



**GRAND VALLEY  
STATE UNIVERSITY<sup>®</sup>**

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**RESPIRATORY CARE**

**2025-2026**

Grand Valley State University

500 Lafayette Ave

Grand Rapids, MI 49503

## Respiratory Care Handbook Index:

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## **What is a Respiratory Care Practitioner?**

Respiratory care is an allied health profession whose practitioners focus on diagnosis and treatment of cardiopulmonary disorders and diseases. A respiratory care practitioner can be instrumental in assisting a physician in the diagnosis, treatment and prevention of a wide spectrum of disorders affecting the heart and lungs, and specializes in the application of scientific knowledge and theory to practical, clinical problems of respiratory care. A respiratory care practitioner is qualified to assume primary clinical responsibility for all respiratory care modalities, including responsibilities involved in supervision of respiratory technician functions.

## **Who are Respiratory Care Practitioners (Therapists)?**

- Respiratory therapists are considered the go-to experts in their facilities for respiratory care technology. But their high-tech knowledge isn't just limited to the equipment they use in their jobs. They also understand how to apply high tech devices in the care and treatment of patients, how to assess patients to ensure the treatments are working properly, and how to make the care changes necessary to arrive at the best outcome for the patient.
- The combination of these skills—hands on technical know-how and a solid understanding of respiratory conditions and how they are treated—is what sets respiratory therapists apart from the crowd and makes them such a crucial part of the health care team.

## **What is the nature of their work/what do they do?**

- Diagnosing lung and breathing disorders and recommending treatment methods.
- Interviewing patients and doing chest physical exams to determine what kind of therapy is best for their condition.
- Consulting with physicians to recommend a change in therapy, based on your evaluation of the patient.
- Analyzing breath, tissue, and blood specimens to determine levels of oxygen and other gases.
- Managing ventilators and artificial airway devices for patients who can't breathe normally on their own.
- Responding to Code Blue or other urgent calls for care.
- Educating patients and families about lung disease so they can maximize their recovery.

## **Where do they work? Where are job opportunities available?**

- In hospitals giving breathing treatments to people with asthma and other respiratory conditions.
- In intensive care units managing ventilators that keep the critically ill alive.
- In emergency rooms delivering life-saving treatments.
- In newborn and pediatric units helping kids with conditions ranging from premature birth to cystic fibrosis.
- In operating rooms working with anesthesiologists to monitor patients' breathing during surgery.
- In patient's homes providing regular check-ups and making sure people have what they need to stay out of the hospital.
- In sleep laboratories helping to diagnose disorders like sleep apnea.
- In skilled nursing facilities and pulmonary rehabilitation programs helping older people breathe easier and get more out of life.
- In doctor's offices conducting pulmonary function tests and providing patient education.
- In asthma education programs helping kids and adults alike learn how to cope with the condition.
- In smoking cessation programs assisting those who want to kick the habit for good.
- In air transport and ambulance programs rushing to rescue people in need of immediate medical attention.
- In case management programs helping devise long-term care plans for patients.

- Employment of respiratory therapists is projected to grow 13 percent from 2023 to 2033, faster than the average for all occupations. Growth in the middle-aged and elderly population will lead to an increased incidence of respiratory conditions such as emphysema, chronic bronchitis, pneumonia, and other disorders that can permanently damage the lungs or restrict lung function. These factors will in turn lead to an increased demand for respiratory therapy services and treatments, mostly in hospitals and nursing homes. In addition, advances in preventing and detecting disease, improved medications, and more sophisticated treatments will increase the demand for respiratory therapists, along with a growing emphasis on reducing readmissions. Other conditions affecting the general population, such as smoking, air pollution, and respiratory emergencies, will continue to create demand for respiratory therapists.
- Job prospects will be best for therapists willing to travel to look for job opportunities. Some areas will be saturated with workers, while other areas (more often, rural areas) will be in need of respiratory therapists' services.

Source: U.S. Bureau of Labor Statistics, <http://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>.

### **What is the basic curriculum for a degree in Respiratory Care?**

- Formal training is necessary for entry into this field. Training is offered at the postsecondary level by colleges such as GVSU.
- A program awarding the advanced degree will prepare graduates for jobs as advanced respiratory therapists.
- Among the areas of study in respiratory therapy are human anatomy and physiology, pathophysiology, chemistry, physics, microbiology, pharmacology, and mathematics.
- Other courses deal with therapeutic and diagnostic procedures and tests, equipment, patient assessment, cardiopulmonary resuscitation, the application of clinical practice guidelines, patient care outside of hospitals, cardiac and pulmonary rehabilitation, respiratory health promotion and disease prevention, and medical recordkeeping and reimbursement.
- The National Board for Respiratory Care (NBRC) offers certification and registration to graduates of programs accredited by the Committee on Accreditation for Respiratory Care (CoARC).
- Two credentials are awarded to respiratory therapists who satisfy the requirements: Registered Respiratory Therapist (RRT) and Certified Respiratory Therapist (CRT). Graduates from accredited programs in respiratory care may take the NBRC RRT credentialing exam, which has two cut scores. Achieving the lower cut score earns the CRT credential, and earning the higher confers the RRT credential.
- Michigan now also requires respiratory therapists to obtain a license.

### **What could I make in this line of work?**

- Median annual earnings of respiratory therapists were \$80,450 (\$38.68 per hour) in May, 2024.
- The lowest 10 percent earned less than \$61,900, and the highest 10 percent earned more than \$108,820.

Source: U.S. Bureau of Labor Statistics, <http://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>.

**Grand Valley State University  
School of Interdisciplinary Health  
Respiratory Care Program**

## **Goals**

The Respiratory Care Program is an integrated hybrid four-year classroom instruction and clinical training program leading to an Bachelor's Degree in Respiratory Care (BSRC). It is designed to prepare the student for employment in the field of respiratory care. The program provides the student with the knowledge and experience that will qualify her/him to take the required NBRC examinations to become a Registered Respiratory Therapist (RRT).

The GVSU BSRC program has two major goals:

- To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).
- To prepare leaders for the field of respiratory care by including curricular content with objectives related to the acquisition of skills in one or more of the following: management, education, **research** and advanced clinical practice (which may include an area of clinical specialization).

## **Current Accreditation Status**

The Grand Valley State University Respiratory Care Program is seeking provisional accreditation through the Commission on Accreditation for Respiratory Care (CoARC). This accreditation is valid through 2029. For more information on the program's accreditation status, contact Tom Smalling, PhD RRT, Executive Director, Committee on Accreditation for Respiratory Care, 264 Precision Blvd, Telford, TN 37690, (817)-283-2835, Ext. 101.

## **Bachelor of Science in Respiratory Care: BSRC- Entry level**

The **Bachelor of Science in Respiratory Care Program: BSRC- Entry level** is for students entering GVSU who do not currently have a respiratory care degree and would like to complete the entire program at GVSU. Students will complete the first year as prerequisites to the respiratory care portion of the program and then enter the respiratory care portion of the program, completing the entire degree from that point.

### **Secondary Admission Requirements for Admission to the GVSU BSRC- Entry level Program**

1) Students must have completed all prerequisite course work successfully. The following are the admission criteria:

- Overall GPA of 2.5
- Completion of the following with at least a C grade:
  - AHS 100 - Medical Terminology (3 credits)
  - BMS 250 - Anatomy and Physiology I (4 credits) (BIO 120 prerequisite – Life Science)
  - BMS 251 - Anatomy and Physiology II (4 credits)
  - CHM 109 - Introductory Chemistry (4 credits) (Physical Science)
  - MTH 110 - Algebra (4 credits)
  - WRT 150 - Strategies in Writing (4 credits)

All Respiratory Care courses must be completed with a minimum GPA of C to be considered passing. All Respiratory Care clinical practicum courses are subject to special scheduling dates which may not follow the traditional college semester calendar.

- 2) All applicants' academic records are evaluated by using a numerical point system. Entry into the Respiratory Care program is competitive.
- 3) Students, if necessary, must be prepared to travel to clinical sites for experience. A clinical site is a third-party entity into which students are placed for practical experience. GVSU cannot guarantee that a particular clinical site will be available. Students cannot rely upon the availability of a clinical site in particular geographical location. Especially in the second year of the program, students will be required to travel to clinical sites that may be as much as 60 miles away from GVSU.
- 4) All **accepted** Respiratory Care students will be required to submit a completed statement of health/physical condition. The completed physical statement needs to include: medical history, physical exam results, and immunizations. This statement must be received by the program prior to any Respiratory Care student beginning his/her clinical education. Other requirements specified by the clinical sites will also have to be met.
- 5) All **accepted** Respiratory Care students must submit to a criminal background check, as required by state law for health care providers, and also a drug screen. These must have been completed no longer than six months prior to the beginning of the first clinical rotation. The student is responsible for these costs.
- 6) GVSU does not provide criminal background checks, drug screens, health physicals and/or any required vaccinations.
- 7) The Admissions process is nondiscriminatory in regard to race, color, religion, national creed, national origin or ancestry, age, gender, sexual preference, marital status, or handicap.

### **ACCEPTANCE PROCESS**

- 1) The order of acceptance of qualified applicants will be based on points achieved. All prerequisites must be completed before an applicant can enter the Respiratory Care program.
- 2) Upon acceptance to Respiratory Care Program, an applicant must complete the Health Certification Form and obtain **American Heart Association Health Care Provider CPR certification. This MUST be maintained and current while in the program.** Respiratory Care students must also obtain **ACLS certification** before attending any intensive care clinical rotations.
- 3) Notification of applicants' status in the Respiratory Care program will be made **in November** for the upcoming winter semester. If a student chooses not to accept a seat in the program for that year, he/she will need to reapply for the next year and compete with the other applicants for that year.

## Respiratory Care Program Curriculum

|                        |  | Prerequisites |                 |
|------------------------|--|---------------|-----------------|
| AHS 100                | Medical Terminology                                |               | 3               |
| BMS 250                | Anatomy and Physiology I                           |               | 4               |
| BMS 251                | Anatomy and Physiology II                          |               | 4               |
| CHM 109                | Introductory Chemistry                             |               | 4               |
| MTH 110                | Algebra  |               | 4               |
| WRT 150                | Strategies in Writing                              |               | <u>4</u>        |
|                        |  |               | 23              |
| <b>Winter Semester</b> |  |               |                 |
| <b>RSC 210</b>         | <b>Respiratory Care Techniques I</b>               |               | <b>5</b>        |
| <b>RSC 214</b>         | <b>Cardiopulmonary Assessment</b>                  |               | <b>2</b>        |
| <b>STA 215</b>         | <b>Intro Applied Statistics</b>                    |               | <u><b>3</b></u> |
|                        |  |               | 10              |
| <b>Summer Semester</b> |  |               |                 |
| <b>RSC 220</b>         | <b>Respiratory Care Techniques II</b>              |               | <b>2</b>        |
| <b>RSC 222</b>         | <b>Cardiopulmonary Pathophysiology I</b>           |               | <b>2</b>        |
| <b>RSC 224</b>         | <b>Respiratory Pharmacology</b>                    |               | <u><b>2</b></u> |
|                        |  |               | 6               |
| <b>Fall Semester</b>   |  |               |                 |
| <b>RSC 300</b>         | <b>Respiratory Care Techniques III</b>             |               | <b>4</b>        |
| <b>RSC 462</b>         | <b>Professionalism Respiratory Care</b>            |               | <b>3</b>        |
| <b>RSC 307</b>         | <b>Clinical Practice I</b>                         |               | <u><b>3</b></u> |
|                        |  |               | 10              |
| <b>Winter Semester</b> |  |               |                 |
| <b>RSC 310</b>         | <b>Respiratory Care Techniques IV</b>              |               | <b>4</b>        |
| <b>RSC 362</b>         | <b>Evidence-Based Practice in Respiratory Care</b> |               | <b>3</b>        |
| <b>RSC 312</b>         | <b>Cardiopulmonary Pathophysiology II</b>          |               | <b>2</b>        |
| <b>RSC 317</b>         | <b>Clinical Practice II</b>                        |               | <u><b>2</b></u> |
|                        |  |               | 11              |
| <b>Summer Semester</b> |  |               |                 |
| <b>RSC 320</b>         | <b>Respiratory Care Techniques V</b>               |               | <b>2</b>        |
| <b>RSC 444</b>         | <b>Cardiopulmonary Diagnostics and Monitoring</b>  |               | <b>3</b>        |
| <b>RSC 327</b>         | <b>Clinical Practice III</b>                       |               | <u><b>2</b></u> |
|                        |  |               | 7               |
| <b>Fall Semester</b>   |  |               |                 |
| <b>RSC 400</b>         | <b>Perinatal and Pediatric Respiratory Care</b>    |               | <b>4</b>        |
| <b>RSC 407</b>         | <b>Clinical Practice IV</b>                        |               | <b>3</b>        |
| <b>RSC 495</b>         | <b>Respiratory Care Capstone (Only RRT-BSRT)</b>   |               | <u><b>3</b></u> |
|                        |  |               | 10              |
| <b>Winter Semester</b> |  |               |                 |
| <b>RSC 410</b>         | <b>Respiratory Seminar</b>                         |               | <b>2</b>        |
| <b>RSC 364</b>         | <b>Quality Assessment and Health Outcomes</b>      |               | <b>3</b>        |
| <b>RSC 366</b>         | <b>Diverse Population in Respiratory Care</b>      |               | <b>3</b>        |
| <b>RSC 417</b>         | <b>Clinical Practice V</b>                         |               | <u><b>2</b></u> |
|                        |  |               | 10              |



## **Respiratory Care Coursework**

### **RSC 210 Respiratory Care Techniques I**

- This classroom and laboratory course is an introduction to the duties and responsibilities of respiratory care practitioners. Topics covered include a review of physical science, cardiopulmonary anatomy and physiology, cardiopulmonary resuscitation, basic nursing skills, medical gas and aerosol administration, and employee health and safety.

