

**POLK STATE COLLEGE**  
**RESPIRATORY CARE PROGRAM**  
STATEMENT OF PHILOSOPHY

Respiratory Care is a growing, dynamic health discipline. In keeping with the developing nature of the profession, it is our philosophy the Respiratory Care Program at Polk State College should reflect and respond to the needs of the community and the profession. Our efforts will be continually directed at offering current and evidence-based practices for entering trainees and supplying to the community graduates with the skills and attitudes which enable them to become competent respiratory therapists.

**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).

**Program Mission:**

Polk State College and the Respiratory Care Program provide for career and lifelong learning experiences. Although the program is primarily intended to create employable respiratory care practitioners, the faculty of the Respiratory Care Program intends to help foster the skills, attitudes, and values needed in any endeavor one may pursue in the future. The Core Values of the college are: Integrity, Knowledge, Service, Leadership and Diversity. The following are program outcomes after successful completion of the Respiratory Care Program. The program graduates will be able to:

1. Display a sound basis in the scientific principles which form the foundation of respiratory care practice.
2. Understand the normal and abnormal states of cardiopulmonary physiology which are observed and/or treated in the clinical setting.
3. Demonstrate a clear idea of his/her role, responsibilities, ethics, and professional conduct to the patient, the physician, and other members of the health care team.
4. Apply the appropriate equipment, medical gases, and medications, which are utilized by the respiratory care professional.
5. Demonstrate the skills, techniques, and protocols associated with the safe practice of respiratory care.
6. Display the study habits which will be a resource for continued personal and professional growth.

The Respiratory Care Program is a health science program at Polk State College. The program has received accreditation through the Commission on Accreditation for Respiratory Care (CoARC). CoARC may be reached at (817)283-2835 or at its address: 1248 Harwood Road, Bedford, Texas 76021-4244.

The graduates of the Respiratory Care Program will acquire the A.S. degree in Respiratory Care. The graduates are required to successfully complete the entry-level examination that is administered through the National Board of Respiratory Care (NBRC). Upon successfully completing the entry-level exam the graduate will be a Certified Respiratory Therapist (CRT). Florida licensure is regulated under Florida Statute, Chapter 468 by the Florida Department of Health. The CRT credential is required in order to seek licensure in the state of Florida. Application is made to the Florida Department of Health with the CRT credential in order to be licensed and seek employment. Detailed information concerning the entry-level exam, registry exam, and licensure application will be completed in the last semester of the Respiratory Care Program.

Graduates of the Respiratory Care Program are required to take the Therapist Multiple Choice (TMC) examination administered by the National Board of Respiratory Care (NBRC). Upon passing the TMC exam, the graduate is granted the Certified Respiratory Therapist (CRT) credential by the NBRC. The CRT applies to the Florida Department of Health/Board of Respiratory Care; this allows the individual to become licensed under Florida Statute, Chapter 468, and accompanying rules and amendments. Upon receiving state licensure, the CRT is able to seek employment.

Once graduates have attained the registry-eligible requirements of the TMC examination, they may take the NBRC clinical simulation examinations. Upon passing both parts (TMC exam and the clinical simulations examinations), the RRT (Registered Respiratory Therapist) credential is obtained. After notification of this credential is sent to the Florida Department of Health and completion of the application process, licensure as a Registered Respiratory Therapist in the State of Florida is granted.

The Florida Department of Health Board of Respiratory Care is thorough in its requirements and background investigations associated with the licensure process. The Department of Health Board of Respiratory Care has the authority to deny licensure to applicants with a conviction for any offense other than a minor traffic violation. Prospective students should be aware that a Social Security number (SSN) is required to be issued to certificate or license by the Florida Department of Health, which is the licensing authority of healthcare licenses in Florida.

The following documents are from the American Association of Respiratory Care (AARC), a national society of health care professionals that is dedicated to maintaining the highest standards of practice in respiratory care. The first document is a Statement of Principles from the AARC. The second document is the AARC Statement of Ethics and Professional Conduct. The third document covers the Scope of Practice for the Respiratory Care Practitioner. Respiratory Care students must read these papers carefully for they will be expected to adhere to the contents.

