



# **Respiratory Care Program**

## **Whitesburg Campus**

## **Clinical Handbook**

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# INTRODUCTION

The faculty would like to welcome you to Southeast Kentucky Community and Technical College's Respiratory Care Program. The following information has been compiled to help orient you to the Clinical/Laboratory phase of the program.

## STATEMENT OF PHILOSOPHY

The Respiratory Care faculty believes:

- That all people have dignity and worth.
- That this program should serve people regardless of race, creed, sex, disadvantage, or handicap.
- That the cognitive base, psychomotor skills, and affective domain are of equal importance in the training of respiratory care practitioners.
- That the graduates of this program should possess competence in the technical phases of respiratory care and a sound understanding of the scientific principles of respiratory care.
- That graduates should have developed the ability to make independent clinical judgments within the limits of the respiratory therapist's responsibilities and under the direction of a physician.
- That graduates should exhibit strong ethical behavior and attitudes.
- That competent respiratory therapists are significant participants on the health care team.
- That graduates should develop effective communication skills.
- That graduates should assume responsibility for continued learning throughout life.

# GOALS

Goals of the Respiratory Care Therapist program are:

- To prepare students as competent respiratory therapists.
- To help satisfy the need in local and regional communities for competent respiratory care practitioners.

# STATEMENT OF ETHICS

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 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 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 follow the principles of ethical business behavior.

- Promote the positive evolution of the profession, and health care in general, through improvement of the access, efficacy, and cost of patient care.
- Refrain from indiscriminate and unnecessary use of resources, both economic and natural, in their practice.

**Respiratory Care Faculty**

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Southeast Kentucky Community and Technical College

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Vice President  
Whitesburg, KCTCS Campus  
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Dr. Firas Koura  
Pulmonologist- Hazard ARH  
Medical Director-Whitesburg RC

Wendy Wright  
Program Director/ Associate Professor  
Office 606-589-3311

Delilah Turner  
Director of Clinical Education/ Instructor  
Office 606-589-3313

**CLINICAL AFFILIATES**

HARLAN APPALACHIAN REGIONAL HOSPITAL  
96 Ball Park Road  
Harlan, Ky. 40831  
(606) 573-8100  
Respiratory Care Director: Michelle Wilson

HAZARD APPALACHIAN REGIONAL HOSPITAL  
100 Medical Center Drive  
Hazard, Ky. 41701  
(606) 439-6649 (RT dept.)  
Respiratory Care Director: Lori Johnson  
Clinical instructors: Sandy Eversole, & Rhonda Adkins

NISWONGER CHILDRENS HOSPITAL  
400 N. State of Franklin Rd.  
Johnson City, Tn.  
(423) 431-6111  
Respiratory Care Director: Jennifer Pinnell

KENTUCKY RIVER MEDICAL CENTER  
540 Jett Drive  
Jackson, Ky. 41339  
(606) 666-6000  
Respiratory Care Director: Lisa Terrill

KENTUCKY SLEEP CLINIC- ARH  
1911 N KY. Highway 15  
Hazard, KY.41701  
606-435-1889  
Therapist: Jennifer Slone

HYDEN APPALACHIAN REGIONAL HOSPITAL  
130 Kate Ireland Drive  
Hyden, Ky. 41749  
(606) 672- 2901 ext. 2206 (RT dept.)  
Respiratory Care Director: Rikki Cornett

MANCHESTER MEMORIAL HOSPITAL  
210 Marie Langdon Drive  
Manchester, Ky. 40962  
606-598-5104  
Respiratory Care Director: Mark Asher

MCDOWELL APPALACHIAN REGIONAL HOSPITAL  
9879 KY. 122  
McDowell, KY. 41647

(606) 377-3400

Respiratory Care Director: Betty Pack

**MOUNTAIN COMPREHENSIVE HEALTH CORPORATION**

226 Medical Plaza Lane

Whitesburg, Ky. 41858

(606) 633-4871

Respiratory Therapist: Jamie Boggs

**MOUNTAIN VIEW REGIONAL MEDICAL CENTER**

310 Third Street, NE

Norton, Va. 24273

(276) 679-6240 (RT dept.)

