Washington State
College of Ohio

RESPIRATORY THERAPY

RESP Student Handbook
2025-2027

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Statement of Non-Discrimination

Washington State College of Ohio embraces human diversity and is committed to equal employment opportunities, affirmative action, and eliminating discrimination. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status, is prohibited. Equal access to employment opportunities, admission, educational programs, and all other university activities is extended to all persons.

Introduction

Welcome to the Washington State College of Ohio Respiratory Therapy Program. You are entering into a dynamically evolving profession in Respiratory Therapy. Hospitals remain the largest employers of Respiratory Therapists, but job opportunities are expanding in many other areas.

The Respiratory Therapy Program was developed in response to the community's need for Respiratory Therapists. The area healthcare providers initiated the "need survey". In addition to the community's need for Respiratory Therapists, the national job market has also increased the demand for Respiratory Therapists. This program provides the theory and practice to prepare students for jobs as Respiratory Therapists.

Respiratory Therapists are actively involved with the treatment, management, and care of patients with deficiencies and abnormalities associated with the heart and lungs. This program trains students in the therapeutic use of medical gases and their administering devices, diagnostic tests, humidity and aerosols, inhaled medications, ventilator management, pulmonary hygiene, rehabilitation, airway management, and cardiopulmonary resuscitation. Students also learn a variety of techniques used in the diagnosis, monitoring and treatment of patients with cardiopulmonary disorders. Following physicians' orders, Respiratory Therapists must work closely with other members of the healthcare team, including physicians, nurses, physical therapists, and other healthcare professionals. Not only are the job functions expanding, but the employment of graduates is excellent. In addition to traditional opportunities in hospitals, other areas of specialization, such as sleep studies, pulmonary function testing, pulmonary rehabilitation, hyperbaric oxygen therapy, administration, and teaching, are growing areas of Respiratory Care. Some Respiratory Therapists are also involved in areas of specialty, such as cardiology, neonatal care, and academic settings as educators and researchers.

The associate degree program consists of five semesters of professional and support courses. Students who are accepted into the program and complete all required courses will be scheduled to enter the clinical portion of the program beginning with the second semester, accompanied by clinical observations. Graduates will receive an Associate of Applied Science Degree.

This program was approved by the Ohio Board of Regents on February 16, 1996, after a review for accreditation in the spring of 1998. The program is fully accredited by the Commission for Accreditation of Respiratory Care (CoARC).

The graduate is qualified for immediate employment with the appropriate state license. They will also be eligible to apply to the National Board for Respiratory Care (NBRC) for board examination testing to become a Certified Respiratory Therapist (CRT) or a Registered Respiratory Therapist (RRT). Ohio requires the RRT for state licensure.

The purpose of this handbook is to give you information specific to the Respiratory Therapy Program. This handbook supplements the Washington State College of Ohio Catalog and does not negate established rules and policies of Washington State College of Ohio.

Program Goal

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Additional Program Goals

Goal 1: Communicate effectively with patients, physicians, and other members of the healthcare team.
Goal 2: Continue as an independent learner by demonstrating upgraded job skills and keeping pace with the changing healthcare field
Goal 3: Demonstrate a knowledge of human behavior, diversity, value systems, ethics, and cultures in healthcare.
Goal 4: Use critical thinking skills to provide appropriate treatment, assessment, and care of patients with cardiopulmonary problems using knowledge of cardiopulmonary anatomy, physiology, and pathology.
Goal 5: Problem-solve and troubleshoot respiratory therapy equipment and the patient-equipment system using knowledge of the function and design of that equipment.

Job Entry Competencies

Professional (Affective) Skills:

1. The graduates will be able to demonstrate professional behavior as expected by their employer. This includes abilities to:

    a. Communicate effectively with patients, physicians, and other members of the healthcare team.

    b. Continue as an independent learner by demonstrating upgraded job skills and keeping pace with the changing field of healthcare.

    c. Demonstrate knowledge of Respiratory Therapy departmental management.

    d. Demonstrate knowledge of human behavior, value systems, ethics, & cultures in healthcare.

Knowledge (Cognitive) abilities:

2. The graduate will demonstrate the ability to comprehend, apply, and evaluate information relevant to the role of an advanced-level Respiratory Therapist. This includes abilities to:

    a. Provide appropriate treatment, assessment, and care of patients with cardiopulmonary problems using knowledge of cardiopulmonary anatomy, physiology, and pathology.

    b. Problem solve using knowledge of the function and design of Respiratory Therapy equipment.

Clinical (psychomotor) skills:

3. The graduate will demonstrate competent technical skills necessary to fulfill the role of an advanced-level Respiratory Therapist. This includes abilities to:

    a. Demonstrate competence in respiratory equipment operation, diagnostic testing, and application of respiratory therapies.

    b. Recognize life-threatening situations, administer necessary patient care, and maintain a patent airway.

Philosophy

The Respiratory Therapy Program is dedicated to preparing individuals to function as competent members in the field of Respiratory Care and thus benefit the community and the individual by the knowledge and skills achieved in this program.

Accreditation

The Respiratory Therapy Program is a part of Washington State College of Ohio, which is accredited by the Higher Learning Commission and approved by both the Ohio Board of Regents and the Ohio Department of Higher Education.

Accreditation is awarded when the academic institution has demonstrated that it maintains an education program in accordance with the guidelines adopted by the Commission on Accreditation of Respiratory Care (CoArc) www.coarc.com. Washington State College of Ohio Respiratory Therapy Program is fully accredited as of April 22, 1999. Program outcome data is available: https://coarc.com/students/programmatic-outcomes-data/

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Telford, TN 37690
USA
TELEPHONE: 817-283-2835
FAX TO PLAIN PAPER: 817-354-8519
FAX TO EMAIL: 817-510-1063

Program Control

The Respiratory Therapy program is a cooperative education program between the College and our clinical affiliates, where valuable “hands-on” clinical experience is obtained. Clinical experience is mainly obtained at local hospitals and homecare companies; however, some areas, such as Neonatal Critical Care, require travel and overnight stays for clinicals at regional health centers within a 200-mile radius of Marietta. Washington State College of Ohio is the controlling agency for the program. Policies apply to all students and faculty regardless of location.

Program Organization

The Respiratory Therapy Program faculty consists of a Program Director, (Adrienne Hellinger Ed.D, RRT-ACCS), responsible for overall program administration. The Director of Clinical Education, (Michael Perry RRT-ACCS) is responsible for the coordination of the program between the college and the clinical affiliates. Respiratory Therapy instructors will be responsible for the instruction of the technical courses. Clinical Coordinators will be responsible for the administration of the program within the clinical affiliate and Clinical Instructors will be responsible for the clinical instruction. The Medical Director is a physician who assures the medical relevance of the curriculum. The program's Medical Directors are Dr. Robert McKinley, MD, and Dr. Ayla Gordon, MD.

The Respiratory Therapy Advisory Committee meets twice a year to discuss the program. The committee consists of Respiratory Therapy faculty, clinical faculty, medical directors, college administrators, members of the community, and current Respiratory Therapy students. The purpose of the committee is to review and establish policies and thus evaluate the program. The Advisory Committee serves to identify the strengths of the program and recognize and improve our weaknesses.

Plan for Consistency of Clinical Instruction and Evaluation of Clinical Courses, Preceptors & Clinical Sites

The purpose of this Continuous Improvement Plan is to reduce inconsistencies in clinical instruction. We try to schedule students to clinical sites that would provide equitable clinical experience for all the Respiratory Therapy Students. We try to have the same/similar clinical experiences at larger hospitals and smaller hospitals for all students. Some clinical sites are specific to the clinical objectives.

We assess the student's clinical instruction based on the student's evaluations of the clinical courses, clinical preceptors and clinical sites, Program Student Resource Survey, and other surveys such as: Program Personnel Resource Survey, Graduate Surveys, Employer Surveys, and student evaluations of clinical sites and preceptors. Students are required to complete a preceptor evaluation on each preceptor and after completing the clinical site, they are required to complete the site evaluation plus a course evaluation. The Clinical Preceptor and Clinical Site evaluations are now available online.

If the results of surveys and/or students' evaluations of the clinical preceptors demonstrate a valid trend and concern regarding the consistency of their clinical experience, the DCE will attempt to validate the information with the student in conjunction with the clinical preceptor or any other related issues. If there is a valid concern, the DCE may consult with the Program Director and/or send the results to the clinical preceptor's supervisor, depending on the issue. If there is a need for student remediation, we follow our Clinical Remediation Policy to address the clinically related deficiency (See Remediation). We make every effort to train the clinical preceptors to evaluate the students and we use Inter-Rater Reliability studies to evaluate the preceptors every other year. New preceptors are evaluated within a year. Only preceptors who have completed the IRR training are permitted to evaluate student clinical competencies. If there are clinical preceptors who are found in need of improvement, the Director of Clinical Education will meet with the Clinical Coordinator at the site to discuss the points of discrepancy and address deficiencies if needed.

Other survey results are also evaluated, and a "cut score" of less than 3, on a scale of 5, reflects a negative response. Although we generally examine all negative responses, positive responses of less than eighty percent (80%) trigger a need to address the negative issue(s). If students are not meeting their clinical

objectives required for graduation at the clinical sites, other results may be assessed. If a clinical site does not have the resources/procedures necessary for students to meet their objectives, we may decide not to use that site. The Respiratory Therapy Student Handbook and Preceptor Training Program are updated regularly to improve the consistency of clinical instruction.

STUDENT POLICIES

Course of Study

The Respiratory Therapy Program is five consecutive semesters in length (Appendix B). Classroom instruction and laboratory instruction are concentrated more in the earlier semesters of the program. The classroom and clinical experiences proceed from simple to complex, with the individual student moving from a dependent role to a more independent role. Self-evaluation and self-responsibility are stressed throughout the entire program of study. To complete the program and be eligible to take NBRC exams, the student must progress from semester to semester, satisfying all academic and clinical requirements, and graduate. Students are expected to take the Respiratory Therapy Board Exam upon graduation.

Student Schedule: Classroom

Schedule:
Class attendance is mandatory. Students taking online or blended courses are required to check their email and online courses for new announcements, discussions, posts, etc., daily.

Absenteeism:
Notification of absenteeism is mandatory. A student who is repeatedly absent from classroom instruction will be subject to disciplinary action. It is the student's responsibility to consult instructors regarding classwork following each absence. The student is responsible for all work missed when absent and must make the necessary arrangements with the instructor to complete that work. Students are allotted two absences for any reason without a reduction in their grade. There will be a 3% reduction in the overall grade due to a third absence, and a 1% reduction in the overall grade for each subsequent absence.

Tardiness:
Regular and punctual attendance is mandatory. A student who is repeatedly tardy for classroom instruction will be subject to disciplinary action. A student will be considered tardy if they are not present at the scheduled time for class to begin. A student will also receive a tardy mark for leaving class early. Three tardy marks will equal one absence.

If an in-person course has class and laboratory times combined, both class and laboratory absences/tardiness will be combined to reflect absences/tardiness throughout the entirety of the course.