# American Association for Respiratory Care

9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063

## Position Statement

# Definition of Respiratory Care

Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health. Respiratory Therapists apply scientific principles to prevent, identify, and treat acute or chronic dysfunction of the cardiopulmonary system. Knowledge of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and technology, enable respiratory therapists to effectively offer preventative care to, as well as assess, educate, and treat patients with cardiopulmonary deficiencies.

As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs. A variety of venues serve as the practice site for this health care profession including, but not limited to:

- acute care hospitals
- sleep disorder centers and diagnostic laboratories
- long term acute care facilities
- rehabilitation, research and skilled nursing facilities
- patients' homes
- patient transport systems
- physician offices and clinics
- convalescent and retirement centers
- educational institutions
- medical equipment companies and suppliers
- wellness centers

Effective 12/99

**Revised 12/06**

**Revised 07/09**

**Revised 07/12**

**Revised 4/14**

## REQUIREMENTS FOR THE RESPIRATORY CARE PROFESSION

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In addition to the immunization requirements, potential applicants should be aware that Respiratory Care is a physically, mentally, and emotionally demanding profession. In order to be admitted and retained in the program, all applicants and students must be able to demonstrate the ability to independently perform the following essential cognitive, affective, and psychomotor functions. These functions are:

- † Sufficient visual acuity, such as is needed in the accurate preparation and administration of medications, and for the observations necessary for safe patient assessment and care.
- † Sufficient auditory perception to receive verbal communication from patients and members of the health team, including occurrences where face masks are worn by personnel (which precludes lip reading), and to assess health needs of people through the use of devices such as cardiac monitors, stethoscopes, mechanical ventilators, fire alarms, and other equipment with alarms or auditory signals.
- † Sufficient gross and fine motor coordination to respond promptly; and to implement the skills required in meeting health needs including the manipulation of equipment and supplies.
- † Sufficient communication skills in speech, reading, and writing in the English language to interact effectively and safely with individuals, and to communicate patient needs promptly as may be necessary in rendering patient care.
- † Sufficient tactile ability to conduct physical assessments, to distinguish significant temperature differences, and to determine the safe use of objects in a person's environment.
- † Sufficient physical abilities to quickly move from room-to-room, to maneuver in small spaces and in spaces containing numerous pieces of patient care equipment, and to administer cardiopulmonary resuscitation and other life-saving skills in typical patient care situations.
- † Sufficient interpersonal abilities to interact therapeutically and professionally with individuals, families, and groups from a variety of social, cultural, and intellectual backgrounds, as well as with individuals with emotional or psychological illnesses.
- † Sufficient coping and communication skills to handle stressful situations in a calm and professional manner.
- † Sufficient intellectual and critical thinking skills to make safe and rapid clinical decisions; identify cause-and-effect relationships, and to develop safe and effective patient care plans.
- † Sufficient stamina to provide patient care and related responsibilities for extended periods of time (8-12 hours or more).
- † Sufficient ability to quickly and safely implement written or verbal patient care plans.
- † **Sufficient ability to effectively handle multiple priorities in a stressful situation.**

# **AARC Statement of Ethics and Professional Conduct**

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment
- Divulge no protected information regarding any patient or family unless disclosure is required for responsible performance of duty as authorized by the patient and /or family, or required by law
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals
- Promote disease prevention and wellness
- Refuse to participate in illegal or unethical acts
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others
- Follow sound scientific procedures and ethical principles in research
- Comply with state or federal laws which govern and relate to their practice
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, and beneficial relationships with all health professionals.

Effective 12/94

**Revised 12/07**

**Revised 07/09**

**Revised 07/12**

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## Position Statement

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# Respiratory Care Scope of Practice

Respiratory Therapists are health care professionals whose responsibilities include patient assessment, disease management, diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. The scope of practice includes the application of technology and the use of protocols across all care sites including, but not limited to, the hospital, clinic, physician's office, rehabilitation facility, skilled nursing facility and the patient's home.