Respiratory Care Director: Lisa Kennedy

**NORTON COMMUNITY HOSPITAL**

100 Fifteenth Street NW

Norton, Va. 24273

(276) 679-9600

Respiratory Care Director: Heather Long

**PIKEVILLE MEDICAL CENTER**

911 Bypass Road

Pikeville, Ky. 41501

(606) 218-3500 ext. 3269

Respiratory Care Director: Debbie Pilkins

Clinical Instructor: Bridgett Medina & Sarah Mullins

**TUG VALLEY APPALACHIAN REGIONAL HOSPITAL**

260 Hospital Drive

South Williamson, KY. 41503

606-237-1700

Respiratory Care Director: Gina Lester

**WHITESBURG APPALACHIAN REGIONAL MEDICAL CENTER**

240 Hospital Road

Whitesburg, Ky. 41858

(606) 633-3529 (RT dept.)

Respiratory Care Director: Dwight Buckley

Clinical Instructor: Greg Reeves

## **APPEARANCE**

- Students are expected to present a clean and neat appearance at all times. School uniforms will be worn in all clinical sites. Uniforms should fit properly.



- When in the clinical area, the student uniform shall consist of:
  - Clean, unwrinkled royal blue uniform and white lab coat in styles given to you by clinical faculty.
  - White leather or athletic shoes with minimal amount of color. Shoes must have heels and toes. Shoelaces should be washed frequently or replaced. Shoes should be kept clean.
- If wearing undershirts, they must be plain white or grey. Clean long sleeves are acceptable. **NO EMBLEMS** are allowed on undershirts.
- Clean, white hose or white socks. White socks are acceptable with pants only.
- Lab coats may be required to be worn at all times in some clinical sites.
- Other items needed include:
  - watch with a second hand
  - stethoscope
  - black pen
  - picture ID badge
  - clinical education handbook
- Dress uniforms hemlines must remain at the level of the knee. Due to stretching, bending, and lifting, a pants uniform may be desirable.
- **The only jewelry that may be worn in the clinical area includes one post type earring per ear, engagement and/or wedding rings. No other pieces of jewelry are allowed (lip ring, nose ring, eyebrow ring, tongue ring). Visible tattoos must be covered.**
- Cosmetics should be used with discretion. Fingernails must be kept short in length for patient safety. Artificial nails or fingernail polish not allowed. Perfume, cologne, strongly perfumed lotion or body wash may not be worn in clinical setting.
- Hair must be neat, clean, and above the collar. Long hair that falls over the shoulders must be pulled back. Extreme hairstyles are not considered appropriate. Accessories worn in the hair should be small and solid colored. Large hair bows are not allowed. Beards should be well trimmed.
- Students are required to take care of all necessary personal hygiene. Deodorant should be applied daily.
- Picture ID badges with the picture showing are to be worn **AT ALL TIMES** while in the clinical affiliate. They must be visible to the patients. They must be worn on the right or left upper chest.
- Students not in appropriate uniform will be sent home to change. Time away from clinics will be counted as an absence.

## **CLINICAL RULES AND REGULATIONS**

Students in the Respiratory Care program are bound by the Code of Ethics for the profession. Students should conduct themselves in a manner consistent with this code during classroom hours as well as clinical hours. Your conduct should be conducive to inspiring patient confidence.

- You are to be courteous, considerate, and tactful in dealing with instructors, patients, physicians, fellow students, and other department and hospital personnel.

