencies and/or limitations.
- The failure by the student to obtain the required clearance for and the proper supervision of their clinical activities.
- The performance by the student of any procedure for which the student has not been prepared, unless performed under the direct supervision and instruction of qualified personnel.

Any student whose behavior is considered by the College and /or Clinical Facility to be inconsistent with professional respiratory care will be immediately withdrawn from any clinical activity and may be subject to disciplinary action for violation of the Code of Conduct.

## **Clinical Competence and Deficiency**

All didactic training and skills learned by the Respiratory Care student will be assessed through competency training and skills observation by qualified staff during all clinical rotations.

A student with a clinical deficiency is at risk of failing the clinical experience. Deficiency may be in the area(s) of clinical skills, poor safety awareness/practice, unethical or unprofessional behavior, or excessive number of absences or tardiness. Unethical behavior is defined as failure to abide by the Respiratory Care Program's Clinical Code of Conduct and the clinical facility.

## **Removal of a Student from a Clinical Rotation**

Students may be removed from an assigned clinical site at any time during the clinical rotation due to student or clinical site request to the Director of Clinical Education. Students removed from a clinical site due to poor performance will be required to repeat the complete rotation time in another facility following successful remediation by the academic faculty. When a student does not successfully complete procedure remediation activities, removal from the program may occur.

## **Clinical Attendance Policy**

Attendance at all clinical shifts is mandatory. In order for students to gain the needed skills and essential experience required they must spend the full amount of clinical time available developing those skills. With this in mind the following attendance policies have been enacted.

## **Excused Absences**

Everyone from time to time has unexpected situations arise that may cause them to be absent for a clinical shift. Should that happen the following procedures must be followed:

1. Students must notify the clinical site **one hour** or more prior to the start of their scheduled shift that they will be absent. This will prevent disruption of patient care. If a student is unable to reach anyone in the department they should call the main switchboard and ask the hospital operator to page the respiratory supervisor on duty and inform them they will be absent.
2. Students must call the Clinical Director at 229-881-0549 and inform her that they will be absent. An email should be sent to the Clinical Director as well informing of the absence. If unable to reach her, students must leave a message on her voicemail. Text messaging is not sufficient notification except under extraordinary circumstances.
3. Students must make up the missed clinical day within 7 days of the absence if possible. **All missed clinical time will be made up on night shift.** Missed clinical time may be made up in 4, 8, or 12, hour increments. A 4-hour minimum is required for any make-up time. The make-up of clinical days is to



be scheduled at the discretion of the Clinical Director based on availability of program resources.

4. Any exceptions to this rule are at the discretion of the Clinical Director whose decision is final.

If these steps are followed the student will not be penalized for the absence. However excessive absences, even excused ones, are detrimental to student learning. Therefore, if a student has more than 2 excused absences in a practicum 1, or more than 4 for either practicum 2 or practicum 3, there will be a one letter grade reduction in the clinical portion of the student's grade (except under exceptional circumstances) even though all absences are made up. After the 4th excused absence (or the 2<sup>nd</sup> for practicum 1), the student will have a mandatory meeting with the DCE to discuss the importance of attendance at clinical practicums. Further absences by the student after this meeting will result in further penalties as determined by the DCE based upon the individual circumstances.

## **Unexcused Absences**

**Unexcused absences should never occur.** However unexcused absences may occur in several ways. If a student fails to follow the procedure outlined for excused absences, an unexcused absence will be recorded. In addition, unexcused absences may be given to students that are sent home from clinicals for any reason. Reasons a student may be sent home can include students who come to clinicals unprepared to learn. This may include being excessively sleepy, inebriated, unprepared to work, (such as forgot stethoscope) noncompliance with dress code, failure to complete assignments due for that day, etc. Students who commit a moderate or major violation of the Code of Conduct will be sent home and the absence will count as an unexcused absence.

Unexcused absences **must** be made up. **All make up clinical time will be on night shift.** Scheduling of the makeup will be at the discretion of the Clinical Director based on program resources. Any assignments due on the day of an unexcused absence will be considered late resulting in a loss of points or may not be accepted at all depending on the circumstances surrounding the absence.

The final determination will be made by the Clinical Director in consultation with the Program Director. Any unexcused absence will require a mandatory meeting between the student and the program faculty.

Three unexcused absences in any clinical practicum will result in the failure of that practicum. **The following grading policy covers unexcused absences.**

**1 unexcused absence = loss of 1 letter grade for final course grade**

**2 unexcused absences = loss of 2 letter grades for final course grade**

**3 unexcused absences = failure of the course**

## **Tardiness**

Late arrival to a clinical shift is disruptive to the clinical site and does not display professional behavior. **Students are expected to be at the clinical site on time.**

Tardiness is a serious matter and will not be tolerated.

