

# Respiratory Therapy Program Student Handbook

Revised: January 2021



## Pittsburgh Career Institute

421 Seventh Avenue, Pittsburgh, PA 15219

412-281-2600

## TABLE OF CONTENTS

Program Officials .....	4
Section I Mission, Goals, Objectives .....	5
1.1 Introduction.....	6
1.2 Program.....	6
1.3 Program Description.....	7
1.4 Program Goals.....	6-7
Section II AARC and CoARC Resources .....	8
AARC Statement of Ethics and Professional Conduct .....	9
CoARC Accreditation and PSRC Mission and Vision Statement.....	10
CoARC Standards .....	11-18
Section III Program Resources .....	19
3.1 Guidance .....	20
3.2 Student Activities .....	20
3.3 Student Organization .....	20
3.4 Professional Organizations .....	20-21
3.5 Learning Resource Center.....	21
3.6 Tutoring .....	21
3.7 Laboratory .....	22
Section IV Academic/Didactic Policies and Procedures .....	23
4.1 Final Completion Objectives.....	24
4.2 Important Qualities of an RT .....	24-25
4.3 Scope of Practice for the Respiratory Therapist.....	25-26
4.4 Health Standards .....	26
4.5 Pittsburgh Career Institute Dress Code .....	26-27
4.6 Attendance Policy.....	27-28
4.7 Academic Integrity .....	28
4.8 Late Assignments and Make-up Exams.....	28-29
4.9 Call-off Procedure.....	29
Section V Clinical Policies and Procedures .....	30
5.1 General Overview.....	31
5.2 Nature of Work Required In Program .....	31
5.3 Clinical Experience Objectives .....	32
5.4 Clinical Education Assignment Process .....	32-33
5.5 Clinical Prerequisites .....	33
5.5A Health Requirements for Clinical Rotations.....	33-34
5.5B Criminal Background and Child Abuse Checks .....	34-35

5.6 Clinical Competency Guidelines .....	35-36
5.7 Clinical Scheduling.....	36-37
5.8 Clinical Attendance, Absence, and Tardiness Policies .....	37-38
5.9 Holidays .....	38
5.10 Incident reports.....	38
5.11 Accidental Needle Stick.....	38
5.12 General Rules of Behavior .....	38-39
5.13 Probation .....	39
5.14 Clinical Education Site Complaint Resolution.....	39
5.15 Accident/Injury.....	39
5.16 Clinical Education Affiliations.....	39-40
5.17 Clinical Coordinator Expectations of the Students.....	40
5.18 Recommendations for Clinical Education Assignments.....	40
5.19 Transportation .....	40
5.20 Clinical Education Site Dress Code.....	41
5.21 Infection Control Policy.....	41
5.22 Communicable Disease Policy .....	42-43
5.23 Student Employment .....	43
5.24 Confidentiality.....	43-44
5.25 Clinical Education Site Responsibilities .....	44
5.26 Responsibilities of PCI to the Clinical Education Site .....	45
Section VI: Student Competency Evaluations.....	46
6.1 Introduction.....	47
6.2 Didactic and Clinical Competency Evaluation System .....	47-48
6.3 General Plan for Clinical Education and Competency Evaluations .....	48
6.4 The Respiratory Therapy Competency Evaluation Form .....	48-49
6.5 Grading a Competency .....	49
Appendix A: Accident/Injury Forms.....	50-53
Appendix B: Required Competencies.....	54-58
Acknowledgement of Respiratory Therapy Program Handbook.....	60

## **RESPIRATORY THERAPY PROGRAM OFFICIALS**

### **Respiratory Therapy Program Director:**

Peggy Brinton, RRT, MSc  
Office: (412) 281-2600 ext. 145  
Fax: (412) 209-0479  
Email: [pbrinton@pci.edu](mailto:pbrinton@pci.edu)

### **Respiratory Therapy Clinical Coordinator:**

Jocelyn Richter, RRT, CPFT, RPSGT, BS  
Office: 412-281-2600 Ext. 104  
Fax: (412) 209-0479  
Email: [jrichter@pci.edu](mailto:jrichter@pci.edu)

## **SCHOOL OFFICIALS**

### **School President**

Dr. Patti Yakshe, MA, PhD  
Office: (412) 281-2600  
Email: [pyakshe@pci.edu](mailto:pyakshe@pci.edu)

# Section I

## Mission, Goals, Objectives



## **1.1 INTRODUCTION**

This manual has been designed to assist with the orientation of the Respiratory Therapy student to the Pittsburgh Career Institute (PCI) and the Respiratory Therapy Program. It is also to serve as a resource for policies and procedures through the length of the program. The information in this manual is specific to the Respiratory Therapy Program, and is to be used in conjunction with the school catalog, which is the official document of the school's general policies and procedures. Students are required to review and abide by its contents, and keep this handbook with them while they are at their clinical site.

Upon completion of the program, each graduate will have completed training for:

- Entry level competence in respiratory therapy
- Professionalism and ethics
- Respect for the rights and roles of others in the medical environment
- Self-motivation toward continuing professional education.

## **1.2 PROGRAM**

The Respiratory Therapy Program provides educational opportunities for students to develop knowledge, skills, and attitudes conducive to the challenges within the field of respiratory therapy. Experiences prepare students in a variety of settings to practice effectively with clients with diverse health needs.

## **1.3 PROGRAM DESCRIPTION**

The Respiratory Therapy program at Pittsburgh Career Institute is designed to prepare students 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) in a variety of health care settings. Upon completion of this program the student will be able to demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their roles as respiratory therapists, as well as show the technical proficiency and the professional behavior consistent with employer expectations. The core curriculum is structured to include a lecture component, a laboratory component, and an integrated clinical component. The final clinical portion of the curriculum consists of supervised experiences in a clinical environment, which requires competencies, logs, and evaluations completed by the student. At the conclusion of the program, graduates who have diligently attended class and their clinical portions, studied, and practiced their skills will have the skills to seek entry-level employment as respiratory therapists.

## **1.4 PROGRAM GOALS**

The Respiratory Therapy program at Pittsburgh Career Institute is designed to prepare students with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice. All graduates of the Respiratory Therapy Program of Pittsburgh Career Institute are expected to meet the following core competencies:

- Qualified to begin contemporary practice in the career of their choice
- Models the values and ethics of their chosen professional role
- Able to utilize technology and information resources appropriately
- Effective communicators with patients, their families, and team members
- Able to work collaboratively with diverse individuals and groups

All PCI Respiratory Therapy Program graduates will have demonstrated satisfactory knowledge in the following core didactic areas:

- Basic human anatomy and physiology
- Medical terminology
- Medical law and ethics
- Health and safety regulations and standards
- General pathology.
- Basic medical electronics and medical instrumentation

They will demonstrate satisfactory knowledge in the areas of General Education, Respiratory Therapy and Allied Health Sciences including: communication skills, psychology, physics, chemistry, and microbiology.

## Section II

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

**Pennsylvania Society for Respiratory Care (PSRC)**

**Committee on Accreditation for Respiratory Care (CoARC)**

### Resources



## **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
- Seek educational 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 the responsible performance of duty authorized by the patient and/or family, or required by law
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals
- 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

## **Pennsylvania Society For Respiratory Care (PSRC)**

The stated purpose of the PSRC is to advance the art and science of respiratory care through educational publications and programs for its members, other medical professionals, and the general public and to promote pulmonary health and disease prevention.

### **PSRC Mission & Vision Statements**

**Mission:** To represent Respiratory Therapists in Pennsylvania

**Vision:** To be recognized as the leading organization for respiratory care in Pennsylvania.

#### **Core Values:**

Professionalism ·  
Do what's right ·  
Passion  
Vision  
Provide community  
Take action  
Growth

#### **Core Strategies:**

Education  
Advocacy  
Membership

### **CoARC ACCREDITATION**

Accreditation is a status that provides assurance to prospective students, their families and the general public that an institution, or a program, meets minimum requirements (i.e., Accreditation Standards) and that there are reasonable grounds to believe the institution (or program) will continue to meet those standards in the future. Accreditation is a mechanism for assuring academic quality in higher education.

- Accreditation is assurance that a respiratory care program meets the quality standards established by the profession.
- Accreditation helps students and their parents choose quality respiratory care programs.
- Accreditation enables employers to recruit graduates they know are well-prepared.
- Accreditation is used by registration, licensure, and certification boards to screen applicants.
- Accreditation gives higher education institutions a structured mechanism to assess, evaluate, and improve the quality of their programs.

The Commission on Accreditation for Respiratory Care (CoARC) is the sole nationally recognized authority for the accreditation of first professional degree programs in respiratory care. CoARC's mission is to serve the public by promoting high quality respiratory care education through accreditation services.

CoARC and its sponsoring organizations cooperate to establish, maintain, and promote educational standards of quality to prepare individuals for respiratory care practice, and to provide recognition for degree-granting, postsecondary educational programs that meet the minimum requirements outlined in the Accreditation Standards for Entry into Respiratory Care Professional Practice.

Program accreditation by CoARC is necessary in order to be eligible for the National Board for Respiratory Care (NBRC) professional credentialing examinations. A graduate is required to have completed an accredited CoARC program in order to be eligible to take the exams. CoARC accredited programs are quality programs that provide professionally required knowledge and skills, and employment marketability. Graduating from a CoARC accredited program offers employers assurance that you have the expected professional knowledge and skills, and have experienced a curriculum that is relevant to today's health care setting.

# **CoARC STANDARDS**

## **ACCREDITATION STANDARDS FOR ENTRY INTO RESPIRATORY CARE PROFESSIONAL PRACTICE**

### **I. PROGRAM ADMINISTRATION AND SPONSORSHIP**

#### **Institutional Accreditation**

**1.01** An educational sponsor must be a post-secondary academic institution accredited by a regional or national accrediting agency that is recognized by the U.S. Department of Education (USDE) and must be authorized under applicable law or other acceptable authority to award graduates of the program an associate or higher degree at the completion of the program.

#### **Consortium**

**1.02** When more than one institution (e.g., consortium) is sponsoring a program, at least one of the members of the consortium must meet the requirements in Standard 1.01. The consortium must be capable of providing all resources necessary for the program. The responsibilities of each member must be clearly documented in a formal affiliation agreement or memorandum of understanding, which delineates responsibility for all aspects of the program including instruction, supervision of students, resources, reporting, governance and lines of authority.

#### **Sponsor Responsibilities**

**1.03** The sponsor must be capable of providing required general education courses or have a process for accepting transfer credit from other regionally or nationally accredited institutions for these courses, and must be capable of providing the didactic and laboratory instruction, as well as the clinical experience requisite to respiratory care education.

**1.04** The sponsor is responsible for:

- a) Curriculum planning, course selection and coordination of instruction by program faculty
- b) Continued professional growth of faculty

**1.05** For students and faculty at satellite locations, the sponsor must provide access to academic support services and resources equivalent to those on the main campus.

**1.06** Program academic policies must apply to all students and faculty regardless of location of instruction.

**1.07** The sponsor must report substantive change(s) (see Section 9 of the CoARC Accreditation Policies and Procedures Manual) to the CoARC within the time limits prescribed. Substantive change(s) include:

- a) Change of Ownership/Sponsorship/Legal status or Change in Control
- b) Change in the degree awarded
- c) Addition of an Entry into Respiratory Care Professional Practice degree track
- d) Change in program goal(s)
- e) Change in the curriculum or delivery method
- f) Addition of the Sleep Specialist Program Option
- g) Request for Inactive Accreditation Status
- h) Voluntary Withdrawal of Accreditation

- i) Addition of (a) Satellite location(s)
- j) Requests for increases in Maximum Enrollment
- k) Change in Program Location
- l) Vacancy in Key Personnel positions
- m) Change in Key Personnel
- n) Change in institutional accreditor

## **II. INSTITUTIONAL AND PERSONNEL RESOURCES**

### **Institutional Resources**

**2.01** The sponsor must ensure that fiscal, academic and physical resources are sufficient to achieve the program's goals and objectives, as defined in Standard III, for all program locations, regardless of the instructional methodology used.