- Patients, hospital personnel and faculty are to be addressed as: Dr., Mr., Mrs., Miss, Ms., etc. This is a professional courtesy.
- You are to refrain from disturbing others with irrelevant noise, conversation or gossip in the classroom, department, or while walking through the halls of the hospital. Do not congregate in semi-public areas such as the patient reception area.
- Discussion of subjects other than those pertaining to the patient's welfare and the application of the respiratory procedure must be held to a minimum in all areas and the utmost discretion should be used when patients or other non-hospital persons are present.
- Students must never disclose confidential information to anyone not directly concerned with the care of the patient. This specifically includes friends and family members. Any disclosure of information to persons other than those directly involved in the care of the patient would constitute a violation of the American Health Insurance Portability and Accountability Act (HIPPA).
- The right of privacy is an inalienable right to all persons, and the student has an obligation to safeguard any confidential information about the client, including the identity of the client acquired from any source. The student-client relationship could be destroyed and the client's welfare and reputation jeopardized by injudicious disclosure of information. The concept of confidentiality may also expose the student to liability, as well as the hospital, school and Kentucky Community and Technical College System. Federal regulations covered in the HIPPA Act created new penalties for any violation of patient confidentiality.
- The patient comes first. The care and well being of the patient comes first, therefore, after being assigned to a patient the professional will follow through with the examination and treatment regardless of the time or extenuating circumstances.
- ONLY EMERGENCY TELEPHONE MESSAGES are permitted while in the clinical area. Personal calls may be made during breaks and/or lunch time. **Cell phones are not permitted to be taken into the hospitals by respiratory care students.** Personal use of hospital telephone is discouraged except in an emergency situation.
- Tobacco is not permitted on hospital premises. This includes all forms of tobacco including vapor and e cigarettes. The student must abide by this policy. No smokeless tobacco or chewing gum permitted at the clinical site. No hard candy when working in patient areas.
- Drug and alcohol use or distribution is prohibited on hospital premises and is grounds for dismissal from program. Hospitals prohibit possession of a gun or other deadly weapon on their property.

- Notify clinical instructor when leaving the building. Please keep clinical instructor informed of your activities while at the clinical site. **Clinical instructor is the person you are assigned to for the day.**
- Consults with a physician or other hospital staff for personal medical attention are inappropriate during clinical time and can result in disciplinary action.
- Park in designated areas provided by clinical facility.
- All valuables including larger amounts of money should be locked in your car, kept on your person, or left at home. The school and hospital are not responsible for lost or stolen items.
- No hospital property including medications can be removed from the clinical site. Pockets should be checked and emptied at the end of each clinical day.
- Clinical time should be signed by the clinical instructor at the **end** of the clinical shift and must be reviewed by faculty on a bi-weekly basis. Falsification of time will result in dismissal from the program. Students failing to turn in clinical time will be counted as absent.
- It is the student's responsibility to turn in a completed and signed clinical evaluation within 1 week of completion of a clinical rotation. Failure to comply will result in a deduction of 10 points for that rotation.
- Clinical attendance is essential in the development of clinical skills necessary to become a competent respiratory therapist. The student must attend clinical and be on time. **If a student has to miss a clinical day, they must notify the facility and/or the instructor 30 minutes prior to the beginning of the shift. Failure to notify the facility and/or the instructor in a timely fashion (30 min. prior) will result in a 10 percentage point deduction in the grade for that rotation.**
- Chronic tardiness will result in reduction of your clinical grade. Affiliate's telephone number is listed in this handbook. **If the student fails to call concerning clinical absence, the student will receive a zero for that rotation. Any two clinical absences without notice will result in the student being dropped from the Respiratory Care Program. If a student absolutely cannot reach a clinical site, they must talk with a faculty member at one of the numbers provided.**
- In the event that an instructor is absent, the student will report to the assigned area. A clinical supervisor in the department will be responsible for assigning a workload for that clinical shift.