Students are to arrive at the clinical site at least 15 minutes before the start of their shift in order to participate in shift report. For students assigned 7am – 7pm shifts this means students are expected to arrive by 6:45 am at the latest. For 7 pm – 7 am shifts by 6:45 pm at the latest. **Tardy is defined as:**

- **Trajecsys clock-in is after 6:45am (or after 6:45pm for night shift).**
- **Trajecsys clock-in is from a location other than the facility**
- **Not being in the respiratory department by 6:45am (even if your Trajecsys clock-in is from the facility).**
- **Trajecsys clock-in is manually added**

Occasionally everyone has unexpected circumstances arise that may make them late. In the event this should occur the student should call the clinical site and notify them they will be late and what time they will arrive. This will prevent disruption of patient care. If the student will be more than 1 hour late, the Clinical Director must also be called. The clinical director may elect to send the student home and the day will count as an absence. The clinical day must then be made up. In the event the Clinical Director allows the student to remain and complete the clinical day the student must stay late and make up the missed time that day. The decision whether to allow the student to arrive more than an hour late or be given an absence for the day will be at the sole discretion of the Clinical Director.

Students must learn to be on time. Therefore, students who accumulate more than 2 tardies will be assessed a one letter grade penalty on the clinical portion of the course grade.

## **Leaving Early**

As a general rule, **students are not to leave a clinical day early.** Leaving early in unprofessional. **Leaving early is defined as:**

- **Trajecsys clock out is before 3:00pm (3:00 am for night shift)**
- **Trajecsys clock out is from a location other than the facility**
- **Leaving the respiratory department early (even if your trajecsys clock-out is from the facility).**
- **Trajecsys clock out is manually added**

**Students who leave early will be assessed a one letter grade penalty in the clinical portion of the course grade.**

If, for some unlikely reason, a student is told to leave early by the facility, the student **must** inform the clinical director before leaving the site. The clinical director will make the determination whether to assign the student to another clinical site, have the student return to the Andrew campus, or go home. The clinical director's decision is final.

## **Clinical Flexibility**

Students in the Respiratory Care Program are expected to assume responsibility for and have some degree of flexibility in their schedules. If clinical facilities are not available during the assigned clinical hours, the clinical schedule may be altered. Selected experiences may require student availability at other than regularly scheduled clinical times. These experiences will be discussed as early as possible.

## **Additional Scheduling Requirements**

The clinical director will make every attempt to meet student needs regarding clinical scheduling and clinical sites. However, no student is guaranteed any particular schedule or clinical site. Scheduling and sites are based on program needs and clinical site availability.

Requests for changes in the clinical schedule must be made to the Clinical Director in writing and must be made as soon as possible. The decision of the Clinical Director regarding any changes is final. Absences or schedule changes that may be necessitated by hospitalization, accident, or inclement weather will be considered by the Clinical Director.

## **Student Travel Policy**

Depending upon the particular clinical facility that the student is assigned to, students may be required to travel. Clinical education is an important component of the Respiratory Care program and all aspects of this requirement must be successfully completed. Students may be required to travel significant distances to fulfill clinical obligations. Students are responsible for their own transportation, food and lodging expenses during their clinical rotations.

## **Transportation**

Reliable transportation is required. It is virtually impossible to attend the Clinical Practicums without the use of an automobile due to the many clinical agencies used for clinical experiences. Carpools may be used. However, clinical experiences cannot be arranged to accommodate student carpools.

## **Work Schedules and Child Care**

The Respiratory Care Program Clinical Practicums require a great commitment of time and energy on the part of the student. If it is absolutely necessary for the student to work during Clinical Practicums, the student is expected to arrange the working schedule so that no interference with his/her responsibility to any facet of the clinical schedule occurs. It is recommended that work hours not be scheduled immediately prior to attendance in clinical rotations. Since childcare centers refuse ill children, we advise you to arrange alternatives for your child's periods of illness before the semester begins. Please see the attendance policy for explanations in missed clinical time.

## **Clinical Dress Code and Equipment Requirements**

Students are required to comply with the following dress code and have the required equipment available at all times during the clinical practicum.

1. Students are required to wear black scrub tops and pants during clinicals. No other color is permitted. Students are also required to purchase the Respiratory Therapy Program monogram and have it placed on the left chest of every scrub top. Scrubs should be clean and neat (ironed).

2. Students must wear primarily white, black, or gray tennis shoes. Shoes must be kept clean and polished if needed. No open toed or open heeled shoes are permitted in the hospital.
3. Students must wear Program approved name tags at all times during the clinical practicum. Name tags will be made for the students prior to the beginning of clinical assignment. Students who lose their name tag will have to arrange for a replacement to be made. Students may be required to turn their name tag in upon graduation.
4. No jewelry, loose necklaces, bracelets, piercings or dangling earrings are to be worn during clinicals, with the following exceptions.
  - One pair of small stud style earrings may be worn in the earlobe. No jewelry in any other piercings such as noses, tongues, lips, eyelids or other parts of the ears are allowed.
  - One wedding band style ring is acceptable. No engagement or other rings with precious stones may be worn.
5. Students with shoulder length hair, or longer, must fasten it back during clinicals. Hair must not be allowed to fall into the face, or have the potential to fall into a patient's face or otherwise have the potential to contaminate sterile fields or require the student to brush the hair out of their face contaminating their gloves. Hair must also be of natural color.
6. Good personal hygiene is required. The student should make every effort to be well groomed and clean. The use of strong perfumes or colognes is prohibited. These fragrances may cause breathing difficulties for patients with respiratory problems.
7. Due to infection control requirements, no long or artificial fingernails are permitted. Fingernails are to be kept trimmed to a short professional length. Nail polish is not permitted.
8. Students will follow the cell phone policy provided by each individual clinical facility.
9. If students have visible tattoos they must make every effort to keep them covered during clinical rotations.
10. No tobacco products are to be carried in lab coat pockets or in any location visible to patients or other caregivers. Students that smell of cigarette smoke do not present a professional image to our patients and will be sent home from clinical rotations and will receive an unexcused absence for the day

