

BGSU Firelands
Respiratory Care
Program and Clinical Policies

Program Admission Policy

Students interested in the respiratory care technology degree program must make formal application and meet the following criteria for consideration:

1. Be formally admitted to BGSU;
2. Submit a program application to the academic advisor (Ms. Megan Ashker for LCCC campus based students; Mr. Rod Roark for Firelands campus based students). Applications are due by April 1 for Fall admission;
3. Be a graduate of an accredited high school or have earned the GED;
4. Complete prerequisites (Pre-professional requirements) with a grade of “C” or higher in all AHTH, BIOL, CHEM, and MEDT coursework (or equivalent coursework if transferring from another accredited institution);
5. Maintain a cumulative GPA of 2.5 or higher (on a 4 point scale) for all college/university coursework;
6. Complete a hospital/medical center tour of a respiratory or cardiopulmonary services department and submit the observation verification form to the academic advisor;
7. Complete an interview with the respiratory care admissions committee. Note: All admissions are subject to approval by the respiratory care admissions committee.

Advanced Placement:

For information on Advanced Placement/Standing please visit the BGSU Undergraduate Catalog at http://www.bgsu.edu/catalog/Acad_policies/Acad_policies6.html

Program Progression Policy

After gaining admittance into the degree program, students must continue to meet the following standards to progress:

1. Maintain a cumulative GPA of 2.5 or higher;
2. Earn a grade of “C” or higher in all RESP courses;
3. Successfully complete (pass according to National Board for Respiratory Care “cut scores”) the following NBRC/AMP self assessment examinations prior to graduation: Entry Level Exam (CRT), Advanced Practitioner Exam (RRT Written) (see Directed Practice Syllabi);
4. Comply with RESP clinical policies and procedures.

Program Readmission Policy

Students must meet the following requirements to be considered for readmission to the respiratory care program.

1. Submit an updated application along with a letter. The letter should explain why the candidate should be considered for readmission and outline any changes which will contribute to success.
2. Successfully complete, by the April 1 program application deadline, a readmission examination (minimum score of 80%) and a pre-clinical skill evaluation. Each evaluation will include content from previously completed respiratory care coursework (all testing to be completed by a designated faculty member). If a clinical slot is open following successful completion of any repeated class(s), a pre-clinical skill evaluation, and written exam must be completed prior to course registration for the subsequent semester. Generally, these evaluations will take place during finals week.
3. Meet all program and clinical admission requirements (where applicable).
4. Understand that program readmission is permitted one time only.

Admission Priority:

1. Newly admitted students.
2. Alternate reserve list students.
3. Repeating students.

Please note that clinical slots are limited. Alternate reserve list students and repeating students are not guaranteed a clinical slot unless one becomes available.

Program Goals:

1. The ability to comprehend that body of technical and supportive information defined according to nationally accepted standards as being related to the role and scope of practice for the advanced respiratory care practitioner and to utilize and apply that knowledge appropriately in the diagnostic evaluation, treatment and management of patients.
2. The ability to perform all of the clinical procedural skills associated with the role and scope of practice of the advanced respiratory care practitioner.
3. The set of personal and professional behaviors expected of the advanced respiratory care professional.

Clinical Admission Policy

Admission to the clinical portion of the Respiratory Care program is selective. Clinical placement is limited to the number of students that can be accommodated at current clinical affiliations and CoARC accreditation requirements for enrollment. The number of available slots is subject to change at any time. In the event that more students meet the clinical placement requirements than there are slots available, clinical admission will be determined by a rank ordering based upon cumulative grade point average and program hours completed.

