Bergen Community College

Division of Health Professions

Respiratory Care Program

Student Policies and Procedures Manual

Academic Year – 2019-2020

This student manual, which has been provided for your information, describes the policies, procedures, and professional competencies required for the successful completion of this program. It has been prepared for your information. Please read it carefully and refer to it as needed.

The Bergen Community College Respiratory Care Program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Commission on Accreditation for Respiratory Care

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Throughout the program, competence develops from a combination of didactic, affective, cognitive, and psychomotor skills necessary for the safe and effective delivery of respiratory care. This program employs competency-based mechanisms to ensure the students develop and master the knowledge, skills, behaviors, and professional attitudes expected of the advanced-level practitioner.

The faculty and staff are readily accessible to assist you if further information or explanations are needed. We hope you will find this handbook useful throughout your studies here at the Bergen Community College – Respiratory Care Program.

Our best wishes for a successful Respiratory Care education and career.

Amy Ceconi, Ph.D., RRT, RRT-NPS, RPFT

Program Director

Kelly Horgan, MBA, RRT, RRT-NPS

Director of Clinical Education

Program Goals

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

To achieve these goals the following objectives have been set forth:

1. Upon completion of the program, students will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their role as advanced-level respiratory therapists (cognitive domain).

Assessment methods:

- NBRC Therapist Multiple Choice Self-Assessment Examination (TMC-SAE) passing rates
- NBRC Clinical Simulation Self-Assessment Examination (CSE-SAE) passing rates
- NBRC Certified Respiratory Therapist Entry – Level Examination (CRT) passing rates – pending CoARC's policy changes beginning January 2020
- NBRC Registered Respiratory Therapist Examination (RRT) passing rates
- CoARC Employer survey
- CoARC Graduate survey

2. Upon completion of the program, graduates will demonstrate technical proficiency in all skills necessary to fulfill their role as an advanced-level respiratory therapist (psychomotor domain).

Assessment methods:

- CoARC Employer surveys
- CoARC Graduate surveys

3. Upon completion of the program, graduates will demonstrate personal behaviors consistent with professional and employer expectations as an advanced-level respiratory therapist (affective domain).

Assessment methods:

- CoARC Employer surveys
- CoARC Graduate surveys

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Program Policies

Academic Achievement and Program Progress

1. High standards of professional performance demand that students maintain good academic progress throughout their course of study in the program.
2. To meet the program's minimum academic standards, students must achieve at least a "C+" grade in all of the respiratory care courses.
3. Students who receive a final grade below a "C+" in any course will be given one opportunity to repeat that course at the time of its next regularly scheduled offering. Students who do not achieve at least a "C+" grade in a repeat course will be dismissed from the program.
4. Students receiving two or more grades below "C+" will be dismissed from the Program.
5. Students must maintain active enrollment at the College during their course of study. Any student not enrolled for a period of two semesters will be withdrawn from the program.
6. Students are expected to follow the graduation requirements as published in the current college catalog, as well as, successful completion of all self-assessment examinations as described later in the manual.
7. Academic catalog is located on the Bergen Community College website. The program additionally utilizes Moodle (or current equivalent) calendar for course specific announcements.
8. Students will be required to complete all academic course credit as published in the current college catalog.

Progression in Courses and Program Grading

Students will follow the program sequence established in the current college catalog. The student MUST earn a minimum grade of C+ (78%) or better in both the didactic and clinical courses in each semester in order to progress to the next level of professional studies.

A	93% to 100%
B+	88% to 92.9%
B	83% to 87.9%
C+	78% to 82.9%

D	Not acknowledged
F	<78%
W	Official course withdrawal
E	Unofficial course withdrawal

Program Costs

Tuition, course fees, and books are established by Bergen Community College. All refunds are administered in accordance with college policies as outlined in the current college catalog.

An estimate of additional program costs includes:

1. Uniform (1): $80
2. Stethoscope: $50
3. Malpractice insurance: $35 / year
4. Self-assessment examinations: $125
5. Cardiopulmonary resuscitation course: $25
6. Graduation pin: $10
7. Hospital site parking: $60 / per semester

Additional expenses may occur during the student's course of study. These expenses will be discussed with the student.

Classroom Attendance Policies

1. Attendance for classroom lecture and laboratory courses will be factored into the total grade for that course. For every absence from classroom lecture or lab, 1 point will be deducted from the total grade for the course. If the student is late by 10 minutes for any course, 0.5 points will be deducted from the total grade. Students demonstrating chronic tardiness or absenteeism will be placed on academic warning or probation and may be subjected to termination from the program.
2. Absence from a class during a scheduled exam will result in the student receiving an 'F' grade for that exam. Subject to change by the course instructor.
3. Students missing more than five classes in one semester will receive a program advisement letter.

Counseling and Tutorials

1. The program faculty maintains office hours for counseling and is available to provide tutorial and advisement to students.
2. Students must make appointments in advance to meet with the respective instructors.
3. Students may also obtain assistance from the college tutoring center. Appointments must be made through the center.
4. The college has a personal counseling center for those students who may need personal assistance. Appointments are made directly through this center.
5. Any problems, concerns, or questions should be directed to the course instructor, the student's advisor, or program faculty.

Academic Conduct

1. The Respiratory Care Faculty adheres to the policy statement governing academic conduct as outlined in the Bergen Community College Catalog. The Program Faculty strongly supports this policy and considers professional and ethical behavior the basis of all respiratory care practice.
2. Acceptable quality of work and mature behavior are expected from every student at all times. Students are regarded as professionals and are expected to conduct themselves accordingly.
3. All students are required to adhere to the policies and procedures of the school as outlined in the college catalogue.
4. Students are on their honor to report immediately to a faculty member or to the Program Director any academic misconduct observed during testing or completion of other assignments. Failure to do so will be considered unacceptable behavior and will be subject to disciplinary action, including dismissal from the program.
5. Faculty will monitor testing so that all students can be assured that every effort is made to support the college policy regarding academic conduct.