### **RSC 214 Cardiopulmonary Assessment**

- This course is an introduction to basic physical and laboratory assessment of cardiopulmonary patients. Topics include basic pulmonary function and medical lab values, blood gas analysis, and bedside patient assessment equipment and techniques.

### **RSC 220 Respiratory Care Techniques II**

- This classroom and laboratory course continues the introduction to basic duties of respiratory care practitioners. Emphasis will be placed on pulmonary medications, patient assessment, basic therapy modalities, and an orientation to clinical sites.

### **RSC 222 Cardiopulmonary Pathophysiology**

- The student in this course will be able to describe the etiology, pathophysiology, clinical manifestations, diagnosis and management of a variety of cardiopulmonary diseases and processes. Using a series of case studies, students will apply Clinical Practice Guidelines to develop care plans for patients with cardiopulmonary disease.

### **RSC 224 Respiratory Pharmacology**

- This course provides an overview of general pharmacology with an emphasis on drugs used in the critical care management of cardiopulmonary conditions.

### **RSC 300 Respiratory Care Techniques III**

- This classroom and laboratory course continues the introduction to basic duties of respiratory care practitioners. Emphasis will be placed on airway management, cardiopulmonary diagnostic equipment and techniques, and an introduction to continuous mechanical ventilation.

### **RSC 307 Clinical Practice I**

- This course provides a hospital experience in which previously acquired classroom theory and laboratory skills can be exercised. Skills practiced include those associated with patient respiratory assessment, oxygen therapy, a wide range of bronchopulmonary hygiene therapies, and equipment processing.

### **RSC 462 Professionalism in Respiratory Care**

- This course focuses on what it means to be a professional respiratory therapist and the relationship between professional and personal growth. Students will examine their own professional identity by means of personal and critical reflection.

### **RSC 310 Respiratory Care Techniques IV**

- Mechanical ventilation topics are explored in this classroom and laboratory course. Topics presented include volume pre-set and pressure pre-set ventilator equipment and basic ventilator application and management techniques for adult patients.

**RSC 312 Cardiopulmonary Pathophysiology II**

- The student in this course will be able to describe the etiology, pathophysiology, clinical manifestations, diagnosis and management of a variety of advanced cardiopulmonary diseases and processes. Using a series of case studies, students will continue to apply Clinical Practice Guidelines to develop care plans for patients with cardiopulmonary disease.

**RSC 317 Clinical Practice II**

- This clinical course provides a hospital experience in which previously acquired didactic, laboratory and clinical skills can be exercised. There will be a continuation of basic respiratory care modalities, with newer skills added including diagnostic areas of PFT, ABG puncture and analysis, EKG, and orientation to the adult ICU environment.

**RSC 362 Evidence-Based Practice in Respiratory Care**

- This course focuses on evidence-based practice in respiratory care. Critical thinking skills, how to incorporate evidence and best practices into professional work, and analysis of the practice and application of research within the field of respiratory are emphasized.

**RSC 320 Respiratory Care Techniques V**

- Mechanical ventilation topics are continued in this classroom and laboratory course. Topics presented include ventilator discontinuance, advanced ventilator modes, and management of home and transport ventilators.

**RSC 327 Clinical Practice III**

- This clinical course provides a clinical experience in which previously acquired didactic, laboratory and clinical skills can be exercised. Rotations will be in a variety of advanced diagnostic laboratories and alternate site venues where respiratory therapists are employed.

**RSC 444 Cardiopulmonary Diagnostics and Monitoring**

- This course provides a study of invasive and non-invasive diagnostics and patient monitoring techniques for the cardiopulmonary systems from prenatal through adult. Focus is on the role of the respiratory therapist in performing these diagnostic and monitoring techniques.

**RSC 400 Perinatal and Pediatric Respiratory Care**

- This classroom and laboratory course covers topics including fetal growth and development, patient assessment, commonly encountered equipment, and the clinical management of common neonatal/pediatric diseases and conditions.

**RESC 407 Clinical Practice IV**

- This clinical course allows students to assist in the pulmonary management of adults on mechanical ventilation. An integrated approach to patient care will be stressed through accurate patient assessment and application of various equipment and therapies. Students will also function as members of the health care team.

**RSC 495 Respiratory Care Capstone**

- Students will explore current issues and trends impacting the respiratory care profession locally, nationally, and internationally. Synthesizing knowledge acquired from the major core courses and reflecting on their career goals, students will develop a project in an area of interest culminating in a professionally written paper and presentation

**RSC 364 Quality Assessment and Health Outcomes**

- This course provides knowledge in health care organizational and systems leadership, sustaining change through the process of quality improvement, and ensuring that patients are cared for in a safe, ethical, and efficient manner. Students will learn how to apply this knowledge to patients receiving respiratory care.

**RSC 366 Diverse Populations in Respiratory Care**

- This course provides students with knowledge of health care issues related to disparities in diverse populations. Students will examine the health care needs of diverse types of patients from both an interprofessional viewpoint and from the specific role of the respiratory therapist in a variety of health care settings.

**RSC 410 Respiratory Seminar**

- This course presents a wide variety of topics for discussion. Included are respiratory care history, management and supervision, trends in allied health, research, job acquisition skills, and credentialing exam preparation.

**RSC 417 Clinical Practice V**

- This clinical course allows students to assist in the pulmonary management of infants and children receiving mechanical ventilation. An integrated approach to patient care will be stressed through accurate patient assessment and application of various equipment and therapies. Students will also function as members of the health care team.

**BSRC Program Curriculum: Total BSRC Program Requirements**

The above courses and prerequisites listed show a portion of total requirements for the BSRC degree, which are the courses specific to the BSRC program. To earn a bachelor's degree from GVSU requires completion of a number of general education courses as well, which are spelled out in the program's Curriculum Guide on the GVSU BSRC website, and also in the Course Catalogue found on the GVSU main website. **The total number of credits for the BSRC degree is 124 credits.**

**Grand Valley State University  
School of Interdisciplinary Health  
Respiratory Care Program**

***CURRENT GVSU VISION***

Grand Valley State University will prepare globally-minded citizens for the future they face and the communities they shape. Our community of educators create and employ innovative approaches to liberal education and professional programs that center on and prepare students for a lifetime of continual learning and growth.

***GRAND VALLEY STATE UNIVERSITY (GVSU) MISSION***

At Grand Valley State University, we empower learners in their pursuits, professions, and purpose. The university enriches society through excellent teaching, active scholarship, advancement of equity, and public service.

For GVSU Core Values and Commitments, visit: <https://www.gvsu.edu/reachhigher2025/>

***Philosophy***

The goals of the Respiratory Care Program at Grand Valley State University are multifold. The program faculty attempt to combine the needs of three distinct interest groups: the student, the community and the profession. For the student, the faculty have a responsibility to provide reasonable and equal exposure to the theory, duties, and skills necessary to work as a respiratory therapist and to successfully pursue a credential. To achieve this goal the faculty, wish to establish a learning environment which will instill a feeling of self-worth and self-confidence to explore various avenues of development. The faculty also wish to 1) assist students by providing access to similar course materials, laboratory equipment and supplies, and academic support services; and 2) reinforce the desire to learn in order to facilitate learning as an exciting and enjoyable event and which gives the student a sense of purpose and fulfillment in personal and professional activities. As a result, a student can achieve his/her potential as both a health care provider and as a person.

These goals are met after much hard work on the part of faculty and students alike.

***Faculty Responsibilities***

Responsibilities borne by the faculty in establishing a learning environment which facilitates the program goals include:

- demonstrating personal conduct directed toward an overall goal of learning;
- preparing classroom materials that reflect the most current thought and research on a topic;
- handling student clinical and classroom problems in a fair and consistent manner;
- establishing clinical performance standards that can be measured, attained, and which correlate to the work performed after graduation;
- performing assessments of student clinical skills that are honest and objective;
- listening to suggestions, ideas and criticisms concerning the program that are initiated by students.

***Student Responsibilities***

Responsibilities borne by the student in maintaining an optimal learning environment include:

- taking an active role in the learning process;
- assuming responsibility for initiating educational experiences when appropriate (e.g. seeking out additional clinical activities after finishing an assignment rather than waiting to be directed to do something else by an instructor);
- accepting constructive criticism in a mature and responsible manner;

- bringing program related problems to the attention of the appropriate faculty member in order to improve the program;
- maintaining honesty and personal integrity in all dealings with faculty, patients, clinical site staff and fellow students;
- treating other students, instructors, respiratory therapists, and co-workers (e.g. nurses) with the respect afforded to fellow health care professionals.

In responding to the needs of our second interest group, the community, the faculty must first and foremost graduate individuals who have demonstrated the knowledge, skills, and behaviors that are consistent with safe and appropriate practice in the workplace. Our second responsibility to the community is to provide an opportunity for qualified individuals to have access to an education in Respiratory Care.

In responding to the needs of our third interest group, the profession, the program faculty believe that by satisfying the requirements of the community it will also satisfy the requirement of the profession. A knowledgeable and skilled therapist is one who can become a valuable addition to the health care team and asset in the field of Respiratory Care.

In closing, it must be said that the program faculty will assume a position of dynamic change. An educational program of high quality and value will be the goal. This commitment to excellence may be difficult for many students to appreciate during the program because it results in considerable personal dedication and sacrifice. Generally speaking, graduate surveys indicate that although the program was difficult, in the end the graduate is glad that the program prepared them to be excellent therapists who are able to pass the boards and assume positions in any of the area departments. As a result, the faculty believe the efforts on part of students and staff are worthwhile for the individual, the community and the profession.

### ***Program Personnel***

The Respiratory Care Program is part of the School of Interdisciplinary Health. The contact information is as follows: Dean of Health Professions at 616-331-5512 and the School of Interdisciplinary Health Director at 616-331-5599.

There are five identified positions that will impact your education in the Respiratory Care Program. The positions and those who occupy them are as follows:

- **Program Director**— Ann Flint, EdD, RRT directs the day-to-day operations of the program and teaches many of the classroom and laboratory courses. Office hours are flexible and by appointment or drop-in basis Monday through Friday in 420P. Phone is 616-331-5572, and e-mail is flinta@gvsu.edu.
- **Director of Clinical Education**— Haley Walker, MHA, RRT is the DCE, and in charge of directing clinical experiences throughout the program. The permanent DCE also teaches many of the classroom courses. Office hours are flexible and by appointment or drop-in basis Monday through Friday in 420F. Phone is 616-331-5573, and e-mail is mcgeeh@gvsu.edu.
- **Medical Director**—James Patterson, MD is a practicing pulmonologist at Corewell Health in Grand Rapids, MI. He is board certified in pulmonology, internal medicine and critical care. This combination of credentials is one that is ideal for providing a balanced perspective of medical care. Students will have an opportunity to do rounds with Dr. Patterson during the clinical portions of the program. Students at Corewell Health will also have opportunities to interact with him, generally in the ICU.
- **Part-time Classroom Instructors**--Students will have some classes taught by part-time instructors. As part-time instructors who typically work another job they are generally available before or after the class. These individuals are hired for their expertise in their specialty areas and should be able to give students the most recent information available for their topics.
- **Clinical Instructors**--Whenever a student is assigned to a hospital for clinical experience, an instructor from the hospital will be responsible for the student. These individuals plan and supervise the student activity, evaluate performance and report student progress to the Director of Clinical Education or

program director. The grade for clinic is assigned through the Director of Clinical Education for the class, either Ann Flint or Haley Walker.

### ***Clinical Agencies***

Students are assigned to several hospitals throughout the program. A student will not go to all the hospitals with which the program is affiliated, but can expect to go to several of them in this geographic area, if it is appropriate for the educational experience. The clinical affiliates are listed on the last page of this manual.

### ***Advisors***

Either the Program Director or Director of Clinical Education will be assigned to you as an advisor. We are interested in and concerned about you and would like to know if you need help in any way. Appointments or drop in visits can be made with the Program Director or Director of Clinical Education during posted office hours and as they are available.

### ***Textbooks***

The faculty realize that Respiratory Care textbooks are expensive. However, it is important that you purchase the books listed for Respiratory Care courses. Books purchased for any Respiratory Care course will serve as a reference for future Respiratory Care courses and will also serve as a solid foundation for your personal library and for studying toward the post-graduation credentialing exams.

### ***Grading Scale for All Respiratory Care Courses***

|              |              |                  |
|--------------|--------------|------------------|
| A = 97 - 100 | B = 86 - 88  | C = 78 - 80      |
| A- = 93 - 96 | B- = 84 - 85 | C- = 76 - 77     |
| B+ = 89 - 92 | C+ = 81 - 83 | F = 75 and below |

### ***Examination Policy***

All examinations must be attended at the designated time and place. If illness prevents a student from meeting the exam, it is expected the appropriate instructor will be notified before the exam. The instructor will determine alternate exam arrangements. There are penalty points for taking late exams.