In order to be considered for clinical placement, a student must meet the following requirements:

1. Be formally admitted into the professional year of the Respiratory Care program.
2. Have a minimum grade point average of 2.5 in all course work.
3. Maintain a “C” grade or better in all Respiratory Care courses.
4. Physical exam form and necessary health information documentation (including updated vaccines and boosters, two step TB skin test, chest x-ray, CBC, urinalysis, drug screen, and rubella titer) on file with the Director of Clinical Education. The two step TB skin test will need to be repeated on an annual basis.
5. Obtain health care insurance. All students must maintain health care coverage while attending clinical rotations. Student health care coverage is available for a cost from BGSU.
6. Meet OSHA fit testing requirements to be able to wear the N95 Particulate Respirator mask when required at clinical rotations.
7. Complete a signed BGSU Liability Waiver form to be kept on file with the Director of Clinical Education.
8. Submit a current address and telephone number to be kept on file with the Director of Clinical Education.
9. Meet the physical requirements policy.
10. Complete CPR Certification (American Heart Association - Health Care Provider Status). Those who are not already certified can complete their CPR certification during the first week of clinicals with instructors available on campus.
11. Submit a Criminal Background Check to be kept on file with the Director of Clinical Education. If you have any criminal conviction, please know that clinical placement may be difficult if not impossible for you. Any conviction is considered severe and could cause refusal of placement at clinical affiliates. To assure compliance with the State Medical Board of Ohio licensure eligibility, students who have plead guilty to, have a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for an offense involving moral turpitude or of a felony, should contact the State Medical Board of Ohio prior to enrollment. The State Medical Board of Ohio has the authority to refuse to issue a license to applicants.

Professional liability (malpractice) insurance is provided by Bowling Green State University for all students during clinical rotations.

Changes in requirements at clinical affiliates (eg. Medical Centers) can occur at any time throughout the clinical portion of the program. These changes may involve additional costs in order to be compliant with clinical affiliate requirements.

All requirements must be complete and all appropriate documentation must be submitted to the Director of Clinical Education at least forty-five (45) days prior to clinical placement. Those students with late submissions or incomplete requirements will not be considered for clinical placement. Any exceptions to the deadline must be approved by the Director of Clinical Education. Exceptions will only be considered

in extreme circumstances and only if there are still clinical slots available after placement of those students meeting the deadline.

The Director of Clinical Education shall ensure that each student meets the clinical admission and documentation requirements (including health information).

Upon admission into the clinical portion of the program, students will enter into a designated cohort (group). They will remain with the same cohort as long as they meet clinical progression requirements.

Clinical Progression Policy

To progress in the clinical portion of the program, the student must:

1. Maintain a 2.5 grade point average.
2. Maintain a “C” or better in all Respiratory Care courses.
3. Continue to meet all program and clinical policy requirements.

If a student is unable to continue clinicals with their assigned cohort due to any reason, including voluntary withdrawal, a student may request to move into another cohort as long as they meet all program readmission, clinical admission, and program progression requirements. All requests to change cohorts must be reviewed and approved by Respiratory Care program faculty. Moving from one cohort to another is only possible if a clinical slot is available and may only be done once.

Physical Requirements Policy

All students admitted to the Respiratory Care program must be able to meet the following physical requirements:

1. Must be able to reach oxygen, air, and vacuum outlets, emergency alarms, electrical and light fixtures above a patient's bed without the aid of a stool; i.e., approximately 5 feet from the floor and while leaning over equipment.
2. Must be able to lift and position patients in a chair or bed for the delivery of therapy. The ability to move a minimum of a 30-pound load is expected.
3. Must be able to give clear, verbal commands to a patient receiving therapy at a distance of 6 to 10 feet.
4. Must not be physically dependent on non-prescribed drugs. Student must be able to pass drug screens at clinical sites.
5. Must have sight corrected so as to read reports and adjust respiratory equipment and assess patient status by inspection.
6. Hearing must be corrected so as to be able to hear a patient at a distance of 6 to 10 feet, equipment alarms at a distance of 15 to 20 feet, and listen to a patient's chest for respiratory and cardiac sounds with the aid of a stethoscope.

7. Must be able to take pulses, draw medications, draw blood, maintain equipment with small parts, and complete other procedures involving fine motor skills and hand/eye coordination.
8. Must be able to perform all clinical procedures and skills required in an appropriate amount of time and with regard to patient safety, including critical care situations and emergency settings at the completion of each Directed Practice course prior to the beginning of the next Directed Practice course and/or graduation from the BGSU Firelands Respiratory Care program.
9. Meeting the physical requirements of the Respiratory Care program does not guarantee that the student will meet the physical requirements of the organizations that employ respiratory care practitioners.