## COMMUNICABLE DISEASE POLICY

## Communicable Disease Prevention

### Immunizations

**Written proof of the following required immunizations must be submitted to the Director of Clinical Education. Required immunizations include:**

- TB Skin Test -- Mantoux method tuberculin skin test within one calendar year.
- Must be negative (0mm) reading. If student has had a positive TB skin test, documentation that appropriate medical follow-up has occurred must be provided.
- Measles (Rubeola) immunity. Those students born in 1957 or after must submit one of the following:
  - Documentation of 2 MMR or Rubeola vaccines; **OR**
  - Written documentation from physician that student has had the disease (10 day-measles, Rubeola).
- Although not mandatory, is highly recommended that persons at occupational risk of Hepatitis B infection/exposure to blood and body fluids should be vaccinated when they are in training. The vaccination series is the responsibility of the student. If you choose NOT to be immunized for Hepatitis B, you must sign a declination form.
- If the student does not have documentation of current TB skin test and/or Rubeola immunity, testing and/or vaccinations are available at local county health departments for a nominal fee, or through the physician of your choice. The testing/vaccination is the responsibility of the student.
- **Documentation must be submitted at least 2 weeks prior to beginning clinical affiliation, to prevent delay of rotation.**

### Disease Prevention

**All Respiratory Care students, in order to protect themselves, fellow health care workers, and patients will comply with each of the following:**

- All of the program's clinical affiliate policies regarding infection control will be observed.
- Uniforms and lab coats will be fresh each day.
- All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient's diagnosis.
- Disposable gloves will be worn in all cases when contact with blood or body fluids is anticipated. Disposable gloves are MANDATORY for all patient transfers.
- Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated.

- Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids.
- Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.
- Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.
- Good hand-washing practices will be carried out before and after each patient contact.

The student must report illness and communicable diseases which might affect the health of the student, patients, and hospital staff. This should be reported to the Respiratory Care faculty. To protect those around you, and as a safeguard to patients, all students are required to meet safe health standards. Any student with the following should not come to clinical until symptoms have resolved:

- Temperature over 100 degrees orally.
- Acute symptomatic upper respiratory infection.
- Vomiting or diarrhea.
- Pink eye.

Any questionable illness should be discussed with RC faculty.  
Remember, all missed days count toward the clinical absenteeism policy.

## **BLOODBORNE PATHOGEN POLICY**

Prior to beginning clinical experience, the Respiratory Care student will have completed instruction in the policy regarding Bloodborne Pathogens. This instruction will be in accordance with the OSHA Bloodborne Pathogen Disease training standard. Once the clinical experience begins the respiratory care student will abide by the following rules:

- Participate in any clinical affiliate required Bloodborne Pathogen training.
- Follow the clinical affiliate policy and procedure concerning Bloodborne Pathogens.
- Students that experience exposure to blood or body fluid will immediately report to their clinical instructor and the Director of Clinical Education/Program Director and follow clinical exposure protocol.
- Disposable gloves will be worn in all cases when contact with blood and body fluids is anticipated.

- Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- Eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- Blood or body fluid inadvertently coming into contact with the skin should be quickly and thoroughly washed away.
- Cuts, scratches or other non-intact skin will be covered to avoid blood and body fluids.

**All of the program's clinical affiliate policies regarding infection control will be observed.**

## **Student Injury – Exposure to Blood or Body Fluid**

### **Infectious Diseases**

Each clinical facility is expected to practice universal precautions in the care of all patients. The student respiratory therapist is educated in, and is expected to be knowledgeable in the practice of these precautions in the care of all patients.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner that follows the clinical facilities guidelines will result in disciplinary action and may result in dismissal from the program.

### **Procedure for Accidental Exposure to Blood or Body Fluid**

All contaminated needle sticks of bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

#### **If a student sustains a puncture wound:**

- Withdraw the needle or other object immediately.
- Immediately wash hands/area of puncture wound using soap and water; follow with application of povidine iodine or alcohol
- Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
- Wipe away any blood.

#### **If a student receives a spray or splash of body fluids:**

- To eyes, nose or mouth – irrigates with a large amount of water.
- To a break in the skin, follow, procedure for puncture wound(above)

The student will report the incident immediately to the Clinical Instructor and the Director of Clinical Education. The student must complete an exposure form according to the policy of the clinical facility.