6. Laptops / tablets / PDAs are permitted in the classroom at the discretion of the instructors.
7. Additional rules and regulations governing student conduct can be found in the current college catalog.

Academic Advisement Letter / Remediation

Advisement Letter

Throughout the program, faculty will meet with students to discuss their progress. During these meetings, a student may receive an advisement letter. This letter is to provide guidance and understanding between the faculty and student on expectations.

Additionally, academic advisement letters are used to inform students they have violated a program policy or procedure. When a letter is used for this purpose, the student will remain on program probation for the remainder of the program, unless otherwise specified in this policy and procedure manual or within the letter.

Remediation

CoARC Standard 3.7 Remediation – The program's defined process for addressing deficiencies in a student's knowledge, skills, professional behavior and competencies so that the correction of these deficiencies can be ascertained and documented. The program must conduct these evaluations equitably and with sufficient frequency to facilitate prompt identification of learning deficiencies and the development of a means for their remediation within a suitable time frame.

The remediation process is initiated by faculty when any student is at risk of failing a course due to difficulty accomplishing course objectives or requirements. At risk behaviors include academic deficiency (non-passing quiz, examination, laboratory competency), lack of clinical competency (not abiding by policy and procedures, unsafe behavior), and lapses in professional conduct.

See Appendix 1 – Academic Advisement Form.

Admissions

Admissions into the Respiratory Care program is based on the below criteria. The program admits students beginning each fall semester. A minimum GPA for admissions eligibility: 2.5 on a 4.0 scale. Application deadline is published in the current college catalog.

Admission Process to the Respiratory Care Program

1. If you are a degree-seeking student in another program at Bergen Community College, you may apply on-line using the change of curriculum form. The program recommends that you contact Mrs. Elsa Valcarcel in the Admissions Department for assistance. Mrs. Valcarcel may be reached at evalcarcel@bergen.edu. Make sure that all applications are complete. Incomplete applications will not be considered. All applications must be received by the date published in the current college catalog.
2. Placement Exam

a. Bergen Community College administers the Accuplacer examination to determine a student's levels in English, Mathematics, and Algebra. The Accuplacer examination is a computer delivered exam with three (3) untimed multiple choice sections comprised of Reading, Arithmetic, Quantitative Reasoning, Algebra, and Statistics, and a timed written essay.
b. Under specific conditions, a student may have the placement test requirement waived. Please see "Office of Testing" webpage to determine if you can be waived from the Accuplacer examination.

3. Completion of the Prerequisites Courses
    a. High School prerequisite courses: Chemistry with lab; Biology with lab; Algebra
    b. College substitutions: BIO-109; CHM-100; MAT-040
    c. The program prefers you to earn a B+ grade or higher

    Note: High school Biology is waived if college Biology, preferably BIO-109, is successfully completed.

4. After completing the first steps of the admissions process and it is determined that you meet the admissions criteria, the Dean of Health Professions will have a letter sent to you regarding completion of the Criminal History Background Check (CHBC). The letter will provide you the information needed to complete the process electronically. This check must be completed within five days of receipt of the letter. It is imperative that candidates understand that the CHBC is requirement of the accreditation agency of our clinical education centers and not of Bergen Community College. The applicant is to read and follow the Division of Health Professions policy for criminal history background checks, most especially since the outcome of this report affects admissions into this program. The cost for the background check is the responsibility of the student.
5. HESI Admission Assessment
    a. When all prerequisite courses are successfully completed and a minimal GPA of 2.5 is attained, and a clear background check is received, the applicant will be invited to take the HESI Examination. You will receive a letter providing the information needed to register for the examination. This exam is given by an outside testing agency. All costs associated with this examination are the responsibility of the student.
    b. Admissions Exam Modules include
        i. Reading comprehension
        ii. Vocabulary
        iii. Grammar
        iv. Math
        v. Science
            1. Biology (for high school students only)
            2. Anatomy and Physiology (for college students)
            3. Chemistry
        vi. Personality Profile
        vii. Learning Style

Transfer Policy

Student's transcripts will be evaluated on a program-by-program basis. Credit for courses taken at other Colleges outside the Respiratory Care curriculum will follow the policies established by Bergen Community College admissions office. Respiratory care courses taken at other institutions are not transferable into the Bergen Community College Respiratory Care Program.

Re-admission

Repetition of courses will be at the discretion of the Program Admissions Committee and will depend upon availability of space in the course and program when the course is offered again. If a student receives an "F" due to violation of program policies, they will not be considered for repetition of courses, and will be dismissed from the program.

Re-admission to the program is based on the following criteria:

1. Students may be readmitted one time only.
2. The student must submit a request in writing to the Program Director before March 31 for admission into the fall semester, before October 31 for admission into the spring semester, or before February 1 for the summer session.
3. A cumulative GPA of 2.5 is necessary for readmission.
4. The student must retake all respiratory courses from the prior semester. This must be advised, pre-approved, and signed by Program Admissions Committee. The student retaking courses is expected to perform at the level set forth. Failure of evaluations, competency assessments, or course examinations will result in ending student progression in the respiratory care program.

If a student chooses to withdraw from the Program or take a semester leave and is in good standing with the Program (including passing all courses), the student may return to the Program but will be held accountable to the re-admission criteria above.