General Clinical Policies

The Respiratory Care Program and Clinical Policies are designed to ensure the integrity of clinical experiences. These policies reflect contractual obligations with all clinical affiliations and are applied to each assigned clinical rotation. Together with course syllabi, clinical policies provide students with clear-cut program expectations in regards to: Pre-clinical requirements; Program matriculation; Clinical attendance and tardiness; Professional dress code and conduct. Clinical policies promote patient safety and hopefully help instill patient confidence in the care provided by RESP students. Clinical policies are reviewed and revised (if indicated) on an annual basis by program faculty. Clinical instructors (representing all clinical affiliates) have opportunity for input through scheduled clinical instructor meetings. Students should be familiar with all clinical policies and adhere to them throughout clinical rotations and experiences. Policy violation/s may result in grade reductions, suspension from a clinical site, or program dismissal.

It is important that students be aware that they are guests at the involved clinical sites. Behavior during clinical hours is to be professional. Loud, abrasive, or vulgar behavior, including inappropriate language will not be tolerated.

Clinical rotations are provided to allow the student to achieve experience in clinical practice while simulating a realistic work setting. Adherence to the general policies and procedures of the assigned clinical site is required.

Students assigned to clinical sites for clinical training are not considered employees of the clinical site, and are, therefore, not covered by Social Security, Workman's Compensation, or Unemployment Compensation by the clinical site. Students are not entitled to compensation for their participation in this program.

Clinicals are conducted two or three days per week. However, the actual number of days per week students are assigned to clinical sites may vary, depending upon the particular clinical course/semester. The number of weeks that a given student is assigned to each clinical site depends upon the clinical course/semester or length of the rotation.

The length of each clinical day shall be 8 - 12 hours, and will generally coincide with the Department's day shift, unless special arrangements have been made for a particular student for a given clinical course/semester or rotation that are acceptable to all parties. The exact starting and ending times may vary somewhat, and will be determined jointly by the Director of Clinical Education, Technical Director, and Clinical Instructor prior to the start of each clinical course/semester or rotation.

The clinical site has the right to dismiss a student from a clinical assignment for any reason upon contact with the University; however, only the University has the right to dismiss a student for performance or conduct justifying discontinuance of his/her professional education.

Should a student become ill or injured while at the clinical site for clinical training, the costs of any examination, evaluation, or testing performed or medical or surgical care rendered will be the sole responsibility of the student.

The University, student, and clinical site will conduct themselves in compliance with all applicable federal, state, and local laws, rules, and regulations as well as their own respective institutional rules and regulations.

All students will respect and maintain the confidentiality of all information regarding patients and the clinical site.

Cell phones are not permitted to be used during clinical rotations except for during official break times (eg. Lunch) and are only to be used outside of the respiratory care department. Cell phones should never be used or carried in patient care areas! Cell phone use in the respiratory care departments, patient care areas, or during non-break times will result in a grade reduction. Repeated offenses may serve as grounds for dismissal from the clinical portion of the program.

Internet access may be available to the student during clinical rotations on a limited basis. Internet usage is for respiratory care research or testing only. Inappropriate / personal use of the internet may result in a grade reduction. Repeated abuse of the internet may serve as grounds for dismissal from the clinical portion of the program.

The Director of Clinical Education reserves the right to counsel students found in violation of clinical policy and, if deemed appropriate, to remove the student from the clinical portion of the program.

The student is also expected to be familiar with University policies and regulations listed within the BGSU Student Handbook. Maximum sanctions will be pursued in the event of violations.

