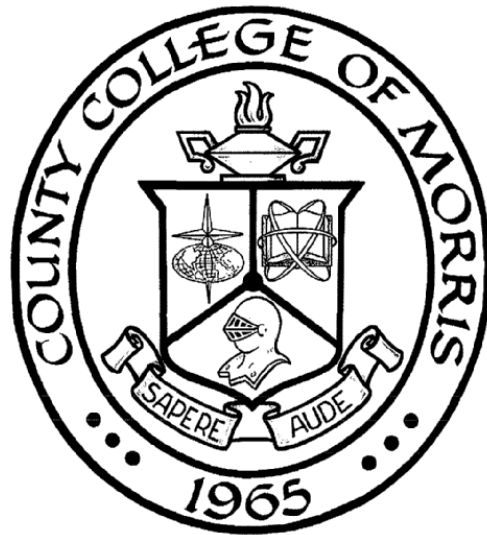


RESPIRATORY THERAPY PROGRAM



STUDENT HANDBOOK ACADEMIC YEAR 2026 - 2027

WELCOME

COUNTY COLLEGE OF MORRIS RESPIRATORY THERAPY PROGRAM

This *Respiratory Therapy Program Student Handbook* describes the policies and procedures of the Respiratory Therapy Program. Please read it carefully and refer to it as needed during the program.

The handbook has been subdivided into five sections: *Introduction*, *General Policies*, *Academic Policies*, *Clinical Policies* and *Program Completion*. *Introduction* provides information regarding the structure of the program and professional organization expectations. *General Policies* define behavioral expectations and standards of professionalism. *Academic Policies* focuses its attention on academic conduct, grading, evaluation and provides the structure for academic success. *Clinical Policies* is specific to the clinical education aspect of the program. Finally, *Program Completion* gives information regarding graduation requirements.

Please note that in certain instances *Clinical Policies* may be more explicit than *General and Academic Policies*. The content is intended to guide the student's clinical experience and provide the necessary information needed to complete the clinical component of the program.

If there are any questions regarding this handbook or if additional information is needed, the faculty is always ready to assist. If we are unable to provide the appropriate information, the student will be directed to the appropriate support personnel at County College of Morris.

Our best wishes for a rewarding and challenging education and a successful future as a respiratory therapist.

Sincerely,

Gracielle Fong, BS, MSHE, RRT-NPS
Program Director

Disclaimer

This handbook includes policies, procedures, program and hospital rules and regulations, clinical requirements and essential functions in effect at the time of publication. The program reserves the right to change or modify the policies, procedures, program and hospital rules and regulations, clinical requirements, and essential functions at any time.

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MISSION AND VALUES STATEMENT

RESPIRATORY THERAPY PROGRAM MISSION STATEMENT

The Respiratory Therapy Program Mission and Values statement is congruent to the Mission and Values Statement of County College of Morris.

The Respiratory Therapy Program is committed to providing each student with the didactic, laboratory and clinical respiratory therapy education in order to become a qualified Respiratory Therapist.

COUNTY COLLEGE OF MORRIS MISSION STATEMENT

County College of Morris is committed to excellence in teaching and lifelong learning through the delivery of exceptional programs and services to our students and to the larger community that reflect a dedication to inclusiveness and diversity, educational advancement, cultural enrichment and workforce development.

VALUES STATEMENT

The college's commitment to serve the residents and businesses of Morris County and the State of New Jersey and to sustain engaged citizenship within a diverse population of students and community members is reflected in six values:

- A commitment to people, evidenced by a secure, supportive environment responsive to the needs of students, employees and the community
- A commitment to the academic mission of the college, which entails the search for truth and respect for scholarship and learning
- A commitment to honesty and integrity in all endeavors
- A commitment to the stewardship of the public trust
- A commitment to diversity that respects individual differences and upholds the dignity of every person
- A commitment to providing access and services to all regardless of financial, academic, educational or physical challenges

1 INTRODUCTION

1.1 PURPOSE OF THIS HANDBOOK

The purpose of the handbook is to serve as a personal reference of the requirements, regulations, and standards that govern the Respiratory Therapy Program. The student should keep this handbook and refer to its contents throughout the program. Students are required to read the handbook to acquaint themselves with the requirements, regulations, and standards of the program. **All students are responsible for understanding and complying with the information contained within the handbook.** The handbook will be reviewed with students at the beginning of the first professional phase semester during orientation. This will allow for assistance in interpretation and clarification of the contents.

Additions to the handbook may be made at the discretion of the College. The students will be notified of these additions via memoranda and verbal explanation at class meetings. Students will be required to sign a form acknowledging these changes.

It is the responsibility of the program faculty to advise and counsel the student regarding the following aspects of the program:

1. Respiratory Therapy Curriculum
2. Graduation Requirements
3. Accreditation Examinations Requirements
4. Protocol for Obtaining a New Jersey License

It is the student's responsibility to see that the graduation requirements are met. Students must check with the *Office of Records and Registration* during the spring semester. Failure to meet these requirements may result in a delay in graduation and eligibility to take the accreditation examinations.

1.2 PROGRAM DESCRIPTION

The Respiratory Therapy Program at County College of Morris is an Associate Degree Program. Upon completion of general education and science courses, the student enters the professional phase of the program which prepares graduates to take the entry and advanced level credentialing exams given by the National Board for Respiratory Care (NBRC). Successful completion fulfills all the requirements established by the NBRC for advanced level education and qualifies the graduate to practice respiratory care in a variety of health care settings.

1.4 PROFESSIONAL PHASE COURSE DESCRIPTIONS

RTH 199 Respiratory Therapeutics

An introduction to respiratory care, including history of the profession, ethical and legal responsibilities of the respiratory therapist; medical terminology, basic respiratory care procedures including physics, physiology and administration of medical gas therapy, and basic patient communication and assessment skills. Basic respiratory care procedures, humidity and aerosol therapy, hyperinflation therapy, chest physiotherapy and bronchial hygiene; an overview of microbiology as applied to respiratory care; infection control; and equipment sterilization procedures.

RTH 202 Cardiopulmonary Pharmacology

An overview of general pharmacology, including routes of administration, federal regulations, dosages and calculations, and safety precautions; an in-depth study of drugs administered to the respiratory patient, including chemical structure, mechanism of action, indications, contraindications, physiologic effects and side-effects.

RTH 203 Cardiopulmonary Physiology

A study of physiologic mechanisms of the cardiopulmonary system, including a review of the anatomy of the pulmonary and circulatory systems; ventilatory mechanics, gas diffusion, physiology of internal and external respiration, oxygen transport, carbon dioxide elimination, acid-base balance, ventilation perfusion relationships; and the neurologic control of ventilation.

RTH 204 Cardiopulmonary Evaluation

Techniques of patient assessment and diagnostic evaluation of the cardiopulmonary system, including physical assessment, arterial blood gas analysis, pulmonary function testing, noninvasive monitoring of oxygenation and ventilation; an overview of laboratory tests, chest radiographs, electrocardiograph testing and interpretation and hemodynamic monitoring.

RTH 205 Cardiopulmonary Pathophysiology

An overview of the pathophysiology of diseases of the cardiopulmonary system with an emphasis on pathophysiologic processes such as hypoxemia, hypoventilation, diffusion defects and ventilation perfusion mismatch; a survey of diseases encountered by the respiratory therapist, including pathophysiology, diagnostic methods and findings, clinical manifestations, treatment and prognosis.

RTH 206 Mechanical Ventilation

Techniques of airway management and the provision of mechanical ventilation; includes types of airways and appropriate uses; the physics and physiology of mechanical ventilation; classification of mechanical ventilators; indications for clinical application and complications of mechanical ventilation; management and monitoring of the patient requiring ventilatory support and appropriate methods of discontinuing ventilatory support.

RTH 207 Neonatal & Pediatric Respiratory Care

An overview of fetal development of the cardiopulmonary system with an emphasis on circulatory transitions and respiratory complications occurring at birth and in the neonatal period; a review of neonatal and pediatric disorders with an emphasis on clinical findings and treatment; a survey of respiratory care procedures as applied to the neonatal and pediatric patient, including oxygen therapy, humidity and aerosol therapy, diagnostic testing and mechanical ventilation.

RTH 208 Advanced Respiratory Care

A survey of current events and state-of-the-art modalities in respiratory care; includes respiratory care in non-traditional settings, cardiopulmonary rehabilitation, controversies in clinical practice, and changes in health care affecting the respiratory care profession. This course also provides extensive CRT and RRT credentialing exam preparation.

RTH 210 Clinical Practice I

A supervised clinical application of the respiratory care procedures covered in Respiratory Therapeutics including chart review, patient and health professional communication, basic patient assessment, assembly and monitoring of oxygen therapy, aerosol and humidity therapy, aerosolized drug administration, hyperinflation therapy, bronchial hygiene and evaluation of patient response.

RTH 211 Clinical Practice II

Continued refinement of the skills covered in Clinical Practice I, in a general care environment, with an emphasis on clinical competence in providing basic respiratory care; followed by an introduction to the critical care environment and to respiratory care of the critically ill patient, with an emphasis on patient assessment and monitoring skills, and patient safety. Supervised application of the skills covered in Mechanical Ventilation and Cardiopulmonary Evaluation, including specialty rotations in ECG, the operating room, and pulmonary function testing and blood gas laboratory.

RTH 212 Clinical Practice III

Continued refinement of the skills needed to function in the critical care environment, with an emphasis on clinical competence in the monitoring and management of the patient on mechanical ventilation. An emphasis is placed on interaction with other members of the health care team, patient care planning, and clinical decision-making and independent practice. Includes specialty rotations in neonatal and pediatric respiratory care, pulmonary function testing and home care.