Student Schedule: Laboratory

Schedule:
Laboratory attendance is mandatory. Students taking online or blended courses are required to check their email and online courses for new announcements, discussions, posts, etc., daily. No high-risk procedure (ABG puncture, intubations) may be performed at clinicals until the student has been signed off in the laboratory.

Absenteeism:
Notification of absenteeism is mandatory. A student who is repeatedly absent for laboratory

instruction will be subject to disciplinary action. It is the student's responsibility to consult instructors regarding laboratory work following each absence. The student is responsible for all work missed when absent and must make the necessary arrangements with the instructor to complete that work. Students are allotted two absences for any reason without a reduction in their grade. There will be a 3% reduction in the overall grade due to a third absence, and a 1% reduction in the overall grade for each subsequent absence. All laboratory hours for each course must be completed for a student to be admitted to the next semester. Laboratory make-up must be arranged with the instructor. A grade will not be issued for any course in which Laboratory time is not complete.

Tardiness:
Regular and punctual attendance is mandatory. A student who is repeatedly tardy for laboratory instruction will be subject to disciplinary action. A student will be considered tardy if they are not present at the scheduled time for the lab to begin. A student will also receive a tardy mark for leaving lab early. Three tardy marks will equal one absence. All laboratory hours for each course must be completed for a student to be admitted to the next semester. Laboratory make-up must be arranged with the instructor. A grade will not be issued for any course in which Laboratory time is not complete.

If an in-person course has class and laboratory times combined, both class and laboratory absences/tardiness will be combined to reflect absences/tardiness throughout the entirety of the course.

Student Schedule: Clinicals

Schedule: Students will be given the opportunity before the clinical schedule is created to request to attend clinicals in a manner that preserves their quality of life. Students can request additional or less time at specific clinical sites. Students can request more day shift (typically 6-7a to 2-3p) or more evening shift (typically 2-3p to 10-11p) clinical rotations where possible. These requests are not guaranteed, as ensuring students have equivalent opportunities for clinical experiences must be prioritized. Ultimately, approval of these requests is at the discretion of the Director of Clinical Education. Once the schedule is approved with clinical affiliates, any adjustments to the clinical schedule must be approved by the Director of Clinical Education. Students are permitted to make one adjustment to their clinical schedule after finalization without penalty, as long as it is requested at least a week in advance. Otherwise, any other schedule adjustments or missed clinical time will follow the processes outlined in the Absenteeism section below.

Absenteeism:
If a student is going to miss a clinical rotation for any reason, they **MUST** notify the clinical site, fill out the "Clinical Notification of Absenteeism and Tardiness" form listed below, and email a copy to the Director or Clinical Education. A student who is repeatedly absent for clinicals will be subject to disciplinary action. Students are allotted two absences for any reason without a reduction in their grade. There will be a 5% reduction in the overall grade due to a third absence, and a 5% reduction in the overall grade for each subsequent absence. All clinical absences must be made up, regardless of reason. Clinical courses will be considered incomplete until those days/hours are made up. All clinical make-up time will be coordinated at the direction of the Director of Clinical Education. No student will be permitted to begin the next semester without ALL clinical hours completed unless prior arrangements have been made with the Director of Clinical Education. Clinical make-up work will be scheduled during semester breaks or at the discretion of the faculty

Failure to notify both the clinical site and the Director of Clinical Education 30 minutes prior to an

absence will be considered unreliable. For any failure to notify, one "Verbal Warning" notice will be given to the student. Upon the second occurrence, the student will be given a "Written Notice". Upon the third occurrence, the student will receive their "Final Warning." If the problem persists, the student could be dismissed from the Respiratory Program.

Tardiness/Leaving Early:

If a student is going to be late, or must leave a clinical rotation early, they **MUST** notify the clinical site, fill out the "Clinical Notification of Absenteeism and Tardiness" form listed below, and email a copy to the Director or Clinical Education. Regular and punctual attendance is mandatory. A student who is repeatedly tardy for clinical experiences or leaves early will be subject to disciplinary action. A student will be considered tardy if they are not present at the scheduled time for their shift to begin, or if they would have to leave their clinical rotation early. Every two instances of tardiness or leaving early will count as a clinical absence. Any missed time due to tardiness or leaving early must be made up prior to the start of the next semester. Clinical courses will be considered incomplete until those days/hours are made up. All clinical make-up time will be coordinated at the direction of the Director of Clinical Education. No student will be permitted to begin the next semester without all clinical hours completed unless prior arrangements have been made with the Director of Clinical Education.

Failure to notify both the clinical site and the Director of Clinical Education of instances of tardiness/leaving early the day they occur will be considered unreliable. For any failure to notify, one "Verbal Warning" notice will be given to the student. Upon the second occurrence, the student will be given a "Written Notice". Upon the third occurrence, the student will receive their "Final Warning." If the problem persists, the student could be dismissed from the Respiratory Program.

Clinical Weather Delays/Cancellations:

If a student is going to delay or miss a clinical rotation due to weather, they **MUST** notify the clinical site at least 30 minutes in advance, fill out the "Clinical Notification of Absenteeism and Tardiness" form listed below, and email a copy to the Director or Clinical Education.

If WSCO has a 2-hour delay due to adverse weather, the student may choose to attend clinicals on a 2-hour delay schedule without a tardiness penalty. On a delayed schedule, students must remain at the clinical site for an additional 2 hours past the originally scheduled end time to complete their scheduled clinical hours for the day.

If WSCO cancels daytime classes due to adverse weather, the student may choose to reschedule their clinical rotation without an absence penalty. Any missed time due to weather must be made up prior to the start of the next semester. Clinical courses will be considered incomplete until those days/hours are made up. All clinical make-up time will be coordinated at the direction of the Director of Clinical Education. No student will be permitted to begin the next semester without all clinical hours completed unless prior arrangements have been made with the Director of Clinical Education.

Even if WSCO does not delay or close, it is the student's responsibility to exercise good judgment and safety when considering travel during adverse weather conditions. Earning a clinical absence or tardy could be the best option to preserve safe travel.
Failure to notify both the clinical site and the Director of Clinical Education at least 30 minutes prior to weather-related absences or tardiness/leaving early will be considered unreliable. For any failure to notify, one "Verbal Warning" notice will be given to the student. Upon the second occurrence, the student will be given a "Written Notice". Upon the third occurrence, the student will receive

their “Final Warning.” If the problem persists, the student could be dismissed from the Respiratory Program.

Clinical Notification of Absenteeism and Tardiness:

For any missed clinical time (absence, tardy, leaving early, weather-related, etc.) the student **MUST** notify the clinical site, fill out the "Clinical Notification of Absenteeism and Tardiness" form listed below, and email a copy to the Director or Clinical Education.

Note: Leaving a voicemail does not count as notifying the clinical site. The student is expected to call the Respiratory Therapy Department or have the main hospital line transfer their call until they are able to speak with someone directly.

Student Name: _____

Date: _____

Clinical Site (that you are scheduled for):_____

Clinical Shift Time (that you are scheduled for): _____

Phone Number that you called: _____

Time(s) that you called: _____

Name of the Respiratory Therapist that you spoke with (when you called): _____

_____

Message that you gave the Respiratory Therapist (when you called): _____

_____

_____

What the Respiratory Therapist that you spoke with said in response: _____

_____

If tardy, are you able to stay over to make up your scheduled clinical hours? (must be approved by clinical site and DCE): _____

Which date(s) would you prefer to make up your missed hours? _____

Camden Clark Memorial Hospital	304-424-2224
Genesis Healthcare Systems in Zanesville, OH	740-454-5939
Fairfield Medical Center, Lancaster, OH	740-687-8000
Marietta Memorial Hospital, Memorial Health System (MHS)	740-236-7376
Marietta Memorial Hospital Belpre ER (MHS)	740-401-1125
Selby General Hospital (MHS)	740-568-2000
Jackson General Hospital	304-372-2731
Medical Services Company	740-374-2865
Mt. Carmel Health System	614-234-6368
Nationwide Children's Hospital in Columbus, OH	614-722-2000/X. 21581
Rainbow & Children's Hospital in Cleveland, OH	216-844-7429 or 1954
Southeastern Ohio Regional Medical Center (SEORMC)	740-439-8258
Saber Health, Centerburg Respiratory and Specialty	740-625-5774
Saber Health, Bath Manor Special Care Centre	330-836-1006

Clinical Dress Code, Appearance, & Grooming

Frequent checks will be made, and violations must be corrected promptly. The skin should be clean and odor-free at all times. All tattoos should be covered. When in uniform, make-up should be used only in moderation. The hands and nails should be clean, and nails short and well-manicured. Artificial fingernails or fingernail polish are not permitted. Hair must be clean, neatly arranged, and off the collar. No extreme hairstyles will be permitted. Barrettes, pins, and other hair accessories should be conservative and blend with the color of the student's hair. Visible jewelry may only consist of a wedding band, watch, and stud-type earrings. The strong odor of perfume, tobacco, or chemical aerosol residue should never be present since it is offensive to some clients. Clean-shaven facial hair is expected. Facial hair must be clean, neat, and appropriate, trimmed to the face. The uniform is to be clean, well-pressed (wrinkle-free), and in good repair at all times. The student shall not chew gum or eat in the clinical area.

Students are expected to follow their assigned affiliate's dress code and follow the guidelines below: If scrubs are not required at a clinical site, professional dress attire will be worn. A minimum of two sets of **navy blue scrubs are required.** A navy blue scrub jacket is optional. If you choose to wear a long-sleeved shirt under your scrubs, it must be navy blue in color. No other types of clothing will be permitted on the floors during your clinical experiences. Clothing should be clean and well-pressed (wrinkle-free). Only wear **closed-toe shoes**. Shoes must completely cover the entire foot and protect your feet. Opened-toed or sandal shoes are not permitted. Shoe heels must not be higher than one inch (a lot of walking and sometimes very fast walking to codes is required). The shoes must be clean. **Student Badge** must be visible at all times and worn at the level of the chest or higher. Additional requirements include a **stethoscope, a watch with a second hand, and a black pen.**

The Clinical Preceptor has the authority to ask you to leave if this policy is not followed or if the site's policies are not followed. This will result in having to make up for clinical time. It is important to remember that in Clinical Practice, students represent that institution to the public. The clinical affiliate will insist on a well-groomed appearance at all times. Students are also representing the college, the field of Respiratory Care, and themselves as healthcare professionals; therefore, they should strive to present a positive image through their appearance and demeanor.

Clinical Affiliate Policies

General policies pertaining to the clinical affiliates are listed below. Students are reminded that these institutions exist to serve the public and that at all times their behavior is a reflection upon the institution, their profession, and the college. Additional policies for each affiliate will be distributed to the students prior to the directed practice. Students are subject to the same rules, regulations, and policies as the employees of the clinical affiliate.

Patient Rooms - Students should visit patients only during the visiting hours.
Telephone - The personal use of telephones is not permitted.
Personal Property - Students are advised not to bring valuables into the clinical site since neither the affiliate nor the college can be responsible for loss or theft.

Safety

Fire and Safety Regulations
Students will be required to read and adhere to the safety procedures outlined in the fire and safety manuals in the clinical laboratories.

Isolation and Nursery Procedure
Students are responsible for following the procedures outlined for staff at the hospital.