### **Key Program Personnel**

**2.02** The sponsor must appoint, at a minimum, a full-time Program Director, a full-time Director of Clinical Education, and a Medical Director.

### **Program Director**

**2.03** The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include: fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

**2.04** The PD of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

The PD of a program offering a bachelor's or master's degree must have earned at least a master's degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

**2.05** The PD must:

- a) hold a valid Registered Respiratory Therapy (RRT) credential and current state license;
- b) have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) have a minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

**2.06** The PD must have regular and consistent contact with students and program faculty regardless of program location.

**2.07** The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience.

There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

**2.08** The DCE of an associate degree program must have earned at least a baccalaureate degree from an academic institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

The DCE of a program offering a bachelor's or master's degree must have earned at least a master's degree from an accredited institution accredited by a regional or national accrediting agency recognized by the U.S. Department of Education (USDE).

**2.09** The DCE must:

- a) Hold a valid RRT credential and current state license;
- b) Have a minimum of four (4) years' experience as a Registered Respiratory Therapist with at least two (2) years in clinical respiratory care;
- c) Have a minimum of two (2) years' experience teaching in an accredited respiratory care program either as an appointed faculty member or as a clinical preceptor.

**2.10** The DCE must have regular and consistent contact with students, clinical faculty, and clinical affiliates in all program locations.

### **Medical Director**

**2.11** A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care.

### **Primary Sleep Specialist Instructor**

**2.12** For programs offering the sleep specialist program option, there must be a faculty member designated as the primary instructor for that portion of the program. In addition to the CRT-SDS, RRT-SDS, or RPSGT credential, this individual must have a minimum of an associate degree, at least three (3) years of clinical experience in sleep technology and at least one (1) year of experience in an appropriate teaching position.

### **Instructional Faculty**

**2.13** In addition to the key personnel, there must be sufficient personnel resources to provide effective instruction in the didactic, laboratory, and clinical setting. In clinical rotations, the student to faculty ratio cannot exceed 6:1.

**2.14** For programs with satellite location(s), the program must assign a faculty member who is a Registered Respiratory Therapist to be site coordinator at each location. This individual is responsible for ensuring uniform implementation of the program on that site and for ongoing communication with the Program Director and Director of Clinical Education of the program.

### **Administrative Support Staff**

**2.15** There must be sufficient administrative and clerical support staff to enable the program to meet its goals and objectives as defined in Standard III.

### **Assessment of Program Resources**

**2.16** The program must, at least annually, use the CoARC Resource Assessment Surveys to assess the resources described in Standard II. The survey data must be documented using the CoARC Resource Assessment Matrix (RAM). The results of resource assessment must be the basis for ongoing planning and appropriate change in program resources; any deficiency identified requires development of an action plan, documentation of its implementation, and evaluation of its effectiveness as measured by ongoing resource assessment.

## **III. PROGRAM GOALS, OUTCOMES, AND ASSESSMENT**

### **Statement of Program Goals**

**3.01** The program must have the following goal defining minimum expectations: “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).” For programs offering the sleep specialist program option, the program must have the following additional goal defining minimum expectations: “To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS).”

For programs offering a bachelor’s or master’s degree, the program must have the following additional goal defining minimum expectations: “To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to acquisition of skills in one or more of the following: management, education, research, advanced clinical practice (which may include an area of clinical specialization).”

**3.02** Program goal(s) must form the basis for ongoing program planning, implementation, evaluation, and revision. In addition, optional program goal(s) and outcomes must be reviewed annually by program personnel to ensure compatibility with the mission of the sponsoring educational institution.

**3.03** Optional program goals and expected student learning outcomes must be compatible with nationally accepted standards of roles and functions of registered respiratory therapists and with those of registered sleep disorders specialists for programs offering the sleep specialist program option.

**3.04** The communities of interest served by the program include, but are not limited to, students, graduates, faculty, college administration, employers, physicians, and the public. An advisory committee, with representation from each of the above communities of interest (and others as determined by the program) must meet with key personnel at least annually to assist program and sponsor personnel in reviewing and evaluating program outcomes, instructional effectiveness and program response to change along with addition of/changes to optional program goals.

### **Assessment of Program Goals**

**3.05** The program must formulate a systematic assessment process to evaluate the achievement of its goal(s) and expected student learning outcomes.

### **Student Evaluation**

**3.06** The program must have clearly documented assessment measures by which all students are regularly evaluated, on their acquisition of the knowledge, skills, attitudes, and competencies required for graduation. The program must conduct and document evaluations equitably and with sufficient frequency, to keep students apprised of their progress toward achieving the expected competencies, and to allow prompt identification of learning deficiencies and the development of a means for their remediation within a reasonable time frame.

For programs providing distance education with on-line exams or quizzes as part of the evaluation process, the program must provide evidence that testing assures academic integrity. Program faculty must demonstrate evidence of review of academic integrity processes for quality and fairness.

**3.07** The program must develop and implement processes that reduce inconsistency among individuals who perform clinical evaluations.

### **Assessment of Program Outcomes**

**3.08** Program outcomes must be assessed annually, using the standardized CoARC surveys of employers and graduates.

### **Reporting Program Outcomes**

**3.09** The program must, at a minimum, meet the outcome thresholds established by CoARC regardless of location and instructional methodology used.

**3.10** The program must use the standardized CoARC electronic reporting tool to submit an annual Report of Current Status to CoARC. The Report must contain an appropriate analysis and action plan for all sub-threshold outcomes.

**3.11** Programs not meeting the established CoARC outcomes assessment thresholds must develop an appropriate plan of action for program improvement that includes addressing the identified shortcomings.

### **Clinical Site Evaluation**

**3.12** The program must define and maintain consistent and effective processes for both the initial and ongoing evaluation of all clinical sites to ensure that clinical resources and student supervision at each site are sufficient to facilitate achievement of program goals.

## **IV. CURRICULUM**

### **Minimum Course Content**

**4.01** The curriculum must include content in the following areas: oral and written communication skills, social/behavioral sciences, biomedical/natural sciences, and respiratory care. This content must be integrated in a manner that promotes achievement of the curriculum's defined competencies.

**4.02** The curriculum must include preparation for practice as a respiratory therapist with exposure to a broad variety of practice settings (e.g., hospital, long-term care, home care, clinic/physician office). For programs offering a bachelor's or master's degree, the program must include content related to leadership development in management, education, research AND/OR advanced clinical practice (which may include an area of clinical specialization).

**4.03** Curricular content in respiratory care must be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by registered respiratory therapists entering the workforce, as established by the national credentialing agency through its periodic job analysis and credentialing examination specifications. For the sleep specialist program option, curricular content must also be periodically reviewed and revised to ensure its consistency with the competencies and duties performed by sleep disorder specialists in the workforce, as established by the national credentialing agency through its periodic job analysis and outlined in its credentialing examination specifications. These nationally accepted standards must be the basis for formulating the objectives and competencies of the program's curriculum. In addition to the annual reviews related to outcomes on the credentialing exams, an extensive review of curricular content must be conducted after any revision in the national credentialing agency content outline. For programs offering a bachelor's or master's degree, curricular content must also be periodically reviewed and revised to ensure its consistency with the stated leadership goal(s) of the program.

### **Core Competencies**

**4.04** Graduates must be competent to perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.

**4.05** Graduates must be able to function within inter-professional teams and communicate effectively with diverse populations. The curriculum must prepare students to work with a variety of populations including, but not limited to, individuals of various ages, abilities, and ethnicities.

**4.06** Graduates must be competent in the application of problem solving strategies in the patient care setting.

**4.07** Graduates must be competent in the application of ethical decision making and professional responsibility.

**4.08** The minimum length of the program must be two academic years of full-time instruction, or its equivalent. The program must ensure that the duration of the learning experiences (didactic, laboratory, and clinical) are sufficient for students to acquire the expected knowledge and competencies.

## **Equivalency**

**4.09** The program must ensure that course content, learning experiences (didactic, laboratory, and clinical), and access to learning materials are equivalent for each student regardless of where that experience was acquired.

## **Clinical Practice**

**4.10** The program must secure formal written, duly executed agreements or memoranda of understanding with all clinical education sites. These agreements/memoranda must describe the relationship between the program and the clinical site and clearly delineate the roles of the program, its sponsor, and the clinical site.

**4.11** The program must be solely responsible for the selection and coordination of clinical sites as well as ensuring that the type, length, and variety of clinical experiences are sufficient for students to acquire all required competencies. Students must not be responsible for: the selection of clinical sites; the determination as to which competencies should be mastered at a given clinical site; or the acquisition of clinical instructors at these sites.

## **V. FAIR PRACTICES AND RECORDKEEPING**

### **Disclosure**

**5.01** All published information, such as web pages, academic catalogs, publications and advertising, must accurately reflect each respiratory care program offered.

**5.02** At least the following must be defined, published, and readily available to all prospective and enrolled students:

- a) The accreditation status of both the sponsor (including consortia members where appropriate) and the program, along with the name and contact information of the accrediting agencies;
- b) Admission and transfer policies;
- c) Policies regarding advanced placement;
- d) Required academic and technical standards;
- e) All graduation requirements;
- f) Academic calendar;
- g) Academic credit required for program completion;
- h) Estimates of tuition, fees and other costs related to the program;
- i) Policies and procedures for student withdrawal, probation, suspension, and dismissal;
- j) Policies and procedures for refunds of tuition and fees;
- k) Policies and procedures for processing student grievances;
- l) Policies addressing student employment in the profession while enrolled in the program.

### **Public Information on Program Outcomes**

**5.03** A link to the CoARC published URL, where student/graduate outcomes for all programs can be found, must appear on the program's website and must be available to all applicants and to the public.

## **Non-discriminatory Practice**

**5.04** All activities associated with the program, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

**5.05** Student grievance and appeal procedures must include provisions for both academic and non-academic grievances and a mechanism for evaluation that ensures due process and fair disposition.

**5.06** Faculty grievance procedures must be applicable to, and made known to, all faculty in the program.

**5.07** Programs granting advanced placement must document that students receiving advanced placement have:

- a) Met program-defined criteria for such placement;
- b) Met sponsor defined criteria for such placement, and
- c) Demonstrated appropriate competencies for the curricular components in which advanced placement is given.

## **Safeguards**

**5.08** The health, privacy, and safety of patients, students, and faculty associated with the educational activities and learning environment of the students must be adequately safeguarded.

**5.09** 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 shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

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

## **Academic Guidance**

**5.11** The program must ensure that students have timely access to faculty and academic support services for assistance regarding their academic concerns and problems, regardless of location of instruction.

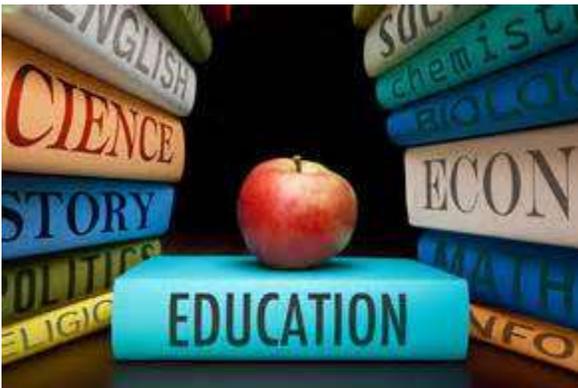
## **Student and Program Records**

**5.12** Records of student evaluations must be maintained securely, confidentially, and in sufficient detail to document learning progress, deficiencies and achievement of competencies. These records must remain on file for at least five (5) years whether or not the student ultimately completes all requirements for graduation.

**5.13** Program records must provide detailed documentation of program resources and achievement of program goals and outcomes. These records must be kept for a minimum of five (5) years.