Grievance Policy

A grievance is a student complaint and request for a specific remedy, e.g. a student's belief that a service was inadequate, a student's disagreement or complaint with a decision, rule applied by the Program, a student's belief that they have been treated in a discriminatory manner, or a student's challenge of a grade. Grievances raised by a student should be discussed with the involved faculty member first. If the grievance is not resolved, the student should follow the appropriate procedure for student complaints as outlined in the current college catalog.

Employment During Enrollment

CoARC Standard 5.09 – *Students must be appropriately supervised at all times during their educational clinical coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.*

CoARC Standard 5.10 – *Students must not complete clinical coursework while in an employee status at a clinical affiliate.*

This is a full-time curriculum, which requires student's time and concentration. Even the exceptional student will find it difficult to work and still maintain a high quality of academic work. Program and clinical assignments will not be altered to fit an individual's work schedule.

New Jersey State Law

13:44F-3.2 Practice by trainees

(a) A trainee may perform those duties essential for completion of his or her clinical service, without having to obtain a license, provided the duties are performed under the direction of a physician, as defined in N.J.A.C. 13:44F- 3.1(b) 1 and 2, and the supervision of a physician as defined in N.J.A.C. 13:44F-3.1(d), or under the direct supervision of a licensed respiratory care practitioner, as defined in N.J.A.C. 13:44F-5.1.

(b) The trainee shall, when performing duties pursuant to (a) above, wear a badge which identifies the person as a trainee. Additionally, the supervising licensee or physician shall inform the patient that the person rendering care is a trainee.

Demographic Data

Each student is required to provide to the college accurate demographic data. Correct information for each respiratory student is essential so that the student can be contacted. Students are responsible for following college procedure to provide any change in name, telephone number, address, and email address that occurs.

Transportation

It is the responsibility of the student to find their own transportation to all classes and clinical. Special arrangements will not be made for those students who do not drive.

Clinical assignments are individual and scattered; therefore, students cannot depend on the use of car-pooling.

Education Symposia

The respiratory care program occasionally arranges single day or multiday educational symposia as part of the student's learning experience. Dates and times will be scheduled well in advance. Expenses related to any symposia will be the responsibility of the student.

Secretarial Support

The respiratory care program's secretary's office location is HP-312 and office phone number is (201) 689-7024. The secretary is available during normal college business hours.

Program Laboratory

1. The program laboratory affords the students the opportunity to practice and demonstrate competency in simulated clinical skills using state-of-the-art equipment and supplies. For this reason, the care and use of equipment and supplies is included as a component of the lab participation grade in all laboratory courses.
2. To maintain cleanliness and prevent damage to electrical equipment, no eating or drinking is permitted in the work area of the laboratory.
3. Students are responsible for the proper setup and disassembly of their lab equipment. All equipment must be put away at the end of each lab session.
4. All hazardous waste, sharps, and garbage must be disposed in the proper receptacles.
5. Any breakage of equipment must be reported to the laboratory instructor immediately.

Examinations and Testing Procedures

1. Based on both data and historical experience, the Program faculties have determined that students who consistently fail to achieve passing grades on class, lab, or clinical exams are unlikely to succeed in passing national board examinations, gain licensure, or meet minimum job expectations.
2. Only writing tools will be allowed on the student's desk. No books, notes, or any other materials are allowed. The instructor will provide scrap paper for students taking online exams.
3. Only minimal opportunities to leave the testing area will be given and may be supervised.
4. If a fire drill or other emergency arises, the test may be considered void and rescheduled.
5. No talking will be allowed during exams.
6. Students may not use English translator computers or assistants during exams.
7. All electronic devices must be turned off and put away.
8. No hats may be worn.
9. Seating will be randomized at the discretion of the instructor.
10. Exams will be reviewed at the discretion and convenience of the course faculty.
11. Exams are considered secure and are not returned.
12. Faculty reserve the right to delay the return of exam grades until review of the exam has been completed.
13. The course instructors have the right to modify the examination policy to meet the nature of an examination at their own discretion.
14. Late work and make-up examinations will be penalized with a grade being no greater than 78%. Make-up examinations will be completed during the last week of classes on the academic calendar at the end of the semester.

Comprehensive Examinations

As a requirement for graduation from the program, all students must complete and pass the National Board for Respiratory Care (NBRC) Therapist Multiple Choice secured self-assessment examination (TMC-SAE) and Clinical Simulation secured self-assessment examination (CSE-SAE). These two computer-based exams will be completed at the college.

These NBRC self-assessment exams are utilized for student and program evaluation purposes. Results will be provided to the student with exam score and a score content outline. A passing score on the examinations is based on the current NBRC standards.

Students who do not pass the self-assessment exams cannot graduate until this requirement is met. The student may be required to participate in remediation prior to repeating a different version of the respective exam. The cost of the self-assessment exams is established by Applied Measurement Professionals, the examination organization of the NBRC, and is the responsibility of the student.

Exit Examination

The student will take the secured NBRC TMC exam purchased from the NBRC. If the student does not meet the published cut score as determined by the CoARC the student will be given one to two weeks to remediate with faculty and other exam review resources. The student will be required to take another TMC exam and meet the published cut score as determined by the CoARC.

Additionally, the student must pass a program defined Clinical Simulation Exam. If the student fails the CSE, the student will be given one to two weeks to remediate with faculty and other exam review resources.

If the student again does not meet the cut score for the third attempt the student will receive an N grade (Incomplete) for RSP-260. They must then register for RSP-226 as an audit status and will be required to come to the college and participate in remediation for six weeks. They will then be given a final attempt at the program exit exam. The certificate of completion will be furnished upon successful completion of the program exit exam.