Handwashing
Students should wash their hands before and after patient care, after handling patient specimens, after lavatory use, and before eating. Students are responsible for following the procedures outlined for staff at the hospital.

Clinical Improvement Plan

The Director of Clinical Education will plan for improvements if there are notable clinical site or preceptor needs for improvement. RAM (resource assessment matrix) percent less than 80% triggers a review of clinical resources.

Clinical Experiences

The clinical experience is intended to expose the student to the workplace environment, specific realms of clinical practice (such as critical care, neonatal care, rehabilitation, etc.), and multi-disciplinary relationships in healthcare. The student is required to complete the safety training for risks of infectious and environmental hazards prior to any clinical experience. The training must meet each clinical site's policies and WSCO's policies. It is necessary for the student to avail themselves of all aspects of the clinical experience to complete the course of study. During the clinical experience, the student functions under the guidance and control of a preceptor, who is a member of the Respiratory Therapy Department of that clinical site. The student will adhere to the policies of the clinical site regarding the start and finish times for each session, meal breaks, and other breaks unless otherwise instructed. Clinicals will be required in the day shift (varies per site, approximately 6:30 am to 3:00 pm) and the evening shift (varies per site, approximately 2:00 pm to 10:30 pm). Sleep Lab clinical experiences will be required during Semester IV at night (approximately 9:00 pm to 5:30 am).

1. Each student is required to keep their evaluation report updated.
2. The student must have their evaluation report at the clinical site at all times.
3. It is the student's responsibility to present the evaluation report to the clinical preceptor daily.
4. Pre-clinical and post-clinical conferences are required as scheduled. Attendance is mandatory. Conferences are considered part of the clinical experience, and nonattendance is considered a clinical absence.
5. **Required Clinical Experience**: The following lists the required minimum clinical semesters, number of evaluations, clinical days, and clinical hours in order for a student to graduate from the Respiratory Therapy Program. These requirements are subject to change at the discretion of the Director of Clinical Education.

Semesters Required (minimum)	Length of the Clinical Schedule Required (minimum)	Clinical Days Required (minimum)	Clinical Evaluations	Clinical Hours Required (minimum)
Semester II	11 Weeks	10 Days	10 Evaluations	80 Hours
Semester III	6 Weeks	12 Days	12 Evaluations	96 Hours
Semester IV	15 Weeks	26 Days	26 Evaluations	208 Hours
Semester V	15 Weeks	24 Days	24 Evaluations	226.5 Hours
Total	47 Weeks	72 Days	72 Evaluations	610.5 Hours

6. Clinical grades are based on the completion of clinical objectives, attendance, student conduct,

and clinical skills displayed while at a clinical assignment. There will also be periodic oral/practical examinations scheduled, as well as written assignments to evaluate a student's ability to organize, provide, and discuss therapeutic concepts. The specific grading criteria for each clinical session is detailed in the *syllabus course information* for each session.

7. Student evaluation reports are completed by the clinical preceptors. Scores of "Poor" (2) or below mandate remediation and/or disciplinary action. Mid-Semester, students still receiving scores below minimal expectations of "Good" (3) must attend mandatory "Open Lab" Sessions.

8. Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students must not receive any form of remuneration in exchange for patient care they provide during programmatic clinical coursework.

Clinical Evaluations

Definition:
Affective evaluations are part of the clinical evaluation process. They represent the preceptors' overall view of the student's ability to communicate, continue as an independent learner, demonstrate knowledge, provide appropriate care, problem-solve, and recognize life-threatening situations.

Procedure:

A. Students' responsibilities:
1. Provide the preceptor with the assigned evaluation form.
2. Complete semester clinical objectives.
3. Complete the site and preceptor evaluation form after each clinical rotation.

B. Preceptors' responsibilities:
1. Complete evaluation form
    a. Ideally students will earn a rating of 3 (Good) or above.
    b. **Below-average performance ratings such as "Poor" (2) or "Unacceptable" (1) require an explanation in the comment section.**
    c. Note areas that the student excelled in and areas that require improvement.
2. Student punctuality
    a. The student is required to make up missed clinical time.
    b. Time can be made up by permitting the student to stay past the scheduled clinical time.
        Or the WSCO Director of Clinical Education will reschedule the missed time on a future date.
3. Assist the student in the completion of the semester objectives.

Remediation:
Students who are consistently unable to meet the clinical objectives, use unsafe methods of delivering patient care, show inadequate preparation in caring for patients, or demonstrate unprofessional conduct in the clinical area may receive a below-average and/or unacceptable clinical evaluation. This will result in remediation of the student by the WSCO Director of Clinical Education or Adjunct Clinical Instructor in the program's laboratory.

Reduction in final clinical grade is 5% for each "Poor" (2) score and 10% for each

"Unacceptable" (1) score. Preceptors will be contacted by the Director of Clinical Education to discuss performance ratings of "Poor" (2) or "Unacceptable" (1).

The Program Director and Director of Clinical Education will review and determine the final grade reduction.

Students who continue to have below-average/unacceptable clinical evaluations after remediation may fail the course, resulting in dismissal from the program.

Student Evaluation of the Preceptor:
Each student will have the opportunity to evaluate their preceptors. This information will be shared with the preceptor's Department Director, Manager, or Supervisor.

External Site Evaluation:
Each student is required to evaluate each clinical site they have attended, each clinical preceptor they have worked with, and each clinical course they have completed.

Clinical Competency Evaluation

General Information:
The student will be prepared with sufficient exposure to procedural skills through classroom, laboratory, and clinical experiences to successfully demonstrate their proficiency in performing the procedures required for completion of the Respiratory Therapy Program.

The Clinical Preceptor Training manual (summarized here) is designed to be used as a tool for the Adjunct Clinical Instructors, Clinical Preceptors, Clinical Coordinators, and/or Director of Clinical Education of the Respiratory Therapy Program to evaluate the student's competency measured against specific ***Essential Standards*** of practice established for various clinical procedures.

The students should prepare themselves to meet these Essentials Standards prior to seeking evaluation in a procedure. This preparation should include but not be limited to; exposure to the procedure in a didactic setting, observation of the procedure in the laboratory and/or clinical setting, practicing the procedure in the laboratory or clinical setting under direct supervision of the Adjunct Clinical Instructor, Clinical Preceptor, Clinical Coordinator, Director of Clinical Education, or Program Director and supplemental practice of the procedure under general supervision.

When the student feels prepared to perform the procedure for evaluation, they should ascertain the availability of the desired procedure in a clinical setting. They should then arrange to have a clinical instructor, clinical coordinator, or the clinical director, who has successfully completed the Preceptor Training Program, observe their performance of that procedure with the intent of being graded either pass (YES) or fail (NO) for that procedure.

The Clinical Preceptor Training Manual contains:

- Descriptions of the Essential Standards for each required procedure.
- Clinical Competency Evaluation forms for each required procedure.

Essential Standards are designed to provide guidance for the student and the evaluator as to the basic required steps to safely and effectively administer a procedure. They are categorized as:

1. **Therapeutic** (may include set-up if the student is required to initiate the procedure) – procedures that require the student to administer a prescribed modality to a patient.
2. **Diagnostic** – The student is required to perform a specified procedure which will determine specific clinical data about a patient.
3. **Critical Care** – The student is required to perform a procedure usually related to a patient receiving more intensive therapies.

Clinical Competency Evaluation forms (CCE forms) are used to evaluate the student's performance of the procedure, and they have three (3) sections:

1. **General Knowledge Questions** – These are usually evaluated during the Laboratory assessment; however, the Clinical Preceptor may review this information if desired.
2. **Laboratory Demonstration** – Whenever possible, the procedure will first be performed in the school laboratory and evaluated.
3. **Clinical Demonstration** – Final step in the process where the student performs the procedure on an actual patient under the supervision of a Clinical Preceptor and is evaluated as to: YES, the procedure was performed successfully (Pass) – ***OR*** – NO, it was not performed adequately (Fail).
4. **Clinical Competency Evaluation Procedure**:

Students' Responsibilities:

I. The student will prepare for the evaluation by:
   a) Learning about the procedure through classroom study.
   b) Observing the procedure in the laboratory and/or the clinical setting.
   c) Experience performing the procedure in the laboratory and/or clinical setting under the direct supervision and control of a Clinical Preceptor, Adjunct Clinical Instructor, Program Director, Clinical Coordinator, or Director of Clinical Education.
   d) Practice performing the procedure under general supervision in the clinical setting to the extent that the student is prepared to perform the procedure independently.
   e) The student may enlist another student to monitor the performance of the procedure and provide "Peer Review" input.

II. The student will request the evaluation when they feel they are competent to perform the procedure and prepared to demonstrate their competency by performing the procedure as per the essential standards established for that procedure.

III. The student will supply the preceptor with the appropriate CCE form for the procedure to be evaluated. **The first two sections of the CCE form must be successfully completed first.** The student is responsible for maintaining the CCE forms. If a completed form is lost prior to turning it in to the DCE, that procedure will have to be repeated.

IV. The student will be prepared to provide identification (photo ID) to ensure to the evaluator that they are who they say they are.

V. The student will confer with the evaluator and/or clinical coordinator to establish the appropriateness of performing an evaluation at a given time, taking into consideration:
    a) The evaluator has the time to perform the evaluation.
    b) The patient selected is appropriate and has no objections.

VI. The student must complete all assigned Clinical Competency Evaluations by the end of the program, prior to graduating.

Evaluator Responsibilities:

1. The evaluator must be recognized by Washington State College of Ohio as the Clinical Coordinator, Adjunct Clinical Instructor, or Clinical Preceptor. They must also be licensed Respiratory Therapists in the state where they practice, and have completed the Preceptor Training Program.

2. The evaluator is credentialed by the National Board for Respiratory Care and licensed by the state in which the evaluation is to take place.

3. The evaluator is familiar with the content of this manual and has reviewed the Essential Standards for the procedure to be evaluated. They also need to be aware of the steps to complete the essential standards or of any variations mandated by the facility to the steps, as indicated (variations must be specified for the student prior to the evaluations).

4. The evaluator should arrange sufficient time for the evaluation where they are free from distractions for the course of the evaluation.

5. The evaluator should give a fair, unbiased evaluation of the student's actions regarding the procedure evaluated.

Steps to Complete Clinical Competency Evaluation:

1. The evaluator will observe that the student completes the Essential Standards necessary to **safely** and **effectively** administer the procedure being evaluated. The standards do not necessarily have to follow the order in which they are arranged, as long as the sequence followed does not negate the purpose of the task. For example, it would be inappropriate for the student to stop and wash his/her hands after assembling the equipment. It would be permissible, however, for the student to greet and confirm the patient prior to confirming the order and reviewing the chart, as there may be value in ascertaining the patient's immediate condition prior to proceeding.

2. The steps used to complete an essential standard may be allowed some variation as situations dictate. For example, if the procedure being demonstrated is a modality that had previously been initiated,

such as SVN Therapy, the student would not be responsible for the initial acquisition of the necessary equipment, but should be able to recognize that all required equipment was present and assembled correctly.

3. The overall consideration for pass/fail will be based on the student's effectiveness in delivering safe, effective therapy, and that no omissions occur that would cause concern for the safety and effectiveness of the procedure. The evaluator should be available and ready to step in if the student's actions are deemed contrary to this overall consideration.