1.5 PROGRAM PHILOSOPHY

The philosophy of the Respiratory Therapy Program is to provide the student with a challenging didactic curriculum that parallels a diverse clinical experience. Courses are designed to prepare the student to succeed in the program and meet credentialing criteria, which includes passing the CRT and RRT examinations. Graduates of this program are trained to function as advanced level respiratory therapists and maintain the highest quality of patient care and professionalism.

1.6 PROGRAM GOALS AND OBJECTIVES

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

Objectives: Upon completion of the program, the graduate will demonstrate the following competencies:

Program graduates must exhibit adequate critical thinking skills and be competent in the application of problem-solving strategies in the patient care setting.

Graduates must demonstrate ethical decision-making skills and an understanding of professional responsibility.

1.7 COURSE MATERIALS

A course syllabus will be distributed to students at the beginning of each semester for each course offering. The syllabus contains the following vital information:

1. Course description and outline
2. Learning outcomes
3. Required textbooks
4. Method of instruction
5. Grading policy
6. Assignments and examinations
7. Additional information appropriate to the course

It is the student's responsibility to become familiar with the contents of the syllabus as it will guide the student through the scheduled course material. This material includes, but is not limited to, assignments, projects, quizzes, and examinations. Maintaining familiarity with the syllabus will promote successful course completion.

1.8 ACCREDITATION

The Respiratory Therapy Program at County College of Morris is accredited by the:

Commission on Accreditation for Respiratory Care (CoArc)
264 Precision Blvd
Telford, TN 37690 USA

www.coarc.com

1.9 The National Board for Respiratory Care (NBRC)

NBRC
10801 Mastin Street, Suite 300
Overland Park, KS 66210
Email: nbrc-info@nbrc.org
Toll-Free: 888.341.4811
Phone: 913.895.4900
www.nbrc.org

With our mission of promoting excellence in respiratory care by awarding credentials based on high competency standards, The National Board for Respiratory Care shares your goal of protecting and enhancing patient lives. Nearly 30,000 candidates test for NBRC credentials each year, seeking to demonstrate how excellence defines them across seven specific areas of respiratory care.

NBRC credentials provide recognition for hard work and dedication to quality. Success brings respect among colleagues and instills a sense of pride in those who earn the NBRC badges of distinction. Why? For the same reason all 49 states regulating the profession recognize NBRC examinations as standards for state licensure: success requires exceptional knowledge and competency. Our NCCA-accredited examinations—which are developed by respiratory care professionals and predictive of job performance—provide the opportunity to prove readiness for excellence in patient care.

1.10 STATE LICENSURE

NEW JERSEY BOARD OF RESPIRATORY CARE

PO BOX 45031

NEWARK NJ 07101

<http://www.state.nj.us/lps/ca/medical/respcare.htm>

Phone: 973.504.6485

1.11 DESCRIPTION OF THE PROFESSION

Respiratory therapists, as members of the team of health care professionals, work in a wide variety of clinical settings to evaluate, treat, and manage patients of all ages who have respiratory illnesses and other cardiopulmonary disorders. As team members, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory therapists provide a broad range of patient care which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to, the following competencies:

- Acquiring and evaluating clinical data
- Assessing the cardiopulmonary status of patients
- Performing, and assisting in the performance of, prescribed diagnostic studies such as obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography
- Evaluating data to assess the appropriateness of prescribed respiratory care
- Establishing therapeutic goals for patients with cardiopulmonary disease
- Participating in the development and modification of respiratory care plans
- Case management of patients with cardiopulmonary and related diseases
- Initiating prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying prescribed therapy to achieve the desired therapeutic objectives
- Managing life support activities
- Initiating and conducting prescribed pulmonary rehabilitation
- Providing patient, family, and community education
- Promoting cardiopulmonary wellness, disease prevention, and disease management
- Promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

2 GENERAL POLICIES

2.1 PROFESSIONAL APPEARANCE

Students enrolled in the Respiratory Therapy Program are expected to present themselves as professionals. A clean, neat appearance is a key factor in the medical field; and students are expected to maintain this appearance when engaged in program activities. This includes classroom, laboratory and College campus activities. When participating in off-campus program activities students will be informed of an appropriate dress code. The dress code for clinical will be addressed under *Clinical Policies*. Inappropriate personal appearance in the clinical setting will impact the grade for both Affective and Daily Evaluations.

2.2 STUDENT CODE OF CONDUCT

Students are expected to adhere to the College's *Student Code of Conduct* when engaged in any College-related activity on and off the campus. Additionally, students are provided with the *AARC Statement of Ethics and Professional Conduct (Appendix)* which serves as a guide for conduct while engaged in any professional activity, including attendance at clinical. Hospital specific codes of conduct will be discussed during hospital orientations.

2.3 MISCONDUCT

The following acts, when committed by students of the Respiratory Therapy Program at County College of Morris, shall be deemed misconduct under the *Student Code of Conduct* and subject to imposition of discipline. This applies to conduct engaged in while attending College functions on campus and off campus.

1. Intentionally or recklessly causing physical or psychological harm to any person, or intentionally or recklessly causing reasonable apprehension of such harm.
2. Engaging in hostile conduct or disorderly behavior that might incite immediate violence.
3. Engaging in abusive or demeaning conduct or obscene gestures directed toward another individual or group of individuals which has the effect of creating a hostile environment and impedes the rights and privileges of other members of the college community.
4. Demonstrating inappropriate professional behavior, including but not limited to inability to maintain appropriate emotional control, behaviors indicative of impaired mental or emotional fitness for clinical practice, disregard for instruction, insubordination, or failure to comply with program, clinical affiliate, or College policies and procedures.

The student will be referred to the Vice President of Student Development for hearing procedures that afford both prompt disciplinary determinations and appropriate due process to the alleged violator.

2.4 SEXUAL HARASSMENT POLICY

County College of Morris reaffirms its desire to create an academic/work environment for all students, faculty, and staff that is not only responsible but also supportive and conducive to the achievement of education/career goals on the basis of such relevant factors as ability and performance. Students and College personnel are required to maintain an environment that allows all students and all College employees to enjoy the full benefits of their learning experience or work. The use of implicit or explicit coercive sexual behavior to control, influence, or affect the performance or status of an individual is

prohibited. Any student, faculty member, staff, or administrative employee determined to have been engaged in sexual harassment will be subject to immediate and appropriate disciplinary sanctions.

The College has established a procedure to be followed in reporting and investigating complaints of sexual harassment. Any member of the College community who believes he or she has been subjected to conduct that violates this policy should follow the *Procedures for Reporting and Investigating a Sexual Harassment Complaint*. Copies of this procedure are available from the Office of Student Development & Enrollment Management, the Office of Human Resources, or the Counseling Services Office.

2.5 GRIEVANCE POLICY

Student concerns should initially be discussed with program faculty. If the issue involves a specific course, the student should first meet with the course instructor. If the issue involves a clinical situation, the student should first meet with the clinical instructor and then the Director of Clinical Education (DCE). If the issue involves a program policy, the student should first meet with the Program Director. If the concern is not resolved, the student may follow the department's formal lines of communication for filing complaints as follows:

For clinical issues:

1. Clinical Instructor / Clinical Preceptor
2. Director of Clinical Education
3. Program Director
4. Allied Health Department Chairperson
5. Dean of Health & Natural Sciences Division

For lecture / lab issues:

1. Course Instructor
2. Program Director
3. Allied Health Department Chairperson
4. Dean of Health & Natural Sciences Division

Grade Appeal Procedures:

Students may appeal grades received by faculty members by following established procedures specified in the *Campus Life Calendar/Handbook* which is available from the Office of Student Development.

Student Code of Conduct and Disciplinary Appeal Procedure:

Students may appeal disciplinary action taken by the College for misconduct as defined in the *Student Code of Conduct* by following the established procedure as specified in the *Campus Life Calendar/Handbook*.

2.6 ATTENDANCE

Attendance at all lectures, laboratory, and program activities are essential for academic success and professional growth. Clinical attendance will be addressed under *Clinical Policies*. If a student is sick or circumstances beyond his/her control result in excessive absence, documentation may be required to validate this, and clearance from the Health Services Coordinator must be obtained before the student can return to class.

1. If absence is necessary, it is the student's responsibility to notify each of the instructors of the scheduled classes for that day. The instructor should be telephoned directly at the office number prior to the start of the class. If the instructor cannot be reached, a message should be left on voice mail or email. The procedure for notification in the event of clinical absences is outlined under *Clinical Policies*.
2. Punctuality is expected at all lectures, laboratory and program activities. Lateness is disruptive to both the instructor and to other students. If lateness is anticipated, the student should inform the instructor for the scheduled class, via voice mail or email, as described above. The procedure for notification in the event of clinical tardiness is outlined under *Clinical Policies*. Any tardy will be marked at 50% for the day.
3. Official weather-related closings will apply to both didactic and clinical courses. The program will follow class delays or cancellations according to the College's procedure. In the event of a campus emergency, weather-related delayed opening or closing, or other important event that requires immediate attention, the Titan Alert System will be used to contact the student. The Titan Alert is the emergency alert system used by County College or Morris to send email, text messages and/or voice phone messages to students in the event of an emergency or weather-related closing.

Each semester students will have the opportunity to change their preferred method or methods of contact. Individuals can select up to ten (10) ways to be contacted, including having a notice to a spouse, partner, parent, child or someone else. Students are responsible for keeping their contacts current and up to date.

The alert messages will indicate if day or day **and** evening classes are cancelled. Students in evening classes should be aware that sometimes day classes are cancelled, and a decision regarding evening classes are not made until later in the day, so it is important to check messages.

In the event of a campus closing due to specific issues related to that campus (e.g. power outage at the campus, etc.), clinical classes held off campus will **NOT** be cancelled. Procedure for this will be covered within the individual course.