The student will follow the clinical facilities procedure for reporting and follow-up of exposure. Any required incident report must be completed before leaving the facility.

The student will seek a risk assessment and determination of recommended screening, treatment and follow-up from the Infection Control Practitioner.

## **HEPATITIS B VACCINE**

### **The Disease**

Hepatitis B virus, one of at least three Hepatitis viruses, is an important cause of viral Hepatitis. The illnesses caused by or related to Hepatitis B are serious, resulting in death in about 1% of those infected. Complications of the disease include a variety of liver disorders, including cirrhosis and cancer. Most patients recover completely, but about 6 – 10% become chronic carriers and can continue to transmit the virus to others. There may be as many as 0.5 to 1.0 million carriers in the United States.

### **Transmission and Risks**

The disease is transmitted chiefly through contact with infected blood and blood products. Health care providers therefore at increased risk of acquiring the disease. The risk for health care providers can vary dependent upon the amount and type of patient contact. Though the risk of acquiring Hepatitis B through the clinical experience is probably lower in some facilities due to the low incidence of the disease, the decision to receive or decline the vaccine deserves your careful consideration.

### **The Vaccine**

Various pharmaceutical companies have developed vaccines that provide protection from Hepatitis B. Field trials have shown 80 –95% efficacy in preventing infection among susceptible persons. The duration of protection and the need for booster doses is not yet known. Adult vaccination consists of three intramuscular injections of the vaccine. The second and third doses at one and 6 months respectively, after the first.

### **Waiver Format**

- Consistent with guidelines developed by the CDC and the American Hospital Association, certain employees have been identified as being at relatively higher risk of exposure to Hepatitis B. Respiratory Care has been designated in this group.
- Perhaps one in 50 employees of health care institutions has an acquired immunity to Hepatitis B through previous illness or exposure and would not need the vaccine. This can be determined by a laboratory-screening test.
- The Hepatitis B viral vaccine is available through the Health Departments, personal physicians or any hospital.
- As with any immunization, there are disadvantages and risks. If you wish further advice, please contact your personal physician.



# CLINICAL EVALUATION

Task performance evaluations are used to evaluate clinical competency. The student may elect to perform a task performance evaluation after the following criteria are met:

- Completion of the didactic coursework for a specific skill.
- Simulation or task evaluation and check off in the laboratory setting.
- Observing and assisting the clinical instructor in the procedure.

It is the student's responsibility to determine when he/she feels ready to be evaluated on a specific skill. Students must request to attempt the evaluation and provide the instructor with the skill performance evaluation form prior to the task is performed. The instructor will observe the student perform the entire task unassisted.

The instructor records the evaluation of the student's performance on the provided form. Failure when performing a clinical skill does not imply an end to the clinical experience. The student may attempt the task again when he/she has reviewed the procedure and feels prepared. Successful completion of the evaluation does **NOT** imply an end to the performance of that skill. Students are required to routinely perform the skill in order to maintain a competent level of proficiency.

A list of the required performance tasks is included in this handbook. The evaluations must be performed in the clinical setting before completion of the program will be recognized.

In the event a student has not completed the required evaluations at the time of graduation, the faculty will evaluate the student's clinical records to determine if sufficient opportunities were available for the student to perform the required evaluations on an actual patient. If lack of opportunities is established, the student will be allowed to demonstrate task performance through simulation.

## **Clinical Assessment**

During the student's clinical education, clinical instructors and program faculty, on an ongoing basis, will evaluate his/her performance. The student is evaluated on specific skills as well as on overall performance. A student's overall performance is assessed by the Director of Clinical Education and assigned clinical instructors during each clinical course and at the end of each semester.

Conferences will be scheduled with the Director of Clinical Education at the end of each semester to review the student's progress and standing.