4. At the conclusion of the evaluation, the evaluator will indicate how the student performed the procedure by **checking either 'YES' (for pass) or 'NO' (for fail)** on the CCE form for that procedure. A brief comment as to why the student failed must be noted for remedial purposes, should the student not perform the procedure successfully.

5. All Clinical Competency Evaluations must be successfully completed prior to graduation.

6. **THE STUDENT WILL NOT CONFRONT THE EVALUATOR REGARDING THE EVALUATION**. If there is a disagreement with the evaluation, the student will ask the Director of Clinical Education to review the procedure, and that decision will be final.

ACADEMIC POLICIES

Promotion

Grading Scale:
A = 90 - 100
B = 80 – 89.9
C = 70 – 79.9
D = 60 – 69.9
F = 0 – 59.9

Students must maintain a minimum of a "B" in all respiratory core courses and a minimum grade of a "C" in all other required courses. If a student should receive a final grade below a "C" in any non-respiratory core course, the student may repeat the course to improve the grade. The student may continue in the Respiratory Therapy Program if the course that is to be repeated is not a respiratory core course. However, if the student fails to maintain a minimum grade of "B" in a respiratory core course (course code RESP), they will not be permitted to continue in the program. See: Readmission Policy

Evaluation

In all Respiratory Therapy courses, evaluation is based on three levels of achievement of one or more of the following: cognitive ability, which consists of knowledge and understanding; psychomotor ability, which requires manipulative skills; and/or affective behavior, which is related to attitudes and traits.

Objective standards of competent performance in each Respiratory Therapy course will be distributed and discussed with students. Competence in a given subject is evaluated in a variety of ways, such as quizzes, exams, observation records, checklists, and evaluation forms. Satisfactory evaluation in each of the three levels of achievement is required for graduation.

During the last semester, there will be comprehensive self-assessment exams. There are fees for these exams. (See *estimated cost page*, subject to change as determined by the NBRC) The purpose of these exams will be to evaluate areas of weakness for each student and to improve weaknesses in the curriculum. There are also summative Psychomotor, Professional Behavior Evaluations, and verbal exams.

Remediation

The minimum passing grade is a "B" in all Respiratory Therapy core courses. In the clinical setting if a student receives a low score/rating of "Unacceptable" (1) or "Poor" (2) or has areas of concern (violates HIPAA, Handbook, or Infection Control policies), they are addressed immediately, along with a disciplinary action/Remediation form, which usually involves mandatory open lab before their next clinical rotation. If a student receives a grade below a "B" they are sent an "EARLY ALERT" notification, which explains steps the student should take for remediation. The recommendations may include study tips, attendance, getting a tutor or joining a study group, making up assignments, and/or making an appointment with the course instructor. A student who receives a failing grade on an exam is strongly encouraged to seek immediate guidance from the

course instructor on possible means for improving his/her performance. These may include scheduled meetings with the course instructor, additional practice assignments, and/or practice time. Students seeking guidance should make an appointment with the course instructor or refer to the Faculty's Schedule for available office hours and/or "Open Lab" times. Instructors review quizzes/tests after the students have taken the exam to remediate all students' missed test items. See also *Clinical Course Remediation*.

Disciplinary Process

The following can result in disciplinary action:

- Cheating and/or falsification of records

The Respiratory Therapy program upholds WSCO's academic misconduct policies while incorporating additional academic dishonesty policies tailored to our program. The college's policy is that the student will earn a 0 for the first offense, and will receive an F for the course for the second offense. A third offense will result in academic dismissal from the college.

In the respiratory program, academic dishonesty includes:

Cheating. Using or attempting to use unauthorized materials, including smart wearables, in any academic exercise, or having someone else do work for you. This includes using AI to generate answers to questions during class discussions without the instructor's permission. Cheating also includes helping someone else to commit an act of academic dishonesty.

Plagiarism. Using the words or ideas of another writer, including AI-generated text, without attribution, so that they seem as if they are your own. Plagiarism ranges from copying work not written by the person taking credit for it, to rewriting such work with only minor word changes (mosaic plagiarism), to summarizing work (including that done by AI) without acknowledging the source, to submitting work you have done in previous classes as if it were new and original work (self-plagiarism). Although professors may occasionally be willing to let you use previous work as the basis of new work, they expect you to do new work for each class. Students seeking to submit a piece of work to more than one class must have the written permission of both instructors.

AI is a tool, but it should be used ethically and should not replace a student's original thought or creativity. If there are unknowns or uncertainty, it is the responsibility of the student to clarify with the instructor before submitting work. Program faculty use various tools to check for plagiarism. If an instructor questions whether an assignment has been plagiarized, the burden of proof lies with the student. The disciplinary process will be followed for all violations of the WSCO Handbook, WSCO Policies and Procedures, and/or Respiratory Program Handbook.

Inappropriate behavior includes, but is not limited to:

- Disregard the Respiratory Therapy dress code and guidelines for personal care.
- Smoking, eating, or drinking in unauthorized areas.
- Excessive absences.
- Violation of established safety or privacy policies.
- Unsatisfactory evaluations in cognitive, affective, or psychomotor areas.

The Program Director may recommend to the Dean that any student having serious difficulty with the didactic or clinical performance aspects of the program be dismissed.

As listed in the College Catalog under Academic Probation and other regulations, a student may be placed on probation or dismissed from the program for non-academic reasons, such as but not limited to, the criteria listed in the catalog or this section. This policy also applies to off-campus activities related to the program.

Disciplinary Proceedings will occur in the following order:

1. Remediation
2. Verbal Warning
3. Written Warning
4. Final Warning
5. Program Dismissal

Remediation is the program's standard response to the first offense. Second and subsequent offenses will follow the disciplinary path in numeric order. Remediation may be bypassed for gross misconduct or concerns regarding patient safety or privacy. Based on the severity of the offense, a student's actions may lead to immediate program dismissal.

A student who has been given a final warning or dismissed may make an appeal (see grievance procedure) if the student feels they have been unjustly treated.

Leave of Absence

Students who leave the program in good academic standing and wish to re-enter the program at a later date may do so only if space is available. Since readmission cannot be guaranteed, students are advised to consult their advisor before such action is taken. *The student must complete the program within 3 years of taking their first technical course.*

Service Work Policy/Student Role

Occasionally, students obtain employment at their assigned clinical affiliate or another institution. Such compensated employment is an arrangement solely between the student as an employee and the hospital as an employer. No paid employment time will be included in the credit awarded for Clinical Practice courses. Paid employment may not interfere with or overlap with Clinical Practice Course scheduling. Clinical site employers cannot use students at clinical practicum to replace staff employees, and the student must be appropriately supervised.

Professional Liability Insurance

Professional liability insurance is provided and paid for by the college. It covers only the assigned clinical times when the student is under the supervision of a Clinical Instructor/Preceptor.

Admission Policy

Applicants must be accepted to Washington State College of Ohio and:

1. Be a high school graduate, **OR** GED certificate holder, **OR** a CCP high school senior who will be 18 years old by the beginning of their first Spring semester
2. Have a C or higher in High School (or higher) biology and chemistry
    a. Applicants currently enrolled in, or scheduled for these courses, may still apply.
3. High School (or higher) Algebra within the last 6 years with a grade of C or higher.
    a. Applicants currently enrolled in, or scheduled for these courses, may still apply.
4. Have provided all high school and college transcripts to the college
5. Have provided three professional references (non-family and non-friend)
6. Complete an interview and required job shadowing hours.

Admission is selective.

The Respiratory Program does not accept prior respiratory care education or work experience in lieu of required respiratory care coursework, nor do we offer advanced placement for respiratory core courses.

The number of students accepted to the program is 24 (at the start of the Fall Semester). This number may be adjusted down, as determined by the Program Director in consultation with the Dean of Health and Sciences, and depends on available resources to meet the students' and graduates' needs.

A "Student Checklist" including BCI and FBI Criminal Background Check, CPR through AHA, Vaccinations, Flu vaccination, Drug Screening, and Physical Exam with Lab Work is required prior to beginning clinical rotations.

Readmission Policy

Readmission into the program is considered on an individual basis.
If the student fails to maintain a minimum of a "B" in respiratory core courses (with course code RESP) in the **first** semester where core coursework is offered, the student will have the option to reapply to the program for the next year. The student will be considered a new applicant, must complete the program interview, and will be evaluated alongside other potential applicants. If reaccepted, the student will retake all core Respiratory (RESP) coursework for which it has been a year or more since successful completion.

If the student fails to maintain a minimum of a "B" in respiratory core courses (with course code RESP) in **subsequent** semesters where core coursework is offered, the student may take a leave of absence until the following year when the courses are offered again. At this time, the student must choose to retake all core Respiratory (RESP) coursework in which it has been a year or more since successful completion, or to waive this requirement by proving competency. Proving competency requires successful completion of instructor-created knowledge and psychomotor examinations for each core course, achieving scores of 80% or higher. All students must complete the program within three years of starting the first core Respiratory Therapy course (RESP). All non-respiratory core courses must be successfully completed with a "C" or better, and all respiratory core courses must be successfully completed with a "B" or better.

NO student is readmitted if dismissed from the program for clinical performance issues. However, if the student fails to maintain a minimum of a "B" in respiratory core Clinical Practice courses and wishes to re-enroll, their case must be presented to an ad hoc Directed Practice Committee before

readmission into Clinical Practice. The Committee will consist of clinical faculty, college faculty, and the Respiratory Therapy Faculty. Considering the student's academic achievement, the Committee may allow the student to repeat the rotation during the next academic year, may decide it is necessary to repeat the corresponding prerequisite technical courses, or may dismiss the student from the program. The student must complete the program within 3 years of taking their first core technical course (RESP).

Graduation Requirements

The graduation requirements of the Respiratory Therapy program are as follows:

1. Successful completion of all required courses. This includes a minimum grade of "C" in all non-respiratory core courses and a minimum grade of "B" in all respiratory core courses.
2. Successful completion of all clinical requirements.
3. Application for graduation filed by the designated date.
4. Successful completion of the Self-Assessment Exam
5. Successful completion of programmatic comprehensive exams

Grievance Procedure

The purpose of this procedure is to provide a route for students by which they can express dissatisfaction and thereby improve lines of communication. The system is divided into both an informal and a formal grievance process. It is recommended that students first use the informal procedure. If this does not resolve the problem, they should then use the formal procedure.

Students should follow the proper sequence when discussing a problem. The "chain of command" in the Respiratory Therapy program is: Faculty /Instructor to Clinical Coordinator, Director of Clinical Education, to Program Director, to Dean, to President.

Informal Procedure

1. Students are encouraged to discuss any problem or injustice with their immediate faculty/instructor member, or in clinical practice situations, the Director of Clinical Education (DCE), at the first sign of trouble or difference in opinion. The supervisor must allow the student to state his/her complaint completely and make the student feel at ease. The respect of both parties must be maintained at a high level to ensure cooperation when a final decision has been made.

2. The faculty member or (DCE) may wish to have both parties of the grievance give a verbal presentation of the matter. The reviewing appropriate person should give a verbal answer to the aggrieved student within two school days.