### ***GVSU STUDENT CODE: THE STATEMENT OF STUDENT RIGHTS AND RESPONSIBILITIES***

At GVSU, "Standards of conduct are established in order to foster a community and environment where the mission, vision and values of Grand Valley State University (hereafter "University") can flourish. These standards are embodied within a set core of values that include **integrity, community, inclusion & equity, respect, and responsibility**. The University conduct process exists to protect the interests of the community and to challenge those whose behavior falls outside of these values and our policies" (para 1).

The sections of the GVSU Student Code are as follows:

- **Section 1.0: Statement of Purpose**
- **Section 2.0: Authority**
- **Section 3.0: Jurisdiction**
- **Section 4.0: Student/University-Affiliated Organizations Rights and Responsibilities**
- **Section 5.0: Student/UAO Expectations**
- **Section 6.0: Conduct Process and Resolution Procedures**
- **Section 7.0: General Provisions**
- **Section 8.0: Restorative Measures**
- **Section 9.0: Interim Measures**
- **Section 10.0:Amnesty for Alcohol or Drug Violations**
- **Section 11.0: Classroom Removal Policy**

To review the GVSU Student Code, go to <http://www.gvsu.edu/studentcode/>.

## Dismissal Policy:

Students will be governed under the policies as published in the GVSU Student Code. In addition, a student shall be dismissed from the GVSU respiratory care program for any behavior which is determined by faculty and peers to be overtly detrimental to themselves or others.

## STUDENT ROLE CLARITY

It is not unusual for students to be employed in agencies where they may also be assigned for a clinical rotation. On occasion, students have had difficulty in understanding the differences between agency and academic policies. As an employee, you are responsible *to the agency* for conforming to agency policies. When you are in the clinical site as a GVSU student you are responsible to function within *GVSU's academic policies* and the applicable agency policies *for students*. **If there is a situation where your clinical placement assignment is on the unit or department where you are employed or have been employed in the past, please notify your DCE immediately. Do not perform functions as a student as if you are acting in your employee role.** As a student, all activities must take place on the unit you are assigned to by GVSU. Be sure to talk with the clinical instructor if you are unsure of any specific activity.

The use of alcohol and recreational drugs are not acceptable prior to or during classes or clinical work since they may affect your performance. Prescribed medications should be used cautiously; please talk with your health care provider about any possible effects on your physical or cognitive performance. Extreme fatigue can also affect clinical and course performance. Students should practice self-care which includes adequate rest.

## APPROPRIATE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

Often students enter GVSU respiratory program highly skilled in the use of phones (including digital camera), social networking sites, and computer programs. In both clinical and classroom settings, use of such devices must take into consideration the professional environment in which you will be immersed. Privacy and basic rights may be easily violated if the student does not recognize the difference between their personal and their professional lives. Examples:

- Accessing patient information in the clinical setting outside of the learning assignment, even if it is the record of the student, violates agency policies.
- In the classroom pictures may only be taken with full permission of each person who will be photographed.
- Recording a lecture requires the approval of the instructor and its use should be restricted to that one situation.
- Using a personal computer in class is restricted to class activities. Surfing, responding to email or texting via computer is not acceptable in-class use of technology. Faculty have the right to ask the student to stop the activity and if the student refuses to do so, ask them to leave the classroom.
- To ensure that there is less of a chance of distractions and loss of privacy, GVSU faculty may request that while in the classroom or clinical setting, cell phones be turned off and/or pagers be set to silent alert. Please consult faculty on their preferences regarding personal calling or texting while in the clinical or lab areas.
- Materials such as photographs, especially displaying GVSU logos or the identities of individuals, and audio recordings should never be placed on the internet without consideration of privacy, public perception of university representation, and the long-term effects of such actions. Students should be especially careful of violating confidentiality standards when using information technology such as PDAs or social media sites.

The examples above demonstrate how communication and information advances could be disrespectful to others and even violate an individual's right to privacy. The respiratory profession views these situations through the ethical principles of autonomy, beneficence and non-maleficence.

Autonomy is the right of an individual to make an informed decision or to give informed consent without the presence of coercive factors, which may be known or unknown to the individual. Beneficence is the use of actions designed to promote or benefit another individual in a positive manner. Non-maleficence is avoiding actions that may result in harm to an individual. Privacy can be understood as the right of an individual to control the communication of personal information and the right of the individual to be free from unwanted intrusions. Intrusion of one's seclusion is a subset of invasion of privacy that occurs when there is an expectation of privacy. A reasonable expectation of privacy is generally accorded to an individual in his/her/their home and work environments. Recording a person without his/her/their knowledge or consent at a time and place in which the individual has a reasonable expectation of privacy is usually considered to be a violation of one's right to privacy.

In our technology-driven culture where internet postings, blogging, and social networking sites are commonly used by persons of all ages, it is apparent that people do not always understand nor appreciate the sensitivity of posting personal information via a public disclosure vehicle. A photo or a recording taken out of context may have lifelong unintended negative consequences for an individual's professional and/or personal life. Although intent to cause harm may be lacking, the recordings may be disseminated in ways not originally intended. In addition, under the statutes of civil law, litigation has been filed regarding the posting or publishing of materials (audio, video, photos) without permission of the plaintiff and courts have ruled in the plaintiff's favor. It is for that reason that some business environments ban recording devices, including cell phones with cameras.

### ***Academic Dishonesty***

**Integrity of Scholarship and Grades (excerpted from GVSU Undergraduate and Graduate Catalog)** Truth and Honesty: The principles of truth and honesty are recognized as fundamental to a community of teachers and scholars. The university expects that both faculty members and students will honor these principles and in so doing protect the validity of university grades. This means that all academic work will be done by the student to whom it is assigned without unauthorized aid of any kind. Instructors, for their part, will exercise care in the planning and supervision of academic work, so that honest effort will be positively encouraged. Compliance shall include compliance with the following specific rules:

1. No student shall knowingly, without authorization, procure, provide, or accept any materials that contain questions or answers to any examination or assignment.
2. No student shall, without authorization, complete, in part or in total, any examination or assignment for another person.
3. No student shall, without authorization, allow any examination or assignment to be completed, in part or in total, by another person.
4. No student shall knowingly plagiarize or copy the work of another person and submit it as their own.
5. No student shall submit work that has been previously graded or is being submitted concurrently to more than one course without authorization from the instructor(s) of the class(es) to which the

student wishes to submit it.

**Plagiarism (excerpted from GVSU Undergraduate and Graduate Catalog)** Any ideas or material taken from another source for either written or oral presentation must be fully acknowledged. Offering the work of someone else as one's own is plagiarism. The language or ideas taken from another may range from isolated formulas, sentences, or paragraphs to entire articles copied from books, periodicals, speeches, or the writing of other students. The offering of materials assembled or collected by others in the form of projects or collections without acknowledgment also is considered plagiarism. Any student who fails to give credit in written or oral work for the ideas or materials that have been taken from another is guilty of plagiarism.



Such activity may result in failure of a specific assignment, an entire course, or, if flagrant, dismissal from Grand Valley.

For further information see the GVSU *Student Code*. <http://www.gvsu.edu/studentcode/>.

**Fabrication and Falsification.** Inventing, making up, or altering data, research results, information, grades, or procedures are grounds for disciplinary action. Examples include:

1. Inventing or altering a record of any portion regarding a clinical or practicum experience.
2. Changing grade reports or other academic records.
3. Forging someone else's signature or identification on an academic record.
4. Altering a returned examination paper in order to claim that the examination was graded erroneously.
5. Falsely citing a source of information.

**Academic Misconduct:** Please refer to the GVSU Conduct Process and Resolution Procedure via:

<https://www.gvsu.edu/policies/policy.htm?policyId=89004197-D426-2F19-45B12CC728F057DE&search=>

**Examinations:** Students are expected to maintain the confidentiality of all course examinations. The GVSU academic misconduct process provides information on how allegations of cheating, plagiarism, and academic misconduct are handled. In addition, students will be governed according to the integrity policies in the GVSU Student Code, which may include exam or course failures. In addition, GVSU has established the following exam policy: Students are expected to take class examinations as scheduled by faculty except for extenuating circumstances beyond the control of the individual student. It is the student's responsibility to report absences from scheduled examinations prior to the scheduled event and initiate a make-up plan within the exam week. Students, who for any reason, take an exam at a non-scheduled time may expect an alternate form of the exam which will likely emphasize short-answer and essay type questions. Students who need additional time for exams due to learning, physical, or other disabilities are responsible for contacting the Disabilities Support Resources (DSR) office <http://www.gvsu.edu/dsr/> to initiate the process for extended examination time.

**Student Questions During Exams:** Students who ask questions during exams may disrupt other students, may unknowingly get an unfair advantage, or put proctoring faculty in difficult positions, since they often are not responsible for all the course content. To minimize these problems, faculty have reviewed exams and quizzes to insure question clarity and simplicity, and the relevance of language to the tested material.

**Research Integrity (excerpt from: <https://www.gvsu.edu/rci/>):**

To report a research-related concern, contact the Office of Research Compliance and Integrity (ORCI) at (616) 331-3197 or [rci@gvsu.edu](mailto:rci@gvsu.edu). They will keep your identity confidential, and you can make a report without fear of retaliation. If you wish to remain completely anonymous, you may file a complaint through EthicsPoint, a GVSU-utilized system hosted by a third-party provider. If the reported incident involves a research concern, our office will be notified through that system.

Research concerns could include, but are not limited to, the following:

- Participant welfare concerns
- Animal welfare concerns
- Conflict of interest concerns
- Research-related safety concerns
- Export control issues
- Research misconduct issues (fabrication, falsification, plagiarism)

Students should refer to the college's Academic Dishonesty policy located on GVSU's webpage at.  
<https://www.gvsu.edu/computing/academic-honesty-30.htm#:~:text=Academic%20misconduct%20will%20not%20be,from%20GVSU%20will%20be%20recommended>

. A student found to be cheating on an exam or quiz will receive the grade of 0 (zero) for that exam. A student found cheating a second exam or quiz may be dismissed from the program. A student who falsifies either clinical documents or patient charting will be dismissed from the program on the first offense. Students who observe other students in an act of academic or professional dishonesty are responsible as health care practitioners to report any such occurrences to the proper faculty member. Students are not allowed to copy any exam from the Respiratory Care Program unless there is specific permission by an instructor.

Additional areas of concern specific to Respiratory Care include but are not limited to:

- Covering up or not reporting a clinical error.
- Charting something that was not done.
- Altering any legal documentation.
- Deviation from an accepted Standard of Care or Standard of Practice.
- Any form of lying to faculty, health team members or others.

### ***Respiratory Care Program Progression and Completion***

In order to graduate from the Respiratory Care program a student must receive a C or better grade for all courses in the curriculum. If the student receives below a course's minimum grade, the student will be stopped from completing the program. If this is the first failed course in the program, the student may be granted re-entry at the discretion of the program faculty (see Re-Consideration).

If the student achieves a C or better in the professional courses (RES prefix), but receives below a C grade for any one of the general education courses, he/she will need to repeat the supporting course and achieve a C or better prior to being granted the associate degree for completing the Respiratory Care program. A student who receives below a C or withdraws from the general education courses will still be able to complete the Respiratory Care program on schedule if he/she successfully repeats the failed course in time; otherwise the student will graduate later than the date of respiratory class completion.

Students who fail to complete a professional class due to academic performance difficulties may be allowed **one** re-entry to the Respiratory Care program (this includes withdrawal from a class for academic reasons). A second instance of failure to complete the repeated course or any subsequent course in the Respiratory Care curriculum will result in permanent termination from the Respiratory Care program. For this reason, it is very important for students to be aware of their academic and clinical performance and seek the assistance or advice of faculty when a problem begins to surface.

Students who fail to complete a clinical class may or may not be allowed re-entry to the program depending upon the nature of the failure. Students who violate clinical policies may be terminated from the program or placed on clinical probation for a period of time as determined by the Program Director. Placement into clinical probation will trigger more frequent evaluations targeted at the individual problem that has been demonstrated.

### ***Re-Consideration and Remediation for the Respiratory Care Program***

A student seeking to return to the Respiratory Care program must send a letter requesting re-consideration to the Respiratory Care Program Director. Students are allowed **ONE** re-consideration for this program. The request for re-consideration letter must include the following:

1. The student's perception of the problem leading to dismissal and explanation of contributing circumstances;
2. Demonstration of an understanding and awareness of the problem;
3. What the student has done to rectify the problem;

4. The student's detailed plan for success in the respiratory care course to be repeated and future respiratory care courses if re-admitted.

The request will be submitted to the Health Sciences Department Re-Consideration Committee. The Committee is composed of two allied health faculty other than the faculty directly involved in the dismissal, one faculty member from another discipline, the Student Ombudsman, and the Health Sciences Department Chair. The Health Sciences Department Re-Consideration Committee meets as needed.

The student and faculty member involved in the dismissal will be informed by the Health Sciences Department Chair of the time, date and place of the meeting. At the meeting, the student will present a detailed academic success plan. The faculty member involved in the dismissal or lead faculty for the course will present an overview of the events that led to the dismissal and his/her support for or against re-consideration. The student may choose to be present or not during the faculty's presentation. The student and involved faculty will then be excused from the meeting.