# Section III

## RT Program Resources



### 3.1 GUIDANCE

Students will be faced with many new situations during their education experiences and may frequently need help in making adjustments or solving problems. They should not hesitate to consult the faculty in these matters. The student is responsible for arranging conferences, as necessary, for the purpose of private discussions. Trained admissions, financial aid, and career services representatives, along with the Respiratory Therapy Program Director and Clinical Coordinator, are available to assist with enrollment, financial aid, and other related difficulties.

### 3.2 STUDENT ACTIVITIES

Social recreational activities depend largely upon the wishes of the class. The faculty believes that social activities play an important part in the development of well-adjusted individuals. Proper forms must be submitted to the Pittsburgh Career Institute administration for approval prior to any social or recreational function of the Respiratory Therapy Program that is identified as a class activity. Examples of such activities include guest lectures, field trips, conferences, and seminars.

### 3.3 STUDENT ORGANIZATIONS

All Respiratory Therapy students at Pittsburgh Career Institute are provided the option to become a member of industry-related student organizations.



### 3.4 PROFESSIONAL ORGANIZATIONS

Respiratory Therapy students are encouraged to become student members and participate at all levels of professional organizations. The following are professional societies that offer opportunity for professional development, scientific competitions, and scholarships:

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

Is the leading national and international professional association for respiratory care. The AARC encourages and promotes professional excellence, advances the science and practice of respiratory care, and serves as an advocate for patients and their families, the public, the profession and the respiratory therapist.

Any respiratory care student enrolled in an AARC recognized or accredited educational program is eligible for Student Membership. AARC Student Membership benefits include subscriptions to Respiratory Care and *AARC Times*, and much more:

All AARC members get a one-time **\$40 discount on an NBRC exam.**

## **Scholarships**

The [American Respiratory Care Foundation \(ARCF\)](#) is the arm of the AARC that supports projects and charitable endeavors to advance the profession. Please visit the ARCF's website's [Awards Section](#) to learn more about their [Undergraduate Awards](#), [Postgraduate Student Awards](#), [Research Fellowships/Abstract Awards](#), [Research Awards](#) and other awards.

## **International Council for Respiratory Care**

### **International Fellowship Program: [irccouncil.org](http://irccouncil.org)**

The International Council for Respiratory Care (ICRC) is dedicated to advancing the safe, effective and ethical practice of respiratory care worldwide through the following initiatives:

- Promoting the art, science, clinical practice and educational foundation required for the attainment of high quality respiratory care outcomes in all nations;
- Developing and disseminating evidence-based standards of care according to the special needs and resources of individual nations;
- Facilitating interaction among and between the allied health professions, nursing, the medical specialties, hospitals and clinics, service companies and industry;
- Encouraging the creation and growth of related respiratory care organizations in individual nations, and
- Providing educational resources for patients, caregivers and the general public in respiratory health promotion, disease prevention and rehabilitation as appropriate in individual nations.

## **The National Board for Respiratory Care, NBRC**

Strives for excellence in providing credentialing examinations and associated services to the respiratory community, and intends to remain at the forefront of the testing field by offering valid, reliable credentialing examinations, consistent with leading measurement standards and techniques. The NBRC remains vibrant by taking a creative, open-minded attitude toward change and new opportunities for growth.

## **3.5 LEARNING RESOURCE CENTER**

The Learning Resource Center (LRC) supports the mission of Pittsburgh Career Institute by providing appropriate resources to supplement each program of study and services to enhance and reinforce learning objectives.

The collection is carefully selected to support students as they advance through their programs of study, and includes quality, full-text, peer-reviewed articles from scholarly journals and electronic books. Instructional materials for students and faculty are designed to facilitate access to information. Pittsburgh Career Institute has many courses that require students to utilize the Learning Resource Center collection and other resource materials. These assignments include research projects, presentations, literature reviews, analysis of industry trends, and professional development.

The LRC is open Monday through Thursday from 8:00am until 5:00pm and on Friday from 8:00am until 4:00pm.

### **3.6 TUTORING**

Tutoring is available with Pittsburgh Career Institute faculty, by appointment. Peer tutors may be available for various subjects. Please see your Program Director for further information and/or to make arrangements.

### **3.7 LABORATORY**

The Respiratory Therapy laboratory provides hands on resources to mimic “real life” scenarios in order to reinforce and enhance didactic learning. Students are encouraged to utilize the laboratory for improving skills and/or for requesting additional instructional time. Students are required to make arrangements with the Program Director when using the laboratory to ensure no classes are in session during their desired time. Students are not permitted to practice skills on SimMan without the supervision of faculty.

The Respiratory Therapy laboratory is open Monday through Thursday 8:00 am to 5:00 pm by appointment only and Friday 8:00 am to 4:00 pm.

The Respiratory Therapy laboratory is regulated and maintained by OSHA standards. Rules and regulations will be strictly enforced. If a student fails to abide by the rules, they will forfeit their laboratory privileges and will only be allowed in the laboratory with direct supervision by a faculty member. Students and faculty are required to abide by the following rules:

- Dress code – dress attire will adhere to the same standards of Clinical Education (5.20). PCI scrubs and proper shoes will be worn while in the laboratory. No open toed shoes allowed.
- No drinks or food of any kind allowed
- Protective apparel will be worn when practicing blood draws or invasive procedures
- Equipment will be returned to its assigned location after each use
- Equipment, tables, etc. will be disinfected and cleaned after each use
- Students are expected to act in a professional manner

## Section IV

# Academic/Didactic Policies and Procedures For the Respiratory Therapy Students



**This section is specific to Respiratory Therapy students. It is to serve in conjunction with the PCI School Catalog in providing comprehensive policies and procedures for Respiratory Therapy students. Please note, the policies and procedures included here may be more prescriptive than those listed in the School Catalog.**

## **4.1 FINAL COMPLETION OBJECTIVES**

The Respiratory Therapy program at Pittsburgh Career Institute is designed to prepare students 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) in a variety of health care settings.

Upon completion of this program the student should be able to demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their roles as respiratory therapists, as well as show the technical proficiency and the professional behavior consistent with employer expectations.

At the conclusion of the program, graduates who have diligently attended class and their clinical, studied, and practiced their skills should have the skills to seek entry-level employment as respiratory therapists.

A graduate of the Pittsburgh Career Institute Respiratory Therapy Program has been trained to:

- Demonstrate cognitive behavior in the clinical setting as performed by registered respiratory therapists.
- Exhibit psychomotor skills in the clinical setting as performed by registered respiratory therapists.
- Demonstrate attitudes and behaviors in the clinical setting as performed by registered respiratory therapists.
- Describe the methodology utilized by the respiratory care practitioner.
- Articulate the fundamentals of respiratory care.
- Recognize the medical components of the human body by thorough study of anatomy and physiology.
- Demonstrate a working knowledge of diagnostics, treatments and rehabilitation in respiratory care.
- Analyze the workings of ventilator therapy and other artificial breathing apparatus.
- Differentiate among the various components of effective respiratory care.
- Be recommended to the National Board for Respiratory Care to be allowed to sit for the appropriate credentialing examination.

## **4.2 IMPORTANT QUALITIES OF A RESPIRATORY THERAPIST**

**Compassion.** Respiratory therapists should be able to provide emotional support to patients undergoing treatment and be sympathetic to their needs.

**Detail oriented.** Respiratory therapists must be detail oriented to ensure that patients are receiving the appropriate treatments and medications in a timely manner. They must monitor and record various pieces of information related to patient care.

**Interpersonal skills.** Respiratory therapists interact with patients and often work as part of a team. They must be able to follow instructions from a supervising physician.

**Patience.** Respiratory therapists may work for long periods with patients who need special attention.

**Problem-solving skills.** Respiratory therapists need strong problem-solving skills. They must evaluate patients' symptoms, consult with other healthcare professionals, and recommend and administer the appropriate treatments.

**Science and math skills.** Respiratory therapists must understand anatomy, physiology, and other sciences and be able to calculate the right dose of a patient's medicine.

### **4.3 SCOPE OF PRACTICE FOR THE RESPIRATORY THERAPIST**

Respiratory therapists are important members of the health care team. They work under the medical direction of doctors to treat all types of patients, ranging from premature infants whose lungs are not fully developed to elderly people with lung disease.

Respiratory therapists diagnose, assess, monitor, and treat patients suffering from dysfunctions of the cardiopulmonary system, including any type of disease or disorder that impacts breathing and lung capacity. Respiratory therapy continues to be a vital part of patient care due to rising incidences of chronic lung conditions and diseases.

Becoming a respiratory therapist and serving as a vital part of the allied healthcare team means meeting specific education, certification, and state licensing requirements.

All CoARC-accredited programs aim to produce graduates proficient in certain key areas:

- Oral and written communication skills
- Respiratory care
- Biomedical/natural sciences
- Social/behavioral sciences

All accredited programs include specified respiratory care content to include curriculum that covers:

- Care of the adult, pediatric, and newborn patient
- Provision of healthcare services to patients with transmissible diseases
- Community respiratory health
- Fundamental principles of evaluating current scientific literature
- Disease management
- Health promotion
- Legal and ethical aspects of respiratory care practice

Respiratory therapy programs include classroom, laboratory, and clinical experiences designed to promote an understanding of all aspects of respiratory care. The clinical components allow therapists to earn course credit and gain supervised, practical experience treating patients.

#### **Coursework in an accredited respiratory care degree program include:**

- Cardiopulmonary physiology
- Neonatal respiratory care
- Clinical application of respiratory care
- Pharmacology
- Respiratory health promotion/disease prevention
- Human Anatomy and Physiology
- Chemistry
- Physics
- Microbiology
- Mathematics
- Therapeutic and diagnostic procedures and tests
- Equipment
- Patient Assessment

- Cardiopulmonary Resuscitation (CPR)

After completing a CoARC-approved respiratory therapy degree program, candidates for state licensure must take and pass the Therapist Multiple-Choice (TMC) Examination to earn the Certified Respiratory Therapist (CRT) examination, which is the basis for licensing in all states. Respiratory therapists choose to pursue the Registered Respiratory Therapist (RRT) credential, the advanced-level credential in the field of respiratory care.

It is important for respiratory therapists to understand that, although their state licensing board may require them to possess only the CRT credential for initial licensure, most employers now demand that candidates for respiratory therapy jobs possess the RRT credential.

#### **4.4 HEALTH STANDARDS**

Administrative personnel at clinical agencies and in the all the health science programs believe that health science students and the public with whom they come in contact must be protected against communicable diseases and unsafe practice. Each health science student must assume responsibility for meeting the health and safety requirements and abide by the following:

- Students must submit a completed immunization and vaccination policy form.
- An annual TB skin test must be documented. In the event the TB (Mantoux) test is positive, a negative chest x-ray must be documented. First year must complete a two-step TB (Mantoux)
- Healthcare facilities may require that health science students have a drug screening test completed prior to attending clinical experiences.
- In addition, students may not be allowed to participate in clinical experiences if they test positive for illegal drugs or prescription drugs without physician authorization. Moreover, positive drug tests may prevent the health science graduate from taking certain national certification or licensing exams. Finally, healthcare facilities may not hire students or graduates who have a record of illegal drug use or abnormal drug tests.
- Students are required to have a complete physical exam prior to participation in clinical/externship experiences.

#### **4.5 DRESS CODE FOR RESPIRATORY THERAPY STUDENTS**

All Allied Health programs at Pittsburgh Career Institute are provided with scrubs for class and clinical rotation. **Once received, these scrubs must be worn at all times.** They should be clean and neat, and must fit and be worn appropriately: for example, pants must be worn at the waist, not baggy and falling around the hips; and undergarments and skin must not be visible.

##### At all times:

- ✓ Students are expected to be well-groomed at all times.
- ✓ Facial piercings are permitted unless a safety concern is posed due to the nature of your studies. A programmatic dress code will be enforced in these cases. Additionally, when on a clinical or externship site, the student must follow the dress code policy of that site.
- ✓ Hair color other than those considered natural is permitted. However, when on a clinical or externship site, the student must follow the dress code policy of that site. In some cases, a student may be required to change their hair color.
- ✓ Hats or headgear are not permitted to be worn in the classroom. This includes bandannas and scarves. In certain lab and clinical courses, you may be expected to wear a head cover as Personal Protective Gear.