3. (Optional) If the complaint is of a sensitive nature, in that the student feels they are unable to discuss it with their immediate supervisor, the next supervisor in the line of command should be consulted.

Formal Procedure

This is only for Academic issues. See Academic Appeals Process (in the WSCO Catalog

& Student Handbook)

Classroom: Reports, Written Work, Make-Up Work

1. Students are expected to turn in all reports and written work on the date specified by the instructor. See individual Course Syllabi for what is expected.

2. It is the responsibility of the **STUDENT** to make arrangements with the instructor to make up missed assignments if allowed by the instructor.

3. Before the start of the next semester, all work from the previous semester **MUST BE COMPLETED, unless approved by the Program Director**.

Advisors

The function of the advisor is to assist the student with course selection and registration of classes, counsel the student in academic and personal matters, advise the student about graduation requirements, and keep a permanent record of all meetings with the student. Students in the program will be assigned an advisor.

Technical Standards Summary

Students entering the Respiratory Therapy program should be able to perform the following essential functions. The qualifications in the program and the listing below are representative of the skills and/or duties required. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

1. Visual ability sufficient to read, see near/far, depth perception, peripheral vision, and color vision
2. Able to read, write, and perform basic mathematical computations
3. Able to communicate interpersonally (hear/speak) and via telephone
4. Able to problem/solve clinical/technical problems
5. Able to stand for up to 3 hours per shift
6. Able to walk for up to 3 hours per shift
7. Able to sit for up to 1 hour per shift
8. Able to push (on wheels) patients weighing up to approximately 300 lbs.
9. Able to kneel/squat/stoop/crouch for up to 1 hour per shift
10. Able to reach/pull up to 1 hour per shift
11. Able to manipulate objects, tools, and equipment by grasping with one/both hands, thumb/forefinger, twist hand/wrist
12. Able to hear (auscultate) breath/heart sounds
13. Able to sense temperature, palpate a pulse, and vibrations

There is also exposure to the following:

1. Moderate heat (> 75 degrees) - frequent
2. Chemicals, vibrations, radiation - frequent
3. Contagious diseases/conditions – frequent
4. Fumes – occasional
5. Body fluids and objects contaminated with body fluids – frequent
6. Blood and objects contaminated with blood - frequent

Functional Abilities / Core Performance Standards

As part of your application to the Respiratory Therapy Program, it is important that you understand that success in the workplace as a Respiratory Therapist requires that you possess certain minimum functional abilities. This document is included as a part of your application packet so that you can assess yourself and determine if you are able to meet these minimum requirements. Please review the list of skills below. If you feel that you may be unable to meet the standard/s even with correction (Example: eyeglasses, hearing aids) on any of the items below, please see the Program Director.

The Respiratory Therapy Program complies with the Americans with Disabilities Act (ADA), and consistent with the ADA, the attached Functional Abilities/Core Performance Standards Worksheet provides the framework to relate functional ability categories and representative activities/attributes to any limitations/deficits in functional abilities. These standards will be used by the Respiratory Therapy Program in combination with the professional scope of practice, job analysis, other resources, and expert consultation to make decisions related to the ability of the Respiratory Therapy student to perform the essential functions of Respiratory Therapy.

If a prospective student is unable to meet the required "Functional Abilities/Core Performance Standards," the student may consult with Program faculty and with the office of Disability Services in order to determine, on a case-by-case basis, whether or not reasonable accommodations can be made that would permit the student to meet these "Functional Abilities/Core Performance Standards" and thus enter into the program. If, while a student is in the program, the program faculty determines that they have become unable to meet the "Functional Abilities/Core Performance Standards," the same procedure will be followed.

Please note: "**Skill/s tied to"** under each of the sections is not intended to be a complete listing of skills, but rather as an example of a skill for which that ability is required. For a more complete listing of skills tied to that ability, please see the Program Director.

Instructions:
Please carefully review the items below and answer the questions at the end:

1. **Gross motor ability:**
    - Move within confined spaces
    - Sit and maintain balance
    - Stand and maintain balance
    - Reach above shoulders
    - Reach below waist

    Skill/s tied to:

    Function in an ICU environment: move about in an ICU room in order to perform procedures on the patient. Must also read patient charts, equipment settings, and/or equipment displays. Sit to record findings. Change equipment settings above the head and below the waist.

2. **Fine motor ability:**
    - Pick up objects with hands
    - Grasp small objects with hands
    - Write clearly and neatly with a pen or pencil
    - Type on a keyboard and computer screen
    - Pinch/squeeze or pick up objects with fingers
    - Twist knobs with hands
    - Must have adequate manual dexterity to be capable of maintaining sterility

    Skill/s tied to:

    Lift medication vials to the eyes to read. Squeeze medication vials to empty. Squeeze the Ballard suction catheter button. Grasp, hold, and read small instruments such as volume-measuring devices. Write in the patient chart. Record patient data in medical records. Change settings on equipment by turning the knob and observing change.

3. **Physical Endurance**:
    - Stand at the patient's side during the procedure
    - Sustain repetitive movements (for example: chest compressions in CPR)
    - Maintain physical tolerance (continue tasks throughout a 12-hour shift)
    - Work and complete tasks at a reasonable pace
    - Walk/stand for prolonged periods of time (throughout a 12-hour shift)

Skill/s tied to:

Stand and perform repetitive procedure/s on patients such as Chest Physical Therapy and CPR. Repeat this procedure periodically throughout a 12-hour shift.

4. **Physical Strength**:
    - Lift 50 pounds
    - Restrain combative patient with assistance
    - Carry equipment/supplies
    - Squeeze with hands (example: use of a fire extinguisher)
    - Able to push/roll 60-100 pounds
    - Move heavy object weighing from 10-50 pounds
    - Use upper body strength

    Skill/s tied to:

    Assist patient from bed to chair. Hoist patient up in bed with assistance. Move patient from stretcher to bed and back with assistance (Note: Patients may weigh in excess of 300 lbs.). Carry medications, pulse oximeter, stethoscope, or other equipment to the patient's room. Push the ventilator or other heavy equipment from the Respiratory Care department to the patient room. Move other equipment such as pulse oximeters, NIV machines, and ventilators. Lift equipment from bed height to shelf height above chest level.

5. **Mobility:** Are you able to perform the following:
    - Twist
    - Bend
    - Stoop/squat
    - Move quickly
    - Climb ladders/stools/stairs
    - Walk

    Skill/s tied to:

    Turn to change settings on the monitor while standing at the patient's bedside. Bend to change equipment settings on the floor, at knee level, waist level, chest level, eye level, and above head. Gather equipment and manually resuscitate the patient without delay. Make rapid adjustments if needed to ensure patient safety. Make way to the patient room using stairs if an emergency is called.

6. **Hearing**: (Permissible to use hearing aids if they enable the student to meet the requirements listed below).
    - Hear normal speaking level sounds
    - Hear faint noises
    - Hear faint body sounds (for example: breath and heart sounds)
    - Hear auditory alarms
    - Hear telephones
    - Hear sounds with a stethoscope

Skill/s tied to:

Listen to the patient lung and heart sounds. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Hear audible alarms such as ventilator alarms. Hear overhead pages to call for emergency assistance.

7. **Visual**: (Permissible to use corrective lenses if they enable the student to meet the requirements listed below).
    - Visually assess patients
    - See objects up to 20 inches away
    - See object more than 20 feet away
    - Use peripheral vision
    - Distinguish color
    - Distinguish color intensity
    - See emergency lights/lamps

    Skill/s tied to:

    Read the patient chart to determine the correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes. Confirm settings visually such as with ventilator display.

8. **Tactile**:
    - Feel vibrations (example: pulses)
    - Detect temperature
    - Feel the difference in surface characteristics
    - Feel the difference in sizes, and shapes (for example: Palpate artery/vein)
    - Detect environmental temperature

    Skill/s tied to:

    Assess the patient by feeling for the patient's pulse, temperature, tactile fremitus, edema, subcutaneous emphysema, and identifying the insertion point for arterial puncture.

9. **Smell:**
    - Detect odors from patients
    - Detect smoke
    - Detect gas or noxious smells

    Skill/s tied to:

    Assess for noxious odors originating from the patient or environment (for example: gas leak or smoke).

10. **Reading**:
    - Read and interpret physicians' orders
    - Read and understand written documents
    - Read the very fine or small print

    Skill/s tied to:

Read and interpret physician orders, physician, therapist, and nurses' notes. Read from a computer monitor screen. Read medication labeling. Gather data accurately and in a reasonable amount of time to ensure safe and effective patient care.

11. **Arithmetic**:
    - Read and understand columns of writing (example: flow sheets)
    - Read digital displays
    - Read graphic printouts
    - Calibrate equipment
    - Convert numbers to metric
    - Read graphs (vital sign sheets)
    - Tell time
    - Measure time (duration)
    - Calculate (without a calculator) and count rates (for example: pulses, breathing rate)
    - Use measuring tools (example: thermometer)
    - Read measurement marks (scales)
    - Perform basic arithmetic functions: add, subtract, multiply, divide
    - Compute fractions
    - Use a calculator
    - Record numbers (example: chart observed parameters)

    Skill/s tied to:

    Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.

12. **Emotional Stability**:
    - Establish therapeutic boundaries
    - Provide patients with appropriate emotional support
    - Adapt to changing environment/stress
    - Deal with the unexpected (for example: crisis and death)
    - Focus attention on the task despite distractions
    - Monitor own emotions
    - Perform multiple responsibilities concurrently
    - Handle strong emotions (example: grief)
    - Show appropriate compassion through communications

    Skill/s tied to:

    Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently (for example: delivery of medication or oxygen in one room while performing an arterial blood gas in another, such as in an emergency room environment). Maintain enough composure to provide safe and effective patient care despite crisis (code) or emergency circumstances.

13. **Analytical Thinking**:
    - Transfer/extrapolate knowledge from one situation to another

- Process information
- Evaluate outcomes
- Problem solves
- Prioritize tasks
- Use long- and short-term memory

Skill/s tied to:

Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide the most appropriate care. Appropriately evaluate data in order to notify physicians and nursing staff when necessary.

14. **Critical Thinking Skills**:
    - Identify cause-effect relationships
    - Plan/control activities for others
    - Synthesize knowledge and skills
    - Sequence information

    Skill/s tied to:

    Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.

15. **Interpersonal Skills:**
    - Negotiate interpersonal conflict appropriately
    - Respect differences in patients
    - Establish rapport with patients
    - Establish rapport with co-workers
    - Work effectively with physicians, staff, patients, and patient's families

    Skill/s tied to:

    Communicate effectively with patients, family, doctors, nurses, and other staff in order to attempt to meet therapeutic goals for the patient.

16. **Communication Skills**:
    - Teach (for example: patient and family)
    - Explain procedure
    - Give oral reports
    - Interact with others
    - Speak on the telephone
    - Direct activities of others
    - Convey information through writing (for example: progress notes)
    - Speak clearly and distinctly

    Skill/s tied to:

    Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide effective patient care.

Reasonable accommodations for students with documented disabilities are provided. Students with disabilities are encouraged to make an appointment with an Accessibility Specialist as soon

as possible in order to determine if reasonable accommodations exist.
Please also contact the Program Director.