These responsibilities are supported by education, research and administration. Diagnostic activities include but are not limited to:

1. Obtaining and analyzing physiological specimens
2. Interpreting physiological data
3. Performing tests and studies of the cardiopulmonary system
4. Performing neurophysiological studies
5. Performing sleep disorder studies

Therapy includes but is not limited to:

1. The application and monitoring of Medical gases and environmental control systems
2. Mechanical ventilator support
3. Insertion and care of artificial airways
4. Bronchopulmonary hygiene
5. Administrations of Pharmacological agents
6. Cardiopulmonary rehabilitation
7. Hemodynamic cardiovascular support
8. Sleep support

The focus of patient and family education activities is to promote knowledge and understanding of the disease process, medical therapy and self-help. Public education activities focus on the promotion of cardiopulmonary wellness.

Effective 8/87

**Revised 12/07**

**Revised 12/10**

**Revised 07/13**

# AARC at a Glance

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*AARC's mission is to advance the science, technology, ethics, and art of respiratory care through research and education for its members and to teach the general public about pulmonary health and disease prevention.*

## **Background**

The AARC is a not-for-profit professional association representing more than 37,000 members. Members include respiratory therapists, nurses, physicians, pulmonary laboratory technicians, home health providers, home medical equipment suppliers, industrial sales representatives, manufacturers of respiratory care equipment, and respiratory patients. A network of 50 state societies involves members in local and state activities.

Founded in 1947, the AARC is sponsored by the [American Thoracic Society](#), the [American College of Chest Physicians](#), and the [American Society of Anesthesiologists](#). For more than 50 years, the AARC has led the respiratory care profession in science, education and research. Its members are committed to providing exemplary respiratory care and improving lung health worldwide.

In addition to a Board of Directors, the AARC has a Board of Medical Advisors, a 16-member board of physician advisors representing sponsor organizations, plus the [American Academy of Pediatrics](#), the [American College of Allergy and Immunology](#), the [Society of Critical Care Medicine](#), and the National Association of Medical Directors in Respiratory Care.

## **Education**

The AARC co-sponsors and appoints representatives to the [National Board for Respiratory Care](#), the body that administers nationally recognized credentialing examinations. The AARC is dedicated to the improvement of patient care and offers several opportunities throughout the year for members to earn Continuing Respiratory Care Education credits (CRCEs), through a plethora of meetings, educational courses and symposia in all areas of respiratory care. The Association also offers CRCE Online – its newest high-tech Internet education system, available to all members 24/7 through the AARC web site.

## **Advocacy**

The AARC interacts with local, state, and federal government on public policies that affect our patients and our members. From Tobacco Settlement monies to Medicare and Medicaid reimbursement issues, to health-care reform proposals, the AARC keeps Congress, state and local policymakers and its members up to date on the issues that are important to patient care and respiratory practice. AARC Representatives are appointed to other organizations that work on common issues. These include the [Joint Commission on Accreditation of Healthcare Organizations](#), the American Hospital Association, the [American Medical Association](#) Panel of Consultants and the National Lung Health Program, among others.

### **American Respiratory Care Foundation**

The AARC sponsors the American Respiratory Care Foundation (ARCF). The Foundation is dedicated to furthering the art, science, quality, and technology of respiratory care. It is a non-profit organization supporting research, education and charitable purposes.

### **Publications**

The Association publishes RESPIRATORY CARE and *AARC Times*. RESPIRATORY CARE is the foremost scientific journal of the respiratory care profession and is included in *Index Medicus*. RESPIRATORY CARE features original research and case reports on topics such as chest radiographs, pulmonary function tests and blood gas analyses. *AARC Times* is the premier news and feature magazine of the profession and contains management tips, human-interest features, profiles of respiratory care leaders and more. In addition to these monthly publications, the AARC produces *Respiratory Care Patient-Driven Protocols*, *Orientation & Competency Assurance Manual*, *Uniform Reporting Manual for Subacute Care* and *Uniform Reporting Manual for Acute Care*.

### **Contact Information**

For more information, please [contact](#) us via e-mail, phone or regular post.



## **PROGRAM GUIDELINES**

Students are responsible for being familiar with and adhering to all college regulations appearing in the college's current general catalog.