- ✓ Fingernails must be short and clean. Acrylic or artificial nails must be kept “active length” and clean.
- ✓ Headphones are not permitted to be worn in the classroom or in the hallways of the school.
- ✓ Jewelry is limited to one wedding band, watch, and small stud or hoop earrings. No large earrings or multiple rings will be accepted.
- ✓ In accordance with OSHA guidelines, proper footwear is an issue of safety in the laboratory environment. Therefore, open-toe shoes, flip-flops, or sandals are not permitted in any lab. Shoes may include tennis shoes or clogs, but may not be made of cloth or have holes on the tops of them. Boots are allowed only in the Veterinary Technician program due to the nature of instruction but must be impermeable, steel toed, or a rain boot. Scrubs are not to be tucked into boots at any time. UGG and/or fashion boots are permitted in lecture classes only. Students must bring a change of shoes during winter months. When on a clinical or externship site, the student will ensure s/he follows the dress code policy of the site.
- ✓ PCI apparel or medical scrub jackets (no specific color) are only to be worn with PCI scrubs in the school, classrooms, and labs. Long sleeve shirts are acceptable to wear underneath scrubs. Jean jackets, vests, coats, etc. are not to be worn over PCI scrubs. Students are required to wear scrubs with or without a scrub jacket during all laboratory activities.
- ✓ Any manner of dress that the Administration deems disruptive or distracting to the rest of the class is unprofessional and not acceptable. Students in violation of the dress code will receive a verbal advisory and will be expected to avoid wearing the same attire again. and may be sent home and marked absent without excuse for the day. Repeat offenses will result in progressive and appropriate disciplinary action.
- ✓ In addition to the above guidelines, the following regulations are to be followed prior to receipt of uniforms, and on documented “dress down days”.
- ✓ Shorts are permitted; however, they must not be “threadbare” or “holey.” The minimum acceptable length for shorts or skirts is where the student’s fingertips touch the thighs during a relaxed standing position.
- ✓ Tube-tops, tank tops and back-less shirts or blouses are prohibited.
- ✓ Bare midriffs are not acceptable, neither is the display of the navel.
- ✓ Extreme displays of the chest of male or female students are not appropriate.
- ✓ T-shirts or sweatshirts with cartoons, illustrations, sayings, limericks or statements of sexual, racial or ethnic nature presented in an intimidating, negative, demeaning or provocative manner are not acceptable.

***PLEASE REFER TO THE CLINICAL SECTION OF THIS MANUAL FOR ADDITIONAL REGULATIONS SPECIFIC TO CLINICAL ROTATIONS***

**4.6 ATTENDANCE POLICY**

Regular classroom attendance is not only essential for academic achievement, but is also a fundamental building block for success after graduation. As part of the course requirements, students must attend at least 80% of the scheduled time for each on-campus course in order to achieve satisfactory attendance. However, students are permitted excused absences per course that do not exceed 10% of the overall course hours for medical and/or legal reasons. Excused absences will not be included in the calculation to determine 80% attendance. Students must supply documentation for excused absences. Excused absence documentation must be submitted within 48 hours of return to class.

All students enrolled in clinical or externship courses are required to complete all scheduled hours and record attendance throughout the scheduled course to achieve satisfactory attendance. Students who do not achieve satisfactory attendance may earn a grade of “W” on their transcripts and may be required to repeat the course. **Attendance also includes tardiness or early departures.**

Students who are not in attendance for any portion of a class will accrue time absent by the minute as reflected on each daily roster. Students who have been absent from all their scheduled classes for more than 14 consecutive calendar days, not including scheduled Institute holidays or breaks, and/or students who officially withdraw from all current courses will be administratively withdrawn. The school reserves the right to extend the 14-day timeframe due to extraordinary circumstances that affects the entire student population.

Attendance is determined by class and semester.

- Students who miss more than 10% of the scheduled course hours may be placed on attendance probation. Students on attendance probation are advised that employment potential is negatively impacted by a lack of a reliable attendance history. If conditions of the attendance probation are violated, a student may be terminated from the program.
- Students whose absences exceed 20% of the scheduled hours in an individual course will be dropped from the course and will receive a grade of “W”. The course must be repeated in its entirety if a second attempt appeal is accepted.
- Clinical and/or Externships: Students are required to complete 100% of their clinical/externship hours. If students miss any externship time, arrangements for make-up time must be made with the clinical/externship site supervisor and appropriate school personnel. Students will not be considered to have completed their clinical class or externship until the site supervisor has certified all required attendance hours.
- Students who are issued grades of “W” for all scheduled courses will be withdrawn from school and required to fulfill re-entry requirements should they chose to return. Re-entry into the school may include a period of non-enrollment of up to 6 months and dependent on an accepted academic appeal to the Academic Appeal Committee.

For students who are receiving veterans’ benefits, the Department of Veterans Affairs will be notified whenever students are placed on attendance probation or are terminated for failure to meet attendance requirements. The Department of Veterans Affairs will also be notified if a student re-enters following such termination. NOTE: Terminated VA students are not re-admitted into their program of study for a minimum of one semester.

### **APPEALS OF ATTENDANCE WITHDRAWALS**

Students who receive a course grade of “W” due to absences may submit an appeal to the Chief Academic Officer. The appeal must be in writing and submitted within one business day of the “W” grade being issued. In the appeal, the student must explain the circumstances that contributed to the excessive absences and what action s/he has implemented to resolve the circumstance and prevent it from happening in the future. The Chief Academic Officer reviews each appeal case. The Chief Academic Officer will render a decision, and may provide guidance for strategies for improvement. The decision regarding readmission will be based upon factors such as grades, historic attendance record, student account balance, conduct, and the student’s commitment to complete the program.

## **4.7 ACADEMIC INTEGRITY**

An instructor may give a failing grade to any student who plagiarizes, violates copyright laws or cheats in a class or course. The failing grade may be on an assignment, test, exam, or for an entire course. All alleged violations of the institution's Academic Integrity Policy will be immediately reported by the instructor to the Program Director. Student(s) found to be in violation of the school's Academic Integrity Policy will be subject to disciplinary action. Please refer to the school's catalog for more information on this policy.

## GRADING SYSTEM

The following grading scale is used for all students except those completing the Diagnostic Medical Sonography Program:

<b><u>Grade</u></b>	<b><u>Grade Points</u></b>	<b><u>Percentage*</u></b>		
<b>A</b>	4.0 Excellent	90 - 100		
<b>B</b>	3.0 Good	80 - 89		
<b>C</b>	2.0 Average	70 - 79		
<b>F</b>	0.0 Failure	Below 70		
<b>AU</b>	Audit		<b>I</b>	Incomplete
<b>P</b>	Pass		<b>PR</b>	Proficiency
<b>T</b>	Transfer Credit		<b>W</b>	Withdraw
<b>WP</b>	Withdraw - LOA		<b>NP</b>	Not Pass

\*PCI rounds up to the next whole percentage point at .50 and rounds down to the next whole percentage point at 0.49.

The following grading scale is used for students completing the Diagnostic Medical Sonography Program for all courses attempted:

<b><u>Grade</u></b>	<b><u>Grade Points</u></b>	<b><u>Percentage*</u></b>		
<b>A</b>	4.0 Excellent	90 - 100		
<b>B</b>	3.0 Good	80 - 89		
<b>C</b>	2.0 Average	75 - 79		
<b>F</b>	0.0 Failure	Below 75		
<b>AU</b>	Audit		<b>I</b>	Incomplete
<b>P</b>	Pass		<b>PR</b>	Proficiency
<b>TC</b>	Transfer Credit		<b>W</b>	Withdraw
<b>WP</b>	Withdraw - LOA		<b>NP</b>	Not Pass

\*PCI rounds up to the next whole percentage point at .50 and rounds down to the next whole percentage point at 0.49.

Students enrolled in the Diagnostic Medical Sonography (DMS) Program or Respiratory Therapy (RT) Program must achieve a "C" or better in all DS, DMS, RR, or RT coded courses within two attempts of any single course. Students who fail to meet this requirement will be automatically withdrawn from PCI. "W" grades account for an unsuccessful attempt. "WP" grades do not account for an unsuccessful attempt.

Grade reports are available to students at the completion of each semester. Course grades are based on the quality of work as shown by written tests, laboratory work, term papers, clinical assignments, and projects as indicated on the course syllabus. Earned quality points are calculated for each course by multiplying the quality point value for the grade received for the course times the credit-hour value of the course. For example, a 4.0 credit course with a grade of "B" would earn 12.0 quality points [credit value of course (4) times quality-point value of "B" (3)]. The Cumulative Grade Point Average (CGPA) is calculated by dividing the total earned quality points by the total credits completed.

## **4.8 LATE ASSIGNMENTS AND MAKE-UP EXAMS**

In order to move effectively and successfully through PCI courses, specific deadlines for all assignments will be clearly stated in the course syllabus. PCI's learning model revolves around skill development and concept formation through collaborative learning. Therefore, students are expected to meet these deadlines.

Should a student be unable to meet a deadline, it is expected the student will make arrangements in advance with the instructor to turn work in late. A penalty for late work may be assigned at the discretion of the faculty member. **If a student does not make prior arrangements with the instructor and fails to turn individual work in on time, the following penalties may be applied:**

- **Make-Up Work:** Within 48 hours following an absence, students may seek approval from the course instructor to make up work missed due to the absence. Make-up work may be permitted under extenuating circumstances or an excused absence. Eligibility for makeup work for an unexcused absence is at the discretion of the course instructor and is not guaranteed. Make-up exams are permitted on the day the student returns to school, provided the student has notified the instructor via phone or email that they will miss the exam, and the reason, prior to the exam time. Students who miss more than 2 exams due to unexcused absences will not be permitted to make up the exam. The student is responsible for contacting the instructor to arrange a time for exam make-up. Exams are not permitted to be made up during scheduled class times. Quizzes are not eligible for make-up.
- To receive an Incomplete (I) grade, the student must work directly with his/her instructor to receive an extension to complete the required coursework. This may be done no later than the last day of the term. The student must be passing the course at the time the Incomplete grade is issued. Incomplete grades that are not completed with two weeks after the beginning of the next term will be converted to a "F" and will affect the student's CGPA. PCI reserves the right to extend the time needed to fulfill the Incomplete.
- Make up tests, labs and competencies will be at the discretion of the instructor. **The make-up work must be complete within one week of the missed work.** This is specific to exams, labs, or competencies. Please note – make-up work may be permitted, but class hours will not.
- Time spent on completion of the make-up work or exams will not be counted toward class attendance. There will be no fees or charges incurred by the student for make-up work.

These policies are intended to promote communication between faculty members and students. We encourage students to work with their instructors to meet the course requirements while balancing their professional and personal obligations.

## **4.9 CALL-OFF PROCEDURE**

A student must call the Respiratory Therapy Program Director or Clinical Coordinator **PRIOR TO THE START OF CLASS** if they are going to be **absent or more than 15 minutes late to class** to schedule arrangements to make-up exams, assignments, etc.

If the student is absent from class, they must make up the exam the next day they attend their classes. It is at the Program Director's discretion to allow additional time for make-up based on extenuating circumstance with provided documentation from the student.

# Section V

## Clinical Policies and Procedures



## **5.1 GENERAL OVERVIEW**

The purpose of clinical education is to acquire proficiency in the knowledge, insight, and skills required to become a respiratory therapist. The development of the interpersonal skills necessary to care effectively for patients and dealings with other members of the health care delivery team is of utmost importance. The classroom education you received during your respiratory care program give you the foundation you need to practice in the profession. But the hands on training you get during your clinical rotations provide the practical know-how necessary to actually deliver respiratory care to patients.

Clinical rotation for RT students are the application and on the job training of theory and learned in the classroom.