Advanced Placement CoARC Standard 5.07

The Respiratory Care Program at Bergen Community College does not offer advanced placement.

Application of Program Policies

CoARC Standard 1.06 – *Program academic policies must apply to all students and faculty regardless of location of instruction*. Program policies will be consistent for all areas of instruction (didactic, laboratory, and clinical). The program clinical affiliation agreements or memoranda of understanding may specify that certain program policies will be superseded by those of the clinical site.

Social Media

Social media are works of user-created video, audio, text or multimedia that are published and shared in an electronic environment, such as a blog, wiki, instant messaging, email, video hosting site, or other community sharing platform. Our policy is that you, the health care student, may use social media for personal use only during non-clinical time and in strict compliance with all other terms of this and other college policies.

To ensure compliance with both Federal and State patient confidentiality laws, while also maintaining a professional working relationship with our clinical sites, students are not allowed to utilize photographic, video, audio, or other recording devices (including cell phones) during the course of their instruction or participation in the program unless specifically permitted by faculty and written permission from affected parties, or as allowed by law. The use of such recording devices is strictly prohibited during all clinical experiences.

Public scrutiny, criticism, or disclosure of patient care delivered by clinical site staff is strictly prohibited, unless such disclosure is required or protected by law. Such disclosures include those made via social networking sites, as well as other traditional means of communication. Additionally, an employer may utilize social media while investigating a potential employee and, as such, posting on social media sites may impact future employment.

Faculty Grievance

The Bergen Community College Department of Human Resources is committed to attracting, motivating, developing and retaining highly competent employees to support the College's mission of "high quality, relevant and varied educational programs and for intellectual, cultural and personal growth for all members of its community."

Our services cover all areas of Human Resources including:

- Development, implementation and interpretation of policies and programs
- Recruitment, orientation, evaluation and training of employees
- Enrollment of employees, implementation and administration of benefit plans, including health, dental, vision, tuition reimbursement and pension
- Establishment and maintenance of accurate employee records and information systems
- Negotiation and administration of Collective Bargaining Agreements
- Compliance with local, state and federal laws in order to ensure fair and equal treatment of all employees

Department of Human Resources can be contacted via email: HumanResourcesGroup@Bergen.edu, phone (201) 447-7442 or fax (201) 251-4987 during the hours of operation Monday through Friday 8:30 a.m. – 5:00 p.m. (except College Holidays).

Clinical Policies

Clinical Expectations

1. It is expected that all students appear at the clinical area on time (at least 5 minutes before the assigned hour) and be attired neatly and cleanly in appropriate uniform.
2. There are no cell phones permitted in patient care areas. This is a uniform hospital policy. If a student is asked repeatedly to put their cell phone away, they will be sent home for the day.
3. The clinical externship is a learning experience. It is each student's responsibility to learn as much as possible from each pre-conference, the actual clinical experience, and the post-conference. Students are expected to show initiative in seeking new learning experiences.
4. Clinical assignments and objectives are usually presented in the group meetings. Where indicated in the objectives, the student should be prepared to answer discussion questions and administer anticipated therapy for that unit of study.
5. Each student is expected to be able to perform the skills required in each unit of study after appropriate practice.
6. Students are responsible for securing the consultation or assistance of their clinical instructor on those respiratory situations with which they are inexperienced or unfamiliar.
7. It is the responsibility of each student to inform their respective clinical instructor what learning experiences are needed.
8. Each student is expected to take all precautions necessary for the safety of the patient. A careless attitude or inadequate preparation resulting in unsafe performance can be cause for dismissal from the clinical area.
9. The course requires the application of classroom learning to patient care; therefore, the student's final evaluation will reflect their overall performance.
10. The student will meet all general requirements for clinical experiences as outlined in the clinical objectives.
11. The student is expected to report any, and all, incidences occurring at the clinical site to their instructor.
12. The student must inform their respective clinical instructor if they are leaving the assigned area. Students are not to leave the hospital unless dismissed by their instructor.
13. Students are required to maintain a copy of their clinical experiences. The student is responsible to see that all appropriate procedures have been observed and signed off by their clinical instructor.

Personal Conduct and Dress Code

Each student is expected to conduct themselves in a professional manner while at the clinical affiliate, wearing uniforms, or in public identifying themselves as students of the Bergen Community College Respiratory Care Program. A student's attitude, conduct, and physical appearance reflect on the student, the Program, and the profession of respiratory care. Unethical or otherwise unprofessional conduct will not be tolerated.

Please read the following dress code very carefully. It is your responsibility to adhere to the written dress code at each clinical externship experience. Students improperly attired will not be admitted to the clinical affiliate and will be considered absent for that day.

1. Students are expected to wear the regulation Bergen Community College uniform purchased through Belle Uniforms.
2. Students will wear a navy-blue scrub top and pants.
3. A white, consultation-style laboratory coat will be worn over the uniform with the program patch adhered to the left sleeve.
4. Footwear for both males and females must always be clean and neat. Comfortable footwear is highly recommended. If sneakers are worn, they must be white or black and appear to be worn only for clinical. High-top or basketball style sneakers are not permitted. No open-toe, high-heel shoes, boots, sandals, slippers, and clogs without heel support.
5. All students must wear a nametag, depicting their name, Bergen Community College, Respiratory Care Student. The nametag will be purchased as part of the uniform package through Belle Uniforms.
6. If a special uniform, such as scrubs, is required for a specialty rotation (operating room, special procedures), the department that the rotation is located will provide the uniform for you. You must wear your regular uniform to clinical, even if you expect to wear another type of uniform the entire day. Changing rooms will be provided for you.
7. Hair should be neatly combed and pulled back away from your face.
8. Fingernails must be trimmed, clean, and no longer than ¼ inch in length.
9. Jewelry must be kept to a minimum. Extremely large or inappropriate rings, necklaces, earrings, or bracelets are not permitted. No pins of a political, humorous, etc. are to be worn. Any eyelid, nose, lip, or tongue earrings must be removed before clinical.
10. Each student must wear a watch with a second-hand, carry a stethoscope, pen, and small note pad.
11. Cellular phones, MP3 players, and other personal electronic equipment are not permitted to be used except in designated areas of the clinical site. The clinical instructor is permitted to confiscate equipment if used inappropriately and will be returned at the end of the clinical day.
12. Make-up, when worn, must be applied subtly. Tattoos, wherever possible, should be covered. Perfume or colognes are not to be worn.
13. Students will not use any medical equipment not approved for use in the clinical facility, i.e. pulse oximetry devices, blood pressure cuffs, thermometers, etc.

