Ivy Tech Community College – Wabash Valley, Region 7
Terre Haute Campus

Respiratory Care Program
Program Overview and Student Handbook
Fall 2011
NON-DISCRIMINATION AND EQUAL OPPORTUNITY POLICY

Ivy Tech Community College of Indiana provides open admission, degree credit programs, courses and community service offerings, and student support services for all persons regardless of race, color, creed, national origin, religion, gender, sexual orientation, physical or mental disability, age or veteran status. The College also provides opportunities to students on the same non-discriminatory basis. Persons who believe they may have been discriminated against should contact the campus affirmative action officer, Human Resources Administrator, or the Vice Chancellor of Student Affairs. Ivy Tech Community College of Indiana is an accredited, equal opportunity/affirmative action institution.

BOOKLET DISCLAIMER

This booklet is intended to supply accurate information to the reader. The College reserves the right to change the Program and course requirements; however, every effort will be made to inform students of any program changes. This handout and its provisions are not in any way a contract between an applicant and the College.

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**General Information**

Registrar Office  
Registrar’s Office  
Bookstore  
Library  
Testing Center  
Financial Aid Office

**Administration**

Chancellor  
Vice Chancellor Academic Affairs

**School of Health Sciences**

Dean  
Administrative Assistant

**Faculty of the Respiratory Care Program**

Program Chair  
Director of Clinical Education  
Medical Director

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PROFESSION OVERVIEW

According to the Bureau of Labor and Statistics the need for respiratory therapists is growing faster than the average for all job growths. It is considered to grow much faster than average with a projected growth of 21% by the year 2018. The reason for the increase is due to an increase in technology, growing health care access, aging population (baby boomers), and an aging respiratory therapy work force. There are also new treatment advances for heart attack patients, accident victims, premature babies, and AIDS patients which increase the demand for respiratory therapists. According to the Bureau of Labor and Statistics, growth in demand will also result from the expanding role of respiratory therapists in case management, disease prevention, emergency care and early detection of pulmonary disorders.

The career opportunities for the entry level and advanced level program graduates include staff technician or therapist, shift supervisors and clinical instructors in the hospital health care setting. Other career opportunities exist in extended care facilities, home care companies, physician's office, rehabilitation centers, equipment sales, land/air transports, emergency rooms, adult intensive care units, pediatric intensive care units and intensive units for premature babies.

While working in some of these areas, respiratory care practitioners provide treatment, management and care of patients with breathing deficiencies and abnormalities. Duties include oxygen therapy, aerosol therapy, chest physical therapy, diagnostic testing and application of mechanical ventilation. In addition, depending on regionally accepted practices, therapists perform patient assessments and make recommendations to physicians regarding the care which the patient will require. Therapists are also active in assisting the physician by utilizing weaning protocols when caring for a patient on mechanical ventilation.

Graduates of the advanced level practitioner program must complete both the entry-level and advanced practitioner exams. Graduates who successfully complete the entry-level exam, the advanced-level written exam and the advanced-level clinical simulation are awarded the Registered Respiratory Therapist (RRT) credential.

DESCRIPTION OF THE PROFESSION

Respiratory therapists, as members of the health care team, work to evaluate, treat, and manage patients of all ages with respiratory illnesses and other cardiopulmonary disorders in a wide variety of clinical settings. Respiratory therapists must behave in a manner consistent with the standards and ethics of all health care professionals. In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making (such as patient evaluation, treatment selection, and assessment of treatment efficacy) and patient education. The scope of practice for respiratory therapy includes, but is not limited to:

- acquiring and evaluating clinical data
- assessing the cardiopulmonary status of patients
- performing and assisting in the performance of prescribed diagnostic studies,
such as drawing blood samples, performing blood gas analysis, and pulmonary function testing
utilizing 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 disease
initiating ordered respiratory care, evaluating and monitoring patients’ responses
to such care, modifying the prescribed respiratory therapy and cardiopulmonary procedures, and life support endeavors to achieve desired therapeutic objectives initiating and conducting prescribed pulmonary rehabilitation providing patient, family, and community education
promoting cardiopulmonary wellness, disease prevention, and disease management
participating in life support activities as required
promoting evidence-based machine; research/ and clinical practice guidelines

INTRODUCTION
Welcome to the Respiratory Care Program on the Terre Haute campus or Ivy Tech Community College! Ivy Tech is a statewide college system, with 14 regions, the largest state-supported college in Indiana. Ivy Tech Community College in Terre Haute has maintained accreditation by the Higher Learning Commission of the North Central Association of Colleges and Schools. The Respiratory Care Program is accredited by by the Commission on Accreditation for Respiratory Care (CoARC), visit the CoARC website at www.coarc.com for more information about accreditation.

The Respiratory Care faculty and staff of Ivy Tech Community College of Indiana, Wabash Valley, are pleased to have you in our respiratory program. Since you will be new to the program and perhaps to the clinical and hospital environments, it is our desire to provide you with answers to many of the questions frequently asked. This handbook is designed to provide a framework within which the faculty and students can function to meet your educational goals. All policies herein are in effect for the duration of your student respiratory career. However, if changes are made you will be notified in writing and be required to sign a form signifying that you received the new information.

The faculty is here to assist you in achieving your educational goals. They will provide academic guidance and support to you for successful completion of the program. A positive attitude toward study, classmates, patients and yourself, will be necessary to successfully complete the educational process.
**PROGRAM GOALS AND PURPOSES**

The Respiratory Care Program will graduate Advanced Level RRT eligible students with the knowledge and experience to function as a respiratory care practitioner by the standards of education programs for the respiratory therapist according to CoARC.

1. Prepare students to become competent, conscientious RCP who will be able to provide patient care within the health care system as registered respiratory therapists.

2. Maintain a flexible program that is responsive to the needs of the community and individual students.

3. Provide an opportunity for qualified individuals to obtain Respiratory Care education regardless of age, sex, race or gender.

4. Prepare students to meet the Ivy Tech Community College requirements for graduation and to prepare students to be eligible for licensing in the State of Indiana.

5. Prepare students with a solid educational base upon which they may build to further their educational and/or career advancement.

**CURRICULUM (Associate in Science Degree)**

**IVY TECH COMMUNITY COLLEGE OF INDIANA – WABASH VALLEY RESPIRATORY CARE PROGRAM CURRICULUM**

<table>
<thead>
<tr>
<th>Prerequisites</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>APHY 101 Anatomy &amp; Physiology 1</td>
<td>3</td>
</tr>
<tr>
<td>APHY 102 Anatomy &amp; Physiology 2</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1XX Math</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2XX Microbiology</td>
<td>4</td>
</tr>
<tr>
<td>CHEM 1XX Chemistry 1</td>
<td>4</td>
</tr>
<tr>
<td>ENGL 111 English Composition</td>
<td>3</td>
</tr>
<tr>
<td>PSYC 101* Psychology</td>
<td>3</td>
</tr>
<tr>
<td>COMM 101** Speech</td>
<td>3</td>
</tr>
<tr>
<td>IVYT 1XX Life Skills</td>
<td>1</td>
</tr>
</tbody>
</table>

*SOCl 111 may be substituted for PSYC 101
** COMM 102 may be substituted for COMM 101

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resp 121 Intro to Respiratory</td>
<td>6</td>
</tr>
<tr>
<td>Resp 123 Cardiopulmonary ANP</td>
<td>3</td>
</tr>
<tr>
<td>Resp 223 Pharmacology</td>
<td>3</td>
</tr>
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Semester 2
Resp 134 Clinical Application 1 (First 8 weeks) 2
Resp 137 Clinical Application 2 (Second 8 weeks) 2
Resp 126 Clinical Medicine I 3
Resp 122 Therapeutic Modalities (First 8 weeks) 3
Resp 125 Critical Care I (Second 8 weeks) 3

Semester 3
Resp 222 Critical Care 2 3
Resp 229 Emergency Management 1
Resp 219 Clinical Applications in Critical Care I 2

Semester 4
Resp 220 Clinical Applications in Critical Care II 3
Resp 221 Cardiopulmonary Diagnostics 4
Resp 226 Continuing Care (Internet course) 2

Semester 5
Resp 224 Clinical Medicine II 3
Resp 237 Clinical Applications of Advanced Critical Care and Specialty Rotations 3

COURSE DESCRIPTIONS

RESP 121 Intro to Respiratory Care 6 Credits
Presents an introduction into respiratory care including a brief history of the profession; equipment cleaning and sterilization techniques; patient assessment techniques to include assessing pain levels, evaluating levels of dyspnea, advanced directives and isolation techniques. Also includes medical records documentation, gas analyzers, introduction and application of therapeutic modalities including oxygen therapy, aerosol and humidity therapy, environmental therapy, lung expansion therapy, airway management to include tube placement, tracheostomy care and tracheobronchial aspiration. An overview of ethical practice and patient safety are included.