### **COURSE REQUIREMENTS**

Learning objectives, textbook information and other requirements will be addressed on the first day of all classes.

### **DRESS CODE FOR CLASSROOM/LAB**

For the classroom and lab settings, the following will be the mandated dress code. Each student will be required to wear their program t-shirt/polo or a solid black or solid red polo shirt. The hem on all pants, skirts, dresses, shorts, capris pants, or other bottoms should be no shorter than two inches above the knee on any student.

### **ATTENDANCE POLICY**

Punctual and regular attendance is mandatory of students in all lectures, campus labs, and clinical labs.

### **CLASSROOM**

Regular attendance in the classroom and laboratory sessions is mandatory. When three (3) unscheduled absences are accumulated, the student may be issued a written warning. If an additional absence occurs, (4 days), the final letter grade will be reduced by one full letter grade. For every additional absence (1 day), the final grade will be reduced by an additional letter grade. In no case will a student receive a passing grade for a course if more than twenty percent (20%) of scheduled lectures is missed. **TARDIES:** *Being tardy is arriving later than the designated starting time for class. Three (3) tardies will count as one (1) absent day.*

### **CLINICAL**

Clinical days, including on-campus labs, are crucial to the student's ability to meet the clinical objectives of the course and the instructor's ability to evaluate the student's performance. Absence of 2 days of clinical time will result in a clinical warning. Absence of 3 days (or 10% of clinical time) will result in clinical probation. Absence of greater than 10% of clinical time may result in the student being unable to meet the objectives of the course and therefore may result in clinical failure.

*Any clinical absence requires notification of such absence at least one hour prior to the beginning of the clinical experience.* Each instructor will inform the student of the appropriate notification procedure. When phoning the clinical site to report an absence, the student is to obtain the name and title of the individual taking the report of absence call (if the clinical instructor cannot be contacted). Students who do not notify their instructor prior to the start of the clinical day or fail to show for the clinical experience may be placed on immediate clinical probation.

The clinical area, like the professional respiratory care workplace, is dependent on all team members being present at the designated time. Students are expected to be on time for a clinical experience and campus labs. Students who anticipate being late for a clinical experience must follow the same procedure for absence (as outlined by the instructor).

*Being late will count as a tardy. Three (3) tardies will count as one (1) absent.*

### **Clinical Evaluation Plan**

During the time the student is assigned to the clinical sites or laboratory, he/she will be evaluated on his/her understanding of each procedure and his/her effectiveness while working in the health care facility environment. The student will be evaluated in five (5) areas:

1. KNOWLEDGE or understanding of the procedure and the rationale for the procedure
2. PSYCHOMOTOR SKILLS or the ability to actually perform certain techniques and procedures
3. EFFECTIVENESS or rapport in the hospital environment; e.g. This includes attitude and social skills
4. Completion of mini-case studies and/or special procedures which will be discussed at the clinical post conferences during the semester
5. Completion of physician contact forms

### **I. KNOWLEDGE**

The student's competency in this area will be determined by the following methods:

1. Questions asked by the clinical coordinator, clinical instructors, preceptors, and other members of the health care team.
2. Quizzes (oral and written may be given at random).
3. A midterm and or final Clinical Skills Evaluation examination - as stated with each clinical Basic Course of Instruction (BCI).

### **II. PSYCHOMOTOR**

The student's competency in this area will be determined through observation by a clinical instructor, clinical coordinator, or designated clinical practitioner in the performance of a procedure within the clinical setting. The student is to be checked off in the competency in the lab simulation prior to being checked off in the clinical setting. Each clinical rotation will have a checklist of procedures and/or clinical evaluations that will be required during the specific clinical rotation. Each checklist will have a series of steps that the student must complete satisfactorily. Passing on the first attempt is equivalent to a score of 100%. Subsequent evaluations will be permitted as delineated in the Clinical Handbook. Students who have consistent difficulties in the performance of any procedure will be sent to the clinical laboratory for remediation in those skills. *All indicated clinical evaluations must be completed satisfactorily by the end of the semester and a passing score achieved on each.*

Each time a student finalizes a procedural check-off in the clinical setting, he/she will turn it into the CLINICAL COORDINATOR. The clinical instructor will provide instructions at each clinical site as to which practitioners will be serving as preceptors. Only designated PSC clinical instructors will be authorized to sign the successful clinical accomplishments.