Clinical Hours and Attendance Policy

Clinical Hours

During the fall and spring semester, the student will attend clinical two (2) days per week; during the summer session, clinical is five (5) days per week. The clinical hours are 7 AM to 3 PM.

Cancellation

If the college cancels classes due to inclement weather, clinical will be canceled. Students should log on to the college web page at www.bergen.edu and check the snow emergency information. The program reserves a right to complete scheduled clinical sessions unless the county declares a weather emergency. The college also utilizes an Emergency Notification System. Students interested in receiving immediate notification on critical campus alerts must register online at

www.bergen.edu/emergencyalert for this system. This system provides text, email, and voice notification services.

Clinical Absence

If the student is to be absent from clinical, it is the responsibility of the student to contact the respective respiratory department (hospital) one hour prior to the start of clinical. Hospital department numbers and directions are posted on the specific Moodle course shell. Failure to follow procedure will result in an academic advisement letter written.

Excessive absences and tardiness will not be tolerated. No absent exceptions, for any reason. We expect that all students will always act professionally.

Student's attendance is graded on their evaluation form in the respective category in DataArc. Additionally, for every absence in any given semester there will be a total of 5 points taken off the student's final clinical grade. During the final clinical externship RSP-235, if the student has more than two (2) absences they will have to make up these days during summer clinical (RSP-226), and this will delay receiving the official certificate of completion until the days are made up. The student will not be expected to register for another RSP-226 section but will be expected to "audit" those clinical days.

Tardiness

If the student is going to be tardy, it is the student's responsibility to call the respiratory department (hospital) and notify the instructor. Tardiness will be reflected in the clinical grade. Tardiness is defined as lateness greater than 15 minutes after report time. The clinical instructor has the right to send the student home if tardiness is greater than 15 minutes after the scheduled reporting time. The clinical instructor must report the incident to the Director of Clinical Education and the infraction will be recorded as an absence.

Clinical Illness

If the student becomes sick during the clinical day, it is at the discretion of the clinical instructor to dismiss the student from clinical. The Director of Clinical Education must be notified of the dismissal. Medical care, if necessary, can be provided at the clinical facility's emergency department or the student will be notified where medical assistance can be obtained. Any student who is sent home by their instructor for an illness is excused. Leaving early from clinical will affect the student's affective or daily evaluation. If a student is sent home more than three times during one semester, the student will receive an academic advisement letter.

Early Dismissal

Students must not leave a clinical site or clinical rotation early for any reason without the notification and permission of the clinical instructor. The clinical instructor, Director of Clinical Education, or Program Director will document any violation of this policy on an academic advisement form. The student will then be placed on academic probation for the remainder of their clinical experience. A second violation will result in immediate dismissal from the program.

Injury

The Director of Clinical Education must be notified at the earliest possible opportunity of any student that becomes injured at the clinical site. The student will be provided medical care at the clinical facility's emergency department. If the facility does not have an emergency department, the student will be notified where medical assistance can be obtained. Any medical services required to treat the student will be covered by the student's personal insurance or at their own out-of-pocket expense. A medical release note, from a physician, will be required prior to the student resuming any clinical functions.

If a student does not require emergency room services, or refuses those services, the student will be required to obtain a medical release note from their private medical physician. The physician note will be provided to the Director of Clinical Education prior to the student returning to clinical.

Professional Behavior and Patient Relations

Professionalism is an extremely important aspect in our profession. The clinical instructors will be evaluating the student's professional behavior continuously throughout the program. If a student exhibits any instances of unprofessional behavior, this will be documented on the daily anecdotal record. This can also be cause for dismissal from the clinical area and possibly the program.

1. Students are to be kind, reassuring, and considerate at all times. Arguing with anyone, especially patients will not be tolerated. Students must not allow personal problems or attitudes to affect patient care.
2. Students must adhere to the patient Bill of Rights and HIPAA Laws. Patients must be treated with respect.
    a. The patient has the right to know what therapy is being administered, who ordered it, and why it is being given, and that the caregiver is a student.
    b. The patient has the right to refuse all therapy. All refusals must be documented in the patient's chart and reported to the instructor.
    c. Patient confidentiality and privacy acts must be followed. Do not release any information to the patient at any time. Refer all questions to your clinical instructor or the nurse caring for the patient.
3. Students will act courteously and respectfully when interacting with hospital personnel and not interfere with their work.
4. All assigned tasks are to be performed as specified following hospital and departmental policies and procedures. When in doubt, ask your instructor.

Clinical Site Safety and OSHA

1. Safety precautions regarding physician orders, protocols, and medication administration are to be observed. Any discrepancy or lack of order must be reported to the instructor. Before performing any procedure, always check the patient's identification.
2. All procedures are to be reported and documented contemporaneous, factually, and truthfully.