2.7 BEREAVEMENT POLICY

A maximum of three (3) days will be allowed for clinical absence for each death in the immediate family. Immediate family shall mean father, mother, stepparents, brother, sister, spouse, child, grandchild, grandparent, father-in-law, mother-in-law, brother and sisters-in-law. Immediate family shall also mean anyone who resides in your home; however, proof of this must be shown i.e., death certificate.

In the event of the death of a member of the family, other than those listed in the previous paragraph, such as an uncle, aunt, etc., one (1) day may be used for the funeral.

The student who misses clinical attendance will not be excused for the work that he/she has missed. It will be the student's responsibility to see the clinical instructor to make up any missed assignments.

2.8 JURY DUTY

The Office of Records and Registration will provide the student with a letter (completed form) which can be submitted with the jury duty subpoena. This letter will state that the student is a student at CCM and enrolled in classes.

2.9 ELECTRONIC DEVICES

All cell phones, personal pagers, and electronic devices must be kept off during didactic classes and clinical education. No texting is permitted during didactic classes and/or clinical education. Personal pagers/cell phones may be kept in vibrate mode if needed for emergencies only.

Cell phones, personal pages, electronic devices and or texting are not permitted at the clinical affiliates. Text messaging is not permitted in didactic classes and clinical settings. Cell phones, personal pagers, electronic devices must be turned off when entering faculty offices, taking exams, and at clinical affiliates. Students are not permitted to talk on cell phones at the clinical site during clinical hours.

2.10 REVIEW OF EXAM FILES

Program examinations are modified yearly but remain similar in testing content. To ensure security of this material, faculty maintains students' exam files in the program office. These files are available for review by the student under the following conditions:

1. The instructor must be present at the time of review.
2. Electronic devices (photographic or recording) will not be permitted while reviewing exams.
3. The student is not permitted to rewrite questions, answers or any exam content for later review.
4. Review of exams will be permitted but must be done within two weeks of receiving the exam grade.

3 ACADEMIC POLICIES

3.1 ACADEMIC RESPONSIBILITY

The role of the student in the learning process is one of the most important factors for academic success. The following are suggestions to help guarantee student success in the program:

1. Become familiar with the contents of each course syllabus
2. Purchase your own textbooks (copying from other students is not acceptable)
3. Come to class prepared for note taking and/or workbook and laboratory exercises
4. Know what assignments are due and hand them in on time
5. Reading assignments should be used to support classroom lectures
6. Exam preparation begins by reviewing notes/textbook after **every** class
7. Organize your notebook
8. Manage your time wisely

Refer to Statement of Student Rights and Responsibilities in Appendix.

3.2 ACADEMIC INTEGRITY

CCM ACADEMIC POLICIES

CCM Academic Policies may be viewed on the college web site at:

<https://www.ccm.edu/academics/academic-policies/>

or in the CCM College Catalog. All students enrolled at the County College of Morris are required to read the CCM Policy Statements.

CCM POLICY GOVERNING ACCESS TO AND USE OF COPYRIGHTED WORKS

Today it is easier than ever to share written and recorded material with others. CCM makes extensive use of technology to enhance instruction and learning. It is very important to recognize that most works found on the internet (as well as in books and journals) are protected by copyright—so you should be careful to make use of them in manner that is proper for your education. Improper use or sharing of copyrighted work is a violation of the Student Code of Conduct and Copyright Law.

The full CCM policy is found at:

<http://www.ccm.edu/Media/Website%20Resources/pdf/aboutccm/policies/section5/5.4012-Policy-Governing-Access-to-and-Use-of-Copyrighted-Works-and-Declaration.pdf>

To maintain academic integrity at County College of Morris, the College community will not tolerate any forms of academic dishonesty. Examples of unacceptable forms of dishonesty include, but are not limited to:

1. Cheating
2. Copying
3. Fabricating
4. Plagiarism
5. Unauthorized collaboration
6. Submitting someone else's work as one's own

7. Dishonesty through the use of technology such as sharing flash drives, files, or programs
8. Access to, modification of, or transfer of electronic data, software or
9. Computing facilities.

The intent of this policy is to promote academic integrity and to arrest all forms of academic dishonesty.

Refer to Academic Integrity Policy & Procedures in Campus Life Calendar/Handbook.

3.3 ACADEMIC MISCONDUCT

Any act of academic misconduct will be subject to disciplinary action. Academic misconduct will be handled as follows:

1. Faculty will submit a Report of Academic Dishonesty to the office of the Vice President of Student Development & Enrollment Management.
2. The Vice President of Student Development & Enrollment Management will refer the Report to the Academic Integrity Review Board and will simultaneously deliver to the student a copy of the report and a copy of the policy and procedures.
3. The Academic Integrity Review Board will determine whether academic dishonesty occurred, and if so, what disciplinary sanctions are recommended for imposition by the Vice President of Student Development & Enrollment Management.

Refer to Academic Integrity Policy & Procedures in Campus Life Calendar/Handbook.

3.4 GRADING

It is the intention of the program faculty to be as fair and objective in grading as possible. At the start of each semester, students will receive a detailed syllabus for each course, specifying the objectives and requirements for the course. The following standard grading scale will be utilized for all courses offered by the program:

GRADE	QUALITY POINTS	SCORE RANGE
A	4.0	93-100
A-	3.67	89-92
B+	3.33	86-88
B	3.0	82-85
B-	2.67	79-81
C+	2.33	76-78
C	2.0	75-76
F	0	<75

3.5 MISSED ASSIGNMENT AND EXAMINATION POLICY

In the event that an assignment is not turned in on the specified due-date due to absence, the student must hand in the assignment on the **next day** that he/she returns to class. The next day is defined as follows: if the missed assignment was due for a Monday class the assignment must be completed and handed in on Tuesday, if the missed assignment was due for a Tuesday class, the assignment must be handed on Wednesday, and so forth.

An absence from an examination or quiz is handled as follows: the student must contact his/her instructor and inform him/her that he/she will be absent. The student should refer to the class syllabus for the policy on make-up exams and quizzes.

3.6 ACADEMIC PROGRESSION

Successful completion of all courses is required for progression in the program. If a final grade of “F” is obtained in any course, it will not be possible to continue to the next semester. All professional phase courses are based on cumulative knowledge with successful completion of the prior course/semester being a prerequisite. Students receiving a failing grade will be counseled about their options and the reinstatement policy.

If withdrawal from the program is necessary, the student must complete a *Drop/Add* form if the withdrawal is before the College deadline and schedule an exit conference with the Program Director. If the withdrawal is after completion of a semester and the student is unable to return to the program, the student must meet with the Program Director. The student will be counseled about options to return to the program, and an *Exit Conference Record* will be filled out. Readmission to the program will be considered on a case-by-case scenario as long as there are open seats the upcoming cohort.

All returning students regardless of the reason for withdrawal will be held accountable to the reinstatement process.

3.7 REINSTATEMENT GUIDELINES

All reinstatements are contingent on the availability of space.

A student who does not pass a professional phase course with a “C” or better or withdraws from a course due to poor grades, poor attendance, unsatisfactory performance, or for any other reason deemed necessary may repeat the course only once. **After the first failure, the student is stopped in the program until the course is offered again. When returning to the program to repeat the failed course, the student MUST also re-register for the assigned clinical education course for that semester, regardless of a previous passing grade. The student may audit the previous clinical education course.**

If a student wishes to return to the program, the following steps must be taken before the student will be considered for reinstatement:

- 1. A student can be reinstated into the Respiratory Therapy program only once.**

2. The student must have a 2.5 GPA to be considered for reinstatement.
3. If two or more years have elapsed, the student will have to apply to the program again as a new student and submit an intent form. This will require the student to be accountable for the existing admission criteria.
4. **Application for Reinstatement** must be received by June 1st of the returning academic year.
5. The student must repeat a 13-panel Urine Drug Screening and Criminal History Background Check. A positive Urine Drug Screening will result in the student not being reinstated into the program. A positive Criminal History Background Check will result in the student not being reinstated into the program.
6. The Respiratory Therapy Admission Committee ranks all students seeking reinstatement, based on GPA of program courses and failures or withdrawals from previous required courses.

3.8 REMEDIATION

Remediation is available to any student requiring assistance with lecture material, clinical skills, or professional clinical performance. Faculty members will be available by scheduled appointment for individual or group remediation sessions. In addition to cognitive and psychomotor assessment, students will also receive an overall affective evaluation assessing professional behavior, communication, emotional maturity, adherence to instruction, and clinical conduct throughout the program.

Students referred for remediation by a laboratory instructor will receive reinstruction from on-campus faculty, be required to practice the identified skill, and re-demonstrate competency in the laboratory setting. A remediation form will be completed, and an individualized remediation plan developed for the student. All remediation documentation will be completed on campus and signed by both the student and the program instructor overseeing remediation. Students will be permitted one (1) opportunity to re-demonstrate competency on campus with a program instructor within two (2) weeks of reinstruction. Students who are unable to successfully complete the laboratory competency at that time will receive a failing grade ("F") for the course.

Students referred for remediation by a clinical instructor will receive reinstruction from an on-campus instructor, be required to practice the identified skill, and re-demonstrate competency in the laboratory setting. Students will be permitted one (1) opportunity to re-demonstrate competency on campus with a program instructor within two (2) weeks of reinstruction. A remediation form will be completed, and an individualized remediation plan developed for the student. All remediation documentation will be completed on campus and signed by both the student and the program instructor overseeing remediation.

Upon returning to the clinical site following remediation, the student will be provided up to three (3) additional attempts to demonstrate clinical competence under the supervision of a clinical instructor or preceptor. Students unable to satisfactorily complete the clinical skill following remediation and subsequent clinical attempts will receive a failing grade ("F") for the course.

Clinical instructors and preceptors will make every reasonable effort to complete required competencies and initiate remediation referrals prior to the final two (2) weeks of the semester.