## **5.2 According to the nature of the work required in the RT program, the student must be able to:**

- Interview and examine patients with breathing or cardiopulmonary disorders
- Consult with physicians to develop patient treatment plans
- Perform diagnostic tests to further evaluate patients
- Treat patients by using a variety of methods, including chest physiotherapy and aerosol medications
- Monitor and record the progress of treatment
- Supervise respiratory therapy technicians during tests and evaluate the findings of the tests
- Teach patients how to use treatments
- Respiratory therapists take blood samples and analyze proper levels to ensure effective ventilation and oxygenation
- Respiratory therapists connect patients to ventilators and monitor appropriate ventilation and oxygenation to the lungs
- Respiratory therapists who work in home care, teach patients and their families the proper use of home ventilators and other life-support systems. During these visits, the respiratory therapist may inspect and clean equipment, check the home for environmental hazards, and ensure that patients know how to use their medications. Respiratory therapists also make emergency home visits when necessary.
- Respiratory therapists have additional roles such as diagnosing sleep apnea, pulmonary rehab, and smoking cessation programs.

### **5.3 CLINICAL EXPERIENCE OBJECTIVES**

Orientation to Clinical Site—after having received information concerning the clinical site the student will be able to:

- Locate the various departments found within the clinical site.
- Return or obtain supplies from various departments at the clinical site.
- Identify rooms within the Respiratory Department.
- Locate fire and emergency equipment and exits.

Professional Ethics—given the essential information through class lecture relating to the practice of professional ethics, the students will:

- Practice professional behavior within the Respiratory Department.
- Observe confidentiality and treat patients with respect and empathy.
- Observe departmental policy and procedures.
- Practice effective, accurate, and clear communication.
- Be aware of legal responsibilities in the healthcare environment.

Equipment operation and safety—after completing this unit of study, the student will be able to:

- Identify and use equipment
- Handle equipment carefully and safely.

Patient care related to:

- Attend to the general care and comfort of the patient.
- Use universal precautions.
- Use sterile techniques for those procedures that require it.
- Obtain and record vital signs as required.
- Effectively assist in emergency situations.
- Communicate effectively with patients, families of patients, co-workers, and supervisory personnel.
- Obtain pertinent information from patient chart and/or patient.

Preventative Maintenance—in the clinical setting, the student will be able to:

- Apply the knowledge and principles of equipment operation.
- Report malfunctioning of equipment to the proper person.
- Describe malfunction issues to service personnel.

### **5.4 CLINICAL EDUCATION ASSIGNMENT PROCESS**

Students must have successfully completed all prerequisite core-coursework with a minimum Grade Point Average (GPA) of 2.0 prior to assignment at a clinical education site. The program officials handle all of these arrangements, and students may **NOT** contact the clinical education sites unless directed to do so by a program official.

While students may express a preference for clinical assignment location, final decisions are made by program officials and in accordance with assuring all students appropriate learning opportunities to fulfill required clinical experiences. Students may be required to travel to geographically dispersed clinical education settings. The school will attempt to assign sites that are within a 60-mile radius of the School, **however, this may not always be possible. Students are responsible for their own transportation to and from the clinical education site.** All students are required to respect and follow all dress codes and

clinical standards and procedures while at the clinical education site, including wearing a visible student nametag at all times while at the clinical education site.

Students who decline or are removed from two clinical education sites may be required to withdraw from the program. In such an event, PCI makes no assurances as to when or if other sites will be available. The clinical education site has the right to remove any student who demonstrates disregard for program and/or the site's policies and procedures. The school reserves the right to terminate any student who is removed from a site for any reason.

## **5.5 CLINICAL PREREQUISITES**

Students will complete a drug screening prior to clinical education rotations. Drug testing can occur at any time during clinical education rotations if testing is deemed warranted by the clinical site or PCI.

Students are required to complete a criminal background check and child abuse background check prior to assignment at a clinical education site. All costs associated with this process are the sole responsibility of the student. Certain results of these checks may preclude a student from assignment to clinical rotations. In these cases, the student may need to be dismissed from the program due to inability to complete required competency training and practice.

Students are required to have evidence of successfully completed a CPR course, a statement of general health signed by a health practitioner and verified by the Respiratory Therapy program officials prior to assignment at a clinical education site.

CPR Certification class and certification are included in the curriculum and will be obtained prior to the first clinical rotation.

At the time of enrollment at Pittsburgh Career Institute, the student accepts full responsibility for all medical treatment and care and/or disability for any illness and/or injury incurred while on campus or at a clinical education site. Neither Pittsburgh Career Institute nor the clinical education site is required to carry medical insurance or worker's compensation coverage on students. Pittsburgh Career Institute will not accept responsibility for medical or other costs incurred by sick or injured students while on campus or at the clinical education site.

### **5.5A HEALTH REQUIREMENTS FOR CLINICAL ROTATIONS**

A TB screening program for personnel is an integral part of a health care facility's comprehensive TB control program. The screening program should be based on the facility-specific risk assessment. It may be advisable to screen immuno-compromised personnel every 6 months.

Baseline PPD testing of all personnel (including personnel with a history of bacille Calmette-Guérin [BCG] vaccination) during their pre-employment physical examination or their application for hospital privileges will identify personnel who have been previously infected. For the baseline testing, a two-step procedure for personnel without a PPD test in the past 12 months can be used to minimize the likelihood of confusing reactivity from an old infection (boosting) with reactivity from a recent infection (conversion). Decisions concerning the use of the two-step procedure for baseline testing in a particular facility should be based on the frequency of boosting in that facility.

Please refer to the following link for additional information regarding the process:  
[http://www.cdc.gov/ncidod/dhqp/id\\_tb\\_excerpts.html](http://www.cdc.gov/ncidod/dhqp/id_tb_excerpts.html)

The Pittsburgh Health Department does not charge for PPD testing:

Tuberculosis Program

*Oakland Location*

3441 Forbes Avenue

Pittsburgh, Pa 15213

Phone: 412.578.8084 FAX: 412.578.7905

Clinic: 412.578.8162

Office Hours for Testing: Mon, Tue, Fri 8:30am - 12 pm: 1pm - 4pm

Tuberculosis Program

*Lawrenceville Location*

3901 Penn Avenue

Pittsburgh, Pa 15224

Office Hours for Testing: Mon, Tue, Fri 9am - 12 pm: 1pm - 4pm

<http://www.cdc.gov/HAI/organisms/tb.html>

The 2<sup>nd</sup> step is to be completed 1-3 weeks after the 1st injection with the results being read 72 hours later. The results after this second step will be your baseline. Step 1 would then need to be repeated on an annual basis.

We also require that students ensure they are vaccinated against, or confirm immunity against, chicken pox. All immunization and other health requirements must be received by the school no later than 14 days before the start of clinical.

## **5.5B CRIMINAL BACKGROUND AND CHILD ABUSE CHECKS**

Agencies and institutions that accept our students for externship, clinical education and potential employers may require a criminal and/or personal background check. Students with criminal records that include felonies or misdemeanors (including those that are drug-related) or personal background issues such as bankruptcy might not be accepted by these agencies for internship/externship or employment following completion of the program. Some agencies may require candidates to submit a drug test. In these cases, employment and internship decisions are outside the control of PCI.

Students will be required to complete a criminal background and child abuse check prior to participation in clinical externships. The results of these checks must be received by the school no later than 14 days before the start of clinical for a student to be eligible for placement on clinical rotation. Students may not be allowed to participate in clinical experiences if they have a pending or prior conviction. Certain criminal convictions may prevent the health science graduate from taking national certification or licensure exams.

Certain results of these background checks and drug testing may preclude a student from assignment to clinical rotations. In these cases, clinical assignment eligibility decisions are outside the control of PCI as they are dependent on the policies of each clinical site.

If it is determined that the results of any or all of these tests disqualify a student from eligibility for assignment to appropriate clinical rotations, the student will be dismissed from the program due to inability to complete required competency training and practice.

### 1. FBI Background Check

<https://www.identigo.com>

Once on the link, click Get Fingerprinted, then Pennsylvania. Click Digital Fingerprinting. Enter ID Code: 1KG756. Hit Go. Click Schedule or Manage Account. Fill out the information and register. Make sure to take the receipt from the online registration to the fingerprinting site.

### 2. Criminal Background Check

<https://epatch.state.pa.us/Home.jsp>

On this site click on Submit a New Record and put in the necessary information.

After the check is complete, another link will be provided to allow you to print off your background check.

### 3. Child Abuse Background Check

[Pennsylvania Child Abuse History Clearance Form \(CY-113\)](#) found on this website

<http://www.dpw.state.pa.us/>

Print the form and fill out all the required information. Check : Individual over 14 years of age for reason.

## **5.6 CLINICAL COMPETENCY GUIDELINES**

**Safety Orientation**—each clinical training site should orientate the student to its safety procedures. This orientation should include:

- Fire, chemical, electrical safety
- Location of safety equipment
- Instruction in safety procedures
- Personal health and hygiene
- Site safety regulations and procedures.

**Workplace Hazards-** Workplace hazards are conditions that expose students to recognized risks, such as chemical, electrical, and fire hazards, that could cause serious physical injury.

Occupational Safety and Health Administration (OSHA) is an agency of the United States Department of Labor. It was created by Congress to prevent work-related injuries, illnesses, and deaths by issuing and enforcing rules (called standards) for workplace safety and health. OSHA aims to ensure employee safety and health in the United States by working with employers and employees to create better working environments. Students are educated at the clinical education setting regarding the following:

- Universal precautions
- Tuberculosis awareness
- Fire Safety
- Hazardous materials (chemical, electrical, bomb threats, etc.)
- Blood-borne pathogens

### **Pittsburgh Career Institute Workplace Hazards Policy**

The OSHA Blood borne Pathogens Standard 29CFR 1910.1030

The Occupational Safety and Health Administration promulgated the Blood borne Pathogens Standard in 1992 to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens. Based on a review of

the information in the rule making record, OSHA has made a determination that employee's face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain blood borne pathogens. The Agency further concludes that these exposures can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions.

Web Link: <http://www.osha-slc.gov/SLTC/bloodborne pathogens/index.html>

## **STUDENT RIGHTS AND OBLIGATIONS**

Students have the right to be informed about blood borne pathogen hazards in their work areas and to be properly trained to work safely with these agents.

Students have the right to file a complaint with the Pennsylvania Department of Labor if they feel they are being exposed to unsafe or unhealthful working conditions. Employees cannot be discharged, suspended, or otherwise discriminated against because of filing a complaint or exercising their right under the law.

Students are required to adhere to all safety regulations and procedures. Failure to do so is grounds for dismissal from Pittsburgh Career Institute. The safety sign-off form should be returned to the program official at PCI within 2 weeks of starting at a clinical education site.

**Clinical Rotations**—during the time that students are assigned to a clinical education site, they may be expected to participate not only in respiratory therapy procedures, but other procedures as long as their clinical education is not being compromised.

### **5.7 CLINICAL SCHEDULING**

Students will not replace any paid staff and will be clearly identified as a student.

Students are not permitted to be paid for clinical rotation hours. All students may be assigned to day, evening, late night, or weekend shifts as long as proper supervision is maintained, equitable rotation schedules, in cases of multiple students, is provided and appropriate variety of respiratory therapy procedures are observed. In the case of “observation,” at a clinical site, the student must not assist in or perform any aspects of patient care during observational assignments.

All requested changes to assigned clinical rotations must be arranged with the Clinical Site and the Clinical Coordinator. Any unassigned hours will not be counted toward overall clinical time. The Clinical Site, Clinical Coordinator, and Program Director must approve all schedule changes in advance.

Personal vacations are to be scheduled only during times when classes/clinical training are not in session.

Attendance documentation—Students are required to keep a record of clinical hours that are accrued on a weekly basis. The Clinical Site (assigned RT) and Clinical Coordinator must validate the attendance form.

Classroom attendance—unless otherwise notified, students shall attend class at the school in addition to attending clinical rotation assignments, as designated by their class schedule.