3. All assigned tasks are to be performed as specified following the appropriate Procedural Competency Evaluations (PCE) and the American Association for Respiratory Care (AARC) Clinical Practice Guidelines (CPG). If there is a conflict with departmental or hospital policies, check with your instructor before performing the procedure. Be careful to conserve and protect all equipment and supplies. When in doubt of anything, always ask your instructor.
4. "Right to Know" in the educational setting and the clinical work place, respiratory care students will be working with equipment and materials and performing procedures that may result in injury or illness. Students must be informed what can be done to avoid injury or illness when working with these materials.
5. Students should be aware that in all health care facilities, respiratory care departments are required to maintain current policy and procedure manuals. These manuals will include infection control and blood borne pathogen plans, chemical safety, hygiene plans, and other "Right to Know" information.
6. Students are strongly encouraged to review these materials during their clinical rotations.
7. Before any clinical exposure, the student should be oriented to the facility. The orientation will include location of all equipment, waste and sharp disposal policies and procedures, the mechanism for reporting defective equipment, needle sticks or other injuries, the location of the respiratory department policy and procedure manual, and the Material Safety Data Sheets (MSDS). All sharps should be disposed of in the puncture proof containers. All needle sticks should be reported to the clinical instructor, department supervisor, and the Director of Clinical Education.
8. Students must adhere to all smoking policies.
9. Students must adhere to all departmental safety procedures regarding equipment. Any piece of defective equipment must be reported immediately to the clinical instructor and the department supervisor.
10. Students must utilize all personal protective equipment as required.
11. Under no circumstance are students to perform any invasive medical procedure to anyone other than a patient with a written medical order. Medical procedures are only to be performed on patients who have a written physician's order in the chart. Students are not permitted to accept verbal or telephone orders for patients. All procedures performed at the clinical facility will adhere to the policy and procedure manual at that facility.

Clinical Site Orientation Requirements

Medical Clearance Requirements

Students are recommended to obtain the Hepatitis B vaccine or sign a waiver acknowledging that they have been informed about the vaccine and decline to be vaccinated at this time. Proof of medical clearance with proof of immunity against Measles, Mumps, Rubella, Varicella Zoster, TB with PPD. Proof of flu vaccination is also required based on clinical site requirements. The student health office manages immunizations and vaccinations required for the program.

Blood Borne Pathogens and HIPPA

All students will attend a training session on blood borne pathogens and HIPAA regulations prior to the start of clinical. Students may also be required to attend fire and safety, HIPAA, and infection control in-services at the clinical affiliates.

HIPAA Regulations

All students will comply with the policies and procedures governing the use and disclosure of individually identifiable health information under federal law 45 CFR parts 160 and 164 HIPAA. All students are required to de-identify individually identifiable health information in the records produced and retained by them.

Individually identifiable health information:

1. Full name or last name and initial(s)
2. Geographical identifiers smaller than a state, except the initial three digits of a zip code, provided the combination of all zip codes starting with those three digits. When the initial three digits of a zip code contains 20,000 or fewer people it is changed to 000.
3. Dates directly related to an individual, other than year
4. Phone Numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate / license numbers
12. Vehicle identifiers
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. IP addresses
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.

No Personal Health Information (PHI) can be put into any college or personal computers or portable electronic devices. Students are prohibited from photocopying or printing any hospital documents or photographing patients. Any breach of PHI or HIPAA privacy or non-disclosure requirements must be reported to the medical facility and Director of Clinical Education immediately. Any student who violates PHI or HIPAA privacy or non-disclosure requirements will be dismissed from the program.

Physical Exam and Drug Testing

Physical Exam

The college requires that each student, before clinical begins, to have completed a standard physical exam to certify health status. You will receive notification from the college health nurse for compliance. All physician information must be brought to the college nurse for proper documentation. Testing for TB is required as per college policy. No student will be allowed to participate in clinical without a completed physical exam.

Drug Testing

Each student is required to complete an annual urine drug test while admitted in the program. Information is sent by the Director of Clinical Education each summer. Testing must be completed at the College approved facility.

CPR Certification

All students must possess a current valid Basic Life Support CPR card. Freshmen students will be certified in CPR prior to the start of clinical. This certification will take place in the Introduction to Respiratory Care course. The certification is valid for two years. The expense related to CPR training is the responsibility of the student.

Personal and Malpractice Insurance

Personal Insurance

Students are required to have their own health insurance. For example, if a student is injured during their clinical experience and need to be seen in the emergency room, the student is responsible for the subsequent fees associated with the emergency department visit.

Malpractice Insurance

The college provides a blanket malpractice insurance policy to cover the student throughout the two-year degree program. Additionally, it is suggested that the student purchase additional malpractice insurance through a secondary malpractice insurance provider. Two providers that malpractice insurance can be purchased is Marsh, Inc. (www.proliability.com) and Healthcare Providers Service Organization (www.hspo.com). Both providers have comparable student premiums. The policy must have a minimum $1,000,000 per Incident / $3,000,000 Aggregate.

Medical Chart Documentation

All students are required to sign a medical chart or other documents with “BCC R.C.S.” after their name. All student signatures must be co-signed by your clinical instructor. It is the student’s responsibility to present any documents and verify the documents are sign by their clinical instructor. In the event of a site using electronic medical records (EMR), the clinical instructor will review the documentation procedure.

Falsification of documentation by a student will result in dismissal from clinical and may result in dismissal from the program. The Director of Clinical Education will be notified, and an academic advisement form will be filled out when a student falsifies documentation. Falsification includes but is not limited to charting a procedure on a patient that was not performed, charting prior to performing the procedure, falsifying information treatment information, or forging the clinical instructor's signature on clinical paperwork.