The program policy on smoking is as follows:

The use of all smoking and smokeless tobacco materials is prohibited during all class, laboratory, and clinical shifts. Andrew College is a smoke free campus and all of the clinical affiliates are also smoke free institutions. A smoke free environment and the cessation of smoking are major health promotion issues for the respiratory care profession. Smoking and the use of smokeless tobacco are inconsistent with the professional image of a Respiratory Care Practitioner. Students are representing themselves, Andrew College, and the Respiratory Care Program to the public and should strive to maintain a professional image at all

times. Smoking cessation programs may be available to students through programs clinical affiliates from time to time. Students are strongly encouraged to take advantage of these smoking cessation programs.

11. Students are required to have a good quality stethoscope capable of auscultating breath sounds and heart sounds in both pediatric and adult patients. Students may purchase a stethoscope on their own or they will have an opportunity to purchase one during RES 105. A good stethoscope is essential for the job.
12. Students will need a pen capable of writing in black waterproof ink, a small note pad, a small calculator, a pair of scissors, and a pair of goggles.

The Program faculty or the hospital reserves the right to require any student not following dress code to leave the clinical site. Students sent home for dress code violations may receive an unexcused absence for the day. The Clinical Director makes the final determination. Time missed must be made up in 4 hour increments. Remember you are working in a hospital with patients who expect you to look and act professionally at all times.

### **Clinical Evaluation and Grading Policy**

The grading scale for the clinical practicums will be the same for didactic courses.

A = 90 – 100 %

B = 80 – 89 %

C = 75 – 79 %

D = 70 – 74%

F = < 70 %

Students must earn a grade of “C” to continue in the program.

Students course grades for each practicum will be determined by the following breakdown:

Clinical – 60%

Assignments and quizzes – 20%

Final – 20%

Clinical portion of the grade will consist of the following:

1. Daily clinical logs completed by the student. These logs must be signed by the respiratory therapist who supervised the student that day. 10 points will be deducted from the clinical portion of the course grade for each daily log not completed by the student and signed by a supervising RT.
2. Daily evaluations of the student by the RT supervising the student that day. 10 points will be deducted from the clinical portion of the course grade for each daily evaluation of the student not completed by the supervising RT.
3. Procedural competencies are required for the practicum. All procedural competencies are mandatory. If the required number are not completed and

passed, the student will not pass the course. Each procedural competency will be completed by the RT that supervises the procedure. However, the decision to pass a student on that particular competency will be made by the Clinical Director after she reviews the competency completed by the RT.

4. A facility evaluation for each facility the student attends during a practicum is required. 10 points will be deducted from the clinical portion of the course grade for each facility evaluation not completed by the student.
5. Professionalism is an important part of the clinical grade. Professionalism includes (but is not limited to) attitude, enthusiasm, effort, appropriate dress, appropriate interaction with facility personnel, patients, and instructors, timeliness, preparedness, and appropriate use of down-time. If the Clinical Director gets any report that a student is showing unprofessional behavior, the student and the Clinical Director will meet to discuss the issue. If that or other issues arise after the meeting between the student and DCE, 10 points will be deducted from the clinical portion of the course grade.

The clinical grade will equal 60% of the students course grade.

Assignments and quizzes are given and graded by the Clinical Director during the practicum. The average grade of assignments and quizzes will equal 20% of the students course grade.

A final will be given at the end of each practicum. The final grade will be 20% of the student's course grade.

Because each practicum is different, there may be slightly different evaluation procedures in each practicum. Please consult each practicum's syllabus for more complete inform

## **Mandatory Clinical Remediation Plan**

1. Student is identified by clinical instructor or supervising RT for mandatory remediation referral or student does not pass a required competency.
  - a. Any student that does not pass a required competency for the current practicum or has unsatisfactory performance in clinical will receive a mandatory remediation referral.
  - b. Clinical instructor or supervising RT will consult with the Director of Clinical Education (DCE)
2. Student will meet with DCE to develop a collaborative Clinical Action Plan.
  - a. The action plan may include strategies for improvement in one or more of the following areas:
    - i. Clinical Skills
    - ii. Critical thinking
    - iii. Time management
    - iv. Additional factors determined through discussion with student
3. Actions must be completed by dates identified
4. Action plan must be signed by appropriate faculty as indicated

5. Completed remediation plan will be maintained in student file.

**A MANDATORY REMEDIATION PLAN IS A FORMAL COURSE REQUIREMENT. FAILURE OF THE STUDENT TO COMPLETE THE REMEDIATION PLAN AND OBTAIN APPROPRIATE SIGNATURES BY THE DEADLINE DATES WILL RESULT IN COURSE FAILURE.**

### **Student Contact Information**

Keep your contact information continually updated with the Andrew College Respiratory Care Program. This includes:

- Email Address
- Best immediate contact phone number
- Alternate phone number

It is the responsibility of the student to submit changes of personal information (name, address, phone number, email address, etc) to each of the following: the Respiratory Care Program faculty, Andrew College Admissions and Records, and all current instructors.