4 CLINICAL POLICIES

4.1 CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to clinical education courses and to continue in clinical courses, the student must meet the following requirements:

1. Be a matriculated student in the Respiratory Therapy Program
2. Complete all pre-professional phase courses
3. **Maintain at least a C letter grade in all classes and a minimum overall GPA of 2.5 on a 4.00 scale**

All students accepted into the professional phase of the program must undergo and be cleared for a Criminal History Background Check, an 13-panel Urine Drug Screening, obtain malpractice insurance, obtain health clearance (see below), and be certified in BLS by the AHA, all at their expense, prior to attending clinical education.

4.2 HEALTH CLEARANCE POLICY

Our contracts with affiliating hospitals make it mandatory that all students meet health clearance requirements.

All respiratory therapy students are required to have a complete physical examination including certain blood tests and immunizations. The student must have health clearance before he/she will be permitted to attend the clinical area. This must be done by the first day of the semester. Students can obtain the necessary forms and information from the College's Health Services Office.

Health Requirements Include

1. Immunization requirements
 - Measles (Rubeola)
 - Mumps
 - Rubella (German Measles)
 - Tetanus-Diphtheria
 - Hepatitis B
 - Influenza
 - Varicella (Chicken Pox)
 - Tuberculosis TestingAll students in the professional (clinical) phase will be required to receive the influenza vaccine and QuantiFERON Gold TB test annually.

2. Laboratory Reports
 - CBC (Complete Blood Count)
 - SMA7 (sequential multiple analysis)
 - Complete Urinalysis
 - 13-Panel Urine Drug Screening
3. Medical History and Physical documented on the CCM Health Services form

Additional information is provided by the CCM Clinical Clearance Coordinator.

4.3 Medical Insurance

All full-time respiratory therapy students are required to carry personal health insurance which provides coverage for both accidents and sickness. Group health insurance is available through the College or students may purchase individual policies from their own carrier. Evidence of necessary insurance is required prior to assignment in the clinical area. Additional information can be found online on the CCM website at.

4.4 Illness, Injury, Pregnancy

A student in the Respiratory Therapy Program who sustains a serious illness or injury must obtain a statement from his/her health care provider authorizing return to the clinical area. Until such approval from both the health care provider and the College Health Services Coordinator are obtained, the student may not return to the clinical area. A student who is pregnant must obtain her health care provider's authorization for attendance in the clinical area.

Any student with an existing illness or disability admitted to the program and cleared by their medical provider is expected to meet the same standards of all respiratory therapy students.

4.5 Students Seeking Disability Accommodations:

In accordance with the policies underlying Section 504 of the Rehabilitation Act of 1973, the American with Disabilities Act (ADA) of 1990, the ADA Amended Acts (ADAA) of 2008 and County College of Morris policy, no qualified individual with a disability shall, solely on the basis of that disability, be excluded from participation to County College of Morris programs or activities. Students may seek reasonable accommodations for their documented disability by self-identifying and registering with the Office of Accessibility Services. Students who are approved through Accessibility Services for classroom accommodations are encouraged to meet with faculty members on an individual basis to discuss their specific needs. To register or learn about services, students may contact the Office of Accessibility Services at 973-328-5284 or aso@ccm.edu.

4.6 Accident Reporting Procedure

In the event that a student is injured at a clinical facility, the following steps should be followed:

1. The student must notify the instructor or clinical preceptor.
2. The instructor will refer the student to the Emergency Department in the hospital in which the injury occurred.
3. The student must contact the College Health Services Coordinator, either in person or by telephone, to report the problem as soon as possible to be cleared to return to clinical.

If the student does not have insurance coverage through the College, he/she will be personally responsible for payment of any medical expenses incurred.

4.7 Annual Mandatory Criminal History Background Check

All students in the professional (clinical) phase will be required to submit to a Criminal History Background Check as mandated by the Joint Commission. These Criminal History Background Checks will occur on an annual basis. If the background check yields a positive result, admission into the professional phase of the program is denied. If at any time after acceptance into the professional phase of the program a student has a positive criminal history background record, it will result in immediate dismissal from the program. The annual background check is to be done at the student's expense.

All students accepted for reinstatement must have an updated Criminal History Background Check before they will be permitted to attend clinical.

4.8 13-Panel Urine Drug Testing

All students in the professional (clinical) phase will be required to undergo a 13-panel urine drug screening prior to the start of the first clinical semester and/or as required by the hospital contracts.

All students accepted for reinstatement must have an updated 13-panel urine drug screening before they will be permitted to attend clinical.

4.9 Drug and Alcohol Abuse Policy

The Respiratory Therapy Program maintains a no-tolerance policy regarding substance abuse. The faculty requires that students provide safe, effective, and supportive care in the clinical setting. To fulfill this purpose, students must be free of chemical impairment during participation in any part of the program including classroom, laboratory, and clinical settings.

A 13-panel Urine Drug Screening is now mandatory for all students doing their clinical education at any of the program's clinical affiliates. The Urine Drug Screening must be completed by a County College of Morris contracted laboratory **not by the student's physician or another laboratory**. The cost of screening

is the responsibility of the student. All Urine Drug Screening results must be received by the College's Health Services Office by the first day of the semester at latest. Failure to submit to the drug screening will result in dismissal from the program. Any questions regarding this policy should be directed to the Health Services Coordinator at 973-328-5160. If a student has a positive drug screening result, the appeal process listed below will be followed.

To appeal the drug/alcohol screening results the student must take the following steps:

1. Students who have positive drug/alcohol screenings will be contacted by the College's Medical Review Officer. The Health Services Coordinator will contact the Department Chairperson or, in that person's absence, the Dean of the Division of Health & Natural Sciences.
2. The appropriate Department Chairperson will forward a letter to the student informing him/her that he/she has a positive drug screening that results in the student being dismissed from the program and outlining the process for submitting an appeal. The student has five (5) business days from receipt of the dismissal notification to submit an appeal.
3. If the student chooses to challenge the drug screening results, the student will be required to provide written documentation, on letterhead from his/her physician, indicating the medical necessity for these substances. The physician must mail the documentation directly to the College's Medical Review Officer. Repeat tests will not be accepted and documentation must not come in the form of a handwritten note on a prescription pad sheet.
4. If the student is unable to provide a letter documenting a valid medical reason for the screening results, the Department Chairperson, or the Division Dean in his/her absence, will notify the student that he/she will not be accepted in or allowed to continue in the professional phase of the program.
5. The student has the right to appeal the decision to the Division Dean and the Vice President of Academic Affairs. This appeal must be in writing and must be submitted within five (5) business days of receipt of notification of the Department Chairperson's determination. The decision of the Vice President of Academic Affairs is final.
6. In the event of a failed appeal or no appeal, the student is prohibited from enrolling in any of the College's Nursing and Allied Health programs.

4.10 Essential functions

The goal of the Respiratory Therapy Program is to prepare students to think critically and practice respiratory therapy competently and compassionately in rapidly changing practice environments. All efforts are designed to build knowledge, ensure patient safety, foster professional integrity, and ultimately improve the health outcomes of patients, families, and communities. To achieve these goals, certain functional abilities (essential functions) are necessary for the delivery of safe, effective care during

clinical training activities and in broad entry-level practice upon graduation. Therefore, it has been determined that these are requisite for admission, progression, and graduation from the Respiratory Therapy Program. Students are expected to request reasonable accommodations prior to beginning the professional (clinical) portion of the program.

An affective evaluation will be completed if the student is thought to lack any of the functions below. An individual must meet, with or without reasonable accommodation, the following essential functions:

1. The ability to practice within the ethical, legal, and professional framework of respiratory care.
2. The ability to observe and participate in classroom, laboratory, and clinical demonstrations.
3. **Critical Thinking.** Requires the ability to use critical thinking skills and problem-solving skills to complete tasks accurately, safely and within assigned time frames. Must be able to identify cause and effect relationships in clinical situations; develop and/or participate in the development of respiratory care patient plans.
4. **Interpersonal Skills.** Requires students to possess communications skills sufficient for interactions with others in verbal and written form. Must be able to convey or exchange information with others, including the ability to communicate with instructors, patients, physicians and other health care practitioners.
5. **Ability to differentiate colors.** Requires the ability to differentiate colors, shades and tones of colors.
6. **Motor Skills.** Shall possess gross and fine motor abilities sufficient to provide safe and effective respiratory procedures.
7. **Hearing.** Must possess sufficient auditory ability to monitor and assess health needs.
8. **Visual.** Must be able to monitor and assess patient and equipment function; to provide safe and effective respiratory care.
9. **Tactile.** Students shall possess tactile ability sufficient for assessment.
10. **Mobility.** Shall possess the physical ability to move from room to room, maneuver in small spaces, be strong enough to support and move patients, stand and walk for extensive periods of time.
11. **Communication Skills.** Requires the ability to record and deliver information and to follow verbal and written instructions and communicate with others via effective verbal communication.
12. **Intelligence.** Requires the ability to use critical thinking skills and problem-solving skills in order to complete tasks accurately and within assigned time frames. Requires the ability to

apply principles of logical or scientific thinking to a wide range of intellectual and practical problems.

13. **Weight Bearing.** Must be able to lift and /or manipulate 45-50 lbs.
14. **Personal Traits.** Requires the ability to build constructive and cooperative working relationships with others, develop specific goals and priorities to organize and accomplish work and demonstrate professionalism.

4.11 BLS CERTIFICATION

All students enrolled in the professional phase of the Respiratory Therapy Program must obtain CPR certification in *Basic Life Support for Healthcare Providers* through the American Heart Association prior to the start of RTH 210 Clinical Practice I. It is the student's responsibility to keep his/her certification current.

4.12 MALPRACTICE INSURANCE

Each student entering the professional phase of the program must purchase malpractice insurance. An application is provided for each student prior to the start of RTH 210 Clinical Practice I. The student must ensure that the policy will cover them for the full twelve months of the professional phase of the program. The cost of the malpractice insurance is the responsibility of the student.