Documentation

1. Anecdotal records must be filled out daily at the end of the clinical shift in the DataArc system. This information will be entered into the DataArc system by the student and validated by the respective clinical instructor. The Director of Clinical Education will periodically review that student records are maintained in the appropriate manner. In addition, they are periodically reviewed by the Director of Clinical Education to ensure that positive and productive clinical sessions are taking place.
2. The student must fill-in their name, date, time of clinical rotation, clinical site, instructor and any physician contact. All the day's activities must also be recorded on the form. Express any positive or negative comments on the form as well. Make sure your clinical instructor validates this form.
3. Physician interaction can be documented on either the daily log or physician interaction form. Students will complete the type of interaction in compliance with CoARC recommendations. Additional information is posted online (Moodle).
    a. Patient Focused – Individual, personal interaction with a physician relating to the management of a patient as it pertains to respiratory care. Included are actual procedures with a patient, for example, code blue, bronchoscopy, etc.
    b. Tutorial – Individual one-on-one instruction related to clinical medicine or other areas pertinent to respiratory care. Included are activities such as formal or informal discussions or review of research.
    c. Small Group – Formal or informal presentations such as in-service, seminars, continuing education meetings, case presentations, physician's rounds, etc.
    d. Large Group – Formal educational experiences such as lectures or papers presented at professional meetings, conferences, seminars, etc. The physician does not know the audience composition.

Clinical Schedules

The Director of Clinical Education will assign clinical schedules. No changes will be allowed without the permission of the Director of Clinical Education and only sparingly approved.

Evaluation of Clinical Skills

Evaluation is a vital link in the teaching-learning process. When performed correctly, it helps the learner develop their skills, meet accountability, and aids in student progression throughout the program.

Throughout the clinical rotations, evaluations are performed on both a formative and a summative process with feedback provided by the student's instructor, the Director of Clinical Education, or the Program Director. Strengths and weaknesses will be identified and if necessary, remediation.

When the student has mastered a procedure and is ready to be evaluated, the student will inform their instructor that they are ready to demonstrate the proper procedure without the instructor's intervention and assistance. If it becomes necessary, the clinical instructor will intervene either to safeguard the patient's welfare or to expedite completion of the procedure. If determined by the clinical instructor, it may be necessary for remediation of the student's performance, and a repeat clinical evaluation. It may also be necessary for additional evaluation by the Director of Clinical Education.

Once a student has been satisfactorily evaluated on a specific task, they may also be required throughout the program to have subsequent repeat evaluations of the same task. If they are not able to perform a second or third evaluation of the same task, they will have to be remediated and reevaluated by the Director of Clinical Education.

Procedural Competency Evaluations

A Procedural Competency Evaluation (PCE) involves a demonstration of a specific respiratory care skill in conjunction with an assessment of the student's understanding and ability to apply the related theory. The specific task to be evaluated is identified on each PCE form. Additional copies may be required for a pre-clinical laboratory evaluation and subsequent clinical evaluations.

Each PCE or clinical evaluation instrument consists of a list of performance elements, definitions of acceptable performance, a scoring scheme, and a performance rating form. The performance elements are the specific behaviors to be evaluated.

Copies of the PCE's for each clinical rotation are provided by the DataArc system on the CD-ROM or online. A complete listing of the PCE's for each rotation is included in each clinical syllabus.

PCE's reflect the faculty's consensus judgment concerning the elements of a clinical procedure and the way they are best performed. The procedural components comply with the AARC clinical practice guidelines and other national standards. The emphasis is placed primarily on the performance aspects of the clinical procedures that define a competent respiratory care practitioner.

Your instructor may intervene on behalf of your patient selection for PCE evaluation. Some patients are not always cooperative and may not want students working with them. If necessary, consult your clinical instructor before attempting a PCE evaluation.

Scoring and Comments

1. Each PCE is evaluated in three (3) parts. A systematic procedure performance rated as satisfactory and unsatisfactory (minor and major). Student's comprehension and critical thinking abilities will be evaluated via oral questioning of the procedure, pertaining to the basic rationale, indications, contraindications, goals, and hazards. Performance deficiencies such as unsatisfactory performance or comprehension of any specified deficiency is grounds for re-evaluation. Comments including errors of omission or commission, manual dexterity,

communication skills safety, and patient rapport will be addressed in the summary performance evaluation and recommendations.

2. Detailed steps are required for each procedure. Occasionally the sequence may vary, but there is usually a critical order that the steps must be performed in.
3. The procedures are designed so that the student can select, obtain, assemble, verify function, and correct malfunctions of the required equipment and patient process for the procedure.
4. Students should review the critical steps prior to requesting to be evaluated so that they are familiar with the proper procedural steps. In addition, students should discuss with their instructor any points of confusion prior to the start of the PCE evaluation so that they can perform the procedure without assistance.
5. The PCE evaluation is either a pass or fail. If the clinical instructor determines a failure, the student may be remediated, and a repeat evaluation will be conducted. If the student proceeds to fail a second time, this may be ground for dismissal from the program.
6. Students may be required throughout the program to repeat various PCE evaluations that they have previously been successfully evaluated on. This is to ensure complete knowledge of the PCE's.

Preclinical Evaluation

1. Students are to be tested and evaluated in the lab setting first, followed by the clinical setting.
2. Critical procedures such as medication delivery, suctioning, arterial puncture, or mechanical ventilation will be evaluated in the lab first, and then in the clinical setting.
3. Each clinical institution will have the option of retesting the students in critical procedures prior to the procedure being applied in the clinical setting.
4. It is necessary for the direct observation of the student by the clinical instructor while the student performs the critical procedures until the PCE evaluation for that skill has been successfully completed.