Overtime Clinical Hours—special circumstances, which may cause students to work over the schedule period, must be documented and approved by the Clinical Coordinator and Clinical Site. Students shall

NOT be scheduled for more than 12 hours per day, 40 hours per week. This includes a combination of class and clinical hours.

Breaks and lunch periods—standard practice accepts a morning break and afternoon lunch period. The student must take these breaks, but is expected to observe the departmental policy and not take advantage of it. Lunch periods must be recorded on the student timesheet.

Personal phone calls—no personal phone calls should be received or made while in the clinical area except for emergencies. Departmental telephones may not be used for personal calls. You will need to use the public telephone for personal use. Cell phones and beepers are not allowed during clinical education time.

When not busy, there will be no loitering. Use idle time for cleaning and/or stocking rooms, learning to operate equipment, reviewing procedure manuals and studying when approved in advance by the Clinical Site.

## **5.8 CLINICAL ATTENDANCE, ABSENCE AND TARDINESS POLICIES**

Students must attend clinical rotation on the days and hours designated by PCI. **Days or times may not be rearranged without permission from the Clinical Coordinator and the Clinical Site and cannot occur on a routine basis.** In the event a student will be absent from a site, the student must call the Clinical Site at least one hour prior to the start time. The student must also call the Program Director and/or Clinical Coordinator at the school. Students must include the name of the person spoken with at the facility. If the Clinical Site or PCI determines that a student is not reliable for any reason, including absences and/or tardiness, the student may be removed from the site and may be dismissed from the program.

**Students are required to attend 100% of required clinical hours.** All hours must be completed over the full timeframe scheduled for the externship/clinical period. Students are not permitted to complete the required number of hours early. It is the responsibility of a student to provide the school with a time sheet signed by the Clinical Site (assigned RT) documenting hours completed for each week. If a student has missed any clinical time, arrangements for make-up time must be made with the Clinical Site and Clinical Coordinator. Students are expected to follow the Academic Calendar of PCI; therefore, scheduled school holidays and breaks are not permitted to be used for making up clinical time. For a list of scheduled school holidays and breaks, please refer to the school's catalog addendum. Students will not be considered to have completed their clinical course until the Clinical Coordinator or Program Director has certified all required attendance hours have been met.

Students are expected to arrive at the clinical education site no less than **15 minutes** prior to the scheduled clinical rotation time. Each student will be held accountable for each clinical education site's published tardiness policy. If the clinical education site does not have its own published tardiness policy, then the student is expected to follow the PCI Respiratory Therapy Program tardiness policy. This policy states that a student will be considered tardy if they are more than 15 minutes late. Accumulation of two tardiness occurrences will result in a verbal warning and will be considered an absence. An additional occurrence will warrant a written warning. Four occurrences will be considered two absences and any further occurrences will result in the student being issued a "W" grade. If such instance occurs, the student will repeat the clinical education rotation in its entirety.

Failure to arrive promptly will be reflected on the student's Clinical Evaluation. Students need to be aware of their clinical education site tardiness policy. Unless the clinical site tardy policy is more stringent, students that are more than 15 minutes late from their scheduled start time will be counted tardy.

The loss of clinical experience and opportunities cannot be duplicated with make-up of clinical days at the clinical education site. Make-up time is contingent upon several factors, including the receiving approval of the Clinical Coordinator and Clinical Site, and only under extenuating circumstances, i.e., jury duty, illness, death in immediate family, etc. Students are strongly encouraged to make up all absences the same week of the absence.

### ***Additional PCI Attendance for Clinical Students***

Students must attend clinical rotations on the days and hours designated by the site. Students are required to complete 100% of the hours required for each course. A maximum of 2 absences are allowed per term, or 10-week period. The hours missed due to these absences must be made up to achieve 100% of the required hours per course. In the event a student will be absent from a site, the student must call the site and the appropriate school official prior to their start time. Should the site supervisor or school/program official determine that a student is not reliable for any reason, or has missed more than 2 days, the student may be removed from the site and issued a “W” grade. In order to attempt the course again, the student must complete an academic appeal. The appeal must be in writing and provide a detailed explanation as to the reason for the excessive absences, as well as a plan for how additional absences will not occur. This appeal must be approved by the Chief Academic Officer prior to being assigned to another clinical rotation. Please note, if an appeal is granted, the student must complete 100% of the clinical hours during their second attempt. In the event a student is placed on a Leave of Absence, and is issued a “WP” grade, the previously completed hours may be combined with the second attempt to complete 100% of the required hours per course.

In the event a student is removed from a clinical site due to behavior, the student may receive a “F” grade and may be dismissed from Pittsburgh Career Institute. The student must complete an academic appeal and provide a detailed plan for how this behavior will not occur again.

This appeal must be approved by the Chief Academic Officer prior to being assigned to another clinical rotation. In the case of dismissal, the student must complete a conduct appeal before the Disciplinary Committee. If an appeal is granted, the student must complete 100% of the clinical hours during their second attempt.

Scheduled Pittsburgh Career Institute breaks do not apply to students on clinical rotation. Exceptions to this criterion are the Diagnostic Medical Sonography, Respiratory Therapy, and Veterinary Technology programs, which must follow the regulations set forth by their respective Programmatic Accreditors. Holidays observed by Pittsburgh Career Institute, in which the School is closed, must also be observed by the clinical student.

It is the responsibility of the student to provide the School with a time sheet signed by the site supervisor documenting hours completed for each week no later than the Monday of the following week. Students will not be considered to have completed their clinical rotation until the site supervisor and appropriate school official has certified all required attendance hours. Falsification of time sheets is fraudulent and will result in dismissal from Pittsburgh Career Institute. Timesheets received more than one week from their due date will result in the student not receiving credit for the hour completed on the late timesheet.

## **5.9 HOLIDAYS**

Students will be assigned to clinical training during non-school holidays if there is adequate supervision available at the site.

Time off may be granted for religious holidays if a request is submitted to the clinical instructor and clinical coordinator no less than two weeks prior to the planned holiday. In these cases, students will need to schedule make-up time to compensate for the scheduled time missed as students are required to complete 100% of their scheduled clinical hours.

### **5.10 INCIDENT REPORTS**

An incident may be an occurrence that involves a student injury, student involvement during a patient/staff injury, and/or failure to follow clinical education site protocol. An incident report form is included in this Program Handbook to be used if needed. In the event of an incident involving a student during clinical education time, the clinical instructor must forward a legible copy of the incident form as soon as possible to the Pittsburgh Career Institute program official.

### **5.11 ACCIDENTAL NEEDLE STICK**

If a needle stick occurs, the student will:

- Immediately notify the clinical instructor
- Follow the department protocol for the incident
- Send a copy of the signed hospital incident form as soon as possible to the Pittsburgh Career Institute program official.

### **5.12 GENERAL RULES OF BEHAVIOR**

Unprofessional Behavior:

- If a student is found to be behaving in an unprofessional manner, the student will be removed from the clinical education site. This includes any actions that may be deemed unprofessional by the clinical instructor, the clinical coordinator, or the Program director.
- Cell phones are not permitted at the clinical education site.
- Verbal or Nonverbal language, actions, or voice inflection which compromises rapport with patients, family members, physicians, nurses, other staff or instructors.
- Violations of these standards are serious and will result in the student being removed from the clinical education site immediately and/or dismissal from the program may result.

**Student Appeal:** A student has the right to appeal any program decision to the Director of Education. Please refer to the PCI school catalog. If after following the PCI Grievance Procedure, a student also wishes to make a formal complaint with the Committee on Accreditation for Respiratory Care:

CoARC  
1248 Harwood Road  
Bedford, TX 76021  
(814) 283-2835

### **5.13 PROBATION**

If a student is not performing satisfactorily during clinical education time, verbal and/or written communication between the student, Clinical Site and program officials will take place. Action may be in the form of advising the student via telephone, visiting the clinical education site to advise the student, formal probation or dismissal from the clinical site or program. The student will be notified in writing of probation and the improvements required. The Clinical Site, Clinical Coordinator and the student must sign this written notification. The length of the probation will be presented in writing.

Program officials remain in close contact with the student and the clinical instructor during the probation period. At the end of the agreed probationary period, the student must have made satisfactory improvement in the areas outlined by the probation notice. If satisfactory improvement has not been observed, then dismissal from the program will be immediate.

#### **5.14 CLINICAL EDUCATION SITE COMPLAINT RESOLUTION**

Any student complaints regarding non-compliance of the clinical education site must put a specific complaint in writing to PCI program officials. Program officials will immediately contact the clinical instructor at the clinical education site and a determination will be made of the appropriateness of the complaint. The program official must respond to the written complaint within five business days from the time the complaint was received by the program.

#### **5.15 ACCIDENT/INJURY**

In the event an accident or injury occurs while on the premises of a clinical education site; the site shall provide on-site emergency treatment at the expense of the student and/or faculty member, unless otherwise noted.

Accident Report Forms should be completed and submitted to the clinical coordinator as soon as possible following an incident. A clinical instructor's request to remove a student mandates a program official's review of that student's total performance. If such review is not favorable for the student, the program director shall recommend to the Director of Education that the student be dismissed from the program. (\*\*See Appendix A – Accident/Injury Forms\*\*)

#### **5.16 CLINICAL EDUCATION AFFILIATIONS:**

The clinical coordinator assigns students to clinical education sites. These assignments provide students the volume and variety of clinical experiences required to successfully progress and complete the program. The clinical coordinator, in conjunction with the on-site clinical instructor at each clinical education site, will schedule the daily assignments of students to qualified therapists, or respiratory areas in the clinical sites.

The usual reporting times for clinical education assignments may vary, but will normally be between 6:30 am and 3:00 pm. The student may obtain pertinent information concerning reporting times for each clinical education site from the designated clinical instructor at that clinical education site.

Employment, volunteer services or any other activities cannot interfere with clinical rotations or used in lieu of clinical rotations. Students will not be allowed to use employment, volunteer services or any other activities as clinical experience in place of mandated requirements.

#### **5.17 CLINICAL COORDINATOR EXPECTATIONS OF THE STUDENTS**

It is the expectation of the clinical coordinator that the students assigned to clinical rotation maintain self-responsibility. It is the responsibility of the student to find transportation to the clinical education site, arrive promptly each assigned day and maintain his or her own record keeping. The student is expected to become a supervised member of the clinical health care team in all aspects of the department and not only in the ability to perform respiratory therapy procedures.

At the beginning of each clinical course, the student is given clinical due dates for all clinical information and responsibility. The student is not to wait until the last week to try and fulfill basic clinical obligations. The clinical instructors and other members of the RT Team will share their work experience, respiratory therapy ability/experiences and multiple facets of a respiratory therapist division with the student. Visits by the clinical coordinator should not only include the opportunity to work with the student, but also address both the student and clinical instructor regarding student progress.

## **5.18 RECOMMENDATIONS FOR CLINICAL EDUCATION ASSIGNMENTS**

The coordination of the procedures course content and corresponding clinical education component are to be closely aligned at all times. The educational objectives are the prime factor for scheduling clinical assignments.

If experience with trauma procedures, pediatric, or other examinations cannot be obtained during normal business hours, other days or hours can be assigned. Educationally sound reasoning and strict adherence to the program objectives should always dictate clinical assignments to weekend or evening rotations. Student clinical education will be measured with an evaluation specific for non-routine trauma, trauma, pediatric, and other examinations that cannot be obtained during normal business hours.

We also keep in mind our obligation to the health and safety of the student. Darkness, weather conditions, clinical site locations, next day class requirements, class loads and schedules are all elements of providing safe and beneficial learning activities for our students.

## **5.19 TRANSPORTATION**

**It is the student's responsibility to provide transportation that will permit prompt and dependable reporting for each clinical education site assignment.** Every effort will be made by the program to promote carpool(s) to the more distant clinical education sites. The school will attempt to assign sites that are within a **60-mile radius of the school, however, this may not always be possible.**

## **5.20 CLINICAL EDUCATION SITE DRESS CODE**

Students are required to present a professional appearance at all times. It is the patient's right to be treated with dignity and care by clean individuals. Each student is required to practice good personal hygiene to insure that right.