For successful clinical assessment the student must:

- Complete the student record of procedures performed.
- Have clinical instructor sign daily paper work.
- Give clinical instructor final evaluation to complete.

The clinical instructor will:

- Score the student's performance in the clinical site.

Provide written comments for areas that need improvement.  
Validate the daily paper work completed by student.

### **Clinical Schedule**

- Students are assigned clinical rotations by the Director of Clinical Education and/or the Program Director.
- Students are assigned to rotations at all clinical affiliates equally to ensure exposure to learning experiences.
- The Director of Clinical Education shall be responsible for assuring all students are adequately supervised in all clinical locations. The Director of Clinical Education shall communicate with all clinical sites on a regular basis to assure an adequate number of appropriately trained clinical preceptors shall be available for all clinical rotation. The student to clinical preceptor ratio will never exceed 6:1. All Clinical affiliates will be provided with an advanced copy of the clinical schedule as well as clinical objectives for the clinical course prior to students beginning rotations in that facility.
- If a student or preceptor is concerned about the supervision of students within a facility they should contact the Director of Clinical Education. The concern will be investigated and follow up communication given to the individual within two weeks of reporting the concern.
- Students are not scheduled to replace hospital staff and their schedule is not to be rearranged in order to cover when the department is experiencing a staffing shortage.
- Makeup Clinical days require the approval by the Director of Clinical Education

## **CHEMICALLY IMPAIRED STUDENTS**

The Respiratory Care Program follows the college's policy prohibiting the illegal use or distribution of drugs and/or alcohol by students on college property or as part of any college affiliated academic activity, including off-campus clinical learning experiences. See the Kentucky Community and Technical College Student Handbook.

The Respiratory Care Program faculty believes they have a professional and ethical responsibility to provide a safe teaching and learning environment to students and patients. To fulfill this purpose, respiratory students must not be chemically impaired during participation in any learning experience, including classroom, clinical settings, and other program sponsored functions. The respiratory care faculty defines the chemically impaired student as a person who, while in the academic or clinical setting, is using any substance which produces psychological and/or physical symptomology that might pose a threat to the patient or student.

The use, misuse or chronic use of any medications that pose a threat to the patient or student will not be tolerated. Therefore this program requires drug testing, as well as a criminal background check prior to any clinical rotation. A student who fails to pass

either the drug test or back ground check is subject to dismissal from the Respiratory Care Program.

If the student appears chemically impaired in the hospital, the clinical instructor may request or escort you to get a drug screen. Or the instructor may call the program faculty. The faculty will then request or escort you for a drug screen. This test will be performed at the student's expense. If you fail this test, you are subject to dismissal from the program.

## Health Status Report

A health status report can be required by the clinical facility or program faculty for the following reasons:

- Any surgical procedure.
- Any injury.
- Any prescribed controlled substance.
- At the request of the clinical site or program faculty.

See form next page.

## Health Status Report

**Southeast Kentucky Community & Technical College-Pineville Campus  
Respiratory Care Program**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_ **Semester** \_\_\_\_\_

**Respiratory care involves the provision of direct care for individuals and is characterized by the application of verified knowledge in the skillful performance of respiratory care functions. Therefore, respiratory therapists must be able to perform the following physical/technical skills:**

- 1. Sufficient visual acuity, such as needed in the accurate preparation and administration of respiratory care meds and the observation necessary for patient assessment and care.**
- 2. Sufficient auditory perception to receive verbal communication from patients and members of the health team and to assess health needs of people through the use of monitoring devices such as cardiac monitors, stethoscopes, mechanical ventilators, fire alarms, etc.**
- 3. Sufficient gross and fine motor coordination to respond promptly and to implement the skills, including the manipulation of equipment, positioning and lifting patients required in meeting health needs related to respiratory care.**

4. Sufficient communication skills (speech, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient's interest.

5. Sufficient intellectual and emotional functions to plan and implement care for individuals.

To be completed by physician's office.

-----  
Please print.