4.13 HOSPITAL ORIENTATION

Prior to the start of Clinical Practice I, each student must attend orientation sessions at assigned clinical sites. In these sessions, the students will be educated on such topics as: Fire Safety, Universal Precautions, Patient Safety, HIPAA, OSHA, Infection Control, Electrical Safety and Hospital Code Policies. The student will also be required to have an OSHA mask fit test as part of hospital orientation.

4.14 CLINICAL ATTENDANCE POLICY

The faculty of the Respiratory Therapy Program believes that clinical experience represents a major component of respiratory education and promotes success in program completion. **Students must attend and be punctual and prepared for all clinical practice.**

The student must report to clinical fifteen minutes prior to the start of their shift. If the shift begins at 7:00 a.m., then the student should arrive by 6:45 a.m. unless otherwise specified by the Director of Clinical Education or Program Director.

All students are expected to *Time In* and *Time Out* of the Trajecys system at the beginning and end of each clinical day. If there is a problem with the website, the clinical instructor or preceptor at the clinical facility will call the Director of Clinical Education to report the students' arrival and/or departure time. If the site that the student is rotating through does not have access to Trajecys the clinical preceptor will report the

students' arrival and departure time to the Director of Clinical Education. If neither a clinical instructor nor clinical preceptor is available, the student must contact the Clinical Coordinator to *Time In* and *Time Out* by phone.

Students must not leave a clinical site or clinical specialty rotation early for any reason without the notification and permission of the Director of Clinical Education. Any violation of this policy will be documented by the clinical instructor/preceptor, Director of Clinical Education or Program Director on a **Clinical Incident Form**.

Clinical Absence

Clinical absences are regarded by all faculty as serious occurrences because students who miss clinical time do not have adequate opportunities to gain the breadth and depth of experience that prepares them to function in the clinical setting. Furthermore, absence from clinical may prevent the student from completing clinical objectives. Clinical that is missed must be made up in a time to be determined by the Director of Clinical Education. Although the time can be made up, there is no guarantee that the makeup experience will result in a satisfactory grade for the clinical course. Furthermore, a clinical grade will not be issued until all clinical time is completed.

Clinical absences will be handled in the following manner:

First Absence: The first clinical absence must be made up with an additional written assignment that meets the missed learning objectives for the day.

Second Absence: A second clinical absence will result in a deduction in the overall clinical grade of 5 points. It is the discretion of the Clinical Instructor to have the student complete a written assignment that meets the missed learning objectives for the day, and the student will be required to attend Open Lab with the Program Director where the student will be given a clinical simulation assignment that will require hands-on performance. A **Record of Counseling Session** will be filed.

Third Absence: If a student is absent for three or more clinical days, the student will be required to meet with the Director of Clinical Education. A **Clinical Incident Report** will be completed indicating that because of excessive absences the student may receive a failing grade for the course and will not be allowed to make up the clinical time. If a student had an extenuating circumstance which directly caused excessive clinical absences, the student may appeal the failing grade.

Any student who is going to be absent on a scheduled clinical day, must adhere to the following procedure:

1. The student must call the assigned clinical site and report to the preceptor/staff on duty that he/she will be absent. **Do not leave a message.** The call must be made at least **one full hour** prior to your report time.
2. The student must call back at 7:00 a.m. and speak directly with his/her clinical instructor.
3. The student must call the program office and leave a message for the Director of Clinical Education. The Director of Clinical Education will return the call.

4. Two days' absence due to illness will require clearance from the student's healthcare provider.
5. **Failure to notify the instructor directly will result in the course grade being lowered by one letter grade.**

Tardiness

Tardiness is defined as lateness greater than 15 minutes after report time. If the student is unable to arrive at the scheduled time, the student must follow the procedure below:

1. Call the assigned clinical site and report the lateness to the clinical instructor or preceptor.
2. **Do not leave a message.** The call must be made as soon as the lateness is anticipated.
3. **Failure to notify the instructor directly will result in the course grade being lowered by one letter grade.**

Note: The clinical instructor/preceptor has the right to send the student home if tardiness is greater than one half hour after the scheduled reporting time. Should the student be sent home, the infraction will be recorded as an absence.

Tardiness due to illness may require medical clearance by the Emergency Department at the clinical facility.

4.15 Personal Day

Each student will be provided with **one** personal day to use during the academic year. The request for a day must be made at least one week in advance. The requested day must be approved by the Director of Clinical Education and, within discretion, cannot be requested on any specialty rotation.

4.16 Cancellation due to Inclement Weather OR CAMPUS EMERGENCY

Official weather-related closings will apply to both didactic and clinical courses. The program will follow class delays or cancellations according to the College's procedure. In the event of a campus emergency, weather-related delayed opening or closing, or other important event that requires immediate attention, the Titan Alert System will be used to contact the student. The Titan Alert is the emergency alert system used by County College or Morris to send email, text messages and/or voice phone messages to students in the event of an emergency or weather-related closing.

Each semester students will have the opportunity to change their preferred method or methods of contact. Individuals can select up to ten (10) ways to be contacted, including having a notice to a spouse, partner, parent, child or someone else. Students are responsible for keeping their contacts current and up to date.

The alert messages will indicate if day or day **and** evening classes are cancelled. Students in evening classes should be aware that sometimes day classes are cancelled, and a decision regarding evening classes are not made until later in the day, so it is important to check messages.

In the event of a campus closing due to specific issues related to that campus (e.g. power outage at the campus, etc.), clinical classes held off campus will **NOT** be cancelled. Procedure for this will be covered within the individual course

4.17 PROFESSIONAL ATTIRE

Clinical Dress Code

All students must wear **steel grey** scrubs. The scrubs must be clean, neat and pressed at all times. All students are required to wear a white lab coat with the student's CCM ID. Lab coats must be worn over the **steel grey** scrubs while performing patient care. **Lab coats must be clean, neat and pressed at all times.** Students must remain in uniform for the entire clinical shift.

For some clinical activities the student will be required to wear business casual attire with their clinical lab coat. Jeans, shorts, leggings or yoga pants are not allowed as business casual.

All students are required to affix a program ID badge to their lab coat. The identification badge must be visible at all times during the clinical day. Each facility will provide a student ID. If the facility does not give IDs, students are to wear their CCM ID during clinical practice.

Proper footwear is required. Appropriate shoes mean either white leather sneakers, nursing shoes or a pair of walking shoes with rubber soles. If a student chooses to wear sneakers, they must be solid in color, and the manufacturer's logo must be discreetly displayed.

All students must be well-groomed. Because we care for patients with compromised respiratory status **no perfume or cologne** may be worn to the clinical site. Hair must be clean, neat and styled in a manner consistent with a professional appearance. Long hair must be pulled back from the face, so it does not interfere with patient care. Any and all beards and/or mustaches must be clean, neat and trimmed. Artificial nails, nail extenders and/or nail decals must not be worn by students in clinical. Fingernails must be kept short, clean and healthy. Natural nail tips must be kept less than ¼ inch in length and be well manicured. If nail polish is worn, it must be a neutral color and must not be chipped or peeled.

Gum chewing is not allowed while in uniform. Smoking is also not permissible while in clinical uniform.

All students are required to wear a watch with a second hand. The only other jewelry permitted to be worn, in addition to the watch, is a wedding ring, and/or one pair of small earrings. **Absolutely no other visible body-piercing jewelry is permitted.** Tattoos must be discretionary and respectful. If a tattoo is felt to be unacceptable (patients and co-workers in the hospital environment could be offended) the student will be required to cover the tattoo during all clinical rotations and activities.

In addition to the proper dress code, all students are required to carry a stethoscope, a pair of medical scissors, pocket calculator, clinical notebook, clinical ID badge and student college ID and either a blue or black ball point pen. Students who are unprepared will be sent home per the clinical instructor's discretion and will count as a clinical absence.

Cellular phones may not be carried during clinical time. If they are stored with the student's other personal belongings, they must be turned off. Any beepers/pagers that are carried must only be used for emergencies and must be placed on vibrate mode.

4.18 PROFESSIONAL CONDUCT

Clinical Conduct

Each student is expected to conduct him/herself in a professional manner at all clinical facilities or in public while in uniform and/or identifying themselves as students of the Respiratory Therapy Program.

Under no circumstance are students to perform any invasive medical procedure to anyone other than a patient with a written medical order. Medical procedures are only to be performed on patients who have a written physician's order in the chart. Students are not permitted to accept verbal or telephone orders for patients. All procedures performed at the clinical facility will adhere to the policy and procedure manual at that facility.

All students are required to follow the program's clinical policies as well as the policies and procedures of each clinical affiliate during clinical rotations. Students failing to do so will receive a **Clinical Incident Report** which may result in a clinical failure. Receipt of more than one Clinical Incident report will result in dismissal from the Respiratory Therapy Program.

Note: Clinical sites have the right to dismiss students from clinical if their behavior is inappropriate. Students should regard themselves as guests of the clinical sites and behave accordingly.

A **Clinical Incident Report** will be filled out for any and all consultations between Clinical faculty, Program faculty and a student relating to clinical or academic progress, attendance, tardiness, and all disciplinary problems. This report and all other clinical paperwork will be maintained in the student's clinical file.

Unsafe to Practice

"**UNSAFE**" is defined as follows:

1. Poor aseptic technique
2. Inadequate instrument or procedure knowledge
3. Inadequate equipment set up or management
4. The unsafe execution of a procedure
5. Unprofessional behavior
6. Inability to maintain professional composure

Should it be determined by the instructional staff and/or program faculty that a student is considered "unsafe" with regard to clinical practice, the following will take place:

1. The student will be immediately removed from the clinical setting.
2. The clinical instructor will notify the Director of Clinical Education that unsafe practice has occurred.
3. The student will be notified immediately that they have been given an unsafe clinical grade and will not be permitted to return to clinical. Written notice in the form of a **Clinical Incident Report** will be given to the student documenting the reasons for the unsafe grade.
4. A meeting between the Program Director, Director of Clinical Education, and student will be scheduled.
5. The student will receive a failing grade for the course.

