

**EASTERN OKLAHOMA STATE COLLEGE
RESPIRATORY CARE PROGRAM
STUDENT HANDBOOK**

Handbook policies are based upon present conditions and are subject to change by amendment or addition without prior notice. The college and the Respiratory Care Program reserve the right to modify any statement in accordance with unforeseen conditions or circumstances. While this is not a legal document, policies are expected to be adhered to unless an exception is granted.

Covid-19 Revision

Please note that various sections are superseded by announced procedure changes involved during the fluid movement of the Covid-19 crisis. IE: page 21. The document will be returned with no exceptions as the Covid-19 crisis is expunged. For any questions or clarification during this time, please notify the Respiratory Care Program Director at 918-448-7927.

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Introduction

The purpose of this handbook is to provide information regarding student policies and procedures within the Respiratory Care Program at Eastern Oklahoma State College, to provide consistent and equitable treatment throughout the Respiratory Care Program.

Any revisions or addendums to this handbook will be provided in writing to each student and will become effective at the time specified on the written notice.

All activities associated with the Respiratory Care Program, including student and faculty recruitment, student admission, and faculty employment practices, are non-discriminatory and in accordance with federal and state statutes, rules, and regulations.

The faculty of the Respiratory Care Program welcomes each student and encourages each one to attain his/her career goals. It is the intent of each faculty member to provide support and encouragement to each student during the course of this 2-year program. Each faculty member has an open-door policy and will be available to answer questions and assist with problems that may arise. See individual course syllabi for each instructor's office hours.

Application Instructions

Complete the Eastern Oklahoma State College Application for Admission online on the Eastern Oklahoma State College website and submit the application to the Respiratory Care Program. In order to submit an application online, the candidate must first apply and be accepted to Eastern Oklahoma State College. For help, please contact Peggy Spears at 918-448-7297 and/or text with your stated interest in the program and your cell phone for a return call. You may also email your contact information to pspears2@eossc.edu

Send official high school transcript or GED scores to the Registrar's Office.
Send official college transcript(s) to the registrar's office from each college attended.

Successful completion of the program prerequisite, which is CHEM 1104, Introduction to Chemistry and/or its equivalent must be documented with a grade of "C" or better. During the pandemic, CHEM 1104 may be taken concurrently with the first semester of the Respiratory Therapy program.

Send official ACT/SAT scores to the Registrar's Office. (Each applicant must have either ACT/SAT scores to be considered for the program, REGARDLESS of age or educational background). The Respiratory Care Program requires an ACT grade of 19 for acceptance consideration. In the event, that a student does not obtain a 19 on the first ACT attempt, it is recommended to study again for the ACT and retry. When the ACT score of 19 is obtained, the student's folder will move forward for further review.

Early Admission:

The Respiratory Care Program has an early admission opportunity that begins the first Monday in November each year and extends to the last day of the fall semester. Student folders from this group may receive acceptance with the understanding that they will enroll in the needed science courses that are required for the Associate degree in the spring and/or summer semesters previous to their admission. The courses are Anatomy, Physiology, Microbiology, and Introduction to Chemistry and shall be completed with a grade of "C" or better. Admitted students will be allowed to take science courses in the fall of their admission but no science courses will be allowed once clinical rotations begin in the program. It is advised to complete the science courses before admission to the program if possible. For individual considerations, contact Peggy Spears at 918-448-7927.

Spring Admission:

Application for admission to the Respiratory Care Program ends May 31st of every year. Any candidate that applied for early admission but did not receive an acceptance letter will be included in the folders reviewed for the additional acceptance letters.

Students dismissed from the Respiratory Care Program for disciplinary reasons will not be eligible for readmission at a later date.

Selection Criteria

A selection committee reviews all the applications. Qualified applicants will be granted an interview with the Respiratory Care Program faculty. Qualified applicants are ranked from the highest to the lowest score according to an established point system. The top applicants are selected for the next fall semester class and are notified by email of their selection by the second week of June or before. The selection criteria are based upon the following:

Criteria for Admission

Admission Criteria are based on GPA, ACT, academic achievement in sciences, and specific work experience and interview. Candidates are given points according to a scale. The students with the highest points are accepted for admission according to the number of class vacancies. Only fully completed applications will be considered for admission. Incomplete applications will not be processed. Completed applications submitted after the deadline will be considered only if space is available. It is the student's sole responsibility to ensure that applications are complete prior to submission for consideration for admission.