I certify that my patient \_\_\_\_\_ can perform the skills listed above without restrictions.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Medical address \_\_\_\_\_

Phone number \_\_\_\_\_

Patient's name \_\_\_\_\_

**Southeast Kentucky Community & Technical College Respiratory Care Education  
Performance Evaluation Summary Record**

PROCEDURE	CLASS	LAB DATE	CLINICAL DATE	CLINICAL INSTRUCTOR
Hand Washing	RCP 150			
Vital Signs	RCP 150			
Oxygen Administration	RCP 150			
Cylinders	RCP 150			
Aerosol/Humidity Therapy	RCP 150			
Croup Tent	•			
Pulse Oximetry	RCP 150			
Auscultation	RCP 150			
Aerosolized Medication	RCP 150			
MDI	RCP 150			
Electrocardiograms	RCP			

	<b>150</b>			
<b>Incentive Spirometers</b>	<b>RCP 150</b>			
<b>Flutter Device</b>	<b>RCP 150</b>			
<b>Arterial Blood Gases</b>	<b>RCP 175</b>			
<b>Chest Physical Therapy</b>	<b>RCP 150</b>			
<b>HFCWO (Vest)</b>	<b>•</b>			
<b>Chest Physical Exam</b>	<b>RCP 150</b>			
<b>Nasotracheal Suctioning</b>	<b>•</b>			
<b>Endotracheal Tube Suctioning</b>	<b>RCP 175</b>			
<b>Closed System Suctioning</b>	<b>RCP 175</b>			
<b>Trach Care</b>	<b>RCP 175</b>			
<b>Intubation</b>	<b>RCP 175</b>			
<b>Extubation</b>	<b>RCP 175</b>			
<b>Taping ET Tube/Tube Holders</b>	<b>RCP 175</b>			
<b>IPPB/ Meta Neb</b>	<b>•</b>			
<b>NPPV</b>	<b>RCP 175</b>			
<b>Endo Tracheal Cuff Pressure Monitoring</b>	<b>RCP 175</b>			
<b>Manual Ventilation (flow-inflating)</b>	<b>RCP 175</b>			
<b>Manual Ventilation (self-inflating)</b>	<b>RCP 175</b>			
<b>Pulmonary Mechanics</b>	<b>RCP 175</b>			
<b>Vent Set Up- Adult</b>	<b>RCP 175</b>			
<b>Aerosolized Medication on Vent- Adult</b>	<b>RCP 175</b>			
<b>Vent Monitoring- Adult</b>	<b>RCP 175</b>			
<b>Basic Spirometry</b>	<b>RCP 175</b>			

- **As procedure is available.**
- **All required clinical performance competencies must be satisfactorily completed for successful completion of the clinical course to which they are attached. This requirement is in addition to having a grade of “C” or better in the course. Any student who does not complete all required competencies will received a grad of “E” for the course and will not be permitted to continue in the program. Competencies not attached to a specific clinical course must be completed prior to the last day of the final clinical course (RCP 250). Failure to complete these competencies will result in an “E” in RCP 250.**

## **Inclement Weather**

- **In case of inclement weather you should call the school phone 633-0279 by 6am to see if we are placed on a snow schedule**
- **WYMT will also have the schedule**
- **The college web-site also has the schedule changes**
- **Please check your e-mail early. We sometimes send delays via e-mail.**
- **Our classes begin at 8 am if you are on a one hour delay then class will begin at 9am**

**I have received and reviewed the Clinical Handbook for the Respiratory Care Program of Southeast Kentucky Community and Technical College.**

**I agree to abide by/comply with the policies of this handbook and the Respiratory Care Program.**

**I agree to the following disciplinary actions if necessary:**

- **Respiratory Care students who do not abide to the appearance code or to the clinical rules and regulations set forth in this handbook will have a 15 point deduction in their clinical grade for the rotation the infraction occurred. Each additional infraction thereafter will also be a 15 point deduction in the clinical grade for that rotation.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_