RESP 122 Therapeutic Modalities 3 Credits
Presents medicinal aerosol therapy and respiratory pharmacology and applying it to the nervous system and its receptors. In addition, bronchial hygiene therapies, basic bedside pulmonary function testing, tracheostomy tube changes and 12-Lead EKGs will be discussed and demonstrated.
RESP 123  Cardiopulmonary Physiology  3 Credits
Presents the cardiopulmonary system including ventilation, perfusion and gas exchange; introduces interpretation and application of arterial blood gases, acid-base regulation and physiologic monitoring. Reviews the basic principles of physics as it relates to the respiratory system.

RESP 134  Clinical Application 1  2 Credits
Introduces the student to the hospital environment. The student will be exposed to various hospitals and respiratory care departments, patient charts, patient identification and communication within the hospital. Provides supervised experience in oxygen therapy, lung expansion therapy, humidity/aerosol therapy, inspiratory muscle training/cough techniques, and charting. Utilizes standard precautions and infections disease protocols during patient care and handles biohazardous materials appropriately.

RESP 125  Critical Care 1  3 Credits
Presents an introduction to the respiratory care of the critically ill patient. This includes arterial blood gas collection; analysis and interpretation; and basic medical laboratory data. Introduces concepts and techniques of critical respiratory care of adults, to include establishment and maintenance of artificial airways. Includes application of adult mechanical ventilators and related cardiopulmonary monitoring equipment.

RESP 126  Clinical Medicine 1  3 Credits
Introduces etiology, symptomatology, diagnosis, therapeutics and prognosis of selected pulmonary diseases.

RESP 129  Respiratory Pharmacology  3 Credits
The most common pharmacological agents currently being administered are discussed according to all body systems and in relations to the nervous system and its receptors. Emphasis is placed on classifications, indications, side effects, dosages, and routes of administration. Medication discussion to include, but not limited to emergency drugs, antibacterial medication and anti-fungal medications.

RESP 137  Clinical Application 2  2 Credits
Provides supervised experience in selected therapeutic modalities. Students will perform lung expansion techniques. Additionally students will be exposed to various bronchial therapies and cough techniques. Administration of pharmacological agents using various aerosol devices will be included. Students will participate in the development of respiratory care plans, intra hospital patient transports, and rapid response teams to improve patient care. Students may have observation rotations in critical care areas. Continuing certification in CPR is required.
RESP 219  Clinical Application in Critical Care I  2 Credits
Provides supervised experience in adult critical care intensive care unit. Students will review data, assess patients, initiate and modify airway maintenance, perform arterial blood gas procedures/analysis and assist with managing mechanical ventilated patients. Additional exposure includes utilizing disease specific ventilator protocols, infection disease protocols and quality control procedures. Allow students to participate in intra-hospital transfers along with land/air transports. Continued Certification in CPR is required.

RESP 220  Clinical Application in Critical Care II  3 Credits
Continue to provide supervised experiences in the adult critical care areas. Student will review advanced data, e.g. hemodynamic monitoring, pulmonary mechanics, cardiac monitoring, etc. Perform, interpret, and document advanced ventilator modifications and monitoring and make appropriate recommendations for modification of care. Interaction between student and physician is expected.

RESP 221  Cardiopulmonary Diagnostics  4 Credits
Presents in-depth approaches to advanced diagnostic procedures. Special emphasis is placed on techniques of patient evaluation, selection of equipment, performing procedures, cardiopulmonary monitoring during the procedure, interpreting test results and suggesting management of the patient. Also included are advanced techniques of patient assessment through pulmonary function testing and other selected assessment techniques.

RESP 222  Critical Care 2  3 Credits
Presents advanced techniques of mechanical ventilation of neonatal, pediatric and adult patients; includes fetal development and assessment; neonatal and pediatric assessment, equipment, procedures and therapeutic techniques, introduces related aspects of the neonatal intensive care unit environment. Selected neonatal and pediatric diseases will be discussed.

RESP 224  Clinical Medicine 2  3 Credits
Studies etiology, symptomatology, diagnosis, therapeutics, and prognosis of disease conditions related to respiratory care; focuses on the interrelation of all physiologic systems. Emphasis on treatment protocols; includes preparation for the national board credentialing examinations such as the CRT, RRT and clinical simulation.

RESP 226  Continuing Care  2 Credits
Provides an overview of respiratory care roles in home care, alternative care sites and pulmonary rehabilitation programs. Understand the purpose and function of various respiratory equipment used in home and alternative care settings. Emphasis is placed on the importance of assessing patients’ learning needs and how to effectively educate a patient and/or family member concerning smoking cessation and health management. Presents an overview of emergency preparedness in relation to disaster management to include vaccination protocols. Provide overview of mass casualty incident response.
RESP 229  Emergency Management  1 Credits
Applies advanced cardiopulmonary life support efforts in an emergency setting.

RESP 237  Clinical Applications of Advanced Critical Care and Specialty Rotations  3 Credits
Provides additional supervised experience in selected therapeutic modalities during adult, pediatric and neonatal intensive care unit rotations. Also includes exposure to advanced cardiopulmonary diagnostic techniques, application of invasive and non-invasive monitoring of the cardiopulmonary system, and quality control. Students will also be exposed to patient care in alternative care sites and specialty areas. Completion of patient care plans and/or written case study will also be performed. Continuing certification in CPR is required.

AARC STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT

In the conduct of professional activities the Respiratory Therapist shall be bound by the following ethical and professional principles. Respiratory Therapists shall:

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. 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 care for, 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 shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Refrain from indiscriminate and unnecessary use of resources.

Effective 12/94
Revised 3/00
CULTURAL DIVERSITY

The AARC is committed to the advancement of cultural diversity among its members, as well as in its leadership. This commitment entails:

- being sensitive to the professional needs of all members of racial and ethnic groups,
- promoting appreciation for, communication between, and understanding among people with different beliefs and backgrounds,
- promoting diversity education in its professional schools and continuing education programs,
- and recruiting strong leadership candidates from under-represented groups for leadership and mentoring programs.

Effective 12/94
Revised 3/00

Wabash Valley Respiratory Care Students will be held to the AARC statements as stated above. These statements provide a working guideline for how each and every RCP should conduct themselves throughout their career. If any of these AARC statements are broken, the student will receive a verbal/written warning(s) and be expected to provide a written apology to the appropriate person(s); repeated failure to comply will be taken into account for student licensure permission.
Classroom Policies

ACADEMIC INTEGRITY

At Ivy Tech Community College, learning is valued and honored. Our learning community cannot thrive if its students copy the work of others, known as plagiarism, and seek an unfair advantage over their fellow students by cheating. The academic standards of Ivy Tech Community College are based on a genuine pursuit of knowledge and demand a high level of integrity from every one of its students.

When this trust is violated the learning process suffers injury and steps must be taken to ensure that learning standards remain meaningful. Cheating and/or plagiarism are grounds for immediate dismissal from the College. All students are encouraged to avoid dishonest behavior and seek available tutorial and counseling services to help them succeed. (Please see Student Handbook for further details.)

STATEWIDE CONDUCT POLICIES

The reputation of the College among the community depends, in large part, upon the behavior of its students. Students enrolled at the College are expected to conduct themselves in a mature, dignified and honorable manner. Students are entitled to a learning atmosphere free from discrimination, harassment, sexual harassment and intimidation. This applies to all conduct among faculty, staff and students.

Students are subject to college jurisdiction while enrolled at the College. The College reserves the right to take disciplinary action against any student whose conduct, in the opinion of the College representatives is not in the best interests of the students, other students, and/or College. Students who are disciplined at one campus should expect to find their sanctions enforced at other Ivy Tech campuses. (Please see Student Handbook for further details.)