1. GPA Requirement

For students who have 12 hours or more of college credit, college GPA will be utilized. If less than 12 hours of college credit, high school GPA will be used if the student has graduated with a high school diploma. A minimum retentive GPA of 2.5 is required for admission. Points will be designated as follows:

GPA: 2.5 - 3.0 = 1 point
3.1 - 3.5 = 3 points
3.6 - 4.0 or BS degree = 5 points

Maximum points = 5

2. ACT Requirements

A minimum of 19 for ACT composite score is required to be considered for admission. Points will be awarded as follows:

- ACT: 19-22 Composite = 1 point
- 23-26 Composite = 3 points
- 27 or above Composite = 5 points

Maximum points = 5

3. Science Requirements

Supporting sciences must be completed no more than 7 years prior to course commencement. Points will be awarded for each of the following supporting sciences: Anatomy, Chemistry, Physiology, and Microbiology.

- A= 3 points
- B= 2 points
- C= 1 point

Maximum points = 12

4. Work Experience:

Submit proof of current/expired state-issued License/Certification with the application.

- EMS/EMT-B =1 point
- CAN = 2 points
- LPN or EMTP =3 points
- Other = 1-3 points

Maximum Points = 3

5. Interview

Each interview will include the same content:
Four possible points can be gained during the interview process.

Maximum Points = 4

Possible Admission Points = 30

Physical Qualifications:

In order to be considered for admission, all applicants must sign the physical qualification form included in the admission application.

1. Have physical strength to lift a minimum of 25 pounds.
2. Have visual capacity to read small print on medication labels.
3. Have sufficient auditory perception to receive verbal communication from clients and members of the health team and to assess health needs of people through the use of monitoring devices such as a stethoscope, IV infusion pump, cardiac monitors, and fire alarms. Etc.
4. Communicate in clear English speech patterns, verbal and written.
5. Demonstrate coordinated range of motion of all four extremities without assistive devices.
6. Must be able to demonstrate appropriate and rational behavior while under mental and emotional stress.

After the selection process is completed, the new students are notified of the date and time to attend the new student orientation. This orientation takes place in the beginning of the fall semester. During the orientation, the students will complete any unfinished paperwork that will permit them to enroll in the appropriate respiratory care courses. Student requirements such as immunization records, random drug testing, CPR training, HIPAA training and criminal background checks will be discussed with the students, and a timeline for completion of all the requirements will be provided.

During the first week of the program, the *Respiratory Care Program Student Handbook* will be provided to each student and discussed in detail. The *Student Agreement Form* at the back of the handbook must be completed and signed by each student stating they have read, understand, and will abide by the policies of the program. The signed form is given to the Program Director by the end of the first week of classes.

Respiratory Care Program Faculty

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Jason McElyea DO

Medical Director

Team Health-Integris

Clinical Affiliates:

Atoka County Medical Center
1200 West Liberty Road
Atoka, OK 74525

McAlester Regional Health Center
1 Clark Bass Blvd
McAlester, OK 74501

Mercy Hospital Ada
430 North Monte Vista Street
Ada, OK 74820

Norman Regional Medical Center
901 N Porter Av
Norman, Ok 73071

Mercy Hospital Fort Smith
7301 Rogers Ave
Fort Smith, AR 72903

Respiratory Care Professional Organizations

American Association for Respiratory Care (AARC)

11030 Ables Lane
Dallas, TX 75229
(972) 243-2272
www.aarc.org

National Association of Associate Degree Respiratory Care (NA2RC)

PO Box 177
Wilburton, Oklahoma 74578
(918-448-7927)
<http://www.nn2rc.org/Na2RC>

American Respiratory Care Foundation (ARCF)

11030 Ables Lane
Dallas, TX 75229
(972) 243-2272
(Regarding grant and scholarship information)

National Board for Respiratory Care (NBRC)

18000 W. 105th St.
Olathe, KS 66061-7543
(913) 895-4900
www.nbrc.org

Oklahoma State Board of Medical Licensure and Supervision

PO Box 18256
Oklahoma City, OK 73154-0256
800-381-4519
www.okmedicalboard.org

The Profession of Respiratory Care

Respiratory Care is one of the fastest-growing health care professions. The profession is in need of dedicated and motivated individuals to provide respiratory care to critically ill infant, pediatric and adult patients. Respiratory Care practitioners also deliver care to non-critical patients and help in the rehabilitation of patients suffering from a variety of cardiopulmonary disorders.

Most Respiratory Care practitioners are employed by hospitals and administer care to patients on the general floors, adult intensive care unit, cardiac intensive care unit, pediatric intensive care, and neonatal intensive care unit. Diagnostic studies are performed by therapists in the pulmonary function lab and sleep lab. Many therapists administer respiratory care to patients in the home setting.

Respiratory Care practitioners are called upon to administer various treatment modalities, medications, perform diagnostic procedures, and manage sophisticated life support equipment.