After reviewing the student's history, the documents described above, and faculty recommendation, the committee will determine if the student will be offered re-consideration to the respiratory care program. The committee will look for compelling evidence that the reasons for the dismissal can be corrected and that the student has identified specific changes that improve the chances for a successful outcome. If the student is offered re-consideration the Committee in consultation with the Program Director will determine if courses in addition to the course failed must be repeated, and will identify any other requirements (i.e. skills validation) and/or stipulation associated with the re-consideration.

As part of this process, the Committee (in conjunction with the Program Director and Director of Clinical Education) will devise a plan for remediation that is appropriate for the course(s) in question with the intent of improving the student's chances of successful graduation.

- Classroom course remediation may include faculty suggestions to improve grades with study strategies, test-taking strategies, tutoring, referring to the Center for Student Success, pre-course practice exams, quizzes and activities suitable for the re-entry.
- Clinic remediation is needed when a student has been deemed either having a deficit requiring satisfactory remediation before passing the class, or if he/she has violated one of the conditions stated in the clinical disciplinary actions, and for which the student would be placed on clinical probation. Clinical probation will require more frequent written evaluation of the student that is specifically aimed at the student's identified deficiencies or violation(s).

The Health Sciences Department Chair will notify the student in writing of the final determination and any re-consideration conditions. The plan of action will be written out and put into the letter the student receives. Any re-consideration is contingent on space availability in the program.

A student who is denied re-consideration may appeal the decision by submitting a letter requesting a review by the Judicial Appeals Board to the Student Ombudsman. The decision of the Judicial Appeals Board is final.

**The student will not be allowed to continue in the program until this process is complete and a determination on re-consideration is made.**

A student who wants to request re-consideration will need to have his/her written request received by the Respiratory Care Program Director by the following deadlines:

- |                         |  |
|-------------------------|--|
| March 1 <sup>st</sup>   | for a re-admission for Summer Semester |
| May 1 <sup>st</sup>     | for a re-admission for Fall Semester   |
| October 1 <sup>st</sup> | for a re-admission for Winter Semester |

### ***Appeal Procedures for Grades***

Students who wish to appeal a grade should refer to the Academic Complaint process in the College Catalog. <https://www.gvsu.edu/computing/academic-honesty-30.htm#:~:text=Academic%20misconduct%20will%20not%20be,from%20GVSU%20will%20be%20recommended>

Academic grievances are generally defined as those involving (a) procedures, policies, and grades in courses, (b) major, minor, or program (graduate or undergraduate) degree requirements, (c) general undergraduate university graduation requirements, such as general education, total credit, or residency requirements, or (d) graduate degree requirements, such as total credit or residency requirements. Filing of a grievance is required by the end of the following regular semester after notification of grade or receipt of adverse decision. Appeals of decisions must take place 30 days after receipt of notification. ” (para 1).

### ***Insurance***

Respiratory Care students are required to have current professional liability insurance. The College provides professional liability insurance when a student enrolls in clinical classes. The insurance premium is assessed in the form of a lab fee attached to the clinic classes. The student is responsible for providing for hospitalization insurance.

### ***Confidentiality of Patient Information***

As part of health career clinical training, Respiratory Care students will have access to certain confidential information such as patient records and conversations. Students must follow the strict ethical standards of the profession, including honesty in communication, respect for the confidentiality of patients' records and conversations, and protection of patients' rights (see DISCIPLINARY ACTION - Primary Violation, p. 23). This conduct is generally part of the mandate to follow HIPAA requirements from the federal government, and includes:

- Maintaining patient confidentiality includes using “No Patient’s Name” outside of the hospital or within the hospital except with appropriately authorized medical personnel.
- Patient cases are not to be discussed with unauthorized personnel or in public areas in a fashion that discussed details of the case could make obvious to unauthorized individuals within listening range the identity of a patient.
- Maintaining patient confidentiality and right to privacy also includes NOT perusing patient charts unless educationally indicated (i.e., students are to review chart information only of patients assigned to them or as part of other activities specifically assigned to the student by a Clinical Instructor).
- Expressly forbidden is the researching of a chart simply because it is for a patient with whom the student is personally acquainted (i.e., a friend or relative).

### ***Exposure, Incidents, and Disease***

Respiratory students need to be aware that they will be working with patients who have infectious organisms. Students must follow infection control procedures (standard precautions and special transmission precautions) at all times. Standard precautions are meant to reduce the risk of transmission of blood-borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

### ***Drug Free Campus Policy***

Students should refer to <https://www.gvsu.edu/policies/policy.htm?policyId=78E189F7-E50F-4E48-1463A96500A74A3E> to review the Drug Free Campus Policy. Success in respiratory therapy, both as a student and as a practitioner, requires sound judgment and positive professional relationships with the community, the clinical personnel, and the client. Behavior which threatens these relationships or alters judgment will endanger this effectiveness. For this reason students are expected to abstain from the use of any illegal or mind altering substance before or during **any** contact with faculty, staff, or clients. Students should also abstain from any prescribed drugs prior to clinical experiences that could impair judgment or function. Students who arouse the suspicion of the instructor must give permission for immediate laboratory screening for any substances. Declining to do so will result in dismissal from the program. There is zero tolerance for breaches of this policy. Documented use of mind-altering and/or illegal drugs or substances in the clinic will result in immediate dismissal from the program and failure in the clinical course that the student is enrolled. Students will be ineligible for readmission to the program under these circumstances. At this time, there is no ability of the program to waive a medical marijuana prescription as an exception to this policy due to the hospital policies concerning employee health requirements and employment as well as affiliate contracts.

### ***Personal Problem Solving***

If any Respiratory Care student is having difficulties completing the program course work, please see the Program Director for assistance. Assistance may also be obtained by stopping by the Center for Student Success (or calling CSS at 616-331-3588). Students requiring special assistance (including those affected by the Americans with Disabilities Act) should also contact the Center for Student Success.

The GVSU Financial Aid Department is available to assist students in identifying sources for assistance related to their educational costs.

### ***Student Identification***

Unless otherwise stipulated by faculty responsible for teaching the course, students are asked to submit assignments using the name listed in Banner. If your legal name changes during the time you are a student in the respiratory therapy program and you wish to change your name in Banner, please contact the GVSU Registrar's Office for directions on completing the Name Change Form. Once the name change has been implemented in Banner, please notify the respiratory therapy programs department assistance. Please note, GVSU recognizes that an individual may wish to be identified by a professional, personal, preferred, display or username without making an official legal name change. Students may use the **myName** ( <https://www.gvsu.edu/myname/> ) process to update Banner and some related systems with such a name. the **myName** process allows students, faculty, and staff to have the chosen name appear anywhere a legal name is not required.

### ***Confidentiality of Student Records Policy***

Students should refer to the GVSU Confidentiality, Data and Security Policy. This can be found on GVSU's webpage at <https://www.gvsu.edu/policies/policy.htm?policyId=82527D0B-9D97-689F-5B62B2ECE39F80BE> A detailed discussion of the Family Educational Rights and Privacy Act (FERPA) may be found there.

### ***Professionalism: Affective Domain Standards of Performance***

As you participate in your Respiratory Care education, you will be expected to demonstrate that you have indeed learned what is required to become a professional Respiratory Care Practitioner. There are three main component areas into which your learning may be categorized: Cognitive, Psychomotor, and Affective.

When most people think of "schooling", they usually refer to the first two of these areas, Cognitive and Psychomotor. You learn your facts and theories and then you put them into practice, actually performing tasks, skills, etc. All too often, the development of what the profession considers to be the appropriate attitudes, beliefs, and feelings toward what you are learning, what you are doing, and how you are doing it, is assumed to automatically occur. A truly balanced education requires that all three component areas must be mastered. In view

of this, an important component part of your being aware of how well you are progressing in your learning will be the inclusion of affective measurement tools within the clinical evaluation process. The evaluations will measure your progress as a Respiratory Care Practitioner, and guide your mastery of the affective behavior that is vital to becoming a highly qualified Respiratory Care Practitioner. Affective elements that will be assessed include: accountability, adaptability, assertiveness, compassion, dependability, effective communication, empathy, honesty, integrity, leadership, respect for others, and teamwork.

**GVSU now offers a mechanism for students to use their phones in order to protect themselves and others.** The GVSU Police Department has joined with over 1,000 campuses nationwide to use the **Guardian mobile safety app powered by Rave Mobile Safety**. Students can choose to sign up with their GVSU email and the free app is available on all the University's campuses: Holland, Allendale, Grand Rapids, Detroit, Muskegon, and Traverse City. The emergency call button can send an immediate alert to GVPD with a single click, providing the user's information and GPS location to Police. Users can also send text or photos directly to GVPD if they witness something suspicious. For more information visit: <https://www.gvsu.edu/dps/laker-guardian-129.htm>

### ***Graduation and Commencement***

An application for graduation must be completed for each degree or certificate. Students should refer to the college's Graduation and Commencement process located on GVSU's webpage at <https://www.gvsu.edu/registrar/applying-to-graduate-5.htm>

## **DISCIPLINARY ACTION**

Respiratory Care students are expected and required to always conduct themselves in a professional manner.

Violation of program policies can result in administrative action ranging from counseling to permanent discharge from the program. All policy deviations are considered cumulative throughout the program; discipline will be based upon the total of policy infraction occurrences, not each occurrence of each type of deviation.

If any form of disciplinary action is taken, the student is encouraged to first discuss the alleged offense and implied disciplinary action with the Clinical Instructor, Director of Clinical Education, and/or Program Director. In every case an attempt will be made to remedy the situation at this level. In the event that the student feels he/she has justification for challenging the offense or decision for disciplinary action see the **Appeal Procedures for Grades** section (p. 15) of this Handbook.

### ***Routes of Disciplinary Action for Program Policy Deviations:***

#### **A. PRIMARY VIOLATIONS**

Disciplinary Action: ANY DEVIATION IN THIS GROUP RESULTS IN **IMMEDIATE** DISCHARGE FROM THE PROGRAM AND A **FAILING GRADE** IN THE RELATED CLASS.

##### ***Offenses:***

1. Committing THE SAME **secondary** violation for a second documented time, or a third secondary violation of any kind, whether simultaneous or consecutive.
2. Disclosing confidential information about any patient, student, hospital employee or the hospital without proper authorization.
3. Leaving hospital premises during assigned clinical hours without proper authorization.
4. Removing from the hospital any patient records or official hospital records without proper authorization.
5. Falsifying any student or official hospital records.
6. Using abusive, obscene, or threatening language to any patient, visitor, student, or facility employee.
7. Engaging in disorderly conduct that threatens the physical well-being of any patient, visitor, student or facility employee.
8. Obtaining, possessing, selling, or using drugs or other illegal or controlled substances on facility premises. If there is reason to believe that a student is under the influence of drugs and/or alcohol, he/she will be required to undergo drug and/or alcohol testing. If the student refuses to submit to a test or the student's test returns a positive result, the student will be immediately removed from the program.
9. Stealing, abusing, misusing or destroying the property or equipment of any patient, visitor, student, facility employee, or the facility.
10. Possessing weapons, wielding or threatening to use firearms, illegal knives, etc. on the facility premises.
11. Assaulting any patient, visitor, student or facility employee.

#### **B. SECONDARY VIOLATIONS**

Disciplinary Action: A student will receive a **first written warning** notice as the first step of the probation process for unsatisfactory performance. A **second written warning** notice is the second step of the probation process and triggers daily or weekly written evaluations to document progress of the identified deficiency/behavior. This would remain in place until completion of the semester. A **third written warning** notice of any kind, whether simultaneous or consecutive, would count as a **primary violation** and result in the student's **immediate dismissal**. These



notices will be issued as soon as possible after the problem is identified. **Serious violations** may warrant **immediate removal** from the program.

**\*\*\* NOTE \*\*\***

The commission of **THE SAME secondary violation** for a **second** documented time is considered a **PRIMARY** violation and treated as such (see Primary Violations, offense #1).

***Offenses:***

1. Acting in an unprofessional manner, as determined by GVSU RC Program personnel, while in the role of a GVSU RC program student.
2. Accepting authority or responsibility beyond the level of training or demonstrated competencies in the program.
3. Failing to exercise reasonable care in the performance of duties.
4. Smoking in restricted areas.
5. Leaving an assigned clinical area without proper authorization.
6. Failure to assume the responsibilities of a student in the Respiratory Care Program:
  - a. Being excessively (chronically) tardy (to be determined by the instructor, but generally greater than 2 times in an 8 week period) or significantly tardy (greater than 10 minutes without proper notification).
  - b. Being excessively (chronically) absent (to be determined by the instructor, but generally greater than 2 times in a 15 week semester) or being absent without proper notification.
  - c. Inappropriate program behavior or inappropriate personal appearance based on Hospital and/or College policies (see p. 25 – **Dress Code**).
  - d. Unethical behavior, i.e., lying, cheating, stealing, etc.
  - e. Repeated failure to submit required written work in the clinical area or classes, or repeated lateness in submitting work.
  - f. Failure to submit or repeatedly late submission of clinical and other program documentation such as evaluation forms, time sheets, log sheets, and so on.
7. Unsafe clinical practice. It is understood that unsafe clinical practice may include either a combination of several or repetitive examples of the following:
  - a. Errors in recording of pertinent clinical data.
  - b. Failure of safely adopting basic patient care skills to actual patient care situations resulting in actual or potential patient harm. This is relative to the degree of completion of the Respiratory Care curriculum.
  - c. Failure to demonstrate sound judgment relative to the student's degree of Respiratory Care curriculum completion.
  - d. Unsafe or inappropriate diagnostic service to the patient.
  - e. Unsatisfactory achievement of clinical objectives.
  - f. Failure to follow universal precautions or blood-borne pathogens processes.
8. Failure to establish effective working relationships with patients and other clinical site team members in providing patient services.
9. Using machines or equipment without proper authorization.
10. Violating safety rules and regulations or failing to use safety equipment provided.
11. Creating or contributing to unsafe or unsanitary conditions.