Certain procedural items are to be included in the CLINICAL OBSERVATIONS sheet. Students will be required to observe these procedures and maintain a current list of activities; e.g. Hospital Tour, Cath Lab, Bronchoscopy, etc.

The clinical notebook will be maintained in the Clinical Coordinator's office. It is the student's responsibility to turn in the required paperwork to the Clinical Coordinator, who will then place the paperwork into the clinical notebook. Students will have access to view their clinical notebook via an appointment with the Clinical Coordinator.

### **III. EFFECTIVENESS**

The student's competency in this area will be evaluated by the following:

1. Attendance (absences and tardies).
2. Personal appearance.
3. Patient interaction and interaction with other healthcare personnel.
4. Compliance with hospital and respiratory care program policies.
5. Accuracy & completeness in the performance and documentation of assigned duties.
6. Satisfactory completion of pertinent evaluations.
7. Clinical Practicum(s)

These areas are evaluated by the clinical instructors and reviewed by the Clinical Coordinator.

#### **Rules Respiratory Care Students must conform to:**

Documentation in health care is critical. Students must maintain accurate and complete records of their experience while working toward the objectives and check-offs they must accomplish. During clinical practice, the clinical coordinator may ask to see students' clinical documents to check their progress. Students who don't maintain accurate records may not be credited with the work they have done. As in the respiratory therapist's profession, it is up to the individual to maintain true and faithful records of his or her own accomplishments.

Communications between all members of the health care team are of primary importance at all times. Students are expected to maintain open and honest communication with all members of the team, both inside and outside the clinical setting. ALL PATIENT INFORMATION IS CONFIDENTIAL! This will be discussed later in this document.

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The respiratory care student is a GUEST in each of the clinical affiliates in which he/she works or visits. As a representative of the Polk State College Respiratory Care Program the student is expected to behave in a professional manner at all times. The following are specific rules:

1. While working at an affiliate you will conform to the PSC Respiratory Care Program's specific dress code (This will be delineated in semester one: year one)
2. It is your responsibility to become familiar with the purpose of each clinical rotation, clinical objective(s), and overall goals of each clinical practice.
3. Effective communication is a two-way street, so you must do your part to have a successful relationship with your preceptor(s). You will direct your preceptor's attention to specific clinical objectives or skills you need to accomplish. Do not expect preceptors to know your specific needs. IT IS YOUR RESPONSIBILITY TO OBTAIN THE DESIGNATED CLINICAL CHECK-OFFS.
4. Be considerate of the feelings of the assigned practitioners with whom you are working. Remember they are working with you and doing their normal job duties at the same time.
5. You must comply with the documentation, safety, and procedure policies of the affiliate in which you are performing the clinical rotation. If you are puzzled by the way something is done, ask your preceptor for the reasons. Bring any unanswered questions about clinical matters, preceptors, or affiliates to the Clinical Coordinator if you are unable to obtain the answers.
6. Remember many procedures have more than one right way to be done. If you think you know a better way, then approach the subject with tact, and IN PRIVATE communicate your feelings to the preceptor. You are always encouraged to make CONSTRUCTIVE suggestions which might improve patient care.
7. *All patient information is privileged by law!* (Patient confidentiality law, FS.395.017). NEVER discuss patient care in a public place or with persons outside of the clinical setting or classroom. NEVER include a patient's name on any clinical work or assignment. This is not only the law, but a professional responsibility (see AARC statements on Ethics and Principles). You will be held to the highest standards.
8. If you are injured while in the clinical rotation you must report to your preceptor and the Clinical Coordinator at once. The procedures must be followed as outlined by the clinical affiliate, and the Florida Community College Accident - Incident Report form is to be completed as soon as possible. You are expected to demonstrate personal initiative when in the clinical setting. The clinical setting provides many new and often unexpected learning situations. You must take advantage of these sometimes unique situations.
9. The importance of the services you participate in cannot be over emphasized. Neither the student nor the clinical affiliates should ever think of your work as free labor. You are acquiring the skills of a graduate respiratory therapist.
10. While in clinical you will be constantly evaluated by hospital staff, administrators, and faculty. You will be judged on how well you handle yourself academically, clinically, and professionally. How well you perform in these areas will have a major impact on whether you will be considered as a potential employee with the affiliate. Be prepared and put your best effort forward at all times.
11. You will be expected to report to a designated area on time; ready to receive report and ready to work.