Clinical Attendance and Tardiness Policy

Attendance:

1. Students are expected to attend all scheduled clinical days and rotations. Absences will be excused only under extreme circumstances. All extenuating circumstances are reviewed/approved on an individual basis by the Director of Clinical Education.
2. Unexcused absences will result in a reduction in the clinical grade. (e.g., 1 day missed = reduction by one letter grade). Excessive absences $\geq 10\%$ of scheduled days may be grounds for dismissal from the clinical portion of the RC program and the loss of good standing in the RC program, whether those absences are excused or unexcused.
3. All clinical time missed must be made up, regardless of the reason or whether an absence is excused or unexcused, according to the Clinical Make-Up Policy.
4. A student who will be absent from clinicals must notify the clinical site no later than the scheduled starting time for that clinical rotation. The student should obtain the name of the individual taking the call, if unknown to the student. The student must supply a general reason for missing clinicals at the time of the call-off. The student must also report the absence to the Director of Clinical Education on the day of absence. Failure to call the clinical site constitutes an unexcused absence regardless of the reason for missing clinicals.
5. Call-offs must be made directly by the student unless the seriousness of the situation absolutely precludes the student from personally making the call.
6. The Director of Clinical Education will enforce this policy in a uniform manner.

Tardiness:

1. Students are expected to report to their assigned clinical site and be ready for the day's activities at the prescribed starting time.
2. Repeated tardiness $\geq 10\%$ of scheduled days, regardless of reason, will result in a grade reduction and may serve as grounds for dismissal from the clinical portion of the RESP program and loss of good standing in the RESP program.
3. A clinical instructor has the prerogative to require that students report to the clinical site up to ten minutes prior to the regular starting time in order for the students to participate in shift report.
4. The clinical instructor shall record any instances of tardiness on the student's evaluation form.

5. A student who anticipates that he/she will be more than 15 minutes late for clinicals must notify the clinical site prior to the scheduled starting time for that clinical rotation. The student should obtain the name of the person taking the call, if unknown to the student. The reason for the anticipated tardiness must be given when calling. Failure to call the clinical site constitutes an unexcused tardiness regardless of the reason for being late.
6. Leaving early from clinical is unacceptable. Students should not ask to leave clinical early unless personal illness or extenuating circumstances prevail.
7. The Director of Clinical Education will enforce this policy in a uniform manner.

Clinical Make-up Policy

1. In general, clinical time which is missed must be made up on an equal time basis.
2. In general, clinical time need not be made up if the time is missed for any of the following reasons:
 - a. cancellation of classes due to severe weather
 - b. attendance at or participation in an educational seminar, meeting, conference, symposium, accreditation site visit, program advisory board meetings, or workshop which is directly related to the field of respiratory care or pulmonary medicine, subject to prior approval of the Director of Clinical Education and subject to proper documentation
3. Clinical time should be made up at the earliest possible date, preferably while the student is still assigned to the rotation at which the time was missed. If clinical time has not been made up by the end of examination week, the student will receive a grade of "I" (incomplete) for the course. Missed clinical time will then need to be made up prior to attending any clinical days in the semester following the absence.
4. Clinical make-up time must be scheduled in advance. The student is responsible for making arrangements with either the primary clinical instructor, or a qualified departmental supervisor to make up the clinical time.
5. The student must notify the Director of Clinical Education of any absence that day. Should the Director of Clinical Education be unavailable for calls, a message should be left. Whenever possible, prior notice of intended absences should be prearranged (funerals, etc.). All absences require the completion of a "Clinical Make-up" form. The form is to be completed by the student and the involved Clinical Instructor or other appropriate person. After clinical time has been made up, the Director of Clinical Education will sign the form. Completed forms are to be kept in the clinical manual and submitted at the end of each semester.
6. Whenever possible, clinical time should be made up on day shift, during the week (Monday-Friday), and on a day when a clinical instructor is scheduled to work who is capable of providing adequate supervision. Clinical time may, however, be made up on another shift, on a weekend, or on a holiday if proper authorization is obtained.
7. Make-up time must be used productively for working on prescribed clinical objectives. The student may perform patient care activities which assist in the completion of the department's workload, as long as the procedures which the student is performing are included in the objectives for that clinical rotation and the student is adequately supervised.
8. Paid work time in a position in respiratory care or a related occupation may not be used to make up missed clinical time, even if the student is employed in the same hospital where the clinical time was missed.

9. Participation in community service activities or in activities to promote the Program or in outside educational programs, whether done as a class, group, or individually, are to be encouraged but will not generally be counted as clinical time for the purposes of making up missed clinical time.
10. The same documentation must be completed after a clinical make-up day as after a regular clinical day.
11. Student performance while making up clinical time is subject to assessment for purposes of clinical evaluation, just as any regular clinical day.
12. The Director of Clinical Education will enforce this policy in a uniform manner.