ATTENDANCE POLICY/TARDIES/LEAVING CLASS EARLY:

Attendance at scheduled class meetings or other required activities is essential and vital to your success in the program. Instructors establish and enforce attendance policies, maintain attendance records. Satisfactory attendance is necessary to achieve educational objectives and maintain financial aid and veteran’s benefits. (Please see Student Handbook for further details.) An absence, tardy and leaving early are all counted in attendance.

- Routine appointments should be kept outside of class and clinical hours.
- Please call/email instructor on date(s) you will not be in class.
- Random in-class bonus opportunities, pop quizzes and participation points will be used throughout the semester to keep attendance a student priority.

Within the RESP program, students are expected to attend all classes, laboratory sessions and clinical. Class/clinical attendance will be taken into account for student licensure permission.
WEATHER
The student is expected to attend class/clinical regardless of weather conditions, however, each student should use her/her own judgment as whether or not to travel in inclement weather.

Listen to the TV or radio for announcements. Do not call the clinical site or the program faculty to ask if you should attend class/clinicals or not. See the Ivy Tech Community College Student Handbook for the College policy. Students are encouraged to sign up for the Ivy Tech Alert messages through Campus Connect.

If there is a snow emergency in the county where you live or in the county that you must travel to, do not attempt to go to class/clinical. The clinical site and the Director of Clinical Education must be notified following the usual policy. The student must call in using the correct procedure outlined below in the clinical section of this manual.

EMERGENCY RESPONSE
Refer to the Emergency Response Guide posted in all clinical areas at your assigned facility. The Emergency Response Guide covers responses to fire, medical emergencies and ambulance, utility failure, earthquake, chemical spills, tornado and severe thunderstorms, disruptive behavior/workplace violence, and bomb threats/suspicious mail/biological agent threats.

TRANSPORTATION
The student is required to provide his or her own transportation to and from the class/clinical sites.

TELEPHONE AND PERSONAL BUSINESS
The student should not conduct telephone calls or personal business during class/clinical time. This includes phone calls, cell phones, text messaging, personal pagers, email, internet, facebook, twitter or any other form of personal communications. The student should not carry a cell phone during clinicals due to potential hazards of patient monitoring devices. If a student uses any form of communication for any personal reasons during class/clinicals, that student will be asked to leave for the remainder of the day. If the student is at clinical, the student will have to make up the entire clinical day. Repeat offenses will be taken into consideration for student license permission.

All cell phones, person pagers, etc. must be turned off during classroom and laboratory instruction and clinicals unless that student has a pending emergency and has obtained permission from the instructor.
ACADEMIC GRADING SCALE
The grading scale for each course has been determined and is as follows:

- A 92-100%
- B 85-91%
- C 78-84%
- D 76-77%
- F <76% (a grade of 75.5 to 75.9% will not be rounded up)

An “F” as a grade will likely prevent the student from progressing to one or all classes for the next semester. Please see the progression section of this student manual.

Student grades will be taken into account for student licensure permissions.

ACADEMIC PROBATION
A student who does not achieve a minimum of a 2.00 GPA at the end of each term will be placed on academic probation for the following term. The student will be allowed to enroll for the next term while on academic probation with the understanding that he/she must raise the minimum GPA by the end of that term.

ACADEMIC SUSPENSION
Failure to maintain the defined standards of progress of the Respirator Care Program and does not improve by the end of the first term on academic probation or upon well-documented violations of the Program Guide or Institutional Handbooks will lead to student suspension from the program.

A student does have the right and privilege to pursue the Student Grievance Procedure outlined in the Ivy Tech Community College Student Handbook.

Any student dismissed for just cause will not be entitled to refunds.

PROGRESSION THROUGH THE PROGRAM
Program faculty need to ensure demonstrated retained competency of the student, to maintain the safety of patients/clients of clinical affiliate organizations, and to promote student retention and completion by using the following:

1. A student not successfully completing a required programmatic course (dropping or receiving a final grade of “W”, “FW”, “F”, or “D” where required by program accreditation), must attempt to re-enroll in the non-completed course(s) the next academic term in which it is offered if there is an available opening, provided the student satisfies the standards of progress as outlined in APPM 4.3.

2. Students not successfully completing a required programmatic course may remain in the program with a two-step admission process, and may enroll in additional required programmatic courses in successive academic terms for which they have
satisfactorily completed the pre-requisite, provided they satisfy the standards of progress as outlined in APPM 4.3.

3. Should there be any term of non-enrollment in the required course due to course availability the student will be required to demonstrate retained competency in the course objectives of any required pre-requisite programmatic course(s) as described below before re-enrolling in the course.

- Demonstrated retained competency is typically satisfied by obtaining a repeat passing score on final exams, comprehensive laboratory exams, and clinical check-offs. Students unable to demonstrate retained competency of any required pre-requisite courses will be required to satisfy the requirements of an individually developed remediation plan as a condition of re-enrollment in the non-completed course.

- Prior to the term the student desires to re-enroll in the course, the student must contact the program chair/designee in writing requesting re-enrollment for the following term. Requests will be considered based on available cohort space.

- Sufficient time must exist between the receipt of the request and the start of the following term for the student to complete required retained competency demonstration as described above.

**Stop-outs**

1. In any term the student is not enrolled in any required programmatic courses, the student is considered a “stop-out”, and should they wish to re-enroll in programmatic courses will be required to later request re-enrollment (within any maximum timeframe for completion guidelines as required by accrediting agencies) in the program with a two-step admission process as outlined above.

**STUDENT LICENSURE**

After the student completes their first TWO semesters of Respiratory Care, meaning they have completed RESP 125 (Critical Care I) and RESP 137 (Clinical Applications II) they may apply to work in the Respiratory Care field as a student.

In order to apply to work in the Respiratory Care field, the following must be completed:

- A “B” average of all classes taken in the fall and spring semesters if you intend to apply to work in the following semester. (If you wait to apply at end of summer, the summer semester will be included in the “B” average).
- Go to www.in.gov/pla and print off student permit application.
- Part I needs to be completed by the student and mailed to the Indiana Professional Licensing Agency.
- In Part I the student will be expected to answer questions regarding being convicted of or pled guilty to a violation of any Federal, State or local laws relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction.
Student will also report any offense, misdemeanor or felony in any state (except for minor traffic laws resulting in fines).

- Part II needs to be taken to the hospital, completed by the Respiratory Care Department Head and they will mail it to the Indiana Professional Licensing Agency.
- Part III needs to be completed by the Program Chair and Director of Clinical Education. Faculty will mail the completed form to the Indiana Professional Licensing Agency.
- Any student who holds a student permit may only perform respiratory care procedures that have been documented as part of a course.
- All “employee work” hours must be done outside of your scheduled lab, lecture and clinical hours. You will not be allowed to have “work hours” in the Emergency Room, Critical Care Unit nor the Pediatric Care areas. As a hospital employee, you cannot do any invasive procedure.
- Student permits expire when a permit holder ceases to be in good standing within a respiratory care program and/or 60 days after graduating from a respiratory care program. It will also expire if the student fails their CRT exam.
- Graduates will need to apply for a temporary permit and then notify the IPLA of their board exam results to a permanent license can be given.

The program faculty reserves the right to not sign a student’s licensure application, if they feel the student is not ready to function in that role. Student grades, class/clinical attendance, and professional behavior will be assessed prior to licensure permission. Appropriate documentation will be provided to the student so that the student may work on deficient areas, if the student’s permit is not signed by program faculty at the current time of inquiry.