### **Clinical Accident and Exposure Policy Universal Precautions**

Respiratory Care Practitioners routinely come into contact with patients who may be carriers of communicable disease. Respiratory care practitioners must treat each and every patient as a potential carrier and utilize universal precautions to protect themselves. Universal precautions are designed to protect the caregiver from the patient, but also to protect the patient from the caregiver. Universal precautions require all caregivers to wear gowns, gloves, masks and eye protection when engaging in patient care which could expose them to blood or body fluids.

Hand washing is the most basic and important aspect of universal precautions. Students will wash their hands before and after patient contact, even if they wore gloves. Students will also wash their hands before and after equipment cleaning procedures, even if they wore gloves.

Students will receive training in universal precautions in RESP 105 prior to clinical assignment. Students will review universal precautions during practicum 1. Students must be able to identify the proper precautions required for each possible situation encountered. Students must also be able to identify the different types of Isolation precautions and know what procedures must be followed in each case. Documentation of the proper use of universal precautions will be a part of each student's clinical evaluation in each practicum.

### **Student Recommendations:**

- (1) Seek medical attention if necessary. This may involve the student visiting their personal physician or the emergency room physician depending upon the urgency of the situation. The student is required to provide personal medical insurance or evidence of financial responsibility to the providing medical personnel. The student should not go to Employee health.
- (2) Follow up with their personal primary care physician as needed.

### **Student Requirements:**

- (1) Notify the assigned hospital preceptor of the incident. Provide the preceptor with any pertinent information needed regarding the exposure. Provide the hospital with any written documentation that may be required to comply with hospital incident policies and procedures. This must be done as soon as possible.
- (2) Notify the Program Director and/or Clinical Director of the exposure incident. This step must be completed as soon as reasonably possible.
- (3) Obtain an incident report form (Sample included) from the Andrew College Respiratory Care Program Director / Clinical Director or the Health Sciences Division Secretary. This step must be completed the same day as the exposure unless approved otherwise.
- (4) Obtain a copy of any pertinent physician or hospital documentation of the incident. This should be attached to the Andrew College Respiratory Care Program incident report.
- (5) Complete the incident report and file it with the Respiratory Care Program Director / Clinical Director within 24 – 48 hours of the incident or as soon as reasonably possible. This step must be completed before the student returns for the next scheduled clinical day unless otherwise approved.

### **Clinical Competencies**

Clinical Competencies are procedures performed by Respiratory Care Practitioners based on the Clinical Practice Guidelines (CPGs). Required equipment, preparation, and the implementation of each procedure are outlined in each skills check-off form. During each clinical rotation there are specific competencies that are essential to master, be evaluated and checked off on.

Each course has a “Required Skills Check-off List” based on the individual course’s objectives and outcomes described in each course syllabus. It is the students’ responsibility to complete the required skills during the course in the hospital clinical



areas. They must be done with competence as defined by the clinical preceptor by the end of the rotation. Please note that these skills must be performed with supervision.

If a student does not pass a skill evaluation, the student will be pulled from clinical rotations and remediated on the skill in the laboratory setting. When the student performs the skill competently according to the DCE, the student will be placed back into the clinical setting. The time missed from clinical rotations must be made up by the student according to the clinical director's assigned schedule.

The following are a list of required skills competency check-offs and the associated Clinical Practicum:

**Practicum I, RES 120**

- Isolation Procedures
- Vital Signs
- Chest Assessment
- Patient Assessment
- X-Ray Interpretation
- Nasal Cannula
- Hi-Flow Oxygen Therapy
- Non-Rebreather
- Air Entrainment Mask
- Transport with Oxygen
- Ultrasonic Nebulizer
- MDI/DPI
- Metaneb
- EZPAP
- Small Volume Nebulizer
- Incentive Spirometry
- Chest Physiotherapy
- Bedside Spirometry
- ABG Sampling
- ABG Analysis
- ABG Analyzer Calibration
- Basic Life Support
- Hand Washing
- Smoking Cessation/COPD Education

**Practicum II, RES 210**

- Patient Assessment
- Manual Ventilation during Transport

- Ventilator Set-up
- Routine Ventilator Check
- Tracheal Tube Suctioning
- Tracheal Tube Change-out
- In-line Suctioning
- Bi-Pap Set-Up
- Bi-Pap Check
- In-line SVN
- Securing Artificial Airway
- Cuff Management
- Extubation
- Assess Weaning Parameters for Extubation
- Chest X-Ray Interpretation
- ABG Sampling from Arterial Line
- ABG Sampling
- ABG Analysis
- Nasotracheal Suctioning

### **Practicum 111, RES 225**

- Patient Assessment
- Interpretation of Pulmonary Function Test
- Chest X-Ray Interpretation of Pediatric Patient
- Sleep Study Set-Up
- Ventilator Set-Up
- In-line Suctioning
- Securing Artificial Airway
- Cuff Management
- Extubation
- Ventilator Setting Changes

### **ADA**

The Americans with Disabilities Act (ADA) is a federal antidiscrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact the Disability Services Coordinator in Old Main 323, by phone, 229-732-5908, or e-mail, [disabilityservices@andrewcollege.edu](mailto:disabilityservices@andrewcollege.edu).