## **Dress Code**

Minimally, students must conform to hospital policies in dress. At such time that a Respiratory Care Program student's appearance is not appropriate as defined by a Clinical Instructor, that student may be instructed to leave the hospital setting to change his/her appearance and may, at the discretion of the instructor, return to the clinical area when acceptable standards are met. Students are expected to wear appropriate attire (as specified in the policy below) whenever in **lab classes**, **clinical**, or at **public events** representing the college (such as health fairs).

The standards are as follows:

1. All clothing will be clean and wrinkle free.
2. Name tag, worn on the left chest. The hospital may also provide a photo I.D.
3. Clothing should promote a professional image to colleagues and patients alike (i.e., no blue jeans, sweatshirts, and other such types of casual clothing).  
Hospital scrubs: **Caribbean blue** hospital "scrubs"—simple cotton pants with ties and short-sleeved, V-neck, pull-over tops—are required by the RC Program as standard clinical attire. Students are responsible for acquiring appropriate scrubs to be worn at clinical sites. Clinical instructors must approve exceptions to wearing scrubs in clinical.
4. Shoes: crepe or rubber heeled and soled shoes that are closed toe, closed heel, and clean. No high-heeled shoes or canvas tennis shoes.
5. Hair must be neat, clean, and restrained if necessary. At no time should hair touch the patient or equipment.
6. Beards, mustaches and sideburns are to be kept trimmed short, neat, and clean in the judgment of the Clinical Instructor, Department Manager, and Director of Clinical Education.
7. Jewelry should be limited to: small earrings, rings that will not scratch the patient, get caught in equipment, or be porous enough to harbor excessive bacteria; necklaces of the choker-type; and close fitting simple bracelets. No political, controversial, or discriminatory symbols should be worn.
8. Fingernails shall be kept cleaned and trimmed. Fingernail length shall not exceed 5 mm from the quick of the nail to the tip of the nail or 2 mm of nail visible past the tip of the finger as viewed from the palmar surface. For infection control reasons, false nails and nail polish should not be worn and are forbidden by several clinical sites.
9. Perfumes and shave lotions and other cosmetics with a noticeable fragrance should not be used. (Even slight odors may be noxious or nauseating to the ill patient, and mild scents can still trigger respiratory exacerbations in susceptible patients.) Similarly, body odors should be kept to a minimum by adequate bathing.
10. A stethoscope (after orientation phase).
11. A black ink pen for charting or taking notes and note paper.
12. A watch which allows the student to accurately time respiratory and heart rates over 1 minute or for 15 second time periods. A watch with a sweep second hand or digital second counting option is the most convenient for this function.
13. A handheld device (e.g. smartphone, tablet) that can access the internet is required for clinical documentation. However, personal phone calls, texting, emailing are only permissible on break and in the department, not patient care areas. At no time is it permissible to take images or video in clinical where patient care is provided and the patient is visible unless proper permission is granted by the hospital authorities in charge of this policy.
14. No cigarettes or other smoking supplies should be visible to patients or other personnel except in designated smoking areas. A student cannot have the odor of smoke on clothes or on their person and may be sent home as an unexcused absence subject to make-up if this is evident.
15. Note: If a change is made in these policies by an institution, students will be informed and expected to comply.

**Grand Valley State University**  
**Respiratory Care Program**  
***Clinical Policies***

The purpose of these clinical policies is to:

- protect the health and safety of patients, students, and hospital personnel;
- maintain uninterrupted patient services;
- protect the Hospitals' and College's goodwill and/or property;
- promote students' professional growth and development according to the guidelines and objectives of each clinical course;
- adhere to the hospitals' Department and Policy Manuals; and
- prepare Clinical Instructors for their roles in clinical education.

These policies should be maintained on file at each clinical agency. The Program Director and Director of Clinical Education will be the individuals responsible for clarifying and enforcing these policies.

***Clinical Assignments***

The determination of a student's assignment to a clinical agency will be made from a variety of factors. These include the rotation topic and what hospitals the student has been to before. For educational reasons students will not be assigned to a single clinical facility for their entire clinical training.

Prior to their first clinical experience, students will have received a copy of and have been oriented to the relevant contents of the GVSU Respiratory Care program's Student Handbook. Additionally, prior to each clinical semester, students will have received a copy of and have been oriented to the contents of the following:

1. Semester Syllabus
2. Semester Calendar
3. Semester Clinical Documents

The time of each rotation will coincide with the shift schedule of the assigned clinical site unless otherwise noted. Assigned shifts will generally cover an 12 hour time period. The assignment for a student will concentrate on the major topics for that given semester, or the particular skills associated with the clinic site (example pulmonary rehabilitation, sleep disorders lab).

A student's presence in a clinical agency should not be interpreted by the clinical agency or employees in the department as an opportunity to place the student in the role of an employee with an employee's workload. In the instance of an end of rotation experience where a student is given a full workload as an exit evaluation, the student would not be left unsupervised, nor would the student be paid during these hours. Although the ultimate goal of the clinic rotation is to prepare a student to assume the duties of a therapist, using a student as an employee substitute on a frequent basis is not allowed and may be grounds to review the affiliation arrangement. If a clinical agency hires a student to work outside of clinic hours, that is an arrangement between the student and the clinical agency and does not apply to this situation. Students may not be paid during clinical rotation hours regardless of whether the student is an employee of the institution or not. Students cannot be paid for clinical time under any circumstances.

The Clinical Instructor will be responsible for arranging for hospital mandated parking stickers/permits, identification badges, etc. depending upon the agency's policies.

***Clinical Instructor's Job Description***

During scheduled clinical rotations the Clinical Instructor will:

1. develop a student orientation manual specific to the clinical agency.
2. orient students to clinical agency plant, policies, and equipment used in the assigned rotation.
3. assign appropriate activities/patients to students for each clinical day.

4. assume bedside teaching responsibilities.
5. ensure adequate student ability to perform skills BEFORE clinical application.
6. supervise student procedures with patients.
7. document student ability to perform skills without direct supervision BEFORE assigning such student activity.
8. evaluate and document student performance of the semester's assigned tasks.
9. maintain a flexible schedule in order to take advantage of unscheduled educational events occurring at the clinical agency.
10. assist the program in recruiting staff physicians to present lectures, rounds, etc. for students.
11. schedule physician directed educational events at an average rate of 1 hour per week.
12. collaborate with the students in maintaining records of student attendance and daily activities.
13. assume responsibility for arranging student instruction/supervision in the clinical instructor's absence.
14. contact and inform students if clinical must be cancelled due to conditions at the clinical agency.
15. notify the Director of Clinical Education, in a timely fashion, of student clinical absences.
16. assist the Director of Clinical Education in assigning clinical grades.
17. assist the Director of Clinical Education with disciplinary problems.
18. maintain active membership in the Clinical Instructor's Council (CIC) to discuss/formulate clinical policies, objectives, evaluations, and long range planning.

### ***Clinical Preceptors***

The Clinical Instructor will be allowed to appoint selected Respiratory staff personnel, deemed by the Clinical Instructor and Director of Clinical Education to be suitably qualified, as preceptors.

Preceptors must have a cognitive and clinical background appropriate to the level of instruction/supervision to be given. This does not dictate any particular NBRC credential, but a fluency and ability in the clinical topics of the rotation is required.

The quality of instruction/supervision received by students under a preceptor is to be at a level and including content set by the College. Ensuring the appropriate level and content is being delivered is the responsibility of the Clinical Instructor.

Preceptors may be involved, at the direction and discretion of the Clinical Instructor and/or Director of Clinical Education, in the following student clinical educational activities:

- provide direct bedside instruction/supervision,
- evaluate student performance of clinical skills for purposes of mastery and documentation,
- deliver in-service lectures in an area of expertise.
- assist students in the completion of case studies.

Preceptors are recognized by the College as extremely valuable members of the clinical educational environment and are invited by the College to attend Clinical Instructor Council meetings.

### ***Clinical Supervision***

The assigned Clinical Instructor in the Department is the supervisor for the students during the clinical portion of the curriculum. The Clinical Instructor will schedule the student's activities to meet the goals established for that rotation. The students should also become familiar with the Department chain of command and adhere to established policies and procedures in assigned practicum sections. It should be kept in mind that supervision of on-going activities is a necessary function to maintain order and accomplish Department goals.

If students have any doubt about how rapidly the Clinical Instructor can respond to assist, the next instructor/supervisor in line would be the shift supervisor, then the department head unless the Clinical Instructor notifies the students otherwise.

If a student questions their participation in an activity because of an apparent contradiction between GVSU RC Program clinical policies and the supervision or directions supplied by a Clinical Instructor, the student should inform the instructor of the contradictory issues. If the apparent contradictory directions can not be resolved, then the student should refrain from participating in the activity, and arrange with the Program Director or Director of Clinical Education to discuss the matter at the earliest convenience.

Students are NOT to perform a procedure unattended and without direct supervision until a Check-Off for that procedure is completed and on file with an assessment of Supervision Required at a level of Minimal (Satisfactory) or better.

The Director of Clinical Education will visit all of the active clinical agencies on a frequent basis. During this time the Coordinator will review student records, assist with bedside teaching or supervision, maintain communication with students and hospital personnel, assist with student counseling, Check-Offs, and any disciplinary action necessary.

### ***Student Charting***

Students are to log entries in patient charts as directed by the Clinical Instructor and in accordance with departmental guidelines. In addition, the student is to sign his/her entries with their full name followed by "SRT" to indicate "Student Respiratory Therapist" status. Clinical Instructors are responsible for reviewing and indicating acceptability of the documentation by co-signing or co-initialing the student chart entries.

### ***Attendance***

It is our belief that in order for an individual to learn a health science profession, it is necessary for that individual to practice and participate in the skills required of the profession. Therefore, clinical practice attendance is a requirement of this program.

### ***ABSENCE FROM A CLINICAL ROTATION***

Any assigned time during which a student is not at his/her designated clinical site is considered an absence.

A student will be allowed only one (1) absence during the course of a clinical semester (approximately 30 clinical days) without the necessity of a make-up day. For each absence thereafter the student will be required to attend a make-up day arranged with the consensus of the Clinical Instructor and clinical agency prior to the end of the semester. A clinical day will be defined as being 8.5 hours in length, for purposes of defining a single absence (so in a rotation consisting of 12 hour shifts, if a day is missed, then four hours will need to be made up). All absences will be made up unless absenteeism is extensive enough as to constitute course failure according to the

**DISCIPLINARY ACTION** section.

During extraordinary occurrence of disability, clinical attendance requirements may be modified, at the discretion of the Program Director, Director of Clinical Education, and Clinical Instructor.

### ***POSSIBLE IMPACT ON GRADE***

If a specified absence is not made-up the student will receive a grade of INCOMPLETE for that clinical course and will have a two week probationary period into the next semester in which to make up the absence, at the discretion of the clinical agency. If the make-up day is not successfully completed during the probationary time the clinical grade for the previous semester will convert to a grade of 0.0 and the student will be removed from the program.

For each required make-up day students may lose one (1) point from their final grade for the clinical class.

Students with NO absences (other than unconditionally excused absences) and no tardies may have one point added to their semester's final grade.

### ***NOTIFICATION OF ABSENCE***

The procedure for proper notification of an absence is as follows:

1. The student will notify the assigned Clinical Instructor and the GVSU Director of Clinical Education twelve (12) hours before the shift if possible, but in no case less than the stated policy of the clinical agency. The reason for and the length of absence are to be stated.

2. When proper notification is not possible before the beginning of the shift, the student will notify the assigned Clinical Instructor and the GVSU Director of Clinical Education as soon as possible and explain why proper notice could not be given.
3. In the event that the student is unable to reach the assigned Clinical Instructor, they are to notify the Respiratory Care department staff supervisor for the assigned shift. The student is to inform the supervisor that they could not reach the instructor and note the time(s) they attempted. The student is to ask the shift supervisor to write a note for the Clinical Instructor stating 1) the time the supervisor was notified, 2) the reason for absence, and 3) the approximate duration of absence.

Students are to record on the appropriate day's journal sheet the details of their notification efforts including time of calls, the names and positions (i.e., shift supervisor, staff therapist, secretary, etc.) of individuals communicated with, and the content of their message(s).

The Clinical Instructor will, within one working day, inform the Director of Clinical Education or Program Director of a student's absence, whether or not the student followed notification policy, and the reason for their absence.

If the student feels he/she must leave clinical during an assigned day the student must request permission from the Clinical Instructor before leaving, state the reason(s), and inform the Clinical Instructor of the status of any work assignments. Leaving the clinical setting without informing the Clinical Instructor of the status of the assigned workload is considered a **severe violation** of Clinical Policies. At no time is a student to leave the clinical site without the knowledge and permission of the Clinical Instructor.