12. You will be expected to have the assigned scrub uniform and lab coat with the following:

- A watch with a second hand
- An approved medical stethoscope
- Approved hemostats
- Approved medical round-tip scissors
- Appropriate ink pen containing black ink (ink in any other color, including blue ink, is not allowed).
- One small spiral pocket notebook may be carried in your pocket
- Dana Oakes' text must be on your person during the clinical day
- Approved clipboard

13. You are expected to wear your PSC student identification name tag at all times.

14. Should you be unable to attend a scheduled clinical rotation for ANY reason you must contact the clinical coordinator and the appropriate clinical affiliate personnel BEFORE the start of the scheduled rotation.

15. As a student, your scope of practice differs from that of a licensed practitioner. You CANNOT do the following:

- You may NOT document any verbal, phone, or written orders
- You are NOT allowed to give medical advice to any patient or family member. ONLY LICENSED personnel are LEGALLY allowed to perform these specific tasks
- Each affiliate may have specific additional tasks that you are prohibited to perform. You are expected to abide by all laws and affiliate policies.

16. As of April 14, 2003, the Federal Government enacted HIPPA, the Health Insurance Portability and Accountability Act of 1996. Developed by the Department of Health and Human Services (HHS). These new standards provide patients with access to their medical records and more control over personal health information. It limits the ways health plans, pharmacies, hospitals, and other covered entities can use patients' personal medical information. This will be discussed further but it *emphasizes patient confidentiality*.

17. You will be held personally responsible for your actions while in the clinical setting. Should you have any questions, it is YOUR responsibility to ask for direction. Seek direction about affiliate policy from your preceptors, the hospital supervisors, or educators. Seek direction about PSC policy from the clinical coordinator.

### **HOSPITAL CAFETERIA-Lunch and Coffee Breaks**

All lunch periods and coffee breaks are to be scheduled by the clinical instructor. At all times the regulations of the specific facility must be followed (e.g. removing trays from tables, etc.). Coffee breaks are 15 minutes in duration, and the lunch period is 30 minutes in duration. No loitering is permitted in the cafeteria. DURING THE CLINICAL DAY, THE STUDENT IS ENTITLED TO ONE 30 MINUTE MEAL BREAK AND ONE 15 MINUTE BREAK.

## **TELEPHONE USAGE**

Personal phone calls are to be made only on student free time and NOT on hospital (departmental or patient room) phones. Students are not to receive incoming calls unless they are of an urgent or emergency nature. Incoming emergency calls are to be directed to the clinical instructor who will relay the message to the student. Be sure that family members are aware of which clinical facility you are in and the name of the clinical instructor to avoid confusion. *CELL PHONES ARE TO BE OFF AT ALL TIMES IN THE CLASSROOM/LAB SETTING! NO CELL PHONES ARE TO BE BROUGHT INTO THE HOSPITAL/CLINICAL SITE.*

## **PROTECTION FROM COMMUNICABLE DISEASE:**

The nature of the respiratory therapists work will require contact with individuals who have communicable diseases. The college and hospital utilize standard methods, usually guidelines established by the Center for Disease Control (CDC) or local health department, to guard against transmission/contraction of these types of diseases. It is extremely important that you adhere to the appropriate guidelines at all times. Students may not refuse to treat a patient merely because of the type of disease that the patient has. Students attend a blood-borne pathogen presentation and are instructed in the implementation of universal (standard) precautions for the treatment of all patients.

This program complies with the Occupational Safety and Health Administration (OSHA) regulations regarding exposure to blood-borne pathogens. All students will be informed of the opportunity for vaccination against Hepatitis B and must either take or refuse the vaccine. Documents regarding enrollment in the Hepatitis B program or refusal must be signed and will be kept in the student permanent record.