Respiratory Care Credentialing

The overall goal of the Respiratory Care Program is to provide an educational curriculum designed to prepare the students for the successful completion of the National Board for Respiratory Care (NBRC) credentialing examinations. Upon graduation from the program, the student will be eligible to take the Therapist Multiple-Choice Examination. Successful completion earns the Certified Respiratory Therapist (CRT) credential with the low-cut score while the high-cut score earns eligibility to take the Clinical Simulation Examination, which when successfully completed, the Registered Respiratory Therapist (RRT) credential is awarded.

The EOSC Respiratory Care Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC).

Program Goals:

The goal of the Respiratory Care Program is to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Program Course Curriculum

In order to complete graduation requirements, a grade of "C" or better must be achieved in ALL Respiratory Care (RT) courses. Introduction to Chemistry (Chem 1104), Anatomy, Physiology, and Microbiology require a grade of "C" or better for the student to be considered as a candidate for graduation. Because the program is heavily science and math-based, more consideration will be given to applicants with a stronger background in math and science courses.

Prerequisite

CHEM 1104 – Introduction to Chemistry

First Year – Fall Semester

HSRT 2114 Fundamentals of Respiratory Care
HSRT 2211 Ethics of Healthcare
OLS 1111 Orientation
BIOL 2114 Human Anatomy
ENG 1113 Comp 1
MATH 1503 Survey of Math

First Year – Spring Semester

HSRT 2333 Respiratory Pathology
HSRT 2243 Respiratory Pharmacology
BIOL 2204 Human Physiology
HSRT 2202 Respiratory Procedures
ENGL 1213 Comp 11

First Year – Summer Semester

BIOL 2124 Intro to Microbiology
HSRT 2224 Clinical Practice 1

Second Year – Fall Semester

HSRT 2233 Respiratory Physiology
HSRT 2103 Pulmonary Diagnostics
HSRT 2213 Mechanical Ventilation
POLSC 1113 American Government
HSRT 2324 Clinical Practice 11

Second Year – Spring Semester

HSRT 2334 Clinical Practice 111
HSRT 2352 Neonatal/Pediatric Respiratory Care
HSRT 2343 Critical Care
HIST 1483 American History
PSY 1113 Intro to Psychology

Total Program Hours: 74

The curriculum planning and review will be done in accordance with page 18 of the Faculty Handbook as follows:

Duties of the Advisory Committee:

The duties of an advisory committee should extend beyond giving advice, but the committee has neither legislative nor administrative authority. The following guidelines may be utilized by the advisory committee.

- a. Make surveys of community needs.
- b. Determine and verify needs of training.
- c. Provide tangible evidence that industry is supporting the program.
- d. Review the past accomplishments and forecast trends affecting training and employment of program graduates.
- e. Evaluate the program and provide input to faculty concerning curricular interest.
- f. Provide financial, legislative, and moral support.
- g. Promote the program to the community and employers.
- h. Recommend facilities and standards for shops and laboratories.
- i. Recommend standards of selection of equipment and instructional materials.
- j. Secure donations for equipment and supplies.
- k. Call attention to new technical developments which might require changes in the curriculum.
- l. Recommend minimum qualifications for selection of faculty.
- m. Locate placement opportunities for students.
- n. Recommend criteria for evaluating student performance.
- o. Assist in developing cooperative work experience programs for students.
- p. Aid in building the prestige of and respect for the educational program.

General Guidelines and Policies

Grade Requirements

The student must complete Microbiology, Intro to Chemistry, Human Anatomy, and Physiology, and all respiratory care classes with a grade of "C" or better. Receiving a grade lower than "C" in any of these classes will affect the student's progression through the program, depending on course prerequisite requirements. The failed course must be repeated the following year before the student can continue full progression through the program. Failure to pass the same class twice will result in the student being withdrawn from the program.

Students receiving a grade of less than "C" in two or more classes during any semester will be placed on probation and may be required to reapply to the program.

Qualifications for Graduation

Along with passing each respiratory care course with a grade of "C" or better, the student must demonstrate competency, based on evaluations by program and adjunct faculty and in some cases clinical preceptors while performing the following respiratory care tasks in the laboratory and/or clinical setting:

Handwashing and Isolation Procedures
Oxygen Supply Systems (tanks, liquid, concentrators)
Patient Assessment
Patient Positioning
Vital Signs
Breath Sounds
Humidity Therapy
Aerosol Therapy (long term; small volume for medication delivery, MDI)
Oxygen Administration
Artificial Airway Care
Cuff Care
Pulse Oximetry
Incentive Spirometry
IPPB Therapy/Lung Hyperinflation Therapy (PEP, flutter valve, etc.)
BiPAP (non-invasive ventilation)
Directed Cough
Bedside Pulmonary Function Studies
Pulmonary Function Studies
Chest Physiotherapy
Endotracheal and Nasotracheal Suctioning
Tracheostomy Care and Suctioning
Manual Ventilation
Endotracheal Intubation
Endotracheal Extubation
Ventilator Management
Ventilator Weaning Parameters
Arterial Blood Gas Sampling
Neonatal Oxygen Delivery Systems
Oxygen Hood
Neonatal Airway Management
Neonatal Nasal Suctioning
Neonatal Non-Pressurized Aerosol Delivery
Neonatal Patient Assessment
Neonatal Ventilator Management (including non-invasive and CPAP)
Communication Skills (Oral Case Presentations)

Students failing to meet the minimum competency score must remediate before attempting the task again.