6. The student may appeal the unsafe clinical grade by following the Grievance Policy. While the appeal process is conducted the student will be allowed to attend lecture sessions but not clinical.
7. If the appeal is denied, a grade of F will be listed for the clinical course. Any student who receives an F due to unsafe clinical practice will not be eligible for reinstatement to the program.

4.19 TRANSPORTATION and FEES

All students must have a valid New Jersey driver's license and access to an automobile during the school year. Students are responsible for their own transportation. Each student is responsible for his/her own meals at the clinical site. In some instances, on-site cafeterias are not available. Additionally, at some clinical facilities, parking fees are charged. Each student will be responsible for paying these fees.

4.20 HOSPITAL RULES AND REGULATIONS

The Director of Clinical Education or clinical instructor reserves the right to send a student home if the student breaches any hospital specific policies or procedures. At that time, the DCE will be notified and a **Clinical Incident Report** will be filled out.

Documentation

Falsification of documentation will automatically result in dismissal from clinical and may result in dismissal from the program. The Director of Clinical Education will be notified, and a **Clinical Incident Report** will be filled out. Falsification includes, but is not limited to, the following:

1. Charting a procedure on a patient that was not performed,
2. Charting prior to performing the procedure,
3. Falsifying information,
4. Forging a clinical instructor's signature on clinical paperwork.

4.21 HIPAA / PHI Guidelines

All students will comply with the policies and procedures governing the use and disclosure of individually identifiable health information under federal law 45 CFR parts 160 and 164 HIPAA. All students are required **to de-identify individually identifiable health information in the records produced and retained by them.**

Any paperwork or radiograph that a student produces must not have any reference to the patient's name or the hospital. No PHI (Personal Health Information) can be put into any College or personal computers or other electronic devices. Students are prohibited from photographing any hospital documents or patients. Any breach of PHI or HIPAA privacy or non-disclosure requirements will be reported to the hospital or medical facility immediately.

Any student who violates PHI or HIPPA privacy or non-disclosure requirements will be dismissed from the program. The student may appeal the decision to the Dean of the Division of Health and Natural Sciences and the Vice President of Academic Affairs. The decision of the Vice President of Academic Affairs is final. The student is not eligible to reapply to the Respiratory Therapy Program.

Refer to Appendix

4.22 CLINICAL GRADING

To obtain complete grading criteria, the student must refer to the Clinical Syllabus that pertains specifically to each clinical semester.

The student's final clinical grade for the semester is dependent upon their achievement in the following areas: attendance and punctuality, documentation, clinical competencies, clinical assignments, case studies, student affective evaluations, clinical practical exams, and clinical written exams. All clinical assignments and rotations must be complete to continue on to the following clinical semester.

Grading Policy

A minimum grade of a "C" in all categories is required in order to pass clinical. A student affective evaluation will be performed by either the Program faculty or Clinical instructors twice a semester, once at the mid-semester mark and again at the end of the fall and spring semester, and once at the end of the summer semester. A failing grade on the student's mid-semester affective evaluation will result in the student being counseled. A failing grade on the student's final affective evaluation will result in an automatic failure of the Clinical course.

Student evaluations and examination results are for the benefit of each student. As such, the student will have access to those records. Any dispute concerning an evaluation or clinical grade must be made in writing to the Director of Clinical Education. The Director of Clinical Education will then review the situation with the student and the faculty involved. Students may follow the appeal process and meet with the Allied Health Department Chairperson.

Clinical Records

Trajecsys Attendance Record: The student must sign in and out through the TIME CLOCK in Trajecsys at the clinical affiliate they are assigned to. This record must be verified by the Clinical Instructor or the Director of Clinical Education.

Trajecsys Daily Log: Students are responsible for documenting their daily clinical activities on the DAILY LOG sheet in Trajecsys. It should include a brief description of activities performed, clinical experiences observed, equipment used and a description of all physician interactions. Each daily log must be verified by the Clinical Instructor.

Trajecsys Physician Interaction Log: The PHYSICIAN INTERACTION FORM must be completed through Trajecsys. This form records your interaction with a physician or group of physicians. The description of your experience should include the setting, the name of the physician or physicians, specifics of the encounter and learning experience through this interaction. All Physician Interaction Forms must be verified by the Clinical Instructor. Please note that students are expected to attend and document ICU physician rounds in the spring clinical semester.

Arterial Blood Gas Record: After completion of the Arterial Blood Gas (ABG) competency in lab the student will be responsible for completing and recording ten successful arterial blood gas procedures. Each ABG attempt, whether successful or unsuccessful, must be signed by the clinical preceptor observing the student's performance. Upon completion of ten successful ABG procedures the student must give the record to the Director of Clinical Education. The student is responsible for completion of the ABG record prior to graduation.

Competency Evaluations

Competency evaluation forms are specific to the clinical application of respiratory care procedures being taught in the classroom and laboratory. Each clinical competency is dedicated to an individual procedure. The student must express complete theoretical understanding as well as demonstrate each procedure successfully in lab. Once documented, the appropriate lab faculty will sign the competency and the student will be permitted to perform the procedure in the clinical setting.

When the student again demonstrates successfully, theoretical and practical knowledge of the same procedure in clinical, the form is signed by the appropriate witnessing clinical faculty. All signed clinical competency forms must be submitted to the Director of Clinical Education. It is the responsibility of the respiratory therapy student to keep track of his/her competencies and have them completed, signed and submitted to the DCE before the end of each semester. If a student feels that they may not be able to complete an assigned competency it is their responsibility to inform the Director of Clinical Education three weeks before the end of the semester so that arrangements for completion can be made.

Any incomplete clinical competency in a particular semester will be carried over into the following clinical practice course. The student is expected to have those competencies completed, in addition to their current list of clinical competencies, by the end of that semester.

All clinical practice courses are cumulative. Information and clinical competencies from earlier courses are repeated during later clinical experiences. If a student demonstrates an inability to perform a competency in clinical they will be asked to review and repeat the competency in the lab. Once performed adequately, the Director of Clinical Education will notify the clinical instructor that the competency can be reattempted in the clinical setting.

Competencies for Clinical Practice I

Aerosol Generators
Aerosol Medication Delivery
Auscultation
Blood Pressure Measurement
Directed Cough Techniques
Gas Pressure and Flow Regulation
Humidity Therapy
Incentive Spirometry
Intermittent Positive Pressure Therapy
Medical Records
Oxygen Analysis
Oxygen Therapy

- nasal cannula
- simple mask
- air entrainment mask
- non-rebreather mask
- partial rebreather mask

Patient Interview and History
Peak Flow Measurements
Postural Drainage and Percussion
Pulse Oximetry
Standard Precautions/ Transmission
Vital Signs (HR and RR)

Competencies for Clinical Practice II

Arterial Blood Gas Calibration, Maintenance and QA
Arterial Line Sampling
Arterial Puncture
Capnography
Endotracheal Extubation
Endotracheal Intubation
Endotracheal Suctioning
Mask CPAP/BiPAP Initiation

Nasotracheal Suctioning
Patient Ventilator Parameter Changes
Patient Ventilator System Care
Spirometry Screening
Tracheostomy Care
Ventilator Circuit Change
Ventilator Initiation
Ventilator Weaning Parameters
Weaning Parameters

Competencies for Clinical Practice III

Neonatal CPAP
Neonatal Patient-Vent System Care
Neonatal/Pediatric Patient-Vent Parameter Changes
Neonatal/Pediatric Vent Circuit Change
Oxygen Hood

Pediatric Patient-Vent System Care
Pediatric Tracheostomy Care
Pediatric/Neonatal Aerosol Medication Delivery
Pediatric/Neonatal Chest Physiotherapy
Pediatric/Neonatal Endotracheal Suctioning
Pediatric/Neonatal Nasotracheal Suctioning

5 PROGRAM COMPLETION

5.1 GRADUATION REQUIREMENTS

Graduation from the Respiratory Therapy Program requires that the student successfully passes each course with a “C” or better, listed on the *Curriculum Check sheet*. The student must apply for graduation with the Office of Records and Registration. Once the transcript is reviewed by the Office of Records and Registration, the student is cleared for graduation and is awarded an associate in applied science degree.

5.2 SELF-ASSESSMENT EXIT EXAMINATIONS

As a requirement for graduation, all students must complete the NBRC Entry Level Self-Assessment Exam (SAE) and the NBRC Advanced Level Self-Assessment Exam. The SAE scores will be used for a percentage of your course grade for Clinical Practice III (refer to course syllabus). The cost of the NBRC SAE’s will be charged to the student on the summer semester invoice as a course fee for Clinical Practice III.

5.3 CREDENTIALING

National Board for Respiratory Care (NBRC)

Successful completion of the Respiratory Therapy Program results in the graduate’s eligibility to take the entry level exam and the advanced practitioner exam. Earning a passing score on the entry level exam awards the graduate the credential “Certified Respiratory Therapist” (CRT). Earning a passing score on the advanced practitioner exams awards the graduate the credential “Registered Respiratory Therapist” (RRT).

5.4 NEW JERSEY LICENSURE

New Jersey State Board for Respiratory Care

Licensure by the New Jersey State Board for Respiratory Care is a requirement for all practitioners to work in the state of New Jersey. Graduates are qualified to apply for licensure upon successful completion of a respiratory therapy program. Application fee and license fee are the responsibility of the graduate.

The New Jersey State Board for Respiratory Care requires a copy of a high school transcript in order to process an application for state license. Therefore, if the student attended high school outside the USA, the Board requires that the transcript be evaluated by World Education Services in New York.