EXAMPLE **OF TECHNICAL REQUIREMENTS OF RESPIRATORY THERAPISTS**

DEPARTMENT: **Respiratory Therapy *AT A TYPICAL HOSPITAL***
POSITION: **Certified Respiratory Therapist/ED Technician**

Physical Demands:
Medium/Heavy work: Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.

Physical Requirements/Hazards:

	None	**Some**	**Freq.**	**Very Freq.**
Lifting (0-80 lbs.)				x
Carrying (0-80 lbs.)				x
Pushing (0-80 lbs.)				x
Pulling (0-80)				x
Stooping/Kneeling				x
Crawl		x		
Climb		x		
Balance				x

Some = 1-4 times/day or 10% **FREQ** = 20-40 times/day or 33% **Very Freq** = 100 times/day or 56%

Working Conditions:
Inside—Worker spends approximately 75% or more of their time inside. Inside work has good ventilation and comfortable temperatures.

Physical Requirements:
(x) Manual dexterity (eye/hand coordination)
(x) Perform shift work
(x) Maneuver weight of patients
(x) Hear alarms/telephone/tape recorder
(x) Walk 4 hours per day
(x) Reach above shoulder
(x) Repetitive arm/hand movements
(x) Finger dexterity
(x) Color vision
(x) Acuity—far
(x) Acuity—near
(x) Depth perception
(x) On call
(x) Latex gloves

Hazards:
(x) Exposure to toxic/caustic/chemicals/detergents
( ) Exposure to extreme conditions, hot/cold
( ) Exposure to dust/fumes/helicopter
(x) Exposure to moving mechanical parts
(x) Exposure to potential electric shock
(x) Exposure to x-ray/electromagnetic energy
(x) Exposure to high-pitched noises

(x) Exposure to communicable diseases
(x) Blood born pathogen exposure
(x) Gaseous risk exposure
(x) Use of a fitted respirator

Mental & Emotional Requirements:
(x) Manage stress appropriately
(x) Handle multiple priorities
(x) Make decisions under pressure
(x) Work alone
(x) Manage anger/fear/hostility/violence of others appropriately
(x) Work in areas that are confined and/or crowded

Work Positions:

Sitting:	10%
Walking:	70%
Standing:	20%

GENERAL RULES

Orientation

All students must complete any online orientation programs and all clinical site orientations prior to attending any clinical rotations in a Clinical Practice Course.

Behavior

Students are expected to behave in a professional manner at all times while attending the program. Students should strive to positively represent their profession and the medical field to the public and avoid unbecoming or inappropriate behavior.

Confidentiality

Patient information and personal confidence obtained while practicing and studying in the program are privileged communications. Misuse of this privilege is regarded as unethical, unlawful, and is cause for ***immediate dismissal*** from the program.

Examples of ways to maintain confidentiality include:

- Do not open any charts of patients that you are not involved in the care of
- Do not disclose patient information to anyone without consent from the patient (this applies to their employers, people in the room, etc.)
- Properly dispose of patient health info! (Most sites have designated shred bins - if you misplace a paper or something that contains patient health info, tell your preceptor immediately.)
- Do not email or text patient health info
- Any info used for case studies must have all patient identifying information removed (name, date of birth, account numbers, etc.) (Age, Sex, Height, etc. are acceptable)
- Do not leave a logged-in computer or any papers unattended

Telephone

Telephone calls & text messages are not permitted during classroom hours. Cell phones must be turned off/silenced and put away. Cell phones are not permitted in patient care areas at the clinical sites. The telephone policy will be strictly enforced. Failure to adhere to this policy will result in disciplinary action and a reduction in final course grade.

Change of Address, Name, and/or Telephone Number

Any change in a student's address, name, and/or telephone number must be promptly reported to the Respiratory Therapy Program's Office Administrative Assistant and the Registrar's Office. Failure to do so may result in messages not reaching you. **You are required to check your WSCO email on a regular basis. Grades are only available on the college's online system prior to the final grade being mailed to the student.**

Student Health Program

The health needs of the students are the responsibility of the student. The following health policies are in effect to protect the students and the patients in the facilities where clinicals are performed.

1. The student's personal health care is the responsibility of the student. Each student is required to have a physical exam, a history, and a valid CPR card prior to entering the Respiratory Therapy program.

2. Students entering the Respiratory Therapy program are required to provide immunization records prior to clinicals. These include a tuberculosis test (TB Gold test) and then an annual 1-step Mantoux. Students must be immunized according to CDC recommendations for healthcare professionals. This includes a yearly flu immunization, MMR vaccine, varicella (history or vaccine), Tdap, and Hepatitis B vaccine. Students are required to either get the vaccine at the student's expense or sign a statement of refusal. **Note: Acceptable documentation is information obtained from an individual's medical record. Individuals who do not meet the criteria or sign an appropriate waiver for Rubella, Rubeola, Hepatitis B, and Tuberculosis will not be permitted contact with patients at Nationwide Children's. Students may be dismissed from the program if incomplete. Individuals are required to report their Chickenpox history.**

3. The student is held to be financially responsible for his/her own health care & health insurance or any other insurance. ***Neither the college, Respiratory Therapy program, nor affiliating agencies assume any financial responsibility for the student in any way for their health care.***

4. The student, when in the clinical areas, will be given first aid at the facility. Treatment will be the financial responsibility of the student. Accidents and illnesses must be reported to the Clinical Instructor immediately.

5. The student must conform to the exposure control plan of the individual clinical facilities.

6. When a student's medical condition requires continued treatment by a physician or hospitalization, the student is to bring a statement from the physician regarding diagnosis and treatment and permission to attend class and Clinicals without restrictions. This will become a part of the student's health record.

7. A medical condition which interferes with the student's ability to meet the objectives of the program will be a reason for dismissal or withdrawal of the student.

8. Drug testing is required for all students at random and/or prior to attending clinicals. This expense may be required to be paid by the student.

9. If the student has a **disability, they must inform the Disability Coordinator (ext. 2503)** in order for an accommodation to be made. This documentation must be provided to the instructor in order for accommodations to be made for the course.

Student Records

In addition to Respiratory Therapy records, student records are kept in the Registrar's Office, student files are maintained in the Program Director's office and the Director of Clinical Education's office. These files contain current evaluation forms, copies of official letters, grade records, and attendance records. Students may review their records on file in the offices by making an appointment with the director or by consulting the Registrar.

Certification & Registry Exams

Students who complete the Respiratory Therapy program and receive their degrees are eligible to take the National Board of Respiratory Care (NBRC) exam. If the candidate passes the minimum "cut" score, they will be a Certified Respiratory Therapist (CRT). There are two "cut" scores for the exam. If the candidate scores high enough, they will be a Registered Respiratory Therapist (RRT). Ohio requires the RRT credential for licensure. The National Board for Respiratory Care provides the exam (see NBRC section).

Respiratory Therapy Club

Students are encouraged to join the Respiratory Therapy Club on campus in order to advance their professional goals. You must be actively involved in the RT Club in order to benefit from the fundraising money. The Respiratory Therapy Program Director will serve as an advisor to the club.

Alcohol

Washington State College of Ohio affirms its belief that alcoholic beverages are not beneficial to the academic environment. The sale, serving, possession, and consumption of alcoholic beverages by students, visitors, faculty, staff, or any employee of the college is prohibited on campus or at any college function. Respiratory Therapy students not adhering to this policy will be dismissed from the program.

Drugs and Other Controlled Substances

The college complies with the Federal Drug-Free Workplace Act and the Drug-Free Schools and Community Act Amendment. The sale, possession, use, or distribution of illicit drugs or controlled substances by students, visitors, faculty, staff, or any employee of the college is prohibited on campus or at any college function. Respiratory Therapy students not adhering to this policy will be dismissed from the program.

Smoking

Smoking is not permitted inside any building on campus. Smoking is permitted only in parking lots and designated outdoor spaces. Consult the student information boards for specific locations.

THE STUDENT WILL ABIDE BY THE DRUG, ALCOHOL, AND SMOKING POLICY OF EACH CLINICAL FACILITY, INCLUDING BLOOD AND/OR URINE TESTING

Parking

All student vehicles must park in specific areas that have been provided for student parking. Student automobiles parked in a non-student space will be ticketed. Vehicles are prohibited from parking along campus roadways. Vehicles parked in non-designated areas will be removed from campus by towing. Specific details on the recovery of a towed vehicle are posted on information boards or can be obtained from the Business Office. There is a substantial towing and recovery fee.

Parking at clinical facilities will be in the designated areas at that site only. Failure to comply will result in actions by both the facility and the college.

Meals

Meals may be purchased in the cafeteria at the college and clinical facilities. Meals brought by the student from home must be eaten in the dining areas only of the clinical facilities and the college. Failure to comply with these regulations may result in disciplinary action.

Professional Societies

The society that represents Respiratory personnel is the American Association of Respiratory Care (AARC). This society informs its members of the advances and issues that will affect their future careers. Students are strongly encouraged to join the AARC as a Student Member. Student membership fees are available at reduced rates. More information can be found at aarc.org, or by using the AARC contact information below

American Association for Respiratory Care
9425 N MacArthur Blvd, Suite 100
Irving, TX 75063-4706
Phone: (972) 243-2272 Fax: (972) 484-2720 Email: info@aarc.org

Professional Meetings

Many professional groups hold conferences throughout the year. The Respiratory Therapy faculty will inform students of meetings in the area. Students are encouraged to attend these meetings whenever possible. Most meetings are free or of minimal cost to students.

Respiratory Therapy Technology

Estimated Cost 2025-2027

In-state Tuition: $180.00 Out-of-state Tuition: $181.00

Semester I (Fall I)

Total credit hrs:	17
Tuition:	$3,060.00 ($180.00/cr.hr.)
Books:	$ 700.00
Lab Coat/Goggles:	$ 50.00
Lab Fees:	$ 80.00
Exam Fees:	$ 0.00
***Estimated Cost*:**	**$3,890.00**

Semester II (Spring I)

Total credit hrs:	14
Tuition:	$2,520.00 ($180.00/cr.hr.)
Books:	$ 600.00
Lab Fees:	$ 240.00
Exam Fee	$ 404.00
IPad, IPencil, Keyboard	$1,302.00
Estimated Cost:	**$5,066.00**

Semester III (Summer)

Total credit hrs:	8
Tuition:	$ 1,440.00 ($180.00/cr.hr.)
Books:	$ 745.00
Exam Fee:	$ 125.00
Lab Fees:	$ 70.00
Estimated Cost:	**$2,380.00**

Semester IV (Fall II)

Total credit hrs:	14
Tuition:	$2,520.00 ($180.00/cr.hr.)
Books:	$ 800.00
Lab Fees:	$ 240.00
Exam Fees:	$ 60.00
Estimated Cost:	**$3,620.00**

Semester V (Spring II)

Total credit hrs:	12
Tuition:	$2,160.00 ($180.00/cr.hr.)
Books:	$ 100.00
Exam Fees:	$1,165.00
	(Board Exam Cost/Practice Exam/Review Seminar)
Lab Fees:	$ 120.00
***Estimated Cost*:**	**$3,545.00**

Total Credits for AAS Degree	**(65)**
Total Tuition for AAS Degree	**$ 11,700.00**
Estimated cost of Respiratory Program	**$ 18,501.00**

(Plus, additional costs below)

Clinical Readiness Estimated Costs

Varicella (Chickenpox) titer:	$66
Measles, Mumps & Rubella	$145
Vaccine for Hepatitis	$350
2 Step Mantoux/TB Gold (Annual)	$30-60
Tdap	$100
Drug Screen (On Demand)	$42-120
Flu Vaccine	$24
Two Criminal Background Checks:	$120
Scrubs	$40-$80
Shoes	$35-$100
Stethoscope	$25-$190
CPR Training	$25-$80
Physical Exam & History:	$120

Additional Estimated Costs

AARC Membership	$25
Transcript Fee:	$ 8

Travel to/from clinical sites per term depending on gas mileage/distance: $300-$500

Overnight lodging- neonatal clinical:	
3 overnight stays	$200-$300
Health Insurance: varies	$590 & up
State License Fees:	$100-$200
If working as a student	

(Rev. 2.17.2026)

Audit Sheet: Respiratory Care Profession: Associate in Applied Science Degree for Direct Employment

Student: _____
Phone #: _____
Date Enrolled: _____

To be eligible for graduation, a student ***must complete all*** general education courses listed below with a "C" or better ***and*** all respiratory technical courses with a "B" or better ***and*** maintain a cumulative GPA of at least 2.0. **You cannot be accepted with a GPA lower than 2.75**.