#### ***SUSPENSION OF CLINICAL PARTICIPATION AT A CLINICAL AGENCY***

A student may be asked to leave a clinical setting, at the discretion of the Clinical Instructor, for the following reasons:

1. illness
2. injury
3. failure to conform to dress code
4. lack of expected preparation to perform assigned clinical activities
5. commission of a Primary Clinical Disciplinary violation

Any clinical time missed is subject to normal make-up policies as outlined in this manual.

#### ***TARDINESS AT A CLINICAL AGENCY***

Student tardiness can at times be more disruptive to orderly departmental function than a properly notified absence. For this reason, the maximum tardinesses allowed will be two (2) during the course of a clinical semester (approximately 30 clinical days).

A tardiness is defined as having occurred when the student is not prepared to receive report at the identified starting time of the shift. This means outer-garments, etc. have been properly taken care of, lab coats are on, pins and stethoscopes are in place, etc. A student who is not marked tardy through the entire semester may be eligible for the extra grade point for perfect attendance.

The proper procedure for notification of tardiness is the same as for an absence.

Upon excessive tardiness in a rotation, the student will be cited for infraction of clinical policies, specifically the secondary disciplinary guideline concerning excessive tardiness. Subsequent incidents of tardiness may jeopardize a student's standing in the GVSU RC Program.

#### ***Early Completion of Clinical Rotation***

##### ***STUDENTS WITH SIGNIFICANT RESPIRATORY CARE EXPERIENCE***

Students who are on-the-job trained technicians will be eligible to test out of first year clinic rotations after providing the following:

1. Proof of employment equivalent to 2000 hours in Respiratory Care.

2. Letter from a supervisor or technical director confirming that the individual has routinely performed the identified skills for that clinical rotation.

After submitting the above, the student would proceed through the following requirements:

1. Attain "No supervision required" status for all mandatory Check-Offs in the rotation.
2. Complete all items on the equipment list.
3. Complete the semester's required patient assessments.
4. Achieve a 3.0 average for clinical exams or their equivalent.
5. Receive a satisfactory Summative Evaluation administered by the Clinical Instructor.
6. Perform skills and demonstrate knowledge of procedures to the satisfaction of the program personnel.
7. Complete items 1. through 6. prior to mid-semester.

Upon completion of the above, clinical attendance requirements for the remainder of the semester will be waived. The only remaining activity for the student is participation in the final lab practical/skills exam at the end of the semester (if applicable).

The student will also be required to complete a Special Project in accordance with the guidelines for these projects.

### ***ILLNESS OR OTHER EXTENUATING CIRCUMSTANCES***

Students may be eligible to shorten the time requirements of a clinical semester in cases of extreme, extenuating circumstances. These cases will be judged on an individual basis by the Program Director, Director of Clinical Education, and any Clinical Instructor who may be affected by a decision to allow an early completion. The general guidelines for modifying a student's clinical participation due to significant physical limitations are as follows.

1. In general, the GVSU RC Program will only modify its rigid clinical attendance requirements to facilitate clinical semester completion when a student is physically unable, as determined by GVSU program personnel, to meet the standard attendance demands.
2. In such cases ALL OTHER clinical course requirements for grading purposes are maintained, including:
  - a. completion of relevant pre-clinical activities (see relevant syllabus),
  - b. completion of all mandatory Check-Offs and completion of equipment list assessments,
  - c. satisfactory affective evaluations (minimum of one summative per rotation or phase),
  - d. completion of all clinical exams,
  - e. completion of the required number of written patient assessments and physician contact hours,
  - f. submission of daily journals and activity logs,
  - g. completion of the customary special project.
3. The RC Program will notify Clinical Instructors of students with non-educationally limiting conditions so that student clinical assignments and expectations may reasonably take these conditions into account.
4. No student is to be assigned to a situation that may significantly increase the risk of physical harm to that individual.
5. No student is to be assigned to a situation where that particular student's participation may significantly increase the risk of harm to their patients or peers.
6. Students having a relevant physical disability, may, and should, legitimately request assistance in performing heavy load operations (as defined by their physician) or may excuse themselves from such operations.

### ***Clinical Grading Policy***

#### ***PASS/FAIL COMPONENTS***

Students must satisfactorily complete all of the following pass-fail components:

1. completion of mandatory Check-Offs
2. completion of Equipment List assessment
3. satisfactory completion of logs and student journals
4. satisfactory affective evaluations

5. submission of completed patient assessments (typically 2-3/rotation or 1 every 2-3 weeks)
6. satisfactory physician contact time
7. satisfactory attendance (also possible +/- points)
8. satisfactory completion of special project (total of 100 points)

### ***Check-Offs and Equipment Lists***

A student who does not complete all Check-Offs or Equipment List items because the opportunity did not arise will be assigned a grade of INCOMPLETE for the course. He/she will have a limited time (two weeks) into the next semester in which to make up the required evaluation or face a failing grade and subsequent expulsion from the program.

### ***Student Logs and Journals***

Journal entries based on daily clinical activities and events are completed by students and can be read by instructors to facilitate student/program communications. Tallies of all procedures are made and entered in the logs. Entries in both logs and student journals must be made daily. Journals, physician contact logs, procedure/task count logs, and time tracking must all be submitted by the student within 24 hours of the end of the clinical day. Clinical Instructors or the Director of Clinical Education may add an addendum to journals or physician contact logs if needed for clarification.

### ***Affective Behavior***

Students exhibiting undesirable behavior in the affective domain will be dealt with under the provisions outlined in the section entitled "Disciplinary Action." A student exhibiting such behavior may be suspended from the program irrespective of academic achievement.

### ***Other Pass/Fail Requirements***

For additional clarification of pass/fail requirements, refer to a clinical course's specific syllabus.

### ***GRADE POINT COMPONENTS***

The final grade for clinical will be based upon the following POTENTIAL components:

- |                               |                           |
|-------------------------------|---------------------------|
| 1. Check-Offs                 | 5. Physician Contact Time |
| 2. Equipment List             | 6. Clinical Exams         |
| 3. Activity Logs and Journals | 7. Attendance             |
| 4. Patient Assessments        | 8. Special Project        |

Responsibilities for the points which determine the letter grade for the clinical class are as follows: the Clinical Instructor contributes/evaluates content for clinical exams and completes affective evaluations, equipment lists, and student clinical proficiencies using appropriate Check-Offs. The Director of Clinical Education will evaluate Check-Offs, logs, journals, patient assessments, physician contact time, exams, attendance, and special projects for point values. The Director of Clinical Education will calculate the final grade for all students based on the following scale.

### ***Check-Off Points***

Point values are assigned to the Check-Offs. For selected clinical skills (approximately six (6)/semester), student performance is evaluated in the three areas of motor skills, knowledge, and prompting required to perform a given task. The different areas of assessment have between four possible levels of scoring which are scored as follows:

- **MOTOR SKILLS**
  - **1 Good in dexterity and coordination**
  - **2 Slow and deliberate, but without significant errors**
  - **3 Awkward, poor in coordination/manipulating equipment**
  - **4 Overtly careless, with little attention to detail**
- **KNOWLEDGE**
  - **1 Understanding of basic concepts beyond the average student's**
  - **2 Adequate knowledge of essential elements (basically safe)**
  - **3 Limited understanding of essentials (requires supervision)**

- **4** *Inadequate understanding of basic concepts (may be hazardous)*
- PROMPTING REQUIRED WAS:
  - **1** **Performs correctly with minimal prompts**
  - **2** **Moderate(basically safe)**
  - **3** *Unable to complete task without frequent "hinting"*
  - **4** *Unable to complete task without direct instruction*

The overriding area of assessment is the last one, with levels and scoring as follows:

- SUPERVISION REQUIRED FOR NEXT PERFORMANCE
  - **1** **NONE: Needs only pager/phone access to CI**
  - **2** **MINIMAL: Occasional monitoring; CI presence not required**
  - **3** *MODERATE: Requires CI's presence*
  - **4** *CLOSE: Requires CI's presence and instruction*

Scores of 1 and 2 are considered passing. Scores of 3 and 4 are considered failing.

Whereas the Clinical Instructor will perform and record the skills assessments during the semester, it will be the responsibility of the Director of Clinical Education to evaluate the Check-Offs for actual point values to be used in grade determination. If there is more than one documented assessment of a particular skill the most recent assessment will be used for grade purposes.

The skills to be assessed for points will be listed in each semester's course syllabus.

### ***Activity Logs and Student Journals***

Activity logs constitute documentation which records daily student activity (tasks performed). It is the belief of the program personnel that accurate, legible, concise but complete, and meaningful charting is an essential skill for the health care worker. With this in mind, both the daily Student Clinical Activities Logs and the Student Journals will be assessed weekly to biweekly (as time permits).

The Physician Contact Forms and Time Tracking are to be validated DAILY by the CI's initials and assessed by the Director of Clinical Education for points.

At the beginning of each assessment the logs and journals will be evaluated and points will be subtracted for infractions in each of the following categories:

- **COMPLETENESS** - ALL portions of EVERY log must be filled out COMPLETELY. A common source of lost points is failure to meet this requirement.
- **ACCURACY** - Dates, names, times, quantity and type of procedures performed, etc. will all be assessed for logs and journals.

### ***Affective Evaluations (Assessment of Clinical Behavioral Objectives)***

Student behavior is evaluated at least twice within each rotation in the GVSU Respiratory Care program.

An initial evaluation is given to students approximately halfway through a rotation to assist the students in forming desirable clinical behavioral patterns. The assessment tool used for this is called, appropriately enough, the Formative Evaluation form.

A final evaluation is given to students near the end of a rotation and is a summary of the students' behaviors at that point in time. The assessment tool used for this is called the Summative Evaluation form.

Both the formative and summative behavioral evaluation tools consist of the same 24 categories of assessment.

### ***Patient Assessments***

Approximately once every 2-3 weeks during the clinical semester, students will complete formal patient assessments using a GVSU Respiratory Care Patient Assessment form appropriate to the assigned semester.



Listed below is a “snapshot” schedule of student clinical documents due during a typical semester. Clinical Instructors are primarily responsible for those documents listed on the left side of the table, while the documents listed on the right side of the table are primarily the responsibility of the Director of Clinical Education. Specific due dates are listed in the semester’s syllabus. Particularly note the variations in Patient Assessment requirements.

| GVSU DOCUMENT REQUIREMENTS   |  |
|--|--|
| <b>Clinical <u>Instructor</u> grades or evaluates then turns in to Director of Clinical Education:</b> | <b>Director of Clinical Education collects (from CIs or students), assesses, and assigns grades:</b> |
| <b>Rotation or Phase #1 of a Semester</b>  |  |
| Formative evaluation I   | Patient Assessment #1  |
| Summative evaluation I   | Patient Assessment #2  |
| Check-Offs   | Exam 1   |
|  | Logs, Journals, Physician Interaction (daily)  |
| <b>Rotation or Phase #2 of a Semester</b>  |  |
| Formative evaluation II  | Patient Assessment #3  |
| Summative evaluation II  | Patient Assessment #4  |
| Check-Offs   | Exam 2   |
| Equipment List   | Logs, Journals, Physician Interaction (daily)  |
|  | Check-Offs   |
|  | Special Project  |
|  | Attendance Records   |

The first patient assessment form will be due approximately three weeks into the semester. In-house patients with relatively common causes of pulmonary dysfunction appropriate for the student's semester—non-ICU patients with emphysema, chronic bronchitis, asthma, etc. for the basic care semesters or ventilator patients such as trauma, post-MI or post acute CHF, or COPDers with pneumonia, etc. during critical care rotations—are good cases for students to explore during the cited rotations.

All of the students at a clinical site need to work on their own case studies; Clinical Instructors can assist in this process as appropriate. Students may ask for help from CIs or other RCPs; this is not considered "cheating." Students may also collaborate with each other. If students ask for assistance and the Clinical Instructor has the time, this may provide an excellent opportunity for some focused instruction. For CIs with larger groups (4 or 5 students), the number of students actually involved in the direct gathering of physical assessment data may be limited as is appropriate (i.e., CIs don't have to have five students in the patient's room all at one time); but CIs should try to arrange for each student to have some sort of contact with the patient being assessed (performing therapy, doing rounds, etc.).

The completed assessments will be turned in to the semester's Director of Clinical Education for grading. NOTE: Although additional patient case assessments are permissible, only the scheduled assessments will affect a student's course grade.

Other suggestions concerning completion of Patient Assessments include:

- When assisting with case selection,
  - CIs should restrict selections to patients with diseases cited in section A. of the patient assessment form,
  - students in basic care rotations (May through August of the first year) must not select cases involving continuous mechanical ventilation,
  - all patients selected for assessment must be receiving therapy or therapies delivered by RCPs and
  - It is highly preferred that students do assessments on a patient assigned to their care.
- In the appropriate sections of the patient assessment form, students are to expound, within the limits of their classroom training and clinical experience, on the RELATIONSHIPS between pathology, clinical symptoms, therapies, etc. The development of this type of understanding of a

disease process and the related therapeutics is one a major goal in the preparation of a clinical case.

- Anathema to the educational spirit of these patient assessments is for a student to do nothing more than record facts or observations found in the patient's chart. Students are to exhibit abilities to EVALUATE and CRITIQUE the medical management of their patient's case, putting forward their OWN thoughts, proposing alternative therapies, and in general developing an ability to assess and plan patient care in an independent fashion.
- The semester calendar will have "due dates"; a properly completed patient assessment may be turned in earlier than the date specified, with the consent of the Clinical Instructor, but it is the last day on which assessments may be turned in and still be eligible to receive full points.