**GRADUATION**

To earn an Associate of Science degree in Respiratory Care, the student must:

1. Complete the approved curriculum.
2. Meet the attendance policy requirements.
3. Satisfy all financial obligations to the College.
4. Have a minimum cumulative GPA of 2.00 for the courses, which contribute to the requirements for graduation.
5. Complete an application for graduation.
6. Pass the Certified Respiratory Therapist examination (SAE) given by the program according the grading provided by the NBRC.
7. Pass the Written Registry Examination (SAE) given by the program according the grading provided by the NBRC.
8. Take the Clinical Simulation Examination (SAE) given by the program.
### ESTIMATED PROGRAM COST

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>46 credit hours at $104.55 (in state) per credit hour</td>
<td>$4809.30*</td>
</tr>
<tr>
<td>Technology Fees</td>
<td>5 semesters at $60 per semester</td>
<td>$300*</td>
</tr>
<tr>
<td>CPR</td>
<td>Health Care Provider from AHA</td>
<td>$55</td>
</tr>
<tr>
<td>Equipment Bags</td>
<td>varies based on supplies</td>
<td>$120</td>
</tr>
<tr>
<td>Scrubs</td>
<td>2 tops and pants, 1 pair white tennis shoes</td>
<td>$150</td>
</tr>
<tr>
<td>Supplies</td>
<td>stethoscope, calculator, scissors, watch</td>
<td>$200</td>
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<tr>
<td>Background Check</td>
<td>Yearly through Certified Background (1st year)</td>
<td>$111</td>
</tr>
<tr>
<td>&amp; Drug screen</td>
<td>Yearly through Certified Background (2nd year)</td>
<td>$111</td>
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<tr>
<td>Employment Verification</td>
<td></td>
<td>$7</td>
</tr>
<tr>
<td>Books</td>
<td>varies each semester</td>
<td>$1500*</td>
</tr>
<tr>
<td>Examinations</td>
<td>Mock NBRC CRT, WRRT, Clinical simulation</td>
<td>$140</td>
</tr>
<tr>
<td>Variable Fees:</td>
<td>Physical Examination**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Immunizations/Vaccines/Titers**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transportation and Gas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7503.30***</td>
</tr>
</tbody>
</table>

*Tuition, technology fees and books are estimates based on current in-state resident rates.
Cost does not reflect general education or remedial courses.
**Medical expenses vary based on facility and insurance coverage.
***Total estimated cost does not include the variable fee items.

### FINANCIAL AID

Ivy Tech Community College offers a variety of financial aid programs to students who need assistance to continue their education. The College Financial Aid Office administers most programs for federal, state, and institutional air under specific policies and guidelines. Eligibility for most financial aid at the College is based upon the student’s demonstrated financial need.

Students can apply for financial aid and scholarships through the Financial Aid Office. Counselors are available to assist you in completing the financial aid forms and answer questions that may arise during this process.

You should first meet with a financial aid counselor before dropping or adding courses during the semester because it could potentially affect your funding. Please refer to the Student Handbook, for further information.
WITHDRAWALS

When students find it necessary to withdraw from a course(s), you will need to complete a drop/add form with your program advisor, which will be forwarded as a formal notification to the Registrar. Refunds are done based on how far you have completed in the semester. Please refer to the student handbook for the refund policy.

A student who is considering withdrawal from the program should have an exit interview with the Program Chair. The Program Chair will be available to assist in resolving problems if possible.

PROFESSIONAL ORGANIZATIONS and MEETINGS

All students are encouraged to become members of the American Association for Respiratory Care (AARC).

When attending professional meetings of any kind, the student is required to dress in professional casual attire. This means no jeans, t-shirts, sweatshirts or tennis shoes. Examples of acceptable attire include khaki pants, button down shirts, dress slacks, sweater, polo shirts, suits, dresses that are knee length. The attire should not be provocative in nature. Examples of provocative clothes could include shirts that are low cut, backless shirts, form fitting pants or legging/tights.

Noncompliance with the required dress code at professional meetings will require that the student be sent home from the meeting. If the meeting is taking the place of clinical hours the student would be required to schedule a make-up day with their current clinical site.

If there is an associated cost with attending any meeting, it will be the responsibility of the student to pay for it, out-of-pocket. If the student is not an ARRC member, they will still be required to pay for the meeting, even at the higher cost.
CLINICAL POLICIES

CLINICAL ATTENDANCE POLICY

All students are to report to their assigned clinical site on time and ready to begin the shift at that clinical site’s assigned time. It is the student’s responsibility to find out when and where to report. It is suggested you contact the clinical site at least 1 week ahead of your scheduled start date.

The student must report to clinical and be ready to begin the shift at least 5 minutes before the shift starts. The sign into Data Arc will count as their ready time. It is not appropriate to be driving into the parking lot at the required start time or putting your personnel items away. Ready time means that the student is ready to begin patient care.

Clinical attendance is mandatory. The student must meet the required number of clinical days in order to qualify for graduation. **All missed clinical time must be made up!**

*The clinical day must be made up prior to the next semester in order to advance in clinical and/or graduate.* Any student who has clinical time not made up prior to the next semester/or graduation will receive an incomplete (I) for that course. (See college student handbook for policy on incomplete courses.)

Tardiness is a trait considered undesirable by clinical staff and future employers. A tardy is defined as any arrival that is after the start of a shift. **Any tardy in excess of thirty minutes is considered an absence.** Students that are tardy in excess of thirty minutes should return home, contact the facility to tell them they will be absent and contact the Director of Clinical Education at Ivy Tech Community College. This will need to be made up at the clinical site’s convenience. The clinical affiliate has the right to send any student home who is tardy regardless of the tardy time. For example; the shift starts at 0700, the student shows up at 0701, the clinical affiliate has the right to send that student home. If the student is sent home because of a tardy, this will count as a missed day and the student will have to make the entire day. Students are responsible to report each tardy to the Director of Clinical Education. The student must stay the entire shift at each clinical site. If a student has to leave clinical for any reason, that time must be made up, and reported to the DCE in writing.

If a student is requested not to return to a clinical site for any valid reason (i.e. behavioral misconduct towards staff and/or patients, theft, sexual harassment, etc), that student will receive a written warning. The student will also be required to write a formal letter of apology to the Program and the Clinical Facility where the occurrence transpired in order to receive a completed grade. The DCE will attempt to find another clinical site for placement within the same semester. If this is not possible, the student will receive an “I” (incomplete) for clinical and will not move into the next clinical rotation until the prior clinical hours are completed in full. This may result in a stop in progression until the course is offered again. If the request to not return to a clinical site occurs a second time, that student may be dismissed from the program.
The Program Chair, Director of Clinical Education, and clinical facility will handle any extenuating circumstances that have not been previously discussed on an individual basis.

An absence from the clinical site for two or more consecutive clinical days due to illness should also be reported to the program and a medical release must be provided prior to returning to clinical.

The student is required to take and give report on their patient(s) at all clinical sites. The student should make notes when receiving report and read charts to clarify information and obtain new information to be passed to the next shift.

The student must notify the clinical site and the DCE, a minimum of 1 hour before the start of the shift. When calling the clinical site, the student must speak with a real person (document this name and keep it incase faculty need to verify a call in); the student cannot leave a message. But the student should leave a message for the DCE. Do not page the DCE if calling in for clinicals. Page the DCE for emergencies only. If the correct call in procedure is not followed, the following deductions will occur:

- **1st improper call-in** – Verbal warning
- **2+ improper call in** – Letter of apology to clinical site and program (this will be kept in your file.)(This letter will need to be previewed and approved by program faculty prior to being sent.)

Clinical attendance will be taken into account for student licensure permission.

**PREGNANCY**

Any student who becomes pregnant while in the program can remain a student in good standing and progress through the program. How the pregnancy is handled is decided between the student and her physician. The student can continue with course work as long as allowed by her physician.

The student who is pregnant has two (2) choices in regards to her clinical time:

1. The student may continue with clinicals without any restrictions OR
2. The student may withdrawal from clinical (refer to the progression through the program section of this book).

If the student continues with clinicals without any restrictions, that student will be required to enter isolation rooms with the proper PPE. The only exceptions to this policy are tuberculosis, (unless fit tested by the clinical site) chicken pox and shingles (herpes zoster), and CMV.

If the student refuses to enter isolation rooms, excluding those listed above, that student will be sent home from clinical and receive an incomplete for the course.

If the student withdrawals from clinical for pregnancy related medical reasons, only with proper documentation from her physician will she be allowed complete the mandatory clinical requirements before continuing in the program. She may not progress until that particular clinical is complete; if the clinical time is not complete before the start date of the next semester this may prevent her from progressing into the next semester. This will be determined on a case by case basis, as clinical site availability must be assessed, and will include advisement from the student’s physician.
**DRESS CODE**

The wearing of the khaki scrubs by the student is a privilege and much stress is placed upon the grooming of the students who wear it. A student is expected to be clean, neat and appropriately attired in both the classroom and clinical setting. A student is to represent the Respiratory Care Program as well as the profession and must, at all times, be worthy of that privilege. This dress code is required and not an option. If the student chooses not to comply with this dress code, he/she will be penalized.