***Program Prerequisites "C" or higher in the following courses:**

1. High School Algebra or Equivalent or Higher
2. High School Biology or BIOL 1010 & BIOL 101L or Higher
3. High School Chemistry or CHEM 1210 & CHEM 121L or Higher

GENERAL EDUCATION COURSES		SEMESTER CREDITS	Semester Taken	Grade
ENGLISH COMPOSITION (3)				
ENGL 1510	English Composition I	3	_____	_____
SOCIAL AND BEHAVIORAL SCIENCES (3)				
PSYC 1010	General Psychology	3	_____	_____
MATH (4)				
MATH 1104	Technical Math ***OR/***	4	_____	_____
MATH 2110	Principles of Statistics ***OR/***	4	_____	_____
MATH 2130	College Algebra	4	_____	_____
NATURAL SCIENCES (11)				
BIOL 2010	Basic Microbiology	2	_____	_____
BIOL 201L	Basic Microbiology Lab	1	_____	_____
BIOL 2310	Human Anatomy & Physiology I	3	_____	_____
BIOL 231L	Human Anatomy & Physiology I Lab	1	_____	_____
BIOL 2320	Human Anatomy & Physiology II	3	_____	_____
BIOL 232L	Human Anatomy & Physiology II Lab	1	_____	_____
HEALTH CORE (12)				
HLTH 1040	Basic Health Sciences	3	_____	_____
HLTH 2400	EKG/Cardiovascular Technician	2	_____	_____
RESP 1100	Intro to Respiratory Care	2	_____	_____
RESP 1330	Cardiopulmonary Anatomy & Physiology	2	_____	_____
RESP 2510	Cardiopulmonary Pathology I	3	_____	_____
RESPIRATORY THERAPY MAJOR (32)				
RESP 1210	Cardiopulmonary Pharmacology	2	_____	_____
RESP 1250	Medical Gas Administration & Therapeutics	3	_____	_____
RESP 1350	Clinical Practice I	1	_____	_____
RESP 1360	Advanced Cardiopulmonary Resuscitation	1	_____	_____
RESP 2450	Clinical Practice II	1	_____	_____
RESP 2460	Arterial Blood Gases	2	_____	_____
RESP 2500	Respiratory Critical Care I	2	_____	_____
RESP 2520	Cardiopulmonary Pathology II	1	_____	_____
RESP 2550	Clinical Practice III	2	_____	_____
RESP 2600	Respiratory Critical Care II	3	_____	_____
RESP 2630	Respiratory Pediatrics and Neonatology	3	_____	_____
RESP 2700	Assessment of Pulmonary Functions	2	_____	_____
RESP 2730	Pulmonary Rehab & Subspecialties	2	_____	_____
RESP 2750	Clinical Practice IV	2	_____	_____
RESP 2800	Cardiology and Hemodynamic Monitoring	2	_____	_____
RESP 2990	Respiratory Capstone	3	_____	_____
		65		

RESPIRATORY CARE PROFESSION

Prerequisites ("C" OR HIGHER)

HIGH SCHOOL ALGEBRA	***OR***	**Equivalent or Higher**
HIGH SCHOOL BIOLOGY	***OR***	**BIOL 1010 & BIOL 101L**
HIGH SCHOOL CHEMISTRY	***OR***	**CHEM 1210 & 121L**

SEMESTER I

BIOL 2310 HUMAN ANATOMY & PHYSIOLOGY	(3) 3-0
BIOL 231L HUMAN ANATOMY & PHYSIOLOGY I LAB	(1) 0-3
ENGL 1510 ENGLISH COMPOSITION I	(3) 2-2
HLTH 1040 BASIC HEALTH SCIENCES	(3) 2-2
MATH _____ MATH ELECTIVE	(4) 4-0
PSYC 1010 GENERAL PSYCHOLOGY	(3) 3-0

SEMESTER II

BIOL 2320 HUMAN ANATOMY & PHYSIOLOGY II	(3) 3-0
BIOL 232L HUMAN ANATOMY & PHYSIOLOGY II LAB	(1) 0-3
RESP 1100 INTRO TO RESPIRATORY CARE	(2) 1-3
RESP 1210 CARDIOPULMONARY PHARMACOLOGY	(2) 1-3
RESP 1250 Medical Gas Administration & Ther	(3) 2-3
RESP 1330 CARDIOPULMONARY ANA. & PHYS.	(2) 1-3
RESP 1350 CLINICAL PRACTICE I	(1) 0-5

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SEMESTER III

HLTH 2400 EKG/CARDIOVASCULAR TECHNICIAN	(2) 1-3
RESP 2450 CLINICAL PRACTICE II	(1) 0-8
RESP 2500 RESPIRATORY CRITICAL CARE I	(2) 1-3
RESP 2630 RESPIRATORY PEDIATRICS & NEONATOLOGY	(3) 2-3

SEMESTER IV

BIOL 2010 BASIC MICROBIOLOGY	(2) 2-0
BIOL 201L BASIC MICROBIOLOGY LAB	(1) 0-3
RESP 1360 ADV. CARDIOPULMONARY RESUSCITATION	(1) 0-3
RESP 2460 ARTERIAL BLOOD GASES	(2) 2-0
RESP 2510 CARDIOPULMONARY PATHOLOGY I	(3) 3-0
RESP 2550 CLINICAL PRACTICE III	(2) 0-15
RESP 2600 RESPIRATORY CRITICAL CARE II	(3) 2-3

SEMESTER V

RESP 2520 CARDIOPULMONARY PATHOLOGY II	(1) 0-3
RESP 2700 ASSESSMENT OF PUL. FUNCTIONS	(2) 2-0
RESP 2730 PULMONARY REHAB & SUBSPECIALTIES	(2) 2-0
RESP 2750 CLINICAL PRACTICE IV	(2) 0-15
RESP 2800 Cardiology & Hemodynamic Monitoring	(2) 2-0
RESP 2990 RESPIRATORY CAPSTONE	(3) 3-0

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THIS IS SUBJECT TO CHANGE WITHOUT NOTICE.
Prerequisites are required for some courses. Some evening courses or online courses may be required to complete this program.
Students must complete all general education courses listed with a "C" or better & all respiratory technical courses with a "B" or better.

Lab Safety Procedures

1. Students may not eat or drink in the Respiratory Therapy Lab.

2. Any lab procedure that is going to be practiced is preceded by complete instruction as to the indications/contraindications, theory, and effective procedure of that technique.

3. Students have the right, at all times, to refuse to be a subject for treatment that they do not feel comfortable receiving, without fear of reprimand by the instructor (grades, etc.).

4. Students at all times should wash their hands prior to and after lab activities.

5. Universal Precautions should be observed at all times when performing any activities that may put the student at risk for bodily fluid transmission.

6. The lab area is to be cleaned and straightened after each treatment period.

7. Lab areas are to be kept clean during lab periods. Books and lab coats are to be kept in an appropriate area out of the treatment area.

8. Horseplay or roughhousing will not be tolerated.

9. Any inappropriate use of a treatment or therapy procedure will not be tolerated and may result in suspension from the program.

10. Any accident or injury should immediately be reported to the instructor.

11. Students should be aware of the location of safety equipment and of the closest fire exits.

12. Students must notify the instructor if they are pregnant (this is also important for clinicals).

13. Students must notify the instructor if they begin taking any new medication that may negatively affect their performance.

Criminal Background Checks and Drug Screening

Washington State College of Ohio acts within the guidelines of the Drug-Free Schools and Communities Act Amendment of 1989 discussed in the current college catalog.

Students receiving acceptance in the Respiratory Program are required to obtain a criminal background check and drug screening at their expense (BCI & FBI). Washington State College of Ohio RT Program will designate a company/companies to perform the criminal background check and drug screening. A background check and drug screening will be repeated in the second year of the respiratory program for clinical site purposes. Both are at the student's expense.

Background check and drug screening reports and all records pertaining to the results are considered confidential with restricted access. The results and records are subject to the Family Educational Rights and Privacy Act (FERPA) regulations. The results will be given to the Respiratory Therapy Program Director & the Director of Clinical Education, and they will be stored within the program's designated record-keeping system. Information contained in the reports/records may be shared with facilities participating in the clinical rotation.

Rationale:

1. Health care providers are entrusted with the health, safety, and welfare of patients, have access to confidential and sensitive information, and operate in settings that require the exercise of good judgment and ethical behavior. An assessment of a student's suitability to function in a clinical setting is imperative to promote the highest level of integrity in health care services.

2. Clinical facilities are required by their accreditation agency, either the Joint Commission of Healthcare Organization (JCAHO), or the Healthcare Facilities Accreditation Program (HFAP) to conduct background checks and drug screening on individuals who supervise care, render treatment, and provide services within the facility. To facilitate this requirement, educational institutions are required to conduct these screenings for their students.

3. Clinical rotations are an essential element in the Respiratory Therapy program. Students who cannot participate in clinical rotations due to positive criminal or drug screenings are unable to fulfill the requirements of the program. Therefore, it is in the best interest of the student or applicant and the College to resolve any issues prior to beginning the Respiratory Therapy Program.

4. Additional rationale for having these requirements includes meeting the contractual obligations contained in affiliation agreements (whether verbal or written) between Washington State College of Ohio and the various healthcare clinical site facilities.

Annual 10-Panel Drug Screening:

The Respiratory Therapy program maintains a zero-tolerance policy regarding substance abuse. All students must have a negative drug screen in order to participate as a student in the program.

The following are grounds for exclusion and dismissal from the RT program:

1. A student shall not self-administer or otherwise take into the body any dangerous drug in any way not in accordance with a legal, valid prescription issued for the student.
2. A student shall not habitually indulge in the use of controlled substances, other habit-forming drugs, alcohol, or other chemical substances to an extent that impairs the ability to practice.
3. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.