Advanced Standing Credit

Students accepted into the program who already have professional respiratory course credits in the same discipline from another college may get credit for those courses upon review by the Program Director provided the courses have been successfully completed with a grade of "C" or better **within the past five years**. The course description from the classes already taken at the other institution will be compared to those offered in this program, and if the courses appear to cover the same material, credit will be given. The PD will work with the Counseling Office to make sure the credits will transfer. At least 16 hours of credit from this program must be successfully completed to earn a degree from EOSC.

Student Records

All student files including didactic coursework and tests, laboratory competencies and clinical coursework will be secured in the locked offices of the Program Director, Director of Clinical Education, and other full-time faculty. Course grades and credits are recorded on the student's transcript and maintained in the Office of the Registrar.

Classroom Conduct and Academic Honesty

The student has a responsibility not to engage in any unethical behavior that relates to their academic studies. Students committing any of the following offenses will be subject to immediate removal from the program. These include but are not limited to the following offenses:

1. Gaining assistance from or giving assistance to another student during testing.
2. Reproducing the content of an exam after the exam is reviewed in either written, oral or digital media. (Tape recorders are not allowed during exam reviews.)
3. Modification of test answers during an exam review.
4. Dissemination of examination content to other students in the current class or future classes.
5. Plagiarism of copyrighted material or submitting materials generated by another individual.
6. Falsification of clinical records.
7. Cell phones are not to be used in the classroom or skills lab. Use of electronic notebooks and laptops requires the permission of the instructor.

Class Attendance and Tardiness

Students are required to attend class on a regular basis. Attending all Respiratory Care classes is essential for success in the program and to prepare for the NBRC credentialing examinations and clinical experiences. Recognizing that attendance is not always possible, the student will be allowed to miss an equivalent of two weeks of class during a sixteen-week semester. For example, six absences will be allowed for classes meeting three days per week. Four absences will be allowed for classes meeting two days per week. Two absences will be allowed for classes meeting one day per week. In an eight-week semester, the allowable absences will be reduced to half of the allowable absences in a sixteen-week semester. The student will be withdrawn from the course if the maximum number of allowable absences is exceeded. Since all Respiratory Care courses are offered only once per year, being withdrawn from the class will result in the student having to repeat the course the following year. This will affect the student's progression through the program, causing a one-year delay in graduation. Refer to the course syllabus of each class for the specific attendance policy for that course.

Students should arrive for class on time. Arriving late on a regular basis will be addressed by the program faculty.

Clinical Rotations

Beginning in the summer semester of the first-year students will be assigned to area hospitals and institutions for clinical training. Clinical rotations take place on Monday and Tuesday of each week. Clinical times are arranged per clinical facility

While on clinical rotations, the student will be assigned to a department therapist. The student is under direct supervision of a licensed therapist the entire clinical day except time spent with EOSC clinical faculty.

A licensed RCP must be present during ALL student interventions with patients. At no time is the student to be left unattended with the patient. All exams and procedures performed by students must be under supervision of the EOSC clinical faculty or the licensed department therapist. A student cannot be assigned a clinical procedure as the sole responsible individual under any circumstance.

It is the responsibility of the student to reiterate this policy to any staff or faculty who may attempt to leave the student unsupervised. Should the staff fail to honor this policy, the student is to return to the department for reassignment to another therapist. The student must also report the incident to the EOSC Program Director and/or the Director of Clinical Education as soon as possible. A student in violation of this policy will be counseled.

Students must not be substituted for clinical instructional or administrative staff while on clinical assignment. Students on rotation at an institution where they are employed may not receive any form of remuneration in exchange for work, they perform as a student during that rotation. The CoARC has made exceptions to this during the pandemic under guidelines.

The student may be responsible for completing a daily log at the end of each clinical day. The log documents the procedures performed, and events witnessed on that day. The log must be signed by the assigned therapist at the start of the clinical day and at the end of the day in order to document the student's arrival and departure time. Some documentation may be implemented with software such as DataArc.

Cellular phones are not permitted at the clinical site. In order to be reached in an emergency, the Respiratory Care Department can be notified, where a message can be left with the office staff.