- **1 occurrence** – The student will receive a written warning
- **2+ occurrences** – The student will be sent home from the clinical site and the entire day will need to be made up at the clinical site’s convenience and outside of regular class times.
- Repeated noncompliance with the dress code may result in an incomplete for the course. The student should refer to the progression through the program section of the manual.

**UNIFORMS**

1. The scrubs should fit properly and be an appropriate length. They are to be khaki scrubs. Unisex scrubs are required. Pants with flare legs or cuffs are not acceptable. Tops may have either 1 chest pocket or two waist pockets or 1 chest and 2 waist pockets; tops may not have ribbons (matching or otherwise) and may not have ties. A jacket can be worn and should match the scrubs.
2. Uniforms are to be clean and without wrinkles.
3. An Ivy Tech Community College Respiratory Therapy patch must be worn on the chest pocket or shoulder of the scrubs. If a jacket is worn, there should be a patch on the jacket shoulder in addition to the patch on the scrub top. Tops purchased through Follett’s Bookstore will have embroidery, and will not require a patch.
4. The shoes are to be all white and may be athletic shoes. NO croc or backless shoes.
5. Plain white shirts may be worn under the scrub shirt.

**NAME BADGES**

1. The name badge must be worn at all times.
2. The student is responsible for buying a name badge and replacing it if it gets lost or stolen.
3. The Registrar will provide the Ivy Tech name badge.

**JEWELRY**

1. A wristwatch with a second hand is required. Oversized, ornate or brightly covered watches are not appropriate.
2. Rings are not to be worn secondary to the increased risk of transmitting a microorganism and/or injuring a patient with them.
3. Small post earrings may be worn. Any earring larger than the earlobe or earrings that dangle are not acceptable and should not be worn.
4. No other jewelry should be worn unless for medical identification.

**HAIR**
1. Hair should be neat and clean, in a conservative, well-controlled style.
2. Necessary clips, barrettes, rubber bands should be used to pull back long hair. Long hair is defined as shoulder length or longer.
3. Male students must be cleanly shaven. Beards and mustaches, or any facial hair, must be short, close shaven and must be clean and neatly trimmed.

**FINGERNAILS**
1. Nails should be kept well manicured, clean and short enough to avoid injury to the patients.
2. Clear or very pale fingernail polish is allowed. Nail polish should not be chipped or cracked, or brightly colored.
3. Acrylic nails or any type of coverings on the nails is prohibited.

**COSMETICS**
1. Make-up should be used in moderation and with discretion.
2. Perfumes, colognes, after-shaves, powders, body sprays… should not be used in the clinical setting.
3. Hair spray should be used in moderation.

**PERSONAL HYGIENE**
1. Daily bathing, frequent shampooing, oral hygiene and use of underarm deodorants are essential practice.
2. The student must be free of body odor.

**SMOKING**
1. Students are not allowed to have any type of tobacco products on their person while in the clinical setting. If the student smells of tobacco they will be required by the clinical affiliate to leave. This will count as an occurrence and the entire day, along with a penalty day will be made-up.
2. Guidelines of the affiliating agencies must be followed.
3. Ivy Tech Community College Guidelines must be followed when on campus. See the Student Handbook.

**OTHER**
1. Body piercings are not permitted during the time at clinicals. The only acceptable piercings are in the ear lobes.
2. Tattoos and any body piercings that cannot be removed must be covered at all times during clinical time.
**EQUIPMENT**
1. Stethoscope, pen, pocket calculator and pocket note book are required for use at the clinical sites.
2. Other equipment that would useful but not required: bandage scissors, penlight, watch and hemostats.

**TRANSPORTATION**
If students decide to carpool, it is at their discretion. The program will not require that of any student. Each student must provide their own transportation to and from the clinical sites. Each student is required to rotate to clinical sites that are considered “far” sites, meaning over an hour and half away from the Terre Haute main campus. This is necessary so that the students rotate through all required rotations (adult critical care, pediatric critical care and neonatal critical care). There are no exceptions to this rule.

Clinical rotations will be created by the DCE. No student input will be accepted, unless there is a legal issue that the program must be made aware of between the student and a particular site.

**CLINICAL SITE LEAVE OF ABSENCE POLICY**
1. A student returning to the clinical after being off for a medical reason will be required to present a doctor’s release before returning.
2. If the doctor’s release indicates restrictions that would prohibit the student from performing the normal functions of his/her clinical, the student can return to clinical only with the approval of the program faculty and with agreement of the clinical site.
3. A leave of absence from clinical will be considered missing two or more consecutive clinical days.

**BREAKS AND LUNCH PERIODS**
Students will observe the departmental policies at the assigned facility regarding breaks and lunch periods.

Occasionally, due to high acuity times, these breaks/lunches will be missed. The student cannot leave the hospital setting during any break or period for any reason.

A 30 minute lunch period will not be counted in the total clinical hours for the day. For example if you are scheduled for an 8 hour shift, you will really be at the facility for 8.5 hours.
TELEPHONE AND PERSONAL BUSINESS

The student should not conduct telephone calls or personal business while in the clinical setting or during class time. This includes phone calls, cell phones, text messaging, personal pagers, email, internet or any other form of personal communications. The student should not carry a cell phone during clinical due to potential hazards of patient monitoring devices. If a student uses any form of communication for any personal reasons during clinical, that student will be asked to leave clinical for the remainder of the day. This will count as an absence; the student will have to make up the entire clinical day. Repeat offenses may result in failure to progress through the program.

All cell phones, person pagers, etc. must be turned off during classroom and laboratory instruction and clinicals unless that student has a pending emergency and has obtained permission from the instructor.

DISCIPLINARY ACTION

The successful completion of the program depends on the completion of all clinical education courses. Ivy Tech Community College must rely upon our hospital and clinical affiliates to provide the facilities for our clinical education courses. It is of the utmost importance that we maintain a positive working relationship with these affiliates. In order to avoid confusion, the student must abide by the affiliates rules of conduct while in the clinical situation. These rules of conduct include such things as start/end times, lunch/coffee breaks, equipment care, handling of patients, etc.

The Clinical Coordinator and/or the on-site instructor in the affiliated hospital have the authority to verbally reprimand, reprimand in written form, or dismiss a student from their assigned clinical temporarily or permanently for unethical behavior, unprofessional behavior or for not complying with hospital or college policies. A form will be filled out by one or more of the above listed personnel and a copy will be given to the student and the Program Chair and DCE of the college. If the student has been told by the clinical affiliate that they cannot return for clinicals, that student may receive an incomplete for the course and may not progress to the next semester.

It is a requirement that the clinical education phase of the program be completed. Any course with a clinical component must be successfully completed prior to progressing in the program. Incompleted courses will prevent the student from progressing into the next semester courses, the student will need to see the progression through the program section of this manual.

Grounds for immediate dismissal from a clinical site include felonies, theft, alcohol consumption (or reporting to clinical under the influence of alcohol), improper uses and abuses of legal and illegal drugs, gambling, fighting, and any other situation deemed injurious to the well-being of the clinical affiliate.
Days missed due to a disciplinary action must be made up by the student. If the students fails to progress, they may be able to complete the course the next time it is offered; if there is a clinical site available.

WEATHER

The student is expected to attend class/clinical regardless of weather conditions, however, each student should use her/her own judgment as whether or not to travel in inclement weather.

Listen to the TV or radio for announcements. Do not call the clinical site or the program faculty to ask if you should attend class/clinical or not. See the Ivy Tech Community College Student Handbook for the College policy. Students are encouraged to sign up for the Ivy Tech Alert messages through Campus Connect.

If there is a snow emergency in the county where you live or in the county that you must travel to, do not attempt to go. The clinical site and the Director of Clinical Education must be notified following the usual policy. The student must call in using the correct procedure outlined below in the clinical section of this manual.

If a student wishes to call in because of weather, they must notify the clinical site and the DCE a minimum of 1 hour before the start of the shift. When calling the site, the student must speak to a real person, the student cannot leave a message. The student should leave a message for the DCE, do not page the DCE if calling in or calling due to weather. Page the DCE for emergencies only.