Any student suspected of being under the influence of drugs and/or alcohol while in a clinical facility will be subject to the chemical dependency policy actions of the facility, including submitting a blood sample and/or direct observation urine testing. Each student can expect to be randomly tested for substances of abuse per clinical agency policy. Any student who violates a clinical agency's substance abuse policy will be dismissed from the program but may apply for re-entry within one year.

The Effect of Felonies or Misdemeanors upon Acceptance into the Respiratory Therapy Program & the Ability to Become Licensed

As a future Therapist, there are important ethical and professional considerations of which you should be aware. Convictions of egregious felonies may prevent you from being licensed in Ohio or elsewhere and may preclude you from obtaining gainful employment as an RRT/CRT. Even after obtaining your license, convictions of such crimes may cause your license to be suspended or revoked. It is therefore important that you conduct yourself professionally and ethically as a law-abiding citizen.

All Respiratory students are subject to two thorough criminal background checks prior to program completion and licensure. The first check will occur upon admission to the program, and the second check (six to nine months before graduation) will be conducted per the requirements of the State Board. Students will be responsible for the cost of both background checks.

College Screening:
Upon acceptance into the Respiratory Therapy Program, the student will be given a date in which to submit the findings of a criminal background check. The results of the findings will determine whether a student may be placed in a clinical setting, which is explained below.

The following convictions will disqualify an individual from consideration for the clinical rotation:
a) Felony convictions
b) Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
c) Misdemeanor convictions related to moral turpitude (including but not limited to - prostitution, public lewdness/exposure)
d) Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
e) Registered sex offenders

While the director and faculty will make every effort to work with students whose record

reveals a conviction other than those listed, clinical sites may decline to accept the student, which will negatively impact the student's ability to successfully complete the academic program. Students who are convicted of, plead guilty to, or have a judicial finding of guilt for any crime subsequent to enrollment should immediately notify the Respiratory Therapy Program director in order to determine whether such action will negatively impact their ability to enter the program, complete the program or obtain a license to practice upon graduation.

All RT students shall submit their fingerprints to the state Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI). Students who wish to seek licensure in other states may be subject to similar requirements in those states.

Convictions, guilty pleas or judicial findings of guilt for any of the following crimes, classified as "egregious felonies" will likely preclude students from being licensed in Ohio and may preclude them from being licensed in other states as well:

*Aggravated Murder	*Kidnapping	*Aggravated Arson
*Murder	*Rape	*Aggravated Robbery
*Voluntary Manslaughter	*Sexual Battery	*Aggravated Burglary
*Felonious Assault	*Gross Sexual Imposition	

The Ohio Respiratory Care Board may also deny any application for licensure if the student has pled guilty to or has been convicted of, or had a judicial finding of guilt for any of the following:

1. ANY Felony
2. ANY Crime involving Gross Immorality or Moral Turpitude
3. ANY Misdemeanor Drug Law Violation
4. ANY Misdemeanor Committed in the Course of Practice

The Respiratory Care Board is unable to give definitive answers regarding licensure prior to entry into or during participation in an education program. The Board does not have the authority to make a determination or adjudication until an application has been filed. In addition, the Board is unable to advise, speculate or give informal answers to the question of licensure prior to the time that the application is filed.

If an applicant has a criminal history, the Board conducts a thorough investigation of any grounds that may exist for licensure denial at the time that the application is filed. The Board may consider whether the applicant has made restitution and/or has been rehabilitated. However, the Board's primary mission is the protection of the public, so the Board must determine an applicant's risk to the public as a licensed professional. If the Board licenses an individual with a criminal history the individual's license records may permanently and publicly reflect that there was Board action taken on the license (i.e. punishment).

Students who have had prior or current convictions should note the Board's requirements that documentation must be sent to the nursing Board with the licensure application (see specific directions in Appendix II).

Other Pertinent Information:

The Ohio Board and West Virginia Board now require electronic fingerprinting for state

licensure.

> **Fingerprints are only good for twelve (12) months. It is important that they not be submitted more than twelve (12) months before the candidate wishes to get a state license.**

Reporting Criminal Background

Question 3 of Part F of the application for a limited permit or license to practice respiratory care, and on the application for renewal of a limited permit or license, asks: "Have you ever been convicted of any felony or misdemeanor offense in violation of any Federal, State, or Municipal Ordinance?" All applicants are required to answer this question and complete the application under oath. Obtaining a license or limited permit by means of a false or misleading representation is grounds for refusing to issue, revoking, or suspending a license or limited permit or putting a license or limited permit holder on probation with a fine and other consequences. O.R.C. 4761.09 (A)(4). Furthermore, making a false affidavit is a first-degree misdemeanor in the State of Ohio, which could subject the license or permit holder to criminal prosecution as well. O.R.C. 2921.13. All criminal convictions, except minor traffic misdemeanors must be reported. Offenses where jail is possible, such as driving under the influence, driving under suspension and leaving the scene of an accident are not minor. The Board has fairly reviewed applications of persons that have ported prior convictions and, in most of these cases from my point-of-view, has been fairly liberal in issuing licenses and limited permits. Unfortunately, there has been a recent glut of cases where applicants are falsely swearing under oath that they do not have a criminal record when, in fact, they do. No less than six such cases were in various stages of consideration for this very issue at the Board's October 2009 meeting. The Board does not overlook this infraction. At minimum anyone who is found to have violated the full disclosure requirements will have a disciplinary record and will be required to pay a substantial fine.

> ***Pay attention to your application. If you have any doubts as to what needs to be reported, telephone the Board office at (614) 752-9218.***

If you have already made a false report, self-reporting is a mitigating factor that can positively affect your case. If you have any questions, you are urged to seek independent legal advice. The Board cannot fulfill its duty to only license qualified applicants, when the applicants falsify their applications. Full disclosure is essential. The Board takes this responsibility seriously and you should too.

Respiratory students may be required to submit to drug screening in specific facilities, also the students may be required to provide random samples for drug screening while in the program according to Chemical Dependency policies listed in the student handbook. A prospective student should anticipate these possibilities when applying for admission to the program.

Appendix A: Ohio Revised Code 4 761.13 Prosecutor Duty to Notify Board of Convictions.

(A) As used in this section, "prosecutor" has the same meaning as in section 2935.01 of the Revised Code.

(B) The prosecutor in any case against any respiratory care professional or an individual holding a limited permit issued under this chapter shall promptly notify the Ohio Respiratory Care Board of any of the following:

1) A plea of guilty to, or a finding of guilt by a jury or court of, a felony, or a case in which the trial court issues an order of dismissal, upon technical or procedural grounds of a felony charge;

2) A plea of guilty to, or a finding of guilt by a jury or court, of a misdemeanor committed in the course of practice, or a case in which the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor, if the alleged act was committed in the course of practice.

3) A plea of guilty to, or a finding of guilt by a jury or court of, a misdemeanor involving moral turpitude, or a case in which the trial court issues an order of dismissal upon technical or procedural grounds of a charge of a misdemeanor involving moral turpitude.

(C) The report shall include the name and address of the respiratory care professional or person holding a limited permit, the nature of the offense for which the action was taken, and the certified court documents recording the action. The board may prescribe and provide forms for prosecutors to make reports under this section 2929.42 of the Revised Code.

Effective Date: 01-01-2004

Preceptor Training Program (PTP)

Purpose:

To provide program personnel with orientation regarding their roles and responsibilities, the clinical policies and procedures of the program, and the use of program clinical software and check-offs for student assessment.

To promote consistency among individuals who perform clinical evaluations.

Methodology:

Annual in-person training or PowerPoint presentation.
Annual quiz-based assessment of preceptor learning requiring a score of 80% or higher

Learning Objectives:

- I can explain the roles and responsibilities of being a clinical preceptor
- I can create a fair and accurate assessment of students and their ability to complete competencies
- I can explain the difference between evaluations, competencies, and clinical objectives
- I can navigate the software used for clinical competencies and evaluations
- I can adjust my expectations of students as they continue to grow
- I can locate and reference relevant policies from WSCO
- I can identify who to contact if I have additional questions

The training/assessment process will be revised when: there are significant changes in the program's clinical evaluations; new clinical competencies are introduced into the curriculum; or there is a significant change in the NBRC content outline.

The Commission on Accreditation for Respiratory Care (CoARC)

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www.CoARC.com

PHONE: 817-283-2835
FAX to Plain Paper: 817-354-8519
FAX to EMAIL: 817-510-1063

WSCO Program Outcome Data:
https://coarc.com/students/programmatic-outcomes-data/

Washington State College of Ohio is accredited by:
Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1411
312.263.0456 ● 800.621.7440
Fax: 312.263.7462 ● hlcommission.org

The National Board for Respiratory Care (NBRC)

The NBRC provides credentialing examinations for Respiratory Therapy and awards Respiratory Therapy credentials based on the results of those exams. In the United States, 49 states regulate the Respiratory Care Profession and all recognize NBRC examinations as the standard for state licensure.

More information can be found at NBRC.org or the NBRC can be contacted using the address and information below.

10801 Mastin Street, Suite 300
Overland Park, KS 66210

Email: info@nbrc.org

Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.712.9283

State Licensure

Ohio Licensure:
The State Medical Board of Ohio grants licenses and regulates the Respiratory Care Profession in the state. This board permits respiratory students to work in the field of Respiratory Care after applying for and being issued a Limited Permit. The board requires an RRT credential for new Respiratory Care Professional applications. The State Ohio Medical Board requires FBI and Ohio BCI background record checks for all applicants.

More information can be found at med.ohio.gov/Apply/Respiratory-Care-RC or the State Medical Board of Ohio can be contacted using the address and information below

State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, OH 43215

General Email: contact@med.ohio.gov
Licensure Inquiries: license@med.ohio.gov
Main Phone: 614-466-3934
Fax: 614-728-5946

West Virginia Licensure:
The West Virginia Board of Respiratory Care grants licenses and regulates the Respiratory Care Profession in the state. This board permits respiratory students to work in the field of Respiratory Care after confirmation of employment and applying for and being issued a Student Temporary Permit.

More information can be found at wvborc.com, or the West Virginia Board of Respiratory Care can be contacted using the address and information below

WVBORC
106 Dee Drive, Ste 1
Charleston, WV 25311

Phone: 304-558-1382
Fax: 304-558-1383

WASHINGTON STATE
COLLEGE OF OHIO

Respiratory Therapy Program

Current Information Sheet

Current Contact Information

NAME:_____
ADDRESS: _____
EMAIL: _____
PHONE: _____
CELL PHONE: _____

Emergency Contact Information

NAME: _____
PHONE: _____
CELL PHONE: _____

By signing below, I acknowledge receipt of the Respiratory Therapy Technology Handbook and take responsibility for its contents. I also pledge to take all NBRC Board exams in order to become a Registered Respiratory Therapist. I realize critical thinking and verbal communication are very important in Respiratory Care. I pledge to verbally participate and apply myself to the best of my abilities to be a successful critical thinker and ultimately, a Registered Respiratory Therapist, RRT.

Signature: _____ Date: _____