Clinical Dress Code Policy

Purpose/Objectives of Policy:

1. To establish minimum standards of dress and personal hygiene for students in the Respiratory Care Technology program.
2. To support and abide by the hospital and departmental dress codes established by the respective clinical sites.
3. To create and maintain a positive image of the program and its faculty, Firelands College, and Bowling Green State University within the medical community and general population.
4. To promote a professional image of the respiratory care practitioner among physicians, nurses, and other allied health professionals, as well as within the community in general.
5. To minimize the chances of transmitting infections or diseases to patients by strict adherence to good personal hygiene and grooming habits and the wearing of appropriate attire.
6. To minimize the chances of injury to the student or to a patient.

Dress Code-General Aspects:

1. Students are required to adhere at all times to this dress code while participating in clinical training. This policy establishes minimum standards of professional dress and personal grooming which the student should strive to exceed.
2. A hospital reserves the right to send a student home for a significant breach of their dress code.
3. Dress code violations may result in a reduction in the student's clinical grade. Repeated offenses may constitute grounds for dismissal from the clinical portion of the program.
4. A clean, white, wrinkle-free lab coat or jacket is required. It may be either long-style (coat) or short-style (jacket) with long sleeves.
5. Each student must secure a name-tag. This will be a BGSU photo ID card. This name-tag must be displayed on the lab coat/jacket, along with any specific medical center name-tag issued to the student.
6. Some health care facilities issue name-tags to students, which must be worn while the student is attending that hospital for clinical training. This name-tag is the property of the facility and must be turned in after the last clinical rotation at that institution has been completed. Failure to display the hospital name-tag is a violation of the hospital's security and/or dress code policy, in addition to violating this policy. Furthermore, the health care facility name-tag is usually required in order for the student to receive employee cafeteria discounts, and may be needed for other important purposes, for example, gaining access to the hospital's computer system.

7. Eye wear is required and must be used as indicated.
8. A stethoscope is required and should accompany the student to all rotations.
9. A watch with a second hand or digital second display is required.
10. In general, conservatism is the rule. Extremes of style or "faddy" clothes are to be avoided. Clothing should be loose enough to allow freedom of movement without appearing sloppy. All students must wear white shirts, white pants, and white shoes with no obvious markings. Clothes should be of clinical design. Neat, white shirts are acceptable; however, pocket tee-shirts are not. Rolling of pant cuffs is unacceptable. Clothing should be clean and free from obvious stains or other evidence of soiling. Severely wrinkled clothing is also unacceptable.
11. It is expected that appropriate undergarments be worn both for purposes of modesty as well as for general hygienic reasons. Socks or stockings must be worn. Either white or neutral hose may be worn. White socks may be worn with pants.
12. Jewelry is permitted but should be kept to a minimum and be in good taste. Dangling or long hoop earrings should be avoided.
13. After-shave, cologne, perfume, powders, sprays and hair care products should be used sparingly, as they can induce an allergic or asthmatic response in some sensitive patients.
14. Hair styles should be in accordance with a professional image, and should be of relatively short to moderate length. Hair should be clean and neatly combed or brushed. Beards and mustaches are acceptable if neatly trimmed. Male students without beards should be clean-shaven. Long hair must be secured.
15. Students will be responsible for all costs related to the clinical rotations. This would include, but is not limited to: stethoscope, watch, lab jacket, clinical clothing, travel costs, parking, required books and self-assessment exams.