Clinical Instructors may have students present case information that has been explored through the vehicle of a patient assessment form. Those attending the presentation may question the presenter during the case. A presentation should be followed by a general question and answer session lead by the Clinical Instructor and directed at both the presenter and other RC students in attendance.

### ***Clinical Exams***

Because of the great variation in the types of respiratory equipment available to practitioners and the many possible "acceptable" protocols for performing different procedures the students have much to gain by learning, in some depth, the equipment and practices of each specific department they rotate through. To this end the students should receive an exam towards the end of each clinical rotation which tests them on the specific types of equipment they have used and procedures performed in their present hospital.

At present the clinical exams make up a total of 20% of a student's clinical grade for most semesters. Generally there are two exams.

This point system provides feedback from the clinic rotations on a student's academic achievement in the clinical setting yet allows some protection against possible negative effects of a system in which a single class is subdivided into several smaller groups with each subgroup receiving grade input from different instructors.

### ***Special Projects***

One special project is required per clinical semester. The student can discuss potential topics with any program faculty to determine acceptability of a title but the project MUST receive FINAL approval from the individual assigned as the Director of Clinical Education for the semester.

The title for the project must be selected and approved early in the semester as the due date is usually several weeks before the end of the semester. A contract outlining the conditions of the special project will be produced by the Director of Clinical Education and signed by both the Coordinator and the student. The due date for title selection will be posted on the semester calendar. Special project approval will NOT be given after the posted due date. Special projects MUST be turned in to the person assigned as that clinical semester's Director of Clinical Education. The special projects are graded by the Director of Clinical Education and points from the project are assigned to clinical totals for determining a final clinical grade. Projects completed late are not accepted.

The preferred type of Special Project is one in which the students employ the skills they have learned in the program, and/or one that involves community service. These may include:

- participation in hospital, school or other Health Fairs
- training patients or other members of the public in smoking cessation, breathing retraining, asthma management, heart-lung dissections and other relevant topics and procedures
- assisting at children's camps in summer (asthma, ventilator, etc.)
- conducting surveys to collect data relevant to respiratory care and/or respiratory care education
- producing computer assisted instruction useful to RC students

- creating study aids for RC students
  - flashcards
  - wall posters
  - slide shows
  - video presentations
- completion of a BCLS Instructor's course
- comparison testing of equipment characteristics
- producing educational "instruction manuals" for presently available lab equipment

Another type of special project is the writing of a term paper on a topic relevant to the clinical semester. Term paper requirements become more demanding with each semester (4 typed pages for RES 115, 10-12 pages for later semesters). Topics for term papers should be chosen to compliment classroom coursework. One way to get ideas is to look through the present course's syllabus and major reference texts to find content areas which are appealing. Some potential general topic areas are:

- Equipment:
  - any recent or new equipment
  - diagnostic equipment
  - ancillary equipment
- Therapeutic Techniques
- Pathology/Treatment

Other excellent sources of ideas are the professional journals themselves. Perusal of articles, abstracts, letters, and advertisements in magazines such as *Respiratory Care*, *Critical Care*, *Chest*, *American Review of Respiratory Diseases*, and so on, can produce more potential titles for a term paper than any one person might be able to suggest.

### ***RSC 307 Skill Exam***

Toward the end of the first clinical semester (RSC 307) there is a Laboratory Practical (Skill) Exam held at the college. Part of this event's activities includes "skill evaluation stations" manned by Clinical Instructors. The skill station scores are applied to the RSC 307 grade. This is the only semester with a formal, centralized skill exam.

All Clinical Instructors are invited to participate in this activity. The date and time of the RSC 220 Lab Practical/Skill Exam will be posted in the semester's calendar.

**Grand Valley State University**  
**Respiratory Care Program**  
***Documents for the Clinical Instructor***

***Student/Hospital Productivity Studies***

Data from student Clinical Activity logs is compiled every 4-6 weeks during the semester and totals for both the rotation and all student activity to date in the program is calculated. This provides information on each student's level of activity.

To ensure consistency and completeness in clinical exposure, data on what each student has performed and needs yet to perform and what types of therapies and what quantities are offered by each hospital is required. The data gathered gives a rational basis for assigning students and providing a balanced clinical experience. This data processing is necessitated by the number and variety of our program's clinical affiliates.

Data on type and frequency of clinical tasks performed by students and offered by clinical affiliates is captured by the clinical logs. Performance of approximately two dozen targeted clinical tasks is quantified to assess clinical exposure. Students produce a cumulative log every 4-6 weeks of a rotation showing totals from daily logs for each therapy performed and days/ hours attended. For each student the data is calculated in order to provide reports to each clinical site.

Similar data is produced reflecting activity provided by each clinical affiliate. Data for the particular "cumulative period" is automatically totaled in separate "totals for the rotation" and "totals-to-date" reports for all mentioned categories.

Hard data for making rational, justifiable clinical assignments matching known student needs to hospitals' proven capabilities is immediately available at rotation's end.

***Assessment of Student Check-Offs***

Point values are assigned to the Check-Offs. For selected clinical skills (approximately 6/semester), student performance is evaluated in the three areas of motor skills, knowledge, and prompting required to perform a given task. This tool gives the Clinical Instructor and the Director of Clinical Education a way in assessing the quality of a given student's work.

At the end of a semester's work a composite sheet showing the scores and averages of all students for the targeted skills will be made available to the next semester's Clinical Instructors. This gives the Clinical Instructor additional information with which to assess the entry level skills of the student's he/she will receive in the next rotation.

To best understand student entry level preparation combine this information with data from the Student Productivity and Check-Off Evaluation reports from the preceding semester.

Listed in each class's syllabus will be the sequence of clinical skills (tasks) to be assessed by Clinical Instructors before students can successfully complete the indicated semesters.

This list defines a minimal rate of student skill acquisition. For a particular task, assuming appropriate classroom/lab preparation, a student may be allowed to perform that task and be assessed on his/her performance at a time earlier than indicated by this schedule.

There is NO date or chronological point in the program at which the student becomes exempt from reassessment of a previously evaluated task. For purposes of determining Pass/Fail status and letter grade the most recent evaluation will be used.

***Clinical Exams***

Students in the GVSU Respiratory Care Program receive a minimum of six unit exams per semester plus a varying number of sub-unit quizzes during each of their academic classes. These exams are both evaluative and instructional in nature and cover both the "theory" aspect of our profession and also much information on the practical applications of respiratory care.

Because of the great variation in the types of respiratory equipment available to practitioners and the many possible "acceptable" protocols for performing different procedures the students have much to gain by learning, in some depth, the equipment and practices of each specific department they rotate through. To this end the students should receive an exam towards the end of each clinical rotation which tests them on the specific types of equipment they have used and procedures performed in their present hospital.

At present the clinical exams make up a total of 20% of a student's clinical grade for most semesters. Generally there are two exams.

This point system provides feedback from the clinic rotations on a student's academic achievement in the clinical setting yet allows some protection against possible negative effects of a system in which a single class is subdivided into several smaller groups with each subgroup receiving grade input from different instructors.

The exams are important as educational tools for reinforcing what students have learned about specific equipment and procedures. They also provide data useful to other instructors in the development of educational plans for their own rotations. For these reasons the exam should be given considerable thought in terms of development, implementation, and evaluation.

To further promote consistency and fairness, in terms of clinical exam grades, and to insure that testing performed will be comprehensive enough to do justice to the volume of information presented in each rotation, test formats developed by the individual hospital based instructors should adhere to the following general guidelines:

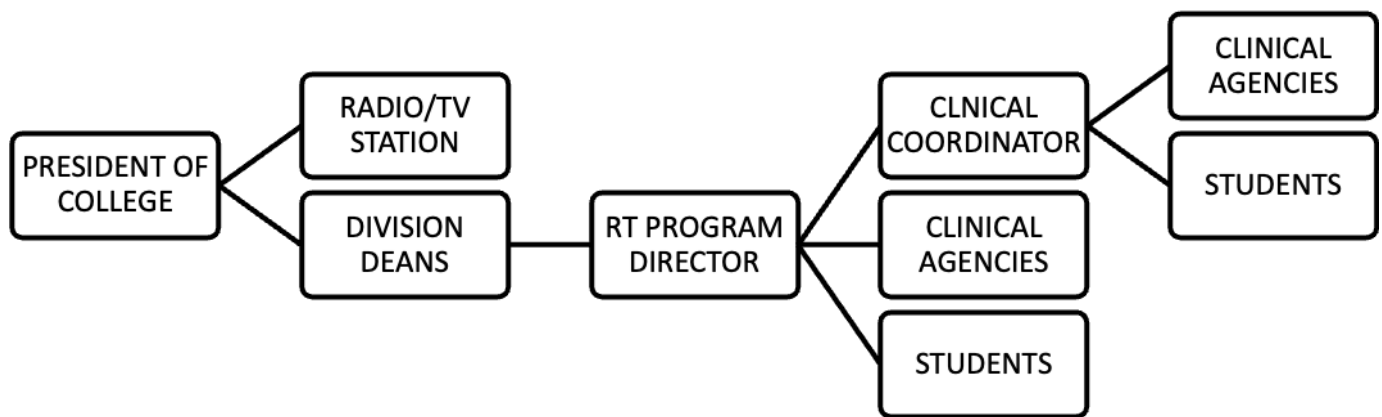
- Make test items as objective as possible. This is most easily accomplished when the items refer to specific written objectives. For this you may find objectives generated by the college staff helpful. You may wish to create additional objectives oriented to your hospital's equipment and procedures.
- When writing test items keep in mind the level at which the students are supposed to be functioning. Your test questions should be heavily biased towards examining the equipment and procedures outlined as appropriate for your present rotation. If advanced procedures/equipment have been presented feel free to write a limited number of questions on these topics; if your students have required extensive revision of material presented in previous rotations/semesters then, again, feel free to write a limited number of questions on these topics; in either case the majority of the exam should focus on the present rotation's objectives.
- Considering the exams generally cover a half of a semester's worth of material it is obvious that a test would be excessively bulky if it tested everything presented during the time of the rotation. It is expected that items provided by the college staff will be worth 30 points (out of 50), and that items provided by each clinical affiliate instructor will be worth the remaining 20 points.
- There are no "absolute" rules on the structure of test items but the following should be considered:
  - students are preparing for NBRC written exams which are constructed exclusively of multiple and multiple-multiple choice items, each with four possible answers, so you may wish to develop a "pool" of questions of this type;
  - essay questions are sometimes easy to write but are very labor intensive to grade;
  - simple true/false items should be avoided in general.
  - To develop exams of adequate length without spending an inordinate amount of time it may be best to write the test using a mixture of multiple choice, matching, short answer (fill in the blank), short essay, and diagram labeling items.
- You may "weight" certain test items (i.e. 2, 3, 10 points, etc.). However, indicate clearly on weighted items:
  - the points achieved,
  - the total potential points for the item, and reasons for lost points if not intuitively evident.
- The exam questions written by the clinical instructors are to be sent to the college by e-mail by the specific dates indicated on the semester calendars. They will then be inserted into the clinical exams to be given to each clinical group.
- The students will be given their exams at the College by the Director of Clinical Education. The results will be available for review at the end of rotation meetings.

**Grand Valley State University**  
**Respiratory Care Program**  
***Hazardous Driving Weather***

At times during the clinical semester, driving to a clinical assignment may become hazardous for a student to attempt.

To deal with such potential situations the following procedures should be followed:

1. In the event that GVSU is officially closed due to inclement weather (most commonly severe snow or ice storms), all clinic rotations not yet attended will be canceled for that day.
2. Cancellation of school is generally broadcast over many radio and television stations. Status of GVSU cancellation of classes can also be checked at the college's web site, <http://www.gvsu.edu>.
3. Clinical agencies will be notified as soon as possible of school cancellations. The normal flow of such information is shown in the following diagram:



4. Clinical agencies of the GVSU RC Program are encompassed in a diverse area. Due to the large geographic area serviced by the clinic rotations a number of considerations must be made:
  - a. Much of the constituency of the College resides in rural areas which are at times more severely affected by adverse weather and for longer periods of time than the urban areas.
  - b. At times weather conditions in one part of the geographic range may be drastically different than those in other parts.
  - c. This being Michigan, the weather can change rapidly and severely in very short periods of time.
5. All of this makes it impossible to set up "black and white" guidelines for responsibilities of attendance during potentially adverse weather and hazardous driving conditions. In general, use the following guidelines:
  - a. A student is not expected to attempt driving during an official "tornado warning" period affecting the student's driving route. During such conditions students should follow the procedures listed under **NOTIFICATION OF ABSENCE** (p.28).
  - b. If the weather in the immediate area of a clinical agency is such that travel in that area constitutes a significant safety risk, it is requested that the Clinical Instructor inform the Director of Clinical Education and/or Program Director as soon as possible. A decision can then be made whether to cancel that day's clinical.
  - c. If the weather in the immediate area of a student's home is such that travel from that area constitutes a significant safety risk, it is requested that the Director of Clinical Education and/or Program Director be informed as soon as possible.Considering the necessary services supplied by Respiratory Care personnel, they are professionally required to make all "reasonable" efforts to get to their work site. This is also expected behavior of

clinical students. In our northern climate this may mean cautious and prudent driving during adverse but manageable winter conditions that might keep the casual driver indoors.

