

## POLK STATE COLLEGE RESPIRATORY CARE PROGRAM ACADEMIC PROTOCOL

It is a Polk State College Respiratory Care Program policy that any student receiving a score of <u>less than 78% on any clinical practicum or clinical evaluation</u> will automatically be required to perform a minimum of three hours of lab time per week in the respiratory care program lab actively working on skills. This will be monitored and the student(s) will be required to sign in and out on a program approved time sheet located in the lab. This time will continue until the practicum, or evaluation is successfully passed with a 78% or better score.

Any student receiving less than 78% on a didactic course exam will be required to be in the lab for three hours per week until a score of 78% or better is attained on the next exam. Any student that receives less than a 78% on two or more exams, practicums, or evaluations in one or more courses, will be required to complete six hours of lab time per week. This will continue until the student receives a 78% or better score on the next exam, practicum, or evaluation for the courses in which they did not successfully pass initially. For example, if a student receives a score of less than 78% on a didactic course exam as well as a practicum, the six hours will be mandated until an exam and/or practicum is successfully passed with a 78% or greater, then three hours per week will be mandated until the other exam and/or practicum is passed with a 78% or greater.

If any student receives less than a 78% on three or more exams, practicums, or evaluations, they will automatically be placed on a written warning for substandard work and placed on an additional remediation plan. If the remediation plan is not completed successfully, dismissal from the program may be the outcome. Demonstration of the skill(s), knowledge as well as critical thinking are integral to successful program completion.

If a failing score is received on the last unit exam, clinical practicum, evaluation, or on the final exams, the student will be required to complete the lab hours into the next semester until the next unit exam, practicum, and/or evaluation is successfully completed.

This mandated lab time will occur on the students' time, and time spent in the lab during any class time will not count toward the time. Students who use this time socializing or studying other material, and not actively working on skill(s) /knowledge in the lab will not receive credit toward their mandated hours. Students who fail to complete the mandated hours will not successfully pass the course(s) related to the lab hours assigned and may be dismissed from the program.

In addition, any student who loses full points during a practicum for not performing a procedure correctly, whether or not it yields a failing practicum grade, will be required to complete three hours of lab time per week until further evaluation of the skill is observed at the clinical site. For students who lose partial points in this area, the lab time will be at the discretion of the Director of Clinical Education.



## POLK STATE COLLEGE RESPIRATORY CARE PROGRAM ACADEMIC PROTOCOL

Note: Please sign the acknowledgement and receipt of understanding statement and return to the Program

Director and/or Director of Clinical Education. Keep the second copy for your records.

Acknowledgement of Receipt and Understanding of Addendum I.

I, \_\_\_\_\_\_\_\_, have received this addendum and agree to abide

(Printed Name)

by the policy. I will complete any necessary lab hours as assigned. I have had the opportunity to ask and receive answers for my questions regarding this addendum. I understand it is my responsibility to complete any mandated lab hours as set forth on my own time and that I will actively work on skills and deficient areas during the time, not socialize or work on unrelated items. I further understand that failure to complete any assigned hours can result in a failing grade for the course(s) and may result in my dismissal from the Polk State College Respiratory Care Program. I am aware that it is my responsibility to communicate any needs, issues, or concerns regarding the completion of such hours to the Program Director and/or Director of Clinical Education. I have received a copy of this addendum to add to my Program Manual.

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