Clinical Attendance and Tardiness

Students are required to arrive at the clinical sites on time and stay until the designated sign-out time. Generally, clinical rotation times are from 6:45 A.M. to 3:00 P.M. arriving late and/or leaving early will not be tolerated. Students are allowed a specific number of clinical absences during the semester. **Exceeding the allowable absences will result in the student being withdrawn from the clinical course. The course must be repeated the following year resulting in a one-year delay in graduation.**

Arriving late to the clinical site on two occasions or leaving the clinical site early twice will be counted as a clinical absence. A combination of arriving late and leaving early will also constitute a clinical absence.

It is imperative that the student notify both the clinical site and the Director of Clinical Education and the Program Director when he/she is going to be absent or arrive late to the clinical site.

Please refer to each clinical course syllabus for the specific attendance policy for that course.

General Conduct*

Students will conduct themselves in a professional manner at all times. The student will:

1. Refrain from discussing the patient's condition and/or diagnosis in any way other than in an educational setting.
2. Keep all patient information confidential (as specified by the *Student Confidentiality Statement*).
3. Maintain department or area decorum by refraining from loud or boisterous behavior.
4. Address all clinical instructors and faculty members with respect.
5. Turn off and put away cell phone while in the classroom and clinical setting and receive no personal telephone calls or visits in the clinical setting except in emergency situations.
6. Remain in the assigned department or area the entire clinical day.
7. Abstain from profanity, abusive language, or the use of alcohol or other drugs both at the college and in the clinical setting.
8. Do not chew gum while in the patient care areas.

A student who engages in inappropriate conduct at the college or in the clinical setting will be asked to leave the premises and will receive disciplinary action in accordance with the student handbook.

***All EOSC students must be in compliance with EOSC Standards of Conduct found in the student handbook.**

Dress Policy

Casual attire is acceptable for all classes at the college.

To assure that the EOSC Respiratory Care student is readily recognizable as a student and not a practitioner, and is neat and professional in appearance, the following dress code is to be adhered to by all students while on clinical rotations:

- A. All students are to wear the designated color scrubs which may be purchased in the EOSC bookstore. An EOSC student patch must be sewn on the left sleeve of the scrub top. A white lab jacket is optional. If a jacket is worn, an EOSC student patch must be visible on the left sleeve of the jacket.
- B. An EOSC student name tag (not a work name tag) must be worn and visible at all times.
- C. All students will wear clean, closed-toe, soft-soled shoes. Athletic type or nursing-style shoes are acceptable. All shoes must have a back strap without holes near or at the toe. Clogs may be worn but **MUST** have a backstrap without holes on top. (NO Crocks). Shoes that predominantly white are recommended.
- D. The student must have a watch with a second hand, pen with black ink, note pad, stethoscope, and clinical task objectives in his/her possession at all times at the clinical site.
- E. Personal appearance:
 - 1. Hair must be neat and clean. It must also be held back if longer than shoulder length to promote safety and prevent contamination.
 - 2. Fingernails must be kept neat, clean, and trimmed to moderate length. False nails and/or extensions are prohibited.
 - 3. Inadequate personal hygiene will not be tolerated (dirty hands or hair, body odor, etc.).
 - 4. No cologne or perfume should be worn since their odor can worsen the condition of pulmonary patients. Strong fragrances and perfumes are not permitted in the classroom or lab as well.

5. Because of dress code policies at particular clinical affiliates, body piercings, other than pierced ears, are prohibited. Dangling earrings, due to safety considerations, should not be worn.
6. Tattoos must be covered by the clinical uniform and not visible while on clinical rotations.

A student judged to be in violation of the dress policy by a clinical instructor or program faculty will be sent home from the clinical site.

Qualified First by Verified Credentials Background Check

Upon Respiratory Therapy program application, a national background screening from Verified Credentials must be submitted at the cost of the student. Submission for background screening is located on the Respiratory Therapy program application.

Students who do not consent to the required background check, who refuse to provide information necessary to conduct the background check, or who provide false or misleading information in regard to the background check will be subject to disciplinary action up to, and including, dismissal from the program.

CPR Certification

All students in the Respiratory Care Program must be certified in CPR prior to attending clinical rotations in the summer semester of the first year. The student must obtain certification in the **American Heart Association's "Basic Cardiac Life Support for Health Care Providers."** The Program will coordinate a group CPR effort for this certification. Attendance is mandatory. No student will be allowed to enter into a clinical rotation without the credential.

Drug Screening

Students are required to have a documented drug screen prior to clinical, according to respiratory program and clinical facility guidelines. The initial urine drug screen is included in the student fees. Any subsequent drug testing for verification will be at the student's expense and is not included in the fees. **The respiratory therapy program maintains a strict no tolerance policy regarding substance abuse.** All students must clear a drug screen test. Failure to undergo this test, a positive drug screen, or a tampered with urine sample will result in **dismissal** from the program. If the drug screen reflects positive, the urine will be submitted for verification the designated medical officer.