Latex Allergies

Latex products are common in the medical environment. Allergic responses to latex can range from irritation and allergic contact dermatitis to the possibility of life threatening anaphylactic shock. Latex free environments are seldom available in either clinical or academic settings. Therefore, an individual with a latex allergy/sensitivity wearing alternative vinyl or nitrile gloves may still be exposed to the latex residue of others working in the area or to latex present in the equipment, models and mannequins. Although latex gloves are the most prominent source of latex allergens, many other products contain latex including, but not limited to:

- Blood pressure cuffs, medication vials, syringe connectors and wound drains
- Stethoscopes, catheters, respirators, and goggles
- Oral and nasal airways, surgical masks, and electrode pads
- Endotracheal tubes, syringes, IV tubing, and tourniquets

Any student who has or develops symptoms consistent with latex allergy/sensitivity is advised to consult a qualified allergist or other health care professional for evaluation prior to enrolling and/or continuing in the Respiratory Care program at BGSU Firelands. All such evaluations are at the student's expense. As with all matters related to one's health, the utmost precautions should be taken by the student to reduce the risk of exposure and allergic reactions. This may include the carrying of an epi-pen by the individual or other precautions as advised by the student's health care provider. It is the responsibility of the student with a latex sensitivity to understand and acknowledge the risks associated with continued exposure to

latex during a clinical education and healthcare career, even when adjustments are made, and to regularly consult with his/her allergist or other health care provider.

Professional Conduct

The clinical experience is intended to be a valuable learning experience. Professional behavior is expected. Violations of accepted norms in conduct may result in grade reductions or dismissal from the clinical portion of the RESP program and loss of good standing in the RESP program. Examples include, but are not limited to:

1. acceptance of remuneration for services/activities during hours designated as student clinical hours.
2. slander.
3. sexually inappropriate behavior.
4. violence, either verbal or physical.
5. malpractice.
6. falsification of records.
7. breach of patient confidentiality.
8. unsafe practice of procedures in the clinical environment.
9. continued performance of procedures below reasonable level of expectations / standards.

Clinical Documentation

Each student is required to maintain clinical documentation for each clinical course. Proper completion of this documentation is the student's responsibility and constitutes a portion of the clinical grade. Documentation is expected to be complete and filled in daily. All students will document clinical activities within the required clinical monitoring system. All clinical manual documentation will be accessible and maintained by the Director of Clinical Education.

Loss of "Good Standing"

Loss of good standing in the RESP program will result from any of the following:

1. Failure to meet matriculation standards for the RESP program (e.g. Failure to maintain a "C" grade in any RESP course). See clinical admission and program progression policy.
2. Dismissal from Directed Practice coursework (clinical portion) of the RESP program. See clinical policy on reasons for dismissal from Directed Practice experiences.
3. Failure to complete didactic RESP courses (e.g. Withdraw from any RESP course during a semester).
4. Failure to progress towards the RESP degree during any semester.
5. Failure to maintain good academic standing at the University by having a BGSU grade point average that is less than 2.0. See BGSU Undergraduate Catalog.

Students will not be allowed to continue to progress in RESP coursework until the causes for loss of "good standing" are resolved. For example, students can re-establish good standing after successfully repeating deficient or failed course work, or after correcting the reason(s) for loss of good standing. Generally, loss of good standing will delay program progression and graduation by a full year or longer since many RESP courses are offered only once a year. Students who have attained a limited permit to practice respiratory care from the State Medical Board of Ohio must be in good standing with the program as a condition of the permit. (See Laws and Rules governing the practice of respiratory care in Ohio, Chapter 4761-6-01 Limited Permit Application.) Loss of good standing jeopardizes continued practice under a limited permit in Respiratory Care in the State of Ohio. A student's loss of good standing in the RESP program may be reported to the State Medical Board of Ohio.

I, _____, have received a copy of the BGSU Firelands Respiratory Care Program and Clinical Policies. I have read and understand the document. Furthermore, I realize that the policies apply to the entire time as a student of the Respiratory Care program.

I have received information on the State Medical Board of Ohio Laws and Rules.

I have received information regarding HIPAA regulations and Privacy for Patient Care.

I have also received information/instruction on the following topics: Bloodborne pathogens (eg. AIDS, Hepatitis B), infection control, isolation procedures, electrical safety, fire safety, hazardous materials and hospital code systems.

I further understand that I am required to successfully complete NBRC SAE exams (as a requirement for completion of RESP 2810) using NBRC "cut" scores. These exams include the NBRC SAE Therapist Multiple Choice Exam (cut score at the RRT level) and the NBRC SAE Clinical Simulation Exam (cut score 60%).

Printed Name

Signature

Date

Witness