## **SUSPENSION OR DISMISSAL FROM CLINICAL ROTATION**

In addition to the policies listed in the college catalog, the following provisions also apply:

**Students may be suspended or dismissed from the clinical facility for violation of any program, respiratory care department, or hospital policy or regulation.** Errors committed in the process of learning are not considered to be violations unless they compromise safety, are constantly repeated, or if they reflect inadequate preparation on the part of the student after adequate instruction has been given. Students may also be suspended or dismissed if their progress is unsatisfactory and presents a safety hazard as evidenced by the clinical evaluation forms. Students may be immediately suspended from a clinical facility by the Clinical Instructor for any of the following reasons:

- A. extreme safety violations;
- B. upon request of department supervisory personnel; and/or
- C. inappropriate behavior as defined by the program, school, departmental, or hospital policy.

**Final disposition will be based on the school disciplinary policy.**

## GRADING SCALE (Academic and Clinical)

92.5 to 100	A
83.5 to 92.4	B
77.5 to 83.4	C
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65.5 to 77.4	D
Below 65.4	F

**NOTE:** Students must achieve a grade of “C” (77.5%) or better in all Respiratory Care courses to continue in the program. Grades of D+, D, and F are not passing for the Respiratory Care courses.

### COURSE DESCRIPTIONS

**RET 1024C** *Introduction to Respiratory Care* an introduction to the scientific basis for Respiratory Care, including medical terminology, microbiology, the cleaning of respiratory care equipment and computer basics. **3.0 Semester Hours**

**RET 1026C** *Fundamentals of Respiratory Care* Fundamental concepts in basic Respiratory Care techniques and use of associated equipment. Medical gas therapy, aerosol, humidity and supplemental oxygen therapy, lung expansion (hyperinflation) techniques, and airway clearance procedures are discussed. A foundation in pharmacology is also developed. **4.0 Semester Hours**

**RET 1485** *Cardiopulmonary Anatomy & Physiology* A detailed study of the structure and function of the heart and lungs including their interdependency. Acid-based physiology including arterial blood gas interpretation and its relationship to normal and abnormal physiologic states. **3.0 Semester Hours**

**RET 2483** *Patient Assessment and Interaction* An introduction to comprehensive patient assessment including ethics, patient interview, obtaining a history and physical exam, vital signs, documentation, problem solving, and critical thinking skills. **2.0 Semester Hours**

**RET 1264C** *Fundamentals of Respiratory Care II* A continuation of Fundamentals of Respiratory Care I. Topics discussed are airway management and mechanical ventilation. **4.0 Semester Hours**

**RET 1293** *Cardiopulmonary Medicine* An in-depth study of diseases, disorders, and conditions affecting the cardiopulmonary system approached through the case study of methodology. **4.0 Semester Hours**

**RET 1832** *Clinical Respiratory Care I* Clinical applications of Respiratory Care with an emphasis on basic respiratory care modalities to include medical gas therapy, aerosol and humidity therapy, hyperinflation techniques with airway clearance procedures, chest physiotherapy and related protocols. Some discussion of advanced techniques as mechanical ventilation and arterial blood gases. **4.0 Semester Hours**

**RET 1414** *Cardiopulmonary Diagnostics* Pulmonary function testing, electrocardiography including Advanced Cardiac Life Support protocols, hemodynamics, and noninvasive monitoring are discussed. **3.0 Semester Hours**

**RET 1534** *Special Topics in Respiratory Care* A continuation of mechanical ventilation is the first topic of the course. Other topics include special procedures in respiratory care, the study of in-patient and out-patient pulmonary rehabilitation, home care techniques for the patient with chronic cardiopulmonary diseases and an in-depth study of chronic cardiopulmonary disease. **3.0 Semester Hours**

**RET 1833** *Clinical Respiratory Care II* Continuation of Clinical Respiratory Care I. Areas of emphasis include arterial blood puncture and analysis, pulmonary function testing, mechanical ventilation and airway management. Other diagnostic and monitoring techniques are practiced. **2.0 Semester Hours**