Drug test results are usually accepted for the duration of the student's continuous program participation but may be required on a more frequent basis depending on the requirement(s) of clinical affiliates.

IMMUNIZATIONS

Proof of TB screening, TD/DPaT/TaP, MMR (Measles, Mumps, and Rubella), and Varicella immunizations must be completed prior to the first day of clinical classes and Hepatitis B vaccination (or waiver) must be completed or in progress by the first day of clinical classes. Immunization forms are provided upon admission to the Respiratory Therapy Program. Proof of influenza vaccine is required by November 1st of each year. Proof of immunizations should be submitted to a faculty member on your campus and or sent to the contact person instructed by the program director. If a student is not clinically eligible by Clinical 1, the student will be administratively withdrawn. No exceptions can be made if a student is clinically ineligible as a result of lack of completion of all vaccinations and CPR requirements as it is clinical facility requirements. It is the student's sole responsibility to ensure that all vaccinations are correct, current, and complete.

Student Employment

Students are allowed to secure employment as a Respiratory Care Practitioner based on the Oklahoma State Respiratory Care Practice Act implemented in 1995. The student must obtain a provisional license to practice Respiratory Care as a student. Students will be able to begin employment at the discretion of the program director and clinical director after specific respiratory care procedures have been performed both in the lab and during clinical rotations.

To obtain an application for a provisional license, contact the program director to discuss the process and timeline. Decisions for provisional license are based on specified check-off sheets for competencies, academic performance, professionalism, and attendance. Students on probation and/or involved in disciplinary episodes are not eligible for provisional license. Special emphasis will be placed on the student's ability to cooperate and work with others in a spirit of team. The provisional license requires the signature of the program director.

Student employment is neither encouraged nor discouraged by the Respiratory Care Program faculty. It is the student's responsibility to maintain class attendance regardless of the number of hours worked. It is unacceptable to miss class or clinical time for personal employment. The student will be counseled by the Program Director if classroom and/or clinical performance is affected by employment.

Students are not to complete any clinical coursework during their hours of employment. (During the Covid-19 crisis, this has been lifted.)

Academic Integrity

The respiratory care program abides by the school's policy regarding misconduct and academic cheating. Written assignments should be original and the student's own work. If two or more papers have striking similarities, all students involved will receive a zero or no credit. See EOSC student handbook.

Computers

Each student is required to have minimum computer skill competency and access to a computer with Microsoft, Word, PowerPoint Viewer, and internet capabilities.

Appeal/Complaint Procedure

The respiratory care program follows the due process as outlined in the Eastern Oklahoma State College Student Handbook

Professional Behavior

Professionalism is defined as the demonstration of high-level personal, ethical, and skill characteristics of a member of a profession. As a student in the EOSC respiratory therapy program, you are making a commitment to the ideals and demands of the respiratory therapy profession. As you progress through the program, you are expected to develop and display the behaviors and characteristics that will identify you as a true professional in your future practice. Professional behavior applies to all areas of your student activities, including but not limited to off-campus clinical experiences, on-campus skills laboratory experiences, preceptorship, interaction with fellow students and instructors, classroom behavior, and involvement in respiratory therapy student organizations.

In the classroom and in the on-campus and online skills laboratory, the student will demonstrate professional behavior that follows the ethical code for respiratory care, promotes respect for others, and demonstrates accountability in preparation. Indicators to be used as guidelines for evaluating professional behavior are:

1. Ethical: The student behavior is in accordance with the American Association of Respiratory Care "Statement of Ethics and Professional Conduct".

Examples of unethical behavior include but are not limited to the following:

- a) Violating any portion of the "Academic Ethics Statement"
- b) Attending class while under the influence of drugs or alcohol
- c) Use of cell phones or other electronic devices during tests or exams for the purpose of cheating.

2. Respectful of others: The student will display respect for fellow students and instructors at all times while in the classroom or when involved in on-campus and/or online class or laboratory experience.

Examples of disrespectful behavior include but are not limited to the following:

- a) Talking to others during lecture
- b) Sleeping during lectures
- c) Making inappropriate or rude comments during classes
- d) Making excessive loud objection

- e) Conduct of any kind that is disruptive to the class
- f) Failure to address instructors in an appropriate fashion
- g) Failure to work cooperatively with other students during group
- h) Inattentive to guest speakers
- i) Use of profanity while on campus and/or online classes or labs or in any area of the clinical facility
- j) Bringing children to class or lab without prearranged terms
- k) Failure to turn off and or put away cell phones during exams

3. Accountability of Preparation

The student is expected to be prepared for class by observing and reading all assignments prior to class, completing assigned work, and investing adequate time in study.