Unless the campus itself is closed, the student is expected to attend all classes. With repeated offenses with the excuse of weather, penalties will apply. On the third occurrence, the student will receive a verbal warning. On the fourth occurrence, the student will receive a written warning. On the fifth occurrence, the student will receive a 6% deduction from their final grade. On the sixth occurrence, the student will be dismissed from the program. If the 6% deduction causes the final grade to fall below 76%, the student will fail that class and be dismissed from the program. A grade of 75.5% or higher, will not be rounded up to 76%.

If there is a snow emergency in the county where the student lives or the county where the student is going to and this can be verified by the program faculty, those occurrences will not count against the student. If it cannot be verified by the program faculty, the occurrences will count against the student and follow the penalties as stated in the above paragraph.

INFECTIOUS DISEASE POLICY

A health testing and a physical shall be completed on all students prior to beginning the Clinical Application 1. The required paperwork is due on the due date given during new student orientation, prior to the start into the program. No exceptions.

Included are the following items:

1. 2-Step TB test: Tuberculin, Purified Protein Derivative (PPD skin test)
   - If previous positive test, a chest x-ray will be ordered.
2. It is recommended that all students be vaccinated for Hepatitis B.
   - If the student does not wish to have a vaccine, this documentation will be included in their student file.

Infectious Diseases
1. Any student who is diagnosed with a disease that is infectious despite the use of Standard Precautions should immediately notify the program faculty so that an assessment can be made and any necessary precautions implemented to protect the health of the student, patients, other students, and employees. The goal in all such cases is to protect the health, welfare, and safety of patients, students, and employees to the greatest extent possible.
2. Reasonable efforts will be made to permit students diagnosed with diseases that is infectious despite the use of Standard Precautions, to continue their education as long as they are able to do so without a significant risk of harm to the health, welfare, or safety of themselves, patients, other students, or employees. In assessment of the risk involved, the nature and duration of the risk, the severity of the potential harm, and the likelihood of transmission will be considered.
3. Each decision will be made on a case-by-case basis and will require individualized assessment.

STANDARD PRECAUTIONS
All students prior to clinical rotations will be informed an educated on the use and application of the standard precautions. Students are required to utilize personal protective equipment and follow universal precautions at each assigned clinical facility.

Students are not fit tested for respirator quality mask (ie N95 duck bills) by the program. Unless the assigned clinical site chooses to fit the student, the student will not be allowed into patient rooms with airborne or respiratory precautions.

EMERGENCY RESPONSE
Refer to the Emergency Response Guide posted in all clinical areas at your assigned facility. The Emergency Response Guide covers responses to fire, medical emergencies and ambulance, utility failure, earthquake, chemical spills, tornado and severe thunderstorms, disruptive behavior/workplace violence, and bomb threats/suspicious mail/biological agent threats.

CPR
All students must maintain a current Healthcare Provider CPR card throughout the program.

SEXUAL HARASSMENT
Issues of sexual harassment that occur in the clinical site shall be dealt with and reported according to policies of that clinical site and the College. Such issues should be brought to the attention of program officials first so that proper documentation may be obtained. Issues of
sexual harassment that occur on the College campus may be addressed according to the College's Harassment Policy. Issues of sexual harassment at the Clinical site must be reported to Program officials.

**Drug and Alcohol Consumption**

Any student suspected of drug and/or alcohol use; or suspected of being under the influence of drugs/alcohol, at school, lab, or in the clinical facility will be asked to complete a drug screen that same date, and be sent home for the remainder of the day. The student will be dismissed from the program for positive results, unless a reasonable medical explanation can be presented by a physician.

If you have been placed on any medication, by a physician, that could impair your judgment, you may not attend clinical. This will count as an absence. Documentation from the student’s physician will be required before the student can return to clinical. All missed clinical time will be made up. Clinical time must be made up prior to the start of the next semester. Failure to do so may result in an incomplete for the course and failure to progress through the program. Proof of the prescription(s) must be provided to the program faculty.

**CONVICTION OF A FELONY**

The College and Program will train any eligible student regardless of a felony history. The College and the Program cannot guarantee that the student will receive a license from the state once that student has graduated. The college can also not guarantee that all hospitals will take a student with item(s) on the background report. If the student has an item on their background report, clinical affiliates will be contacted with only the information necessary for a decision about the student’s clinical rotation potential.

It is the responsibility of the student to investigate this with the Indiana Health Professional Licensing Agency, (317)234-2054.

**Clinical Documentation**

*All Clinical Documentation is the Responsibility of the student!*

As you have been taught, if it is not documented then it was not done. Clinical documentation is no different.

Data Arc is a software program that is used for all clinical documentation except for case studies. Each student will receive a log in and password and will be required to time in and out of Data Arc as well use Data Arc’s Daily Logs, Competencies and Evaluations. The preceptors will be shown how to use Data Arc by the students so each student must be well versed in the software.

The student must contact the clinical affiliate prior to the clinical rotation in order to verify the correct start time for that site. See the syllabus for each clinical course for the required documentation concerning start and end times of shifts.

Any forged clinical paperwork, falsified information, or deliberate inaccuracies will result in a student status report and will result in failure of the course and disciplinary
actions outlined in the Ivy Tech Student Manual. It will be at the program’s discretion if
criminal charges will be filed. The incident may also be reported to Ivy Tech Community
College and the plagiarism committee. This includes paper documentation and Data Arc
documentation. There are no exceptions to this.

Any changes made to the clinical paperwork in Data Arc by program faculty will be
kept track of and according to each clinical syllabus points will be deducted for each item
changed by faculty.

**STUDENT CHECK-OFFS**

In order to be checked off on any procedure the student must demonstrate not only
the technical skills but the required knowledge. The student has 3 attempts to be checked
off on any procedure. If the student fails all 3 attempts, the student will be dismissed from
the program as long as proper documentation has been provided by the preceptors. If
proper documentation is not found, the student will have only 1 more attempt at any 1
procedure. If the student fails this last attempt, they will be dismissed from the program.

The student can only be checked off on the procedures listed for each clinical
rotation found on the last pages of this handbook.

The student should not request to be checked off until they are ready to perform
that procedure unassisted. The preceptor should not check a student off unless they feel
like that student could perform that procedure without supervision.

Once the student has been checked off on a procedure, they will be expected to
perform that procedure unassisted from that point forward. It is up to the student to tell
the preceptor, if they are not comfortable with performing it alone.

The student does not have to perform each check off at every site. Once the student
is checked off, this covers all clinical sites. With that said, each clinical site must ascertain
that student’s level of competence before releasing them to perform any procedure. It is
still the clinical site’s responsibility to assure safe, high quality patient care.

**STUDENT EVALUATIONS**

The student is responsible for obtaining the required evaluations by the preceptors.
The specific number of evaluations can be obtained from the individual syllabi.

The preceptor should go to Data Arc and complete the affective evaluation. Before
the student leaves for that day, the preceptor should review the evaluation with the
student, emphasizing the student’s strengths and weaknesses as well as ways to improve
the weak areas. Once the student has reviewed the evaluation and has placed any
comments that he or she desires, the student should sign off on the evaluation so that it is
verified. The student may do more than the required evaluations but not greater than 4
extra for the entire semester. Failure to complete the required amount of evaluations will result in zero (0) points being given for any missing evaluations.

**PRECEPTOR AND CLINICAL SITE EVALUATIONS**

The student is responsible for performing evaluations on their preceptors and the clinical site as a whole. The specific number of evaluations can be obtained from the individual syllabi. The student should go to Data Arc and complete the evaluations. This can be done after the rotation is completed. Failure to complete the required amount of evaluations will result in zero (0) points being given for any missing evaluations.

**THE STUDENT’S ROLE AND PROFESSIONALISM**

The student will accept responsibility for all assigned tasks. If the student feels that he/she cannot safely perform the task assigned, it is the student’s responsibility to report this to the clinical preceptor without delay. It is dangerous to accept responsibility for clinical tasks if you are unsure about them.

It is the student’s responsibility to conduct him or herself in a mature and professional manner while attending clinical. Professional courtesy to all healthcare members is a characteristic that each student must possess. Students will be held to the above AARC statements. If any of these AARC statements are breeched, the student will be dismissed from the program.

Students are to act as “Respiratory Care Students”, RTS, and not to be considered staff members. Students are not to be considered as “workers” but as students who are in the clinical setting to learn and to be trained in Respiratory Care.