**RET 2714** *Pediatric/Neonatal Respiratory Care* Instruction in the development and physiology of the fetal and neonatal lung, perinatal circulation, neonatal pulmonary disorders, treatment of prenatal patients with emphasis on respiratory care techniques, airway management and mechanical ventilation, pediatric therapy, drugs and dosages associated with the pediatric and neonatal patient. **3.0 Semester Hours**

**RET 2876** *Clinical Respiratory Care III* A continuation of Clinical Respiratory Care II. The emphasis is on therapist driven protocols, case management, and emergency medicine. Students rotate to rehabilitation, sub-acute and other specialty areas. Students continue to study mechanical ventilation management protocols including airway management techniques and respiratory care modalities in all age groups. **4.0 Semester Hours**

**RET 2934** *Respiratory Care Seminar* A summation course in Respiratory Care. Topics include licensure, certification, and registration procedures. A review of the two-year program with practice written tests and clinical simulations for preparation of the NBRC exams. Special areas such as pertinent calculations, hemodynamics, and problem-solving scenarios are stressed. Employability skills, resume writing, and job applications are covered. **3.0 Semester Hours**

**RET 2877** *Clinical Respiratory Care IV* A continuation of Clinical Respiratory Care III. During this final semester, students continue to practice skills in intensive care settings. Students apply advanced mechanical ventilation management protocols, airway maintenance techniques, hemodynamics and advanced respiratory care techniques in all age groups. An overview of clinical practice is offered. **4.0 Semester Hours**



## **ADVANCED STANDING PROGRAM GENERAL GUIDELINES**

### **OBJECTIVE**

The Respiratory Care Advanced Standing Program is designed to allow students who have completed a portion of their respiratory care education at other educational institutions to enter the Associate Degree Respiratory Care Program at Polk State College and receive conversion credit for those courses already completed. Once the transcripts and course descriptions from other institutions are evaluated by the Program Director, the student may be placed at the appropriate point in the PSC program. If the respiratory care education is older than one year or greater at the time of application to PSC, the student may be required to complete all of the respiratory care (RET) curriculum at Polk State College.

### **ELIGIBILITY**

Applicants seeking admission to the advanced standing program must apply directly to the Respiratory Care Program at PSC. The following documents must accompany the letter of inquiry:

1. Official transcripts from prior institutions
2. Course descriptions of the respiratory care courses from the college catalog at the previous institution
3. A listing of all respiratory care related work experience
4. For students who have already achieved the Certified Respiratory Therapist (CRT) credential, a notarized copy of the CRT certificate as well as the data listed in numbers 1, 2, and 3 above must be mailed to the program

### **PLACEMENT**

Placement will be based upon the transfer of equivalency credit, number of semester hours completed, letters of recommendation and clinical assessment from the prior educational institution and/or place of employment in which the applicant performed respiratory care duties. Placement of applicants will be done on an individual basis as determined by the Program Director.

### **PROGRAM COMPLETION**

Upon completion of all PSC respiratory care program requirements, the advanced standing student will receive the same diploma as regular students. For additional information, contact the Program Director at (863) 297-1010 extension 5423.

## **PROFESSIONAL ORGANIZATIONS**

Students are encouraged to join the professional organizations associated with the practice to respiratory care both as a student and following graduation. The primary organizations are as follows :

### **The American Association for Respiratory Care (AARC)**

**9425 N. MacArthur Blvd. Suite 100**

**Irving, Texas 75063-4706**

[www.aarc.org](http://www.aarc.org)

### **The Florida Society for Respiratory Care**

**P.O. Box 2500**

**Lutz, Florida 33548**

[www.fsrc.org](http://www.fsrc.org)

Benefits derived from membership in these organizations are numerous. A list of a few of the benefits is as follows:

- Reduced rates at seminars and meetings
- Professional journals mailed to your home
- Legislative input at the state and national level
- Professional protection as to compensation, etc.
- Job security through legislation (licensure)
- Opportunities for members to hold office
- Educational opportunities, scholarships, etc.

Applications for membership in these organizations are available through the Program Director, and the Director of Clinical Education of Respiratory Care, PSC.