## **Accreditation**

Andrew College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award an Associate of Science Degree in Respiratory Care. The Andrew College Respiratory Therapy Program, 200633, Associate of Science Degree, Cuthbert, GA holds Provisional Accreditation from the Commission on Accreditation for Respiratory Care ([www.coarc.com](http://www.coarc.com)).

## **Physical Requirements**

The Americans with Disabilities Act requires that careful consideration be given to all applicants seeking education or employment. The act also requires that accommodations be provided to the disabled person when proven to be reasonable. The act also supports the identification of essential job functions that may be used in conjunction with other selection criteria in the screening of potential applicants for a professional curriculum or employment.

The Program does not discriminate on the basis of disability, but applicants must be able to meet the physical requirements of the job.

The Respiratory Care Professional (RCP) is a care giver with the responsibility of providing life supporting therapies and diagnostic services. Implied in this care giving role are essential job functions that require the RCP to demonstrate certain cognitive, psychomotor, and affective skills. The performance of these job functions must be consistent with the expectation that the RCP must not place himself / herself, a fellow worker, or the patient in jeopardy because of physical or mental disabilities.

The purpose of the following is to identify the essential functional requirements of the RCP in the categories of visual acuity, hearing, physical ability, speech, manual dexterity, and mental stress. The examples below are not all inclusive and additional disabilities that prove to prevent the performance of the RCP essential job functions may be considered on a case by case basis.

### **Visual Acuity**

Accommodation: Corrective lenses

1. Distinguish scalar markings on instruments calibrated in increments of 0.1mm
2. Identify visually the color and pulsatile differences between venous and arterial blood samples collected by syringe.
3. Visually identify positions of analog controls and digital displays on medical equipment in low light conditions.
4. Identify the correct placement of artificial airways during direct laryngoscopy.
5. Identify and distinguish visually between normal and alarm status indicators on medical devices.

### **Hearing Acuity**

Accommodation: Auditory aids

1. Indirect measurement of blood pressure with a stethoscope.
2. Ability to distinguish between normal and abnormal breath sounds, adventitious sounds, percussion tones, and heart sounds during chest auscultation.

3. Identify and distinguish between audible signals on medical devices that identify their functionality or indicate alarm status.

### **Physical Ability**

Accommodation: Minimal impairment of extremities and lower back.

1. Ability to use equipment including but not limited to the following: flowmeters, mechanical ventilators, large and small medical gas cylinders, and diagnostic devices.
2. Position patients for postural drainage, and for patient transport by bed, wheelchair, or stretcher.
3. Provide CPR and other emergency life support services provided by Respiratory Therapists in a safe and timely manner.

### **Speech Ability**

Accommodation: None known

1. To be able to interview patients and ask questions about the patient's condition, history, effects of treatment, or current level of symptoms.
2. To communicate information verbally to others in an appropriate and timely fashion.

### **Manual Dexterity**

Accommodation: Must perform fine motor tasks.

1. Must be able to identify by touch the arterial pulse, tactile fremitus, sub-cutaneous emphysema and other conditions.
2. To adjust fine incremental controls using dials or touch pads.
3. Manipulation of precision instruments such as microscopes, bronchoscopes, and other instruments.

### **Mental Stress**

Accommodation: None known.

1. Performs without hesitation and with coordinated control, all elements of the RCP's scope of practice during times of mental stress.
2. Displays principles of patient care consistent with the community standard.
3. Responds positively to correction and modifies behavior as required.

### **Additional Requirements**

Respiratory students must demonstrate

- a. Sufficient critical thinking ability to be able to safely and effectively assess clinical situations and act appropriately.
- b. Sufficient interpersonal skills to interact successfully with co-workers, supervisors, patients and family members who may have different social, emotional, cultural and intellectual backgrounds.
- c. Sufficient communication abilities both verbal and written to be able to provide patient instruction and education, complete proper documentation and communicate with physicians and other health care workers professionally.

### **Evaluation Methods**

Evaluation instruments used to assess student knowledge and competence may include any of the following.

1. Test methods may include one or any combination of the following methods: written, oral, computerized, Internet based, or practical demonstration. Written test methods may include essay, true/false, short answer, multiple choice, matching, calculation, word problems, or any other type exam format. Tests and quizzes are given at timely intervals to assess students continuing progress.
2. Clinical procedures (such as proper use of equipment, assessment techniques, and other skills) assessed in the clinical setting will be evaluated by a competency check-off format. Competency check-offs are graded pass/fail. Students have 2 attempts to pass any competency check-off. Students who are unable to complete a required competency check-off in 2 attempts must remediate in the lab before attempting the check-off again in the clinical setting. Because written communication is an important part of clinical practice, students will also be required to write in a variety of formats including research, case study, and analysis. Students will also be required to demonstrate competency in charting.
3. Because oral communication is an essential part of clinical practice, students will be required to give oral presentations of various types, on various topics, and to various audiences including students, instructors, other health care workers, and physicians.