### **The dress code for RT students while in their clinical education assignments is:**

- ✓ No facial piercings
- ✓ No visible tattoos
- ✓ No brightly colored hair
- ✓ Pants: Black scrubs clean and pressed
- ✓ Top: Black scrubs, clean and pressed with PCI name and logo
- ✓ Shoes: White leather (or non-permeable material), clean, any color on shoes must be minimal
- ✓ Facial hair: If worn, must be trimmed and neatly kept
- ✓ Makeup: Lightly applied, natural looking

- ✓ Jewelry: NO JEWELRY EXCEPT A WEDDING BAND AND WATCH WITH A SECOND HAND! NO EXCEPTIONS!
- ✓ Perfume/Cologne: NONE
- ✓ Name ID: Visible and identifiable
- ✓ Personal Hygiene: Clean and neat; all-strong and pervasive odors of any kind should be eliminated.
- ✓ Fingernails: Are to be manicured, neatly trimmed, and rounded. Clear or natural color nail polish only. No artificial nails.
- ✓ Fit of Uniform: Inappropriately fitting uniforms (too tight or baggy) will not be permitted
- ✓ Hair: Hair should be neat in appearance. Long hair should be worn up and secured off the face

## **5.21 INFECTION CONTROL POLICY**

The purpose of the Infection Control Policy is to ensure the safety of patients, families, health care workers, and students from infectious diseases. Infection control is the use of techniques and precautionary methods in order to prevent the transmission of contagion, nosocomial infections, and other blood borne diseases. The following are general infection control (Universal Precautions) guidelines.

1. Remove jewelry, such as rings with stones and nail polish. They harbor microorganisms that are difficult to remove.
2. Always wear freshly laundered clothing.
3. Practice good hand washing techniques.
4. Use the following precautions when so prescribed:
  - a. Wear gloves
  - b. Wear protective eye wear (goggles)
  - c. Wear appropriate gowns
  - d. Dispose of all contaminated wastes into its proper disposal site(s) or container(s). Check your particular clinical education site procedures.
  - e. Clean all surfaces with an approved disinfectant or germicide
  - f. Wash hands before and after contact with patients
5. Familiarize yourself with the Infection Control Policy at your particular clinical education site.

## **5.22 COMMUNICABLE DISEASE POLICY**

The Respiratory Therapy program must insure that each student is informed about the Communicable Disease Policy as a part of the Safety in the Healthcare Environment course.

The student, upon entering an assigned clinical education site, will be oriented to the policy of that site. If a student returns to the same clinical education site, he/she must review the written policy again.

Any student with infectious processes, such as indicated in the attached communicable diseases policy, must contact the clinical coordinator if they are assigned to a clinic education site and the program director if they are assigned to on-campus classes.

In the event of exposure to a communicable disease while at a clinical education site, the student must immediately contact the clinical instructor for their clinical education site. The clinical instructor must

complete an incident report form, forward a copy to the clinical coordinator, and instruct the student to contact their family physician to determine what tests and treatments should be provided.

The student should take the initiative to read all policies governing safety and protect of patient and personnel.

Any student with any infectious process listed below, must report to the clinical instructor before assignment:

1. Fever of 101 or greater;
2. Sore throat associated with fever of 101 or above and swollen lymph nodes;
3. Flu-like symptoms (respiratory);
4. Productive cough with fever or congestion in lungs;
5. GI flu (diarrhea, nausea, vomiting, and congestion in lungs);
6. Draining of open sores, boils, and burns;
7. Conjunctivitis (pink eye);
8. Diagnosed strep throat;
9. Scabies;
10. Herpes labialis (cold sores).

**Before the student returns to a clinical education site, the following must occur:**

1. A student's temperature must be below 99 degrees.
2. If a physician orders a throat culture, the student must wear a mask while culture results are pending.
3. The student must be able to function in the clinical education site.
4. If phlegm is colored, the student should not be in clinic. If phlegm is clear, exhibit good hand washing techniques and wear mask in patient areas.
5. If diarrhea is severe, student in patient care areas must remain home until diarrhea subsides for 12 hours.
6. Before working with patients, the student must check with clinical instructor who will check with infection control.
7. Culture confirmed--may return after being on antibiotics for 24 hours.
8. Shampoo or bathe with RID for lice infestations.
9. The student must see a physician in the event of a serious health problem.

10. May not do patient care until lesions are dried and crusted.

### **5.23 STUDENT EMPLOYMENT**

Due to the hours required for study, students are not encouraged to hold outside jobs but are not prohibited from doing so. Academic and clinical responsibilities within the program take precedence over work, and no special consideration will be given to students who work. The student uniform may NOT be worn while working in capacities outside the assigned clinical education site(s).

Students employed by a clinical education site must make available for review their employment time card, which will verify they are NOT receiving wages for clinical education hours.

Students cannot apply any paid work experiences to the required clinical competencies or to the record of procedures performed. Violation of any of the above employment policies will result in the student being recommended for immediate dismissal from the program.

**Students must keep in mind the periodic changes in class schedules and clinical rotation assignments when accepting employment opportunities. Class schedules should take priority over employment schedules.**

### **5.24 CONFIDENTIALITY**

All student records shall be maintained in accordance with the provisions of the Federal Family Educational Rights and Privacy Act of 1974.

All active student records are considered confidential and are kept in a locked file. The contents of a student's file are not revealed to any unauthorized person without the student's knowledge and written consent. Students may review any records which pertain to them in the program official's office during regular office hours. Any records maintained by the clinical education sites concerning individual students are subject to the same considerations regarding confidentiality, security and availability.

The Health Insurance Portability and Accountability Act of 1996, now known as HIPPA, mandates many changes to health insurance carriers and health care providers. There are four main areas where the law has changed the way business is conducted for those in the health care industry.

- Privacy of health information.
- Standards for electronic transactions of health information and claims.
- Security of electronic health information.
- National identifiers for the parties in health care transactions.

Students have an ethical and legal responsibility to protect the confidentiality rights of the patients they come into contact with during their clinical experience.

### **5.25 CLINICAL EDUCATION SITE RESPONSIBILITIES**

The Clinical Site responsibilities are as follows:

- In the clinical setting, provide education, instruction and supervision of the students, consistent with the established standard of medical care in RT services.
- Ensure student orientation to department policy and procedures, as well as safety procedures, within the first clinical training week. Provide the student access to written departmental policies/procedures
- Provide regular feedback to each student
- Demonstrate knowledge of program goals and clinical objectives
- Recognize and document student's outstanding performance, incident reports and/or advising forms as required
- Exhibit a positive professional attitude and communication skills toward students and the teaching process
- Participate in continuing education to improve and maintain competence in evaluation and professional skills
- Communicate with program officials regarding student progress, strengths, and weaknesses
- Provide a positive role model for students of the Respiratory Therapy profession
- Maintain confidentiality in accordance with program policy
- Participate in the clinical education site student selection process
- Responsible for reviewing, signing, and maintaining effective student records which would include:
  - a. Attendance form and incident form
  - b. Competency form
  - c. Facilitate proper student rotations in the clinical setting to achieve the program's goals and objectives
- Serve as a liaison between school and clinical education site as necessary
- Implement and promote diligent compliance with safety and monitoring procedures

## **5.26 RESPONSIBILITIES OF PCI TO THE CLINICAL EDUCATION SITE**

The responsibilities of PCI to each clinical education site are as follows:

- Orientation and annual review of clinical preceptor to program's mission, objectives, goals, curriculum, and expectations for clinical education
- Assignment of a student(s) who have completed the related didactic portion of the program with satisfactory results
- Supply forms, policies of program, and other materials as requested and appropriate
- Provide support for clinical objectives and assistance in establishing appropriate clinical education
- Provide problem resolution as needed

# SECTION VI

## Student Competency Evaluation



## **6.1 INTRODUCTION**

The responsibility of the Respiratory Therapist has grown in complexity with the development of more sophisticated procedures and equipment. It is essential that Pittsburgh Career Institute and the clinical education sites work together to provide the best educational opportunities and experiences to all students. During their clinical experience, students should have the opportunity to perform all types of routine procedures. **Each student is responsible for his/her performance in this competency-based curriculum.** Efforts have been made to develop a clinical evaluation system whereby students may progress through clinical education with their strengths and deficiencies identified. The clinical evaluation will help each student address the deficiencies to optimize their completion of the program.

Competency based evaluation is a means of monitoring the progression rate of students during their education by determining whether or not they are able to meet specified objectives thus demonstrating proficiency. Students' knowledge and skills are directly evaluated in the classroom and indirectly evaluated throughout their educational experience. The student's application of skills is evaluated in the energized laboratory at Pittsburgh Career Institute and during their clinical experience at each of the clinical education sites. In order to properly evaluate the student's application skills, it is essential to determine the level of performance ability. Only through the use of a competency based evaluation system can we objectively determine the proficiency level a student has achieved.

It is very important that knowledge and skills be reinforced and evaluated in the clinical education setting to maximize the students' clinical effectiveness. It is the role of the clinical education sites to provide clinical experiences designed to bridge the gap between theory and application. This can only be accomplished through quality supervision of clinical experiences in each medical facility.

The clinical portion of the RT program at PCI is an integral part of the total curriculum. To be effective, all persons involved with the program must thoroughly understand the structure and function of the clinical evaluation system for the total education experience of a student.

The competency-based evaluations for respiratory therapy students follow the guidelines as recommended by the National Board of Respiratory Care (NBRC). This program also encourages additional expectations during classroom/lab studies.

## **6.2 DIDACTIC AND CLINICAL COMPETENCY EVALUATION SYSTEM**

Students are required to complete competencies along with their didactic coursework. Competencies are utilized to ensure the student understands the interaction and skills required for patient care, respiratory therapy treatment modalities, mechanical ventilation, and specialized testing. Students are allowed two attempts per competency and are evaluated by faculty of the respiratory therapy department. Upon successful completion, the student and faculty member sign the evaluation form and it becomes a permanent part of the student's file. If the competency is not successfully passed, the student must repeat the course in its entirety which will affect the level of Clinical Education the student can attend.

All competencies completed within the classroom will be repeated in the clinical setting. This process reinforces skills attained in the classroom to real life patients and scenarios.

## Methods of Evaluation

- Didactic Classroom Competencies
  - RT Competency Evaluation Form
  
- Clinical Education Competencies
  - Student Clinical Evaluation Form
  - Daily Log
  - Student Competency Binder
  - Clinical Attendance Sheet (See Clinical Attendance Policy).
  - Patient Case Study – PowerPoint and Presentation required
  - Weekly Quizzes

(\*\*See Appendix B – Required Competencies\*\*)

### **6.3 GENERAL PLANS FOR CLINICAL EDUCATION AND COMPETENCY EVALUATIONS**

Each clinical education site has a clinical instructor, preceptor, or designated qualified respiratory therapist responsible for supervision, instruction, and evaluation of assigned students. They will directly supervise the student at the clinical education site.

**Direct Supervision** - means the supervising respiratory therapist is present in the room when the student is performing any procedure.

Students may be assigned to rotate through different clinical education sites.

### **6.4 THE RESPIRATORY THERAPY COMPETENCY EVALUATION**

Each term the student is graded on a minimum number of clinical competencies performed. The student must then perform a minimum of two (2) practices in the clinical prior to being evaluated.

In the clinical education setting students who have observed, assisted, and have satisfactorily performed a particular competency may notify the Clinical Coordinator or Program Director their readiness to perform the examination unassisted but under direct supervision for a grade (competency exam). The evaluator must review the procedure with the student present and must appropriately complete the Competency Evaluation Form.

All required mandatory and elective competencies as stated in the course syllabus for each course must be successfully completed. If a student does not complete the required competencies as stated in the course syllabus, the student will not receive a passing grade for the class and will be required to repeat the course.