5.5 CoARC PROGRAM EVALUATIONS

Student-Program Resource Survey

The purpose of this survey instrument is to evaluate the program's resources. The data compiled will aid the program in an on-going process of program improvement such as personnel, facilities, laboratory equipment, learning resources, instructional and clinical resources and physician interaction. This survey is administered annually to all currently enrolled students at the end of each academic year of the Program.

Graduate Survey

The purpose of this survey is to help faculty evaluate the program's success in preparing students to function as competent respiratory therapists. Compiled data will be used to evaluate program quality. Data received will be held in strict confidence.

This survey is administered to graduates within six months to a year after graduation.

Employer Survey

The purpose of this survey is to help faculty evaluate the Programs success in preparing students to function as competent respiratory therapists. Compiled data will be used to evaluate program quality. Data received will be held in strict confidence. CoARC requests that this survey be completed by the graduate's immediate supervisor. Graduates are therefore required to give the Program permission to survey employers by signing a release form.

This survey is administered to immediate supervisors at the graduate's place of employment after six months of work experience.

6 DOCUMENTATION AND FORMS

Counseling Form

A Record of Student Counseling Session form is to be completed, by the Program Director or the Director of Clinical Education, after any meeting with a student concerning their classroom or clinical performance. Consultations can be scheduled at the request of the student, the Program Director or the DCE. These meetings are mandatory following the issuance of a clinical incident report. The document will briefly explain the nature of the meeting, allow for the student to comment and must be signed by all parties in attendance.

Clinical Incident Report

This report is to be filed when a student commits any sort of violation of either Program or Hospital policy. A Clinical Incident Report can be completed by the Clinical Instructor, the Clinical Preceptor, the DCE or the Program Director. All Incident Reports will be followed up with a student conference and appropriate action will be taken. The issuance of such a report will have a direct impact on the student's overall clinical grade.

Exit Conference Report

This report documents the exit of a student from the professional phase of the Program and specifies the reason for such. The purpose of the conference is to provide the student with information relevant to the return to the Program if recommended.

Application for Reinstatement

An application for reinstatement must be filled out and returned to the Allied Health department if a student wishes to request reinstatement.

COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM

REPORT OF STUDENT COUNSELING SESSION

Date: _____

Student: _____

Faculty: _____

Reason for Counseling: _____

Summary of Discussion: _____

Actions Taken: _____

Planned Follow-Up: _____

Faculty: _____

Date: _____

Student: _____

Date: _____

Student's Comments: _____

**COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
CLINICAL INCIDENT REPORT**

Date: _____

Clinical Faculty: _____

Course: _____

Clinical Affiliate: _____

Reason for Report: _____

Summary of Events and Actions: _____

Recommendations: _____

Signatures:

Faculty: _____

Date: _____

Faculty: _____

Date: _____

Student: _____

Date: _____

Student's Comments: _____

**COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
EXIT CONFERENCE RECORD**

Student: _____ Date: _____

Address: _____

Telephone : _____ Student ID: _____

1. Student has exited from Respiratory Therapy for the following reason:

- a. *Withdrawal* – passing the course at this time
- b. *Withdrawal* – failing the course at this time
- c. *Failed Didactic course*
- d. *Failed Clinically*
- e. *Other*

2. Indicate Academic Performance a. Overall GPA _____ b. Respiratory Therapy GPA _____

3. Student will: _____ continue as a student in college _____ withdraw from college

4. Student plans to apply for reinstatement to program for _____ 20____ semester

5. The following recommendations were given to the student (be specific):

The student is responsible for all content taught in prerequisite, didactic and clinical Respiratory Therapy courses. The student is responsible to demonstrate competency in all areas previously deemed competent the semester prior to reinstatement.

_____ I recommend for reinstatement.

_____ I do not recommend for reinstatement.

Advisor's Signature: _____ Date: _____

6. Student:

I have received the *Application for Reinstatement into the Respiratory Therapy Program* and have been informed this application must be submitted to the Respiratory Therapy Program by *June 1st* of the returning year if withdrawal or failure occurred in the previous fall or spring semester. A letter stating the decision of the Allied Health Department will be sent just prior to the beginning of the semester requested.

I understand the information stated above and have been informed that reinstatement to Respiratory Therapy is limited to "*space availability*". Students who meet the criteria for reinstatement and have been denied a seat multiple times due to space availability will be given preferential consideration in the current reinstatement process.

Student's Signature: _____ Date: _____

7. Student's Comment: _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE REINSTATEMENT INTO THE RESPIRATORY THERAPY PROGRAM.

COUNTY COLLEGE OF MORRIS
APPLICATION FOR REINSTATEMENT INTO THE RESPIRATORY THERAPY PROGRAM

Please answer the following questions by completing the blanks or check the appropriate answer.

1. I wish to be considered for reinstatement into the Respiratory Therapy Program:
 ___ Fall ___ Spring ___ Summer Year 20 ___
2. I am currently enrolled at CCM. (Check one)
 ___ Part-Time ___ Full-Time ___ Not Enrolled
3. Since leaving the Respiratory Therapy Program, I have completed the following courses: (include current enrollment)

Course	Dates	Grade
_____	_____	_____
_____	_____	_____

4. Since leaving the Respiratory Therapy Program, I have followed the recommendations of my advisor (Be specific and describe your activities).

5. Were you academically dismissed from the college? ___ YES ___ NO
6. If answer to #5 is yes, have you applied for readmittance to the College? ___ YES ___ NO
7. Was your reason for withdrawing from the program other than academic or clinical failure?
 YES ___ NO
 If yes, briefly state the reason _____

I understand that reinstatement to the Respiratory Therapy Program is limited to "Space Availability".

Students who meet the criteria for reinstatement based on space availability.

Name: _____

Address: _____
 Street City State Zip

Phone: _____ Student ID: _____

Signature: _____ Date: _____

Chairperson's Signature: _____ Date: _____

This form must be returned to the Allied Health Department by June 1st for the Fall Semester and Spring Semester. A letter stating the decision of the Respiratory Therapy Program will be sent just prior to the beginning of the semester requested.

NOTE: If 2 or more years have elapsed, the student will have to apply to the program again as a new student and submit an intent form. This means that the student would have to start the program from the beginning.
Revised: 8/11

Affective Domain Terminal Competency

Respiratory Therapy

Empathy

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Being deliberately disrespectful to others, making fun of others, being condescending or sarcastic to others. Clearly uncomfortable dealing with emotions of patients.
	2	Being uncompassionate to others or responding inappropriately to emotional responses because you are uncomfortable with emotional displays. Acting coolly towards patients in distress and not acting as a patient advocate. Unable to maintain emotions leading to clouded judgement.
	3	Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.
	4	Able to show compassion and respond appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
	5	Has the ability to set troubled patients at ease and actively listen to their problems and concerns.

Self-Motivation

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Consistently failing to meet established deadlines, unable to demonstrate intrinsic motivating factors requiring motivation from instructors, failing to improve even after corrective feedback has been provided by faculty, requiring constant supervision to complete tasks or being asked to repeat a task that is incorrectly performed.
	2	Failing to meet 1-3 tasks as described in this evaluation but obviously making attempts to attain acceptable standards.
	3	Taking initiative to complete assignments, taking initiative to improve or correct
	4	Occasionally completing and turning in assignments before the scheduled deadline, volunteering for additional duties, consistently striving for excellence in all aspects of patient care and professional activities, seeking out mentors or

		faculty member to provide constructive criticism, informing faculty of learning opportunities.
	5	Never missing a deadline and often completing assignments well ahead of deadlines, reminding other students of deadlines, supporting faculty in upholding the rules and regulations of the program, taking serious opportunities to provide feedback to fellow students, seeking opportunities to obtain feedback, assisting faculty in arranging and coordinating activities.

Appearance and Personal Hygiene

Your recommended score and notes		Required attributes to obtain recommended score
	1	Inappropriate uniform or clothing worn to class or clinical settings. Poor hygiene or grooming
	2	Appropriate clothing or uniform is selected for a majority of the time, but the uniform may be unkempt (wrinkled), mildly soiled or in need of minor repairs, appropriate personal hygiene is common, but occasionally the individual is unkempt or disheveled.
	3	Clothing and uniform us appropriate, neat, clean and well maintain, good personal hygiene and grooming.
	4	Clothing and uniform are above average. Uniform is pressed and business casual is chosen when uniform ius not worn. Grooming and hygiene is good or above average.
	5	Uniforms are always above average. Non-uniform clothing is business-like. Grooming and hygiene is impeccable. Hair is worn in an appropriate manner for the environment and students are free of excessive jewelry. Makeup and perfume or cologne usage is discrete and tasteful.

Self Confidence

Your recommended score and notes		Required attributes to obtain recommended score
	1	Does not trust personal judgement, is unaware of strengths or weaknesses and frequently exercises poor personal judgement in basic skills.
	2	Need encouragement before not trusting personal judgement, is aware of strengths but does not readily recognize weaknesses, sometimes makes poor personal choices.
	3	Demonstrates the ability to trust personal judgement, demonstrates and awareness of strengths and limitations, exercises good personal judgement.
	4	Stands by his/her choices when challenged by an authority figure, aware of strengths and weaknesses and seeks to improve, exercises good personal judgement and often serves as a mentor for classmates.
	5	Stands by and can defend personal choices when challenged by an authority figure, actively seeks to improve on weaknesses, seeks out opportunities to assist other classmates in developing self-confidence.

Communications

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Unable to speak or write clearly and unable to correct their behavior despite intervention by instructors, does not actively listen (requires instructions to be repeated or appears unable to follow directions) resistant or incapable of learning new communication strategies.
	2	Needs work to speak or write clearly, knows how to actively listen although sometimes is unable to model good listening skills, able to identify alternative communication strategies needed in various situations but still developing the skill to perform alternative strategies.
	3	Speaking clearly, writing legibly, listening actively, adjusting communications strategies to various situations.
	4	Working on improving speaking and writing abilities, models active listening skills. Able to modify communication strategies easily in various situations and able to effectively communicate a message in these various settings.
	5	Working on self and assisting other classmates in improving speaking and writing abilities, models and is able to demonstrate active listening techniques to other students, is comfortable utilizing a variety of communication styles, may have proficiency in another language, including sign language.