Examples of lack of accountability in preparation include but are limited to the following:

- a. Failure to complete or submit assignment on time
- b. Inability to answer questions concerning the assignment
- c. Failure to prepare for group presentations
- d. Repeated tardiness to classes, labs, and or clinics
- e. Failure to purchase required textbooks in a timely manner
- f. Failure to bring required lab kits/supplies to labs that require them or to clinics such as a stethoscope.

A student who displays unprofessional behavior at any time while participating in the EOSC respiratory therapy program will be, at the discretion of the instructor, removed from the setting where the unprofessional behavior occurred.

Procedure:

Respiratory Therapy faculty or students may identify a violation of professionalism. At the discretion of the instructor responsible for the course in which the incident occurred, the student may be asked to leave the classroom, lab, or clinical immediately and/or called in by the instructor for individual counseling concerning their behavior at a time outside of class.

If the behavior demands and/or if the behavior continues, a meeting with the instructor, student, and program director will be scheduled.

Progressive Discipline Policy:

The Department of Respiratory Therapy follows a progressive discipline policy that typically consists of three steps. Depending on the seriousness of the situation, however, any step may be skipped with the approval of the Program Director.

A student will enter progressive discipline whenever (s) he fails to meet the expectations of the department. Typically, progressive discipline adheres to the following:

1. Student Advisory: Documented on a Student Disciplinary Action form, documents verbal counseling and outlines expectations.
2. Written Warning: Students have been counseled regarding the need to improve in a specific area and has failed to demonstrate improvement or the severity of the situation precludes the opportunity for counseling. A performance

improvement plan may be implemented to specifically describe to the student how expectations may be met:

3. Recommendation for Dismissal or Course Failure: This recommendation may be made if after a written warning the student continues to fail to meet the standards of the department and does not demonstrate the ability, desire, or willingness to change the behavior.

Although these steps usually follow a progressive pattern, **please note that at the discretion of the Program Director and/or faculty, any step may be skipped depending on the seriousness of the situation. Students dismissed from the program for disciplinary action are not eligible for readmission to the program.**

Guidelines for Electronic Communications and Social Media

As a health profession, respiratory therapy is bound by law and professional codes of conduct to protect the confidentiality of patients, families, and facilities. Even when you are off-campus or off-line, you represent the EOSC respiratory therapy program. It is your responsibility to adhere to professional standards of conduct as well as EOSC codes of conduct and health care institution policies.

- Students must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Students must not transmit by way of electronic media, any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.
- Students must not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the student-therapist patient relationship with anyone unless there is a patient care-related need to disclose the information. Students must not identify patients by name, or post or publish information that may lead to the identification of the patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Students must not refer to patients in a disparaging manner, even if they are not identified.
- Students must not take photos or videos of patients on personal devices including mobile devices.
- Students must maintain professional boundaries in the use of electronic media.
- Students must consult facility policies with the organization regarding postings.
- Students must promptly report any identified breach of confidentiality or privacy.
- Students must be aware of and comply with facility policies regarding the use of facility-owned electronic devices.
- Students must not make disparaging remarks about institutions.
- Violation of any part of the social media policy will lead to immediate removal from the EOSC Respiratory Therapy Program.

Waiver of licensure/certification guarantee:

Admission or graduation from the Respiratory Therapy Program does not guarantee obtaining a license to practice respiratory therapy. Licensure and subsequent procedures are the exclusive right and responsibility of the National Board of Respiratory Care (NBRC). Students must satisfy the requirements of the NBRC as well as the State Medical Board of Licensure within the state with which they seek to practice.

Clinical Policies:

Various community facilities are utilized for clinical respiratory therapy experiences. The faculty is continuously evaluating these for maximum student benefit and may change sites to meet educational needs. Since we live in a rural area, students must provide their own transportation for all activities. Carpooling is encouraged, however, the responsibility for transportation lies with the individual.

Attendance:

Students are expected to notify clinical instructors personally of absence/tardiness prior to the shift. This involves notification of the Program Director prior to the absence. Each student should also notify the other students that are on their shift ahead of time. No voice or email messages are to be left, nor are significant others to leave the message except in dire emergency. A student missing more than 12 clinical hours could result in administrative withdrawal from the course. A student missing more than 12 clinical hours will petition the program director for review of the circumstances and outcomes. A student is expected to present at the beginning and ending of each shift for full shift report. Make-up of clinical hours is at the discretion of the program director and clinical director with regards to the circumstance.

Safe Practice in Clinical Settings:

The department of Respiratory Therapy is ethically and legally obligated to protect clients and any other person from the action of respiratory therapy students whose behavior in clinical rotation is actually or potentially unsafe and unethical. At any time during the semester, a student who performs any single action in the clinical setting judged by the clinical instructor as posing a significant and imminent threat to health, safety, or wellbeing of clients or others, or demonstrate a major violation of ethical standards, will be immediately removed from the clinical rotation. A student who displays a pattern of unsafe or unethical behavior in the clinical setting that the clinical instructor perceives as being a less severe threat to the health, safety, or wellbeing of clients or others may remain in the clinical rotation but be placed on "Clinical Warning".