Students will not be required to perform any procedures that exceed their educational or clinical experience. A student may be asked to transport patients, or to perform other tasks that are pertinent to respiratory therapist examinations of patients or for the operation of the department, and will do so willingly and without hesitation.

- The Competency Evaluation Form is very important and when used properly can give a measure of a student's ability to adequately perform each skill. Utilizing the form, one can quickly identify a student's problem area(s). At the end of any given period of time, there will be documentation of the student's ability to perform various procedures.

## **6.5 GRADING A COMPETENCY**

When evaluating the Competency Evaluation Form, the evaluator reviews each skill and grades it accordingly. The Clinical Coordinator will review all competency examinations and will determine the final grade.

If the student needs to repeat a procedure with assistance, it is not evaluated for a completed competency. However, before the end of the term, the student must perform another of the same, unassisted and receive a successful evaluation. Should the student need to be retrained and retested, he/she will then need to start over with two (2) practices prior to being evaluated.

When any procedure requires a repeat, it should be documented on both the student's daily clinical report sheet/log. This practice will allow for total evaluation of the student and will indicate any particular areas of difficulty.

The practice of appropriate documentation offers an overview of the student's progress and ability at various stages of the student's progress in the program.

# **APPENDIX A**

# **ACCIDENT/INJURY**

# **FORMS**

**STATEMENT OF STUDENT REPORTING INJURY**  
**(To be completed by the student reporting an injury in his or her own handwriting)**

1. Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_
2. Permanent Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_
3. Local Address \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_
4. Student Year \_\_\_\_\_ Student I.D. # \_\_\_\_\_  
Date Commenced School \_\_\_\_\_
5. My injuries consist of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Date of my accident was \_\_\_\_\_ Time \_\_\_\_\_
7. Describe the exact location on the premises where the incident occurred \_\_\_\_\_  
\_\_\_\_\_
8. I first reported my accident on \_\_\_\_\_ Time \_\_\_\_\_
9. Were you attending classes at the time of the accident? \_\_\_\_\_
10. State what you were doing and what occurred at the time of the accident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. State in detail how the accident happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. The condition of the area or equipment where the accident happened was \_\_\_\_\_  
\_\_\_\_\_
13. Who witnessed the accident? \_\_\_\_\_  
\_\_\_\_\_
14. Who was with you or nearby at the time of the accident? \_\_\_\_\_  
\_\_\_\_\_
15. What equipment, if any, was involved with the accident? \_\_\_\_\_  
\_\_\_\_\_
16. Have you reported the accident to your immediate instructor/supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state instructor/supervisor's name \_\_\_\_\_
17. Have you sought medical treatment for these injuries yet? \_\_\_\_\_  
If yes, when and from whom did you seek treatment? \_\_\_\_\_  
\_\_\_\_\_

*I CERTIFY THE STATEMENTS ABOVE ARE TRUE AND CORRECT*

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

Witnessed By: \_\_\_\_\_

# INSTRUCTOR/SUPERVISOR'S REPORT CONCERNING PERSONAL INJURY

1. Name of Instructor/Supervisor: \_\_\_\_\_
  2. Name of Person Claiming Injury: \_\_\_\_\_ S.S. # \_\_\_\_\_
  3. Status (please check one) Student \_\_\_\_\_ Patron \_\_\_\_\_ Employee \_\_\_\_\_
  4. Date of Claimed Injury: \_\_\_\_\_ Time \_\_\_\_\_
  5. Date First Reported: \_\_\_\_\_ Time \_\_\_\_\_
  6. To Whom: \_\_\_\_\_ Title: \_\_\_\_\_
  7. Nature of Injuries Claimed \_\_\_\_\_
- 

Witnesses (obtain and attach statements from persons listed below)

<u>Witness Name</u>	<u>Status</u>	<u>Address</u>	<u>Telephone</u>

9. Did you conduct an investigation into this incident/accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Date: \_\_\_\_\_ Time: \_\_\_\_\_
10. What equipment, if any, was involved in the accident? \_\_\_\_\_
11. At the time of the investigation, describe the condition of the scene of the accident and/or the equipment.  
\_\_\_\_\_
12. If relevant, type of shoes worn by injured person at time of claimed injury. Describe condition of the soles and heels of the shoes. \_\_\_\_\_
13. State the details, as reported by the person claiming the injury, and your comments relating to the occurrence.  
\_\_\_\_\_

- 
14. Was the injured person hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_
  15. State what, if any, medical treatment was subsequently rendered on the premises. \_\_\_\_\_

---

16. Your description of the injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Instructor or Supervisor) (Instructor or Supervisor)

REVIEWED BY DEPARTMENT HEAD: \_\_\_\_\_  
(Signature) (Date)

**STATEMENT OF WITNESS AND/OR PERSON NEAR SCENE OF  
REPORTED ACCIDENT/INJURY**  
(To be completed in witness' handwriting)

My name is: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state)

Occupation: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(street) (city) (state)

I witnessed the reported accident/injury on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ at (time) \_\_\_\_\_ (AM/PM)

At the time \_\_\_\_\_ (the alleged injured) reported to have been injured I was at the following place and was involved in the following activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I was with the following persons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The location or equipment which is reported to have been involved in the accident was: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

At that time, the condition of the location or equipment where the accident is reported to have happened was:

\_\_\_\_\_  
\_\_\_\_\_

I saw the accident. Following is a detailed account as to how it happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information concerning the accident that I have knowledge of is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Signature Witnessed By: \_\_\_\_\_  
(Name) (Title)

# **APPENDIX B**

# **REQUIRED COMPETENCIES**

# REQUIRED RESPIRATORY THERAPY COMPETENCIES DIDACTIC AND CLINICAL

## Patient Management

- Introduction
- Charting
- Assessment
  - Breath sounds
  - Heart Rate
  - Breathing Patterns
- Transporting and Moving
  - Proper lifting
  - Moving the patient in the bed
  - Moving the patient to a wheelchair or bedside chair
  - Transporting patient within the hospital
- Infection Control
  - Donning PPE
  - Handwashing
  - Sterile Glove Technique
  - Cleaning Equipment
  - Identify Isolation Precautions
- Pulse Oximeter Monitoring
  - Set up Continuous Pulse Oximeter
  - Recognize and Adjust Pleth
  - Set Appropriate Alarms
  - Identify and Adjust Locations

## Respiratory Equipment

- Oxygen Supply Systems
  - Identification and Set up Medical Gas Tanks
  - Proper Transportation of Medical Gas
  - Shut off Valves
- Oxygen Administration
  - Identification of Oxygen Devices
  - Proper Set up of Oxygen Devices
- Respiratory Therapy Medication Administration
  - Identification and Set up Nebulizer Devices
  - MDI Administration
  - DPI Administration
  - Education of Medication Administration
- Lung Expansion Therapy
  - Incentive Spirometry
  - IPPB
  - EZ Pap
- Humidity and Aerosol Therapy
  - Bland Aerosol
  - Humidifiers and LVNs
  - HME
- Bronchial Hygiene Techniques
  - PEP
  - Flutter/Acapella
  - CPT
  - Chest Percussion
  - Postural Drainage
  - Vest Airway Clearance

## Airway Management

- Tracheostomy
  - Stoma Care
  - Changing Trach Devices
  - Weaning
  - Passe Muir Valve and Button Placement
  - Aerosol Trach Mask Oxygen Administration
  - Proper Set up and Identification of Trach Supplies
- Nasotracheal Suction
  - Identify Proper Trumpet Size
  - Identify Proper Catheter Size
  - Set up Equipment and Pressures
  - Coach Patient
  - Nasotracheal Insertion
- Intubation
  - Identify all Intubation Equipment
  - Identify Proper ET Sizes per Patient
  - Explain and Set up Capnography
  - Identify Proper ET Placement
  - Identify Proper Cuff Pressures
  - Inserting Oropharyngeal Airway
- Suction
  - Proper Set up of Suction Equipment
  - Identification Proper Catheter Size
  - Identification Proper Suction Pressures
  - In Line Suction Procedure
  - Sterile Open Suction Procedure
  - Sputum Sample Collection
- Endotracheal Suction
  - Choose and Set up Proper Catheter Size
  - Set up Equipment and Pressures
  - Ensure no Leaks in Ventilator System

## Pulmonary Function and Specialty Testing

- Spirometry
  - Perform Simple Spirometry
  - Perform MVV
  - Perform DLCO
  - Explain Procedure for Nitrogen Washout
  - Explain Procedure for Helium Dilution
  - Interpret Spirometry Results
  - Perform Bedside Spirometry
- Calibration
  - Perform Calibration of Body Box
  - Interpret Calibration Results
- Polysomnography
  - Explain Patient Set up
  - Interpret Results
  - Set up Proper Device
- Bronchoscopy
  - Identify Parts of Bronchoscope
  - Identify Proper Equipment for Bronchoscopy Procedure
  - Explain Side Effects and Proper Treatment

## Critical Care Monitoring

- Cardiac Monitoring
  - Calculating Shunt Studies
  - Insertion and Identification Swan-Ganz Catheter
  - Arterial Line Monitoring
  - CVP & RAP Monitoring
- Critical Care Bloodwork
  - Arterial Line Sampling
  - Arterial Puncture
- Wave Forms
  - Identify CVP Waveforms
  - Hemodynamic Monitoring Set up
  - Troubleshooting Waveforms

## Pulmonary Rehabilitation and Home Care

- Pulmonary Rehabilitation Testing
  - Six Minute Walk Test
  - Pulmonary Rehab Plan
- Home Care
  - Home Oxygen Set up
  - Oxygen Concentrators
  - CPAP Set up

## Miscellaneous

- Chest X-ray Interpretation
  - ETT Placement
  - Recognition of Lung Disorders
  - Recognition of Pleural Disorders
  - Patient Positioning
- Resuscitation
  - CPR Procedure
  - ACLS/PALS

## Neonatal and Pediatrics

- Resuscitation
  - Identification of Flow-inflating & Self-Inflating Bag
  - Proper Mask Sizing
  - Tests Equipment
- Airway
  - Intubation Set up
  - Proper ET Sizing
  - Surfactant Delivery
- Mechanical Ventilation
  - Interpretation & Initiation of Proper Modes
  - Non-Invasive Ventilation Set up
- Labor and Delivery
  - Resuscitation at Birth
  - Apgar Scores
  - CPAP vs Intubation
- Bloodwork
  - Capillary Sampling
  - Arterial Gas Interpretation
- Oxygen Therapy
  - FIO2 Levels and Sat Limits
  - Oxygen Devices

## Mechanical Ventilation

### - Calculations

- Lung Compliance
- Airway Resistance
- Oxygen Content
- Venous Content
- Capillary Content
- Oxygen Delivery
- Alveolar Air Equation
- Oxygen Consumption

### - Wave Form Analysis

- Interpretation Compliance
- Interpretation Resistance
- Interpretation Auto PEEP

### - Modes

- Implementation of Modes
- Adjusting Modes
- Weaning Modes

### - Weaning

- Implementing Breathing Trial
- Terminal Weaning

### - Lung Recruitment

- Alveoli Recruitment Maneuver

### - Troubleshooting

- Leaks
- Patient Synchrony



**ACKNOWLEDGEMENT OF  
RESPIRATORY THERAPY PROGRAM HANDBOOK  
Pittsburgh Career Institute**

By signing below, I acknowledge I have received and thoroughly read the Pittsburgh Career Institute Respiratory Therapy Program Handbook. I understand the policies and regulations contained therein and the responsibilities to be under taken. While I am a student in the program, the policies and procedures set forth herein may be changed from time to time as program officials determine appropriate. Addenda will be provided as changes are approved, and each student should add addenda to the handbook. I understand that failure to comply with the established policies may result in suspension or dismissal from the Respiratory Therapy Program.

---

Student Signature

---

Date

---

Print Name

---

Program Official Signature

---

Date

---

Print Name