Students will evaluate instructors using a variety of instruments.

1. Students will evaluate classroom instructors according to the Andrew College schedule for student evaluations of faculty using the standard Andrew College Faculty Evaluation form. These are done at least once each year. Additional Instructor or departmental evaluations may be available in some courses.
2. Once each year students will evaluate the Program as a whole including the instructors using a standardized student resource survey.
3. Students will evaluate physician and other guest lecturers using an evaluation form designed for that purpose.
4. Students will evaluate part time clinical instructors after each practicum using an evaluation form developed for that purpose.

## **Professionalism**

The respiratory care program is a professional program. Taking part in a professional program requires professional behaviors. Students are expected to treat fellow students, faculty, staff, facility employees, and patients in a professional manner. Displaying disrespectful behaviors within the program will not be tolerated. Professional behavior includes showing respect for one another, following the rules, dressing in a professional manner, etc.. Each instructor has the right to corrective action if a student behaves in an unprofessional manner. If the student continues unprofessional behavior (defined as 4 or more in any class(s)) then he/she will meet with the respiratory care director to determine what type of disciplinary action is needed for the student.

## **Faculty Contact Information**

Program Director:  
Kathryn Brown, M.Ed., RRT  
Phone # 229-732-5977  
kathrynbrown@andrewcollege.edu

Director of Clinical Education:  
Lisa Shaw, B.S., RRT, NPS  
Phone # 229-732-5903  
lisashaw@andrewcollege.edu

Respiratory Care Program faculty are available to the program students and have an open door policy. Faculty office hours are posted each semester and are available to students. Students may also make an appointment at any time with the faculty members of the program if they choose to.

## **Computer Literacy**

Students will be required to use a computer throughout the program. Students can have their own computer or a tablet to access power points and assignments while in the classroom. The program has an Internet capable computer and a laser printer in the Lab for student use. In addition, Andrew College has a computer lab on campus that students may use. Students do need to have a basic familiarity with computer operation and some basic computer functions such as word processing, and using the Internet. If a student is very uncomfortable using a computer, they may wish to take a course before beginning the program. The Respiratory program makes extensive use of Moodle class support pages in some classes. Students will be required to use email, discussion boards, the Internet, word processing, as well as Moodle. Students that do not own a computer may wish to investigate purchasing one to facilitate studying and assignment completion at home.

## **Social Media Policy**

Social media refers to any content posted to sites such as Twitter, Facebook, LinkedIn, and other sites viewable by multiple people. The following policies will apply to information posted to these types of sites.

Students are personally responsible for any material or comments posted to such sites. Students must not post any materials that are obscene, vulgar, defamatory, threatening, discriminatory, harassing, abusive, hateful or embarrassing to another person or entity. Students are prohibited from posting material about the respiratory program or any clinical affiliate of the program unless such information is approved by the program faculty. Students may not disclose any information about examinations, class projects, or clinical assignments unless prior approval is obtained. Students must be especially careful not to post any confidential information about any patients or any employees, either current or former, of any clinical affiliate or the program. Students must not post information critical of the program, any of its clinical affiliates, or the college. Information that is posted must clearly indicate it is the students' own opinion or ideas and does not necessarily reflect the opinions of the program, faculty, clinical affiliates or the college. Students need to remember information posted to these sites is public and permanent. Failure to abide by this policy may result in disciplinary action up to and including removal from the program.

## **Academic Conference Record**

When the instructor decides a student may be having difficulty in a Respiratory course the instructor will meet with the student and complete an academic conference record form. At this conference the student and instructor will decide on what the difficulty seems to be and develop a mutually agreed upon plan to help the student improve their performance in the class. A copy of the Academic Conference form is included in this handbook.

## **Student Employment**

Many students seek employment as Respiratory Care Student Assistants. The following is the Program's policy on student employment in respiratory care.

Students are not allowed to work in respiratory care during their first two semesters in the program (no exceptions). Beginning in the Spring Semester of the second year a student may be eligible for employment as a respiratory student assistant. Students must request permission from the Program Director and Clinical Director in writing. A form (Sample included) has been developed for this purpose. The Program Director and program faculty have final say in determining a student's eligibility or ineligibility. Students desiring to work must have acceptable grades. Once employed students must observe the following rules.

1. Students are not allowed to work more than 24 hours per week in respiratory care (except during school breaks such as during the Christmas holidays and during spring break).
2. Students may only perform tasks they have already been checked-off on in class, laboratory, and clinical. A list of the approved competencies the student has completed will be forwarded by the Clinical Director to the hospital where the student works each semester. There are no exceptions to this rule.
3. Students are not permitted to work any 11pm to 7am shifts the night before any scheduled class, laboratory, or clinical shift.
4. Students must maintain satisfactory academic progress in their coursework.
5. Students working as student therapists are representing themselves, the Program, and the College. Professional behavior is required at all times.

Students failing to meet any of these conditions may have their employment privileges revoked.

Students must request and complete the Student work request form prior to beginning work at any institution. This includes attending any employee orientation sessions. Students may apply and interview for positions prior to completing the form but should not accept any position until approved by the Program Director and Clinical Director.