Time management

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Often late to class or clinical sites, upon arrival needs additional time to be ready to begin (changing into uniform, gathering supplies, etc.), frequently late in turning in assignments, requires constant reminders about due dates and will blame others if a due date is missed.
	2	Occasionally late to class or clinical sites, occasionally late turning in assignments or requires reminding about deadlines.
	3	Consistent punctuality, completing tasks and assignments on time.
	4	Seldom late to class or clinicals, generally ready to begin class or clinical prior to the actual start time, complete tasks and assignments by due date (and occasionally in advance of due date) with minimal need for reminders of due dates.
	5	Punctual or early nearly 100% of the time, completes tasks and assignments prior to the due date, seldom requires reminders about deadlines and may assist instructor in reminding classmates about due dates.

Teamwork and Diplomacy

Your recommended score and notes		Required attributes to obtain the recommended score

	1	Manipulating the team or acting with disregard to the team, being disrespectful of team members, being resistant to change or refusing to cooperate in attempts to work out solutions.
	2	Sometimes acting for personal interest at the expense of the team, acting independent of the team or appearing non-supportive, being somewhat resistant to change or occasionally unwilling to work out a solution.
	3	Placing the success of team above self-interest, undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.
	4	Placing success of the team above self-interest, supporting and holding up the team by shouldering additional responsibilities, actively seeking to include all members of the team in decision making process were appropriate, welcoming change and remaining flexible, helping to open the lines communication.
	5	Placing success of the team above self interest (even if that means a negative outcome to self) taking a leadership role and using good management skills while leading, involving all appropriate team members in the decision-making process, suggesting and implementing changes to benefit the team, seeking ways to keep communications and dialogue going.

Respect

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Disrespect of authority, being argumentative, using appropriate words or outbursts of anger, aggression, frustration, or deliberately undermining authority in words or actions or trying to provoke others, frequently unable to act in a professional manner.
	2	Being polite when required, occasionally overheard using demeaning or derogatory language but confining it to situations other than in patient care settings, occasionally acting unprofessional on the job.
	3	Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.

	4	Being polite even when a situation is not going in his/her favor, always using respectful language when describing situations even when not in public areas, modeling good professional behaviors.
	5	Serving as a “peacemaker” in volatile situations, able to take abusive language or disrespect from patients without reacting negatively towards the individual, modeling good professional behaviors even when outside of the classroom or off the job.

Patient Advocacy

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Unable to deal with patients because of personal biases, actively demeaning or degrading patients with words or deeds, unconcerned about patient rights, feelings or considerations, frequently takes shortcuts during care of patients because it is “easier” or “faster”
	2	Occasionally, has difficulty dealing with patients because of personal bias or feelings, not always able to place the needs of the patients first.
	3	Not allowing personal bias or feelings to interfere with patient care, placing the needs of the patients above self-interest, protecting and respecting patient confidentiality and dignity.
	4	Not allowing personal bias or feelings to interfere with patient care despite strong negative feelings or biases towards a patient or situation, actively advocating for patient rights, protecting confidentiality.
	5	Models patient advocacy and able to defend the need to advocate for patient rights, seeks out opportunities to help fellow classmates learn the principles of patient advocacy, when the opportunity presents itself can be called upon to follow through an advocacy issue even if it means on their off time.

Careful delivery of services

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Unable to perform skills at entry level requiring constant monitoring or reinforcement to perform skills, required to recheck tasks because of omissions or inaccuracies in

		performance or documentation, possibly unwilling to learn policies, procedures or protocols, deliberate unwillingness to follow the letter or spirit of rule or regulations
	2	Occasionally performing skills below the entry-level, requiring monitoring to ensure completeness and accuracy in completing tasks, occasional minor breeches in policies, procedures or protocols attributed to lack of knowledge of it but willingness to learn, may follow the letter of, but not always the spirit of rules and regulations.
	3	Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, following orders, procedures, rules and regulations.
	4	Can be trusted to function independent of all but minor supervision, does not need to be reminded to perform routine maintenance checks, follows the letter and spirit of all rules, regulations and procedures.
	5	Functions independently and able to correct mistakes by self-reflections, able to assist in the development of rules. Regulations. Policies and procedures will assist in monitoring fellow students to identify weaknesses and strengths.

Your recommended score and notes		Required attributes to obtain the recommended score
	1	Major infraction of 1 (or more) areas of section, or many minor infractions.
	2	Minor infractions of 1 area but otherwise compliant with all aspects.
	3	Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
	4	Consistent honesty assists other classmates in understanding confidential issues and in developing their documentation skills.
	5	Always honest, leads by example and models exemplary behaviors regarding integrity. Consistently turns in paperwork that is complete and accurate prior to due date.

Students must obtain a minimum score of 33 to move forward in the Respiratory Therapy program. In review of intern's capstone clinical evaluations in conjunction with preceptor feedback, it **has** or **has not** been established that the intern has achieved competency in all affective domain areas.

Program Director

Date

Director of Clinical Education

Date

**COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
GLOSSARY OF TERMS**

AARC: American Association for Respiratory Care, the national professional organization for respiratory care practitioners.

CERTIFIED: A term referring to the credential awarded by the NBRC signifying that a person has demonstrated entry level competency in the practice of respiratory care.

CLINICAL AFFILIATES: The hospitals and facilities where students receive their clinical education – Saint Clare’s Health System, Atlantic Health System which includes Morristown Medical Center, Overlook Hospital, Newton Medical Center and At Home Healthcare Services, Saint Barnabas Medical Center, Chilton Hospital, Wanaque Center, Hackensack Medical Center, Pulmonary Allergy & Associates.

CLINICAL PRECEPTOR: This designated employee at a clinical affiliate acts as the liaison between the clinical affiliate and the program. Students are introduced to the clinical preceptor at each clinical site and are required to report to this person in the absence of a clinical instructor (such as during specialty rotations). Any issues concerning the clinical site, a staff member, or any clinical situation in question should be reported to the clinical preceptor.

CoARC: Committee on Accreditation for Respiratory Care. The organization that accredits respiratory care programs.

COMPETENT: The ability to function with limited supervision and assume the required duties and responsibilities to complete an assignment.

NBRC: National Board for Respiratory Care. The organization whose function is to verify the competence of respiratory care practitioners through examinations.

NJSRC: The New Jersey Society for Respiratory Care. The regional branch of the AARC which represents New Jersey.

REGISTERED: A term referring to the credential awarded by the NBRC to graduates of a respiratory therapist program (or equivalent) recognizing their advanced mastery of respiratory care.

COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
AARC Statement of Ethics and Professional Conduct

In the conduct of their professional activities, the Respiratory Care Practitioner shall be bound by the following ethical and professional principles. Respiratory Care Practitioners shall:

Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.

Actively maintain and continually improve their professional competence and represent it accurately.

Perform only those procedures or functions in which they are individually competent, and which are within the scope of accepted and responsible practice.

Respect and protect the legal and personal rights of the patients they treat, including the right to informed consent and refusal of treatment.

Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty or required by law.

Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

Promote disease prevention and wellness.

Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical, or incompetent acts of others.

Follow sound scientific procedures and ethical principles in research.

Comply with state or federal laws which govern and relate to their practice.

Avoid any form of conduct that creates a conflict of interest and shall follow the principles of ethical business behavior.

Promote the positive evolution of the profession, and health care in general, through improvement of access, efficacy, and cost in patient care.

Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

**COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
AARC: GUIDE for MEMBERS
HIPAA POLICY**

All students will comply with the policies and procedures governing the use and disclosure of individually identifiable health information under federal law 45 CFR parts 160 and 164 HIPAA. All students are required to de-identify individually identifiable health information in the records produced and retained by them.

Individually identifiable health information:

1. Name
2. Address
3. All dates directly related to an individual, i. e. date of birth, admission date, discharge date, date of death and all information indicating the age of the individual
4. Telephone and fax numbers
5. Electronic mail addresses
6. Social Security Numbers
7. Medical record numbers
8. Health plan beneficiary number
9. Account number
10. Certificate/license number
11. Vehicle identifiers and serial numbers, including license plate numbers
12. Device identifiers and serial numbers
13. Web Universal Resource Locators (URLs)

Any paperwork or radiograph that a student produces must not have any reference to the patient's name or the hospital. No PHI (Personal Health Information) can be put into any college or personal computers or electronic devices. Students are prohibited from photographing any hospital documents or patients. Any breach of PHI or HIPPA privacy or non-disclosure requirements must be reported to the hospital or medical facility immediately.

Any student who violates PHI or HIPPA privacy or non-disclosure requirements will be dismissed from the program. The student may appeal the decision to the Dean of the Division of Health and Natural Sciences and the Vice President of Academic Affairs at CCM. The decision of the Vice President of Academic Affairs is final. The student is not eligible to reapply to the Respiratory Therapy Program.

Signature of Student

Date

**COUNTY COLLEGE OF MORRIS
RESPIRATORY THERAPY PROGRAM
ACKNOWLEDGEMENT FORM**

I have read completely the contents of the *Respiratory Therapy Program Handbook*. I understand its content entirely and agree to abide by all program and clinical policies as outlined herewith.

The additional costs involved in course and program requirements for the purpose of completion of the program have been explained to me. I understand that these costs are in addition to tuition paid to the County College of Morris

I also acknowledge that violation of these policies may result in disciplinary action, including dismissal from the program.

STUDENT'S NAME: _____

STUDENT'S SIGNATURE: _____

DATE: _____