Problems in the clinical setting should be first addressed with the individual clinical preceptor and it must be in writing. If it cannot be resolved, the problem should be taken, in writing, to the contact person at the clinical site. If the issue remains unresolved, the Director of Clinical Education at Ivy Tech Community College should be contacted, written documentation of the events should be provided to the DCE.

Students are expected to communicate with their clinical preceptor about questions regarding specific policies and procedures unique to that clinical affiliate.

The student is responsible for getting all clinical documentation completed and assuring that it is turned in to the Director of Clinical Education at Ivy Tech Community College by the due date and time. If any clinical documentation is lost, it is the responsibility of the student to get the paperwork completed.

If a clinical site refuses to take a student for any reason, this may result in an incomplete for the course. If the student refuses to go to any assigned clinical site, that student will receive an incomplete for the course and will have to re-enroll in the course the
following year, if a clinical spot is available. If the student has a positive drug screen for any substance, unless a physician will verify in writing that the substance was legally prescribed, that student will be dismissed from the Respiratory Care program.

**STUDENT RIGHTS**

**YOU HAVE THE RIGHT TO:**

- Ask for help or time
- Ask questions
- Refuse requests for personal information
- Express your feelings – positive or negative, including disappointments, frustrations, etc.
- Ask for fair evaluations and feedback
- Be treated with respect, to be listened to and taken seriously
- Negotiate differences or conflicts
- Make mistakes – and to be responsible for them

**CONFLICTS OF INTEREST**

We realize that at Ivy Tech Community College our students are all adults. We will treat you as such and in return, we expect you to behave as such. In addition, we expect you to exhibit professional attitudes that avoid conflicts of interest. However, the students’ performance must be accurately evaluated in an unbiased manner.

Any student who in the opinion of program officials, establishes a conspicuous relationship with an R.T. or any other medical professional at a clinical site that could possibly have an effect on their achievement of competency when performing examinations as a student technologist, will be removed from that clinical site and placed in another clinical site. The student’s clinical abilities and clinical competencies must be fairly and accurately evaluated. This may be done at the discretion of Program officials.
**Clinical Site Contact Information**

On your first day at clinicals, confirm with your clinical site, the correct procedure and phone number for calling to report an absence or tardy. See the syllabus for details regarding your responsibility, as the student, and the correct procedure.

<table>
<thead>
<tr>
<th>Hospital Name and Address</th>
<th>Contact Person’s Name and Phone Number</th>
<th>To Report a Tardy or Absence</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP&amp;S Clinic</td>
<td>PFT - Julie Dooley, Professional Building Sleep – Autumn Goekler Park at 4th &amp; Maiden, use that door, not main door</td>
<td>PFT 812-242-3109 Sleep 812-242-1000</td>
</tr>
<tr>
<td>Bloomington Hospital</td>
<td>Angela Weaver</td>
<td>First, try this 812-353-9572 if no answer, call 812-353-4677 for supervisor</td>
</tr>
<tr>
<td>Crawford Memorial Hospital</td>
<td>Tyrone McQuaid</td>
<td>618-544-3131; ask operator to page respiratory</td>
</tr>
<tr>
<td>Daviess County Hospital</td>
<td>Valerie Roark or Steve Alsman</td>
<td>812-254-8883 Office 812-257-7581</td>
</tr>
<tr>
<td>Deaconess Hospital</td>
<td>Chris Stoelting – supervisor Julie Morgan – Education Coordinator</td>
<td>812-450-3361 for charge therapist</td>
</tr>
<tr>
<td>Dunn Memorial Hospital</td>
<td>Lori Zeeks</td>
<td>812-275-3331; ask operator to page respiratory</td>
</tr>
<tr>
<td>Gateway Hospital</td>
<td>Cindy Floz or Dee Schmitz [<a href="mailto:Cindy_Folz@deaconess.com">Cindy_Folz@deaconess.com</a> <a href="mailto:Dee_Schmitz@deaconess.com">Dee_Schmitz@deaconess.com</a>]</td>
<td>812-842-2000</td>
</tr>
<tr>
<td>Good Samaritan Hospital</td>
<td>Janet Sievers or Sandra LaMarche</td>
<td>812-885-3230, if no answer call 812-882-5220 have RT paged</td>
</tr>
<tr>
<td>Greene County General Hospital RR1 Box 1000</td>
<td>Stan Harbaugh</td>
<td>812-847-2281</td>
</tr>
<tr>
<td>HomeCare Advantage</td>
<td>Barry Martin</td>
<td>812-234-4602, this is the only place where you can leave a message</td>
</tr>
<tr>
<td>Paris Community Hospital</td>
<td>Dave Wilson</td>
<td>217-465-4141 ext. 374</td>
</tr>
<tr>
<td>Putnam County Hospital</td>
<td>Travis Stepro</td>
<td>RT dept. 765-655-2588, Travis’ office 765-655-2652</td>
</tr>
<tr>
<td>Hospital Name and Address</td>
<td>Contact Person’s Name and Phone Number</td>
<td>To Report a Tardy or Absence</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>St. Vincent Clay County 1206 E. National Ave. Brazil, In. 47834</td>
<td>Joyce Schilling</td>
<td>812-442-2526</td>
</tr>
<tr>
<td>St. Vincent – Indianapolis</td>
<td>Gary Smith for adult clinicals Roger Jundos for PICU Tom Noblet for NICU</td>
<td>317-338-1266, if it goes to message, call 317-338-1262 Call charge therapist 317-415-7969</td>
</tr>
<tr>
<td>Sullivan county Community Hospital 2200 N. Section St. Sullivan, In. 47882</td>
<td>Susan Pershing</td>
<td>812-268-4311 ext. 72289, if no answer press 0 for operator to page RT</td>
</tr>
<tr>
<td>Terre Haute Regional hospital 3901 South 7th Terre Haute, In. 47802</td>
<td>Leah Cygan</td>
<td>812-232-0021 ext. 2147</td>
</tr>
<tr>
<td>Union Hospital 1606 North 7th Terre Haute, In. 47804</td>
<td>Robin McCallister</td>
<td>RT 812-238-7564 Robins’ Office 812-238-4919</td>
</tr>
<tr>
<td>Union Hospital Clinton 801 South Main St. Clinton, In. 47842</td>
<td>Robin McCallister</td>
<td>765-832-1325 for the hospital; call for start/end times 812-238-4919 but to call in use 765-832-1325</td>
</tr>
<tr>
<td>VNA 400 8th Ave. Terre Haute, IN 47804</td>
<td>Robin Heng Will do paper time sheet NO need to call in prior to 0800 (this will be the only exception to the 1 hour rule)</td>
<td>812-232-7611; from 1700-0800 you will get an answering service that will send you to the on-call manager</td>
</tr>
<tr>
<td>Wishard Hospital 1001 West 10th Street Indianapolis, IN 46202</td>
<td>Chris Mosson</td>
<td>317-630-6190</td>
</tr>
<tr>
<td>Woman’s Hospital 4199 Gateway Blvd Newburgh, IN 47630</td>
<td>Rebecca Milligan</td>
<td>812-842-4200</td>
</tr>
</tbody>
</table>
**REQUIRED CLINICAL CHECKOFFS**
Use the following charts for your own records to keep track of completed clinical check-offs.