## **Service Work**

Students must not be substituted for paid regular staff while training in a clinical affiliate. Students also must not be substituted for paid instructional or administrative staff in didactic and laboratory sessions. This does not constrict them from sharing knowledge, skills, and experiences that they have learned previously. Furthermore, students are still permitted to seek employment (See Student Employment Policy).

## **Recommendations**

From time to time students request recommendations from faculty members for purposes of employment applications, scholarship applications, or applications to other educational institutions. As a general rule faculty members are glad to provide these recommendations if asked by the student. However, because student information is confidential faculty members are prohibited from releasing any student information unless such release is authorized by the student in writing. Therefore, the Respiratory Care Program has developed an authorization form student's may sign allowing program faculty members to provide information to organizations designated by the student for the purpose of applying for employment, scholarships and awards, or admission to other academic institutions. Students will be required to sign a release form for each faculty member that a recommendation is requested from, and for each time a recommendation is requested for an institution or organization not included in previous authorizations. Forms may be obtained from the Program Director by request. A sample of this form is included in this handbook.

## **Participation in Clinical Practicums**

Students are expected to come to the clinical facility prepared to participate in any and all learning activities. Any student found sleeping or otherwise unprepared to learn may be asked to leave the clinical site and will receive an unexcused absence for that day. If the student continues to show unpreparedness, he/she will be asked to meet with the Program Director and Director of Clinical Education for an Academic Conference to determine corrective action. It is expected that students will have read any assigned material prior to class and be prepared to ask questions about the material.

## **Technology Policy (Cell phones, Computers, Tablets)**

All cell phones must be turned off during all class periods. Students that fail to follow this policy will be asked to leave and will be required to make up the work at a later time. Multiple violations will result in the student receiving a zero for that day's assignment. Students should follow the cell phone policy enforced by each clinical facility. Violations of the clinical facility's cell phone policy will follow the punishment set by the clinical facility at the digression of the Clinical Director.

## **Academic Dishonesty**

This is a professional program, students are expected to display honesty and integrity at all times. No form of academic dishonesty will be tolerated. Academic dishonesty includes but is not limited to the following:

- Cheating on any exam or quiz.
- Submitting any work that is not the students own.
- Plagiarism



- Selling, giving, lending or otherwise furnishing to another student questions and/or answers to any examination, case study, homework assignment or other required work, whether in the same class or any subsequent class.
- Unauthorized collaboration with another student on any assignment unless collaboration is specifically directed or allowed by the instructor.
- Falsification, forgery or fabrication of any record or document.
- Lying about the circumstances of any accident or incident occurring in the laboratory or clinical setting.
- Failure to report academic dishonesty by others that you witness or become aware of.

Depending on the severity of the situation, the instructor in consultation with the Program Director, and if necessary the Dean of the Health Sciences Division and the Vice President for Academic Affairs, will determine the appropriate penalty. Penalties may include:

- A written reprimand placed in the student's file.
- A requirement to resubmit the work in question.
- A reduction in the student's grade for the assignment up to and including the awarding of a zero for the assignment.
- A reduction in the student's grade for the course.
- Failure of the course
- Expulsion from the Program.

If students disagree with any determination they may appeal the matter or any penalties to the Division Dean or to the Vice President for Academic Affairs who will refer the matter to the Dean of Students for Judicial Committee determination.

## **Pregnancy Policy**

If during the course of a clinical practicum of the respiratory care program a student becomes pregnant or thinks they may be pregnant the following policies designed to protect the student will apply;

- The Student will immediately let the program director and the clinical director know they are pregnant or think they may be pregnant.
- The student will immediately let their clinical instructor or clinical preceptor know they are pregnant or think they may be pregnant.
- The student voluntarily accepts any and all risks associated with continuing in the respiratory care program while pregnant both to themselves and to the fetus.
- The student will comply with any and all safety precautions that may be required by the respiratory care program or the clinical facility. This may include being assigned other duties than those initially scheduled. These safety requirements may change as the student progresses through their clinical rotations depending on the particular risks that may be associated with each particular clinical setting. The student must comply with these changes whether given verbally or in writing even if they were not initially included in the requirements given to the student.

Because of the significant safety risks to both the fetus and the mother associated with some aspects of the respiratory therapist's daily duties the program understands that some students may not want to subject themselves or their fetus to these risks and may wish to withdraw from the program during this time. The program will allow these students to reapply to the program and will grant preferential status to these student's applications for the next class.

## **Legal and Ethical Practice**

In accordance with the AARC Statement of Ethics and Professional Conduct, students should:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical fraudulent, or incompetent acts of others.

Any violations to the legal and ethical practice will be addressed according to the Disciplinary action for Violations of the Clinical Code of Conduct.

**Andrew College**  
**Respiratory Therapy Program**  
**Academic Conference Record**

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

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

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

Course: \_\_\_\_\_

Current Grades in the course:

What do you perceive as the problem/problems?

What do you plan to do to improve this grade?

What do you feel the instructor can do to help you improve this grade?