Clinical Grading

1. Students are to be evaluated by their clinical instructors at the end of each clinical rotation. The Director of Clinical Education reviews these evaluations. Students can comment on these evaluations or rebut them with the instructor and Director of Clinical Education. Students must electronically sign these evaluations. The DataArc system contains the electronic evaluation forms that are used throughout the program for the purpose of student evaluations.
2. Factors to be evaluated are knowledge and comprehension, quality and quantity of clinical skills performance, punctuality, professionalism, patient and physician rapport, and oral and written communication skills.
3. Calculation of clinical grades will vary with each clinical course (see specific clinical syllabi).
4. The clinical instructors may conduct oral examinations.
5. Final clinical grades will be calculated and issued by the Director of Clinical Education. Students must achieve a grade of 78% in order to pass clinical.
6. Students may be required in clinical to submit a written and oral case study. In some clinical courses, the case study may be presented to the medical director, Program Director, Director of

Clinical Education, or clinical instructors. An example of the score sheet will be provided with the specific course.

Technical, Physical and Attitudinal / Mental Standards

Technical Standards

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

In order to achieve the goals of the program, students will be required to perform, practice, and verify mastery of the required competencies by utilizing a variety of skills, which include (but are not limited to) the following abilities on a regular basis.

Physical Standards

Students will be required to perform the following tasks, including but not limited to, on a regular basis. Apply and refine skills acquired in the classroom and laboratory settings to actual patients and situations in the clinical setting.

1. Demonstrate psychomotor skills in manipulating patients and equipment.
2. Crouch to locate and plug in electrical equipment.
3. Palpate pulses and locate arteries for puncture, and skin temperature.
4. Grasp syringes, laryngoscope, and endotracheal tubes.
5. Handle small and large equipment for storing, retrieving, and moving.
6. Hear verbal directions
7. Hear gas flow through equipment.
8. Kneel to perform CPR.
9. Lift up to 50 pounds to assist moving patients.
10. Manipulate knobs, dials, and equipment associated with diagnostic and therapeutic devices.
11. Perform simulated clinical procedures on classmates or mannequins.
12. Push and pull large wheeled equipment, i.e., mechanical ventilators or oxygen cylinders.
13. Provide and take responsibility for their own transportation to and from assigned clinical sites.
14. Reach 5 ½ feet above the floor to attach oxygen devices to the wall outlet.

15. Read typed, handwritten, computer information in English.
16. See patient conditions such as skin color, work of breathing, and mist flowing through the tubing.
17. Select, obtain, assemble, disassemble, correct malfunctions, perform maintenance, and evaluate various pieces of medical equipment.
18. Stand for prolonged periods (e.g., to deliver therapy, check equipment).
19. Stoop to adjust equipment.
20. Communicate effectively in English to patients and other health care providers regarding patient goals and procedures.
21. Walk for extended periods within all areas of the clinical site.
22. Write to communicate in English pertinent information (e.g., patient evaluation data, and therapy outcomes).

Attitudinal / Mental Standards

1. Accept and apply constructive criticism.
2. Adhere to institutional and programmatic policies.
3. Apply theory to clinical practice.
4. Calculate, analyze, interpret, and record numbers and physical data accurately.
5. Demonstrate self-direction and independent responsibility.
6. Display attitudes/actions consistent with the ethical standards of the profession.
7. Display empathy for patients.
8. Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, discretion.
9. Follow verbal and written instructions independently without critical errors.
10. Function safely, effectively, and calmly under stressful situations.
11. Maintain composure while managing multiple tasks simultaneously.
12. Maintain personal hygiene consistent with close personal contact associated with patient care.
13. Prioritize multiple tasks, establish goals, plan activities, and use time effectively.
14. Work in a positive, constructive manner with peers and instructors.

Appendix 1 – Academic Advisement Form

Bergen Community College

Respiratory Care Program

Academic Advisement

CoARC Standard 3.7 Remediation - The program's defined process for addressing deficiencies in a student's knowledge, skills, professional behavior and competencies so that the correction of these deficiencies can be ascertained and documented. The program must conduct these evaluations equitably and with sufficient frequency to facilitate prompt identification of learning deficiencies and the development of a means for their remediation within a suitable time frame.

The remediation process is initiated by faculty when any student is at risk of failing a course due to difficulty accomplishing course objectives or requirements. At risk behaviors include academic deficiency (non-passing quiz, examination, laboratory competency), lack of clinical competency (not abiding by policy and procedures, unsafe behavior), and lapses in professional conduct.

Student _____ **Date** _____

Faculty _____ **Course** _____

Reason for Advisement:

_____ Academic performance

_____ Clinical deficiency / conduct

_____ Excessive absenteeism

_____ Excessive tardiness

_____ Program withdrawal

_____ Other (note below)

Recommendations:

Student's comments / Action Plan:

_____

_____

_____

Remediation Evaluation: **Unsuccessful** **Successful**

Comments: _____

Signatures:

Student _____ **Date** _____

Faculty _____ **Date** _____

Appendix 2 – Student Agreement

Bergen Community College

Division of Health Professions

Respiratory Care Program

Student Policies and Procedures Agreement

I have read and understand the policies and procedures of the Respiratory Care Program. I understand that I must comply with these policies and regulations. A violation will result in disciplinary action or dismissal from the Program.

I understand that in order to graduate from the Respiratory Care Program I must pass the NBRC Secured Therapist Multiple Choice self-assessment exam and self-assessment Clinical Simulation Exam prior to receiving a certificate of completion.

Date: _____

Full Name (Print): _____

Signature: _____