Student Name ___________________________________________________

<table>
<thead>
<tr>
<th>Clinical Application 1 - RESP 134</th>
<th>Data Arc Name</th>
<th>Date Clinical Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hand washing</td>
<td>Hand Washing</td>
<td></td>
</tr>
<tr>
<td>2. Isolation/USBP</td>
<td>Isolation Procedures</td>
<td></td>
</tr>
<tr>
<td>3. Medical Records</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>4. Patient Interview and History</td>
<td>Patient Assessment</td>
<td></td>
</tr>
<tr>
<td>6. Physical Assessment of the Chest / Breath Sounds</td>
<td>Chest Assessment</td>
<td></td>
</tr>
<tr>
<td>7. Tanks and Regulators</td>
<td>Transport with Oxygen</td>
<td></td>
</tr>
<tr>
<td>8. Oxygen Analysis</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>9. Nasal Cannula with Bubbler</td>
<td>Adult Nasal Cannula</td>
<td></td>
</tr>
<tr>
<td>10. Venti Mask</td>
<td>Air Entrainment Mask</td>
<td></td>
</tr>
<tr>
<td>11. Simple, Partial or Nonrebreather Mask</td>
<td>Simple, Partial, nonrebreather</td>
<td></td>
</tr>
<tr>
<td>12. Pulse Oximetry</td>
<td>Pulse Oximetry</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Application 2 – RESP 137</th>
<th>Data Arc Name</th>
<th>Date Clinical Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peak Flow</td>
<td>Peak Flow</td>
<td></td>
</tr>
<tr>
<td>2. Small Volume Nebulizer</td>
<td>Small Volume Nebulizer</td>
<td></td>
</tr>
<tr>
<td>3. Metered Dose Inhaler</td>
<td>Metered Dose Inhaler</td>
<td></td>
</tr>
<tr>
<td>4. Dry Powder Inhaler</td>
<td>Dry Powder Inhaler</td>
<td></td>
</tr>
<tr>
<td>5. Incentive Spirometry</td>
<td>Incentive Spirometry</td>
<td></td>
</tr>
<tr>
<td>6. Directed Cough Techniques (instruct patient on how to cough)</td>
<td>Adult Coughing</td>
<td></td>
</tr>
<tr>
<td>7. CPT (preferably using the hand technique)</td>
<td>Chest Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>8. Pep or EZPap</td>
<td>Mucus Clearing Adjuncts</td>
<td></td>
</tr>
<tr>
<td>9. Flutter or Acapella</td>
<td>Mucus Clearing Adjuncts</td>
<td></td>
</tr>
<tr>
<td>Clinical Application 3 – RESP 219</td>
<td>Data Arc Name</td>
<td>Date Clinical Completed</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1. Manual Resuscitation</td>
<td>Adult CPR Airway &amp; ventilation</td>
<td></td>
</tr>
<tr>
<td>2. Placement of Oral or Nasal Airway</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>3. Sterile Suctioning</td>
<td>Tracheal Suctioning</td>
<td></td>
</tr>
<tr>
<td>4. Arterial Blood Gas Stick</td>
<td>ABG Sampling</td>
<td></td>
</tr>
<tr>
<td>5. Continuous Nebulizer</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>6. Adult Vent Initiation</td>
<td>Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>7. Adult Vent Round</td>
<td>Routine Ventilator Check</td>
<td></td>
</tr>
<tr>
<td>8. Adult Circuit Change</td>
<td>Ventilator Circuit Change</td>
<td></td>
</tr>
<tr>
<td>9. Mask CPAP or BiPAP Initiation</td>
<td>Noninvasive Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>(including mask fitting)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Mask CPAP or BiPAP Round</td>
<td>Noninvasive Ventilator Check</td>
<td></td>
</tr>
<tr>
<td>11. HME use and change</td>
<td>Heat/Moisture Exchanger</td>
<td></td>
</tr>
<tr>
<td>12. Endotracheal Tube Care</td>
<td>Securing Artificial Airway</td>
<td></td>
</tr>
<tr>
<td>13. Cuff Pressures/Minimal Leak/</td>
<td>Cuff Management</td>
<td></td>
</tr>
<tr>
<td>Minimal Occluding Volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. In Line Suctioning</td>
<td>In-line suctioning</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Application 4 – RESP 220</th>
<th>Data Arc Name</th>
<th>Date Clinical Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manual Resuscitation</td>
<td>Adult CPR Airway &amp; ventilation</td>
<td></td>
</tr>
<tr>
<td>2. Sterile Suctioning</td>
<td>Tracheal Suctioning</td>
<td></td>
</tr>
<tr>
<td>3. Arterial Blood Gas Stick</td>
<td>ABG Sampling</td>
<td></td>
</tr>
<tr>
<td>4. Large Volume Nebulizer (to a trach collar, face mask, T-piece…)</td>
<td>Face Tent, Face Mask, Trach – Collar or T-piece</td>
<td></td>
</tr>
<tr>
<td>5. Adult Vent Initiation</td>
<td>Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>6. Adult Vent Round</td>
<td>Routine Ventilator Check</td>
<td></td>
</tr>
<tr>
<td>7. Adult Circuit Change</td>
<td>Ventilator Circuit Change</td>
<td></td>
</tr>
<tr>
<td>8. Mask CPAP or BiPAP Initiation</td>
<td>Noninvasive Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>(including mask fitting)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Mask CPAP or BiPAP Round</td>
<td>Noninvasive Ventilator Check</td>
<td></td>
</tr>
<tr>
<td>10. HME use and change</td>
<td>Heat/Moisture Exchanger</td>
<td></td>
</tr>
<tr>
<td>11. Endotracheal Tube Care</td>
<td>Securing Artificial Airway</td>
<td></td>
</tr>
<tr>
<td>12. Cuff Pressures/Minimal Leak/</td>
<td>Cuff Management</td>
<td></td>
</tr>
<tr>
<td>Minimal Occluding Volume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. CXR interpretation for tubes and Line</td>
<td>X-Ray Interpretation</td>
<td></td>
</tr>
<tr>
<td>14. Assist with Intubation</td>
<td>Intubation</td>
<td></td>
</tr>
<tr>
<td>15. Extubation</td>
<td>Extubation</td>
<td></td>
</tr>
<tr>
<td>16. End Tidal CO2 Monitoring</td>
<td>Capnography</td>
<td></td>
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<tr>
<td>17. Arterial Line Draw</td>
<td>Arterial Line Sampling</td>
<td></td>
</tr>
<tr>
<td>Clinical Application 5 – RESP 237</td>
<td>Data Arc Name</td>
<td>Date Clinical Completed</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>1. Arterial Blood Gas Stick</td>
<td>ABG Sampling</td>
<td></td>
</tr>
<tr>
<td>2. Arterial Line Draw</td>
<td>Arterial Line Sampling</td>
<td></td>
</tr>
<tr>
<td>3. End Tidal CO2 Monitoring</td>
<td>Capnography</td>
<td></td>
</tr>
<tr>
<td>4. Waveform Graphic Analysis</td>
<td>Ventilatory Graphics Analysis</td>
<td></td>
</tr>
<tr>
<td>(identify what was seen)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Weaning Parameters</td>
<td>Weaning Parameters</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Before Graduation</th>
<th>Data Arc Name</th>
<th>Date Clinical Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Liquid oxygen – filling a portable</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>2. Sputum Induction</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>3. Trach Care</td>
<td>Tracheostomy Care</td>
<td></td>
</tr>
<tr>
<td>4. Trach Change</td>
<td>Generic</td>
<td></td>
</tr>
<tr>
<td>5. Pediatric Vent Initation</td>
<td>Pediatric Critical Care Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>6. Pediatric Vent Round</td>
<td>Pediatric Critical Care Routine Ventilator Check</td>
<td></td>
</tr>
<tr>
<td>7. Neonatal Vent Initiation</td>
<td>Neonatal Critical Care Ventilator Setup</td>
<td></td>
</tr>
<tr>
<td>8. Neonatal Vent Round</td>
<td>Neonatal Critical Care Routine Ventilator Check</td>
<td></td>
</tr>
</tbody>
</table>
ACCREDITING AGENCIES FOR
RESPIRATORY CARE
AT
IVY TECH COMMUNITY COLLEGE

The Respiratory Care Program, of Ivy Tech Community College – Wabash Valley Region is accredited by the Commission on Accreditation for Respiratory Care.

Commission on Accreditation for Respiratory Care
1248 Harwood Road
Bedford, TX 76021-4244
http://www.coarc.com
(817) 283-2835 (817) 354-8519 (fax)

The Higher Learning Commission of the North Central Association of Colleges and Schools
30 North LaSalle Street, Suite 2400
Chicago, Illinois 60602-2504
http://www.ncahlc.org
Phone: 800-621-7440 / 312-263-0456
Fax: 312-263-7462
I have read and understand the "Program Overview and Student Handbook, Fall 2011" for the Respiratory Care Program at Ivy Tech Community College, Region 07, Terre Haute. The contents have been fully explained and all pertinent questions have been answered and I accept responsibility for the contents therein.

I fully understand that if I do not comply with the handbook that it may be grounds for disciplinary action(s) per the Ivy Tech Student Handbook.

Printed, Full Legal Name

________________________________________
Student Signature

________________________________________
Date

The rules and regulations of this handbook are effective immediately. Any changes or corrections made by the College or Program will be circulated and posted for inspection. A signature will be required to acknowledge receipt of the changes.