Instructor's comments/ suggestions:

Mutually determined plan of action:

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

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

Copy to Student, Instructor, File

**Andrew College  
Respiratory Therapy Program**

**Financial Responsibility for Accidents**

I, \_\_\_\_\_ (Print name), acknowledge that I am personally responsible for any health care expenses that may occur as a result of any unfortunate accident, injury, or exposure to any communicable disease that may occur during any class, laboratory, or clinical practicum that is a part of the Respiratory Care Program. This includes any incidents that may occur in the hospital, during patient transports, or during travel with an assigned home care company.

I further agree that Andrew College, or any of the Respiratory Care Program's clinical affiliates will not be held financially responsible for any treatment I may require as a result of such an accident.

Signature: \_\_\_\_\_

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

**Andrew College  
Respiratory Therapy Program**

**Exposure Incident Report**

Name of Exposed Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Classification: (Student, Faculty, Preceptor) \_\_\_\_\_

Clinical Site at which exposure occurred: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location of Exposure: (Be specific – room #, ER, Floor, ICU, etc.) \_\_\_\_\_

\_\_\_\_\_

Type of Exposure: (Describe) \_\_\_\_\_

\_\_\_\_\_

Description of the Incident: \_\_\_\_\_

\_\_\_\_\_

What Protective Equipment was the Exposed Person Wearing at the time of the Incident?

\_\_\_\_\_

Name of Patient Exposed To: \_\_\_\_\_

Patient's Hospital Number: \_\_\_\_\_ Room Number: \_\_\_\_\_

Patient's Diagnosis: \_\_\_\_\_

Patient's Attending Physician: \_\_\_\_\_

Was Patient Tested or Evaluated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments: \_\_\_\_\_

\_\_\_\_\_

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Was Exposed Person Tested or Evaluated? \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe What Was Done and By Whom. \_\_\_\_\_

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Was Exposed Person Counseled About Required Precautions?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Describe Any Corrective Measures Taken to Minimize Reoccurrence. \_\_\_\_\_

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Signature of Exposed Person

---

Date

---

Signature of Program Director

---

Date

Attach a copy of the physician or hospital report of the incident (if available) to this form. Submit the completed form to the Program Director / Clinical Director or the Health Sciences Secretary as soon as possible.

**Andrew College  
Respiratory Therapy Program**

**Confidentiality Statement**

In accordance with Georgia Law (Official Code of Georgia, Annotated, Sections 37-3, 37-4, 37-7) every patient right to confidential treatment must be protected.

As a student care provider I understand that the patient's right to privacy must be protected and treatment must remain confidential. During clinical assignment I may become knowledgeable of certain patient information including: patient identity, diagnosis, treatment, prognosis, financial information, family matters, or other information of a personal nature. I am prohibited from discussing confidential patient information with anyone other than Andrew College faculty or hospital personnel directly responsible for the patient's care. This includes other students in the class. If patient information is required or must be used to complete my assignments, such as case studies or other assignments, it must be used in such a way that patient identification is not possible.

I further understand that failure to follow these confidentiality policies will constitute a breach of the Clinical Code of Conduct and will result in disciplinary action. In addition, violation of confidentiality regulations may subject me to civil liability.

Signature: \_\_\_\_\_

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

**Andrew College  
Respiratory Therapy Program**

**Authorization to Release Immunization Records**

I, \_\_\_\_\_ (Print Name)

Agree that as a condition of my participation in the clinical educational training courses of the Andrew College Respiratory Therapy Program and with respect thereto, I hereby waive my privacy rights, including but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, (FERPA) 20 U.S.C. §1232g(b)(2)(B), and grant my permission and authorize the Andrew College Respiratory Therapy Program to release my immunization records in its possession, to any of the Programs clinical affiliates where I am assigned to complete my clinical educational training. I further understand the Andrew College Respiratory Therapy Program will only release this information to those clinical affiliates that specifically request and require the information as a condition of my being allowed to complete a portion of my clinical educational training at those facilities.

I further agree that this authorization will be valid throughout the duration of my enrollment in the Andrew College Respiratory Therapy Program. I further request that you do not disclose any other information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law.

Signature: \_\_\_\_\_

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



**Andrew College  
Respiratory Therapy Program**

**Disciplinary Action for Violation of the Clinical Code of Conduct**

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

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

Course: \_\_\_\_\_

Type of Infraction:    Minor            Moderate            Major    (Please Circle)

Infraction(s): \_\_\_\_\_  
\_\_\_\_\_

Date Infraction Occurred: \_\_\_\_\_

Clinical Site Where Infraction Occurred: \_\_\_\_\_

Describe Circumstances of Infraction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheet if needed)

Was a Hospital Incident Report Filed:    Yes            No    (Please Circle)

Please Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any Disciplinary Actions Taken as a Result of this Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the Instructor or Faculty member's statement of events to this form.

Please attach a copy of the Student's statement of events to this form.

Please attach a copy of any other statements of the event (Patient's, Family Members, Hospital Personnel, Other Students) to this form.

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

Instructor Signature: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

**Andrew College  
Respiratory Therapy Program**

**Student Acknowledgement**

I, \_\_\_\_\_ (Print name) have received a copy of the  
Respiratory Therapy Program Student Clinical Handbook and have read and understand  
the policies and procedures documented. I further agree that I will comply with the  
policies and procedures as listed in this handbook.

Signature: \_\_\_\_\_

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