- d. Students are NOT expected to put their own safety or the safety of other students in their carpool in jeopardy. If 19 out of 20 students are able to get to clinic, but the 20th student lives on a country road covered with glare ice and bordered by cliffs, the 20th student is expected to exercise good judgement (i.e. common sense) and stay home, following "Notification of Absence" procedures, until driving conditions improve if student would be delayed 2 hrs or less. Otherwise, the weather-related absence will need to be made-up.
6. If the College is officially closed after students have already arrived at their clinical sites, a joint decision between Director of Clinical Education and/or Program Director and Clinical Instructor will be made as to the propriety of continued student attendance for that clinical day.



**Grand Valley State University  
Respiratory Care Program  
*Communications to the College***

In the event that a Clinical Instructor wishes to contact either the GVSU BSRC Program personnel, the following avenues are available:

1. The R.C. program's mailing address is:  
Respiratory Care Program  
420P  
500 Lafayette Avenue  
Grand Rapids, MI
2. GVSU Main Campus Phone numbers:  
GVSU main switchboard ..... 616-331-5000  
GVSU Police non-emergent.... 616-331-3255  
SIH Programs fax ..... 616-331-5556
3. Offices:  
R.C. Program Director ..... 616-331-5572  
Director of Clinical Education ..... 616-331-[5573](tel:616-331-5573)
4. Email addresses and cell phone numbers for R.C. Program faculty:

|  |  |
|--|--|
| <b>Program Director</b><br>Ann Flint, EdD, RRT<br><a href="mailto:flintannm@jccmi.edu">flintannm@jccmi.edu</a><br>616-446-3856 | <b>Director of Clinical Education</b><br>Haley McGee, MHA, RRT<br><a href="mailto:mcgeeh@jccmi.edu">mcgeeh@jccmi.edu</a><br>616-295-0768 |
|--|--|
5. If RC personnel are on campus but not at their desks then messages may be left via the campus voice-mail system.
6. The RC Program's offices are located in the Raleigh J. Finkelstein Hall (RFH), 500 Lafayette Avenue NE, Grand Rapids. Areas to note include:

|  |   |
|--|---|
| <b>Program Director's office</b><br>420P<br><b>SIH Coordinator's office</b><br>Suite 106 | <b>Director of Clinical Education's office</b><br>420F<br><b>R.C. Classroom and Laboratory</b><br>Corewell Health RT Department |
|--|---|

**Grand Valley State University**  
**Respiratory Care Program**  
***Clinical Agency Addresses and Phone Numbers***

| <b><u>Clinical Affiliates</u></b> | <b><u>Address</u></b>                 | <b><u>Phone Number</u></b> |
|-----------------------------------|---------------------------------------|----------------------------|
| Corewell- Big Rapids              | 605 Oak St.<br>Big Rapids, MI         |                            |
| Corewell- Blodgett                | 1840 Wealthy St.<br>Grand Rapids, MI  |                            |
| Corewell – Butterworth Campus     | 100 Michigan Ave.<br>Grand Rapids, MI |                            |
| Corewell- Gerber                  | 212 S Sullivan Ave.<br>Fremont, MI    |                            |
| Corewell- Greenville              | 615 S Bower St.<br>Greenville, MI     |                            |
| Corewell- HDVCH                   | 100 Michigan Ave.<br>Grand Rapids, MI |                            |
| Corewell- Lakeland                | 1234 Napier Ave.<br>St. Joseph, MI    |                            |
| Corewell- Ludington               | 1 N Atkinson Dr.<br>Ludington, MI     |                            |
| Corewell- Pennock                 | 1009 W Green St.<br>Hastings, MI      |                            |
| Corewell- Reed City               | 300 N Patterson Rd.<br>Reed City, MI  |                            |
| Corewell-Zeeland                  | 8333 Felch St.<br>Zeeland, MI         |                            |

**Grand Valley State University**  
**Respiratory Care Program**  
***Description of Health Certification Forms***

Dear Student:

The health certification forms (including the Health Certification Form and the Technical Standards and Functions Form) must be completed by the physician of your choice for the sole purpose of determining and documenting your physical status prior to beginning the clinical component of your Allied Health Program.

This statement in no way is utilized for admission, retention, or removal from any Interdisciplinary Health Program.

This medical information must be completed and returned to the program **prior** to beginning any clinical courses.

I strongly suggest that you retain a copy for your own records.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Flint".

Ann Flint, EdD, RRT  
Program Director, Respiratory Care Program

**Grand Valley State University  
Respiratory Care Program  
Health Certification Form**

Grand Valley State University's School of Interdisciplinary Health requires that each student furnish the following documentation:

1. A Statement of Physical/Emotional Fitness
2. Current Health Provider CPR certification
3. Verification of Immunization Status

**The completed Health Certificate Form and copies of the required records must be provided before the student may begin clinical course studies. Students will not be allowed in clinical if current documentation is not submitted. The fastest and simplest way to accomplish this will be to go to the GVSU Campus Health Center for evaluation.**

Return this form with the required documentation to the Respiratory Care Program Director.

**A. Identification**

**Student's Name:**

**Student ID Number:**

**B. Statement of Physical/Emotional Fitness (MUST BE COMPLETED BY A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER). Please review the attached technical standards and functions for Respiratory Care.**

**I have reviewed the attached technical standards and functions for Respiratory Care and in my judgment this student is physically and emotionally capable of participating in the Jackson College Respiratory Care program.**

Signature of physician, physician assistant, or nurse practitioner

Type or print name of physician, physician assistant, or nurse practitioner

Address

Telephone Number (including area code)  
**(Required)**

Date

**Any student with a condition that could impact decision making or the physical ability to provide client/patient care must discuss his/her condition with the program director for his/her program of study.**

**Immunization Requirements**

According to the Center for Disease Control (CDC), all healthcare personnel (HCP) must show evidence of immunity to measles, mumps, rubella and varicella. In addition, due to the potential exposure to blood or bodily fluids and risks related to direct patient contact, the CDC recommends that HCP protect themselves with vaccinations against Hepatitis B and Tetanus/Diphtheria/Pertussis and be screened for Tuberculosis. GVSU students must provide documentation of compliance with the CDC Healthcare Personnel Recommendations. Documentation of immunity must be a copy of an official immunization record or copies of lab reports indicating positive titers (self reporting or parent's record of disease or vaccinations is not acceptable). See the next page for a listing of immunization requirements.

**All Required Documentation Must Accompany This Form**  
**CPR, TB and Flu Vaccination Must Remain Current Throughout the Duration of the Program**

**C. CPR Certification and Immunization Checklist:**

1. CPR Certification (American Heart Health Care Provider)
  - Submit copy of both the front and back of card

**D. Required Immunizations:**

**Submit Copies of an Official Immunization Record or Lab Reports for the Following Immunizations. Keep Originals for Your Own File**

1. Rubella (German Measles)
  - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Rubella titer
2. Rubeola (Hard Measles)
  - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Rubeola titer
3. Parotitis (Mumps)
  - Documentation of 2 doses of MMR 4 weeks apart **OR** a positive Mumps titer
4. Varicella (Chicken Pox)
  - Documentation of 2 doses of Varicella given 28 days apart **OR** a positive Varicella titer
5. Diphtheria/Tetanus/Pertussis (TD or Tdap)
  - Documentation of a booster within the past 10 years. If booster is needed recommend a Tdap
6. Hepatitis B
  - Documentation of 3 dose Hepatitis B series at 0-1-6 month interval **OR** a positive Hep B surface antibody titer
7. Seasonal Flu Shot
  - Submit dates and **lot numbers EVERY FALL** (including the Fall of the term before the program begins) while in the program. Therefore, flu vaccination must be done a minimum of **THREE** separate times.

**E. Two Step Tuberculin Skin Test (TST):**

**Submit The Following**

1. Documentation of first negative TST
2. Documentation of second negative TST
3. If first TST is positive you need documentation from your health care provider of evaluation and treatment **OR**
4. If you have a previously positive TST you must submit a copy of a chest x-ray, no older than 2 years, and documentation from your health care provider that there is no active pulmonary disease.
5. The date of the second test becomes the anniversary date for your annual TST.

NOTE: It is the student's responsibility to keep his/her health record updated and evidence submitted to the Program Director prior to the expiration date. Failure to do will result in the inability to attend clinical.

**By signing below I give my permission for GVSU to release any and all information contained in this record to any clinical facility to which I am assigned. I also understand that I am responsible for the accuracy of the information I have provided and that I am required to notify GVSU if there is a change in my health that could potentially impact my ability to participate in my program of study. I further acknowledge that failure to provide accurate and complete health records and/or failure to notify GVSU of a change in my health that could potentially impact my ability to participate in my program of study could result in me being dismissed from my program of study.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Technical Standards and Functions that are Required to Successfully Complete a BSRC Degree in Respiratory Care

Beginning with the fall semester, Respiratory Care students start their first clinical rotation. It is important for you to be made aware of the technical tasks and function requirements associated with the profession of Respiratory Care. In each of the following tasks listed below, put a check mark by the tasks which you feel you are able to perform.

|    | STANDARDS   | FUNCTIONS  |
|----|---|--|
| 1) | Ability to speak and write sufficient to be understood by others; ability to understand the communication of others.  | Explain therapy, describe patient conditions, and implement patient education; write legibly and correctly in the patient's chart for legal documentation.   |
| 2) | Sufficient ability to understand and follow verbal and written directions and information.  | Receive reports and instructions for procedures from physicians.   |
| 3) | Sufficient muscle strength, lower back and knee stability, to lift loads in excess of thirty-five pounds frequently and up to 55 pounds occasionally (with appropriate lifting techniques), and to move and guide the motion of heavy equipment on and off elevators, and over carpet.. | Lift, push and move respiratory equipment, supplies and devices from location to location within the workplace.  |
| 4) | Sufficient muscle strength, lower back and knee stability and physical coordination, to stand, walk and perform procedures for prolonged periods of time.   | Perform cardiopulmonary resuscitation, perform chest physiotherapy using two hands, combine standing and walking 70%-100% of a shift, bend frequently, maneuver in limited spaces, squat, kneel, climb/balance, reach above shoulder level and lift from high/low positions occasionally, bend and push/pull frequently. |
| 5) | Sufficient motor skills, manual dexterity and coordination to perform detailed procedures for prolonged periods of time.  | Ability to use sterile technique; for example to insert catheters or to prepare and administer medication, assemble equipment for use and perform arterial puncture; repetitive use of hands would be for simple grasping, pushing and pulling approximately up to 26 pounds of pressure, and fine manipulation.         |
| 6) | Sufficient muscle strength, lower back and knee stability to handle patients in a safe manner.  | Assist in moving patients into various positions in bed. Such motion requires leaning across a bed and assisting to lift the patient as well as pulling and pushing on the patient.  |
| 7) | Sufficient visual acuity to monitor the condition of the patient and discern fine details in brightly lit, as well as, dimly lit environments.  | Ability to identify cyanosis, absence of respiratory effort, very small print found on medication bottles or unit doses, physician orders, and various types of equipment.   |

## TECHNICAL STANDARDS AND FUNCTIONS – Continued

|     | STANDARDS  | FUNCTIONS   |
|-----|--|---|
| 8)  | Sufficient hearing to monitor the condition of the patient and discern fine details in many kinds of environments.   | Ability to understand the normal speaking voice without viewing the speaker's face, hear monitor alarms and emergency signals, hear pulses necessary for the measurement of blood pressure; and hear breath sounds when performing auscultation of the chest with a stethoscope.  |
| 9)  | Sufficient psychological stability and knowledge of techniques/resources to be able to respond appropriately and efficiently in emergent situations in order to minimize dangerous consequences either patient related or environment related. | Recognize and respond appropriately in emergency situations, and function safely under stressful conditions with the ability to adapt to a constantly changing environment in clinical situations involving patient care.   |
| 10) | Sufficient psychological stability and knowledge of techniques/resources to work with potential hazards in order to minimize dangerous consequences either patient related or environment related.   | Ability to work with potential hazards, such as medical diseases (such as blood borne pathogens and tuberculosis), gases, humidifying gases, nebulized medications, and odors from patients, mechanical or electrical burns, explosive and radiation hazards, due to electrical and pneumatic equipment contact, as well as administration of therapy to patients with internal radiation implants and infectious disease, and exposure to latex. |
| 11) | Ability to learn technical medical and pathophysiological information.   | Completion of the clinical and didactic components of the program requires the time and the ability to learn.   |

You need to be able to perform each of these tasks with or without accommodation. If an accommodation is necessary because of a disability, it is your responsibility to provide documentation and to request accommodation. The college will endeavor to satisfy requests for reasonable accommodations; however, they are not guaranteed.

Please sign and return this Technical Standards and Functions Form to the Respiratory Care Program Director.

Student Name \_\_\_\_\_  
Print your Name

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Grand Valley State University Respiratory Care Program Handbook

I hereby acknowledge that I have received, read and understand the Grand Valley State University Respiratory Care student handbook. I further agree to follow all policies and procedures within the handbook. I understand while attending the clinical sites for the Respiratory Care program I am expected to follow all reasonable rules and regulations of policies and procedures of the assigned clinical sites. I understand that failure to abide by these rules and regulations may result in dismissal from the Respiratory Care Program.

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Name\_\_\_\_\_

Signature\_\_\_\_\_

This acknowledgement form needs to be completed and submitted to the Respiratory Care Program Director by the first day of class when beginning the program.