Professionalism:

The student will at all times demonstrate professional and ethical behavior that does not violate the standards of the American Association for Respiratory Care's "Statement of Ethics and Professional Conduct", any other legal requirements, follows the ethical codes or respiratory therapy, and promotes the potential and/or actual adaptation of clients, health care workers, and self in the biological, psychological, sociological, and cultural realms.

- Failure to communicate with instructor regarding a procedure prior to performing the procedure.
- Inability to organize and prioritize a client's assessment and respiratory care.
- Unsafe performance of a procedure
- Inaccurate or inadequate charting
- Inability to explain scientific rationale for care given
- Placing a patient in jeopardy by providing unsafe care
- Falsifying documentation
- Violating patient confidentiality
- Leaving assigned areas without notifying the instructor
- Inadequate preparation for drug administration
- Failure to communicate (verbally and/or in written form) significant client data
- Students displaying a pattern of unsafe/unethical clinical behavior will be and counseled and/or dismissed from the program. Inappropriate clinical behavior will result in dismissal from the Respiratory Therapy program.

Clinical Disciplinary Procedure:

1. If in the judgment of the clinical instructor, the student's action is of such nature as to constitute a violation of ethical standards or pose an immediate threat to the safety of clients, staff, faculty, or others, the student will be immediately removed from the clinical rotation. Students who are removed from the clinical rotation for a serious threat to safety or major violation of ethical standards will not be permitted to attend the clinical for the rest of the semester and must either drop the course or receive a grade of "F" in the course pending the outcome of the appeals process described below. A student who is removed from the clinical rotation will be withdrawn from the Respiratory Therapy Program and will not be able to reapply.
2. If the clinical instructor identifies the actions of a student as demonstrating a less dangerous pattern of unsafe or unethical behavior, the student will be placed on "Clinical Warning" and may be removed for one clinical session but allowed to continue in the course with appropriate corrective actions and ongoing evaluation of practice. If the unsafe or unethical action does not pose an immediate or significant threat to safety and wellbeing, the following steps will be observed;

Stage 1:

1. The clinical instructor and/or Clinical Director will document in writing individual actions or patterns of actual or potential unsafe clinical practice or unethical behavior related to course objectives, evaluation tools, program standards, and/or competencies expected of the student. Documentation may be based on direct observation by the clinical instructor, and/or observation by another respiratory therapist, faculty, and/or client comments. Pertinent student written work may also be evaluated and included as documentation.
2. The clinical instructor, director of clinical education, and/or program director will provide the student with verbal and written warnings for the pattern(s) of behavior that are actually or potentially unsafe or unethical. The warning shall provide specific facts of problem areas of deficiencies in the student's clinical performance in relation to course objectives, evaluation tools, respiratory care standards, or expected competencies. The student shall be considered officially

- to be "ON WARNING". The Disciplinary Action Form document will also identify and list the required corrective action(s), behavioral outcomes, and timetable establishing when the student must complete the listed actions and outcomes.
3. The clinical instructor will sign the Disciplinary Action document as will the clinical director and the program director. The student will sign the document after being given an opportunity to read it, ask questions, and make comments. The document will be placed in the student's respiratory department file. The student and clinical instructor including the clinical director and program director will receive a copy of the document. Signature of the disciplinary form acknowledges that the student has been informed of the deficiency and the required remediation if applicable.
 4. If the student refuses to sign the disciplinary action form, the refusal will be verified by another respiratory care faculty and recorded in the student's file. The student will not be permitted to attend the clinical until further departmental review.
 5. During subsequent clinical sessions, the student will be evaluated by the clinical instructor in relation to achievement of the required behaviors and performance according to the requirements listed in the disciplinary action form within the established timetable and in all subsequent clinical courses.
 6. The required changes in performance must be demonstrated during the next clinical session, and consistently maintained by the student for the remainder of his or her time in the respiratory therapy program.

STAGE 11:

If the student fails to attain the required outcomes listed in the Disciplinary Action Form in the established time period, and/or if the student does not consistently maintain the required behaviors while still on warning, the student shall be given the following options:

1. The student may withdrawal from the course and be given a grade of "W" or "AW" depending upon the student's academic standing at the time of the withdrawal.

Appeal Process:

1. If a student believes that she or he has been unfairly evaluated by the clinical instructor and that either the removal from the clinical rotation or the action is not justified, the student has the option of requesting a formal departmental hearing.
2. The student must make this request to the program director within two (2) working days of being removed from the clinical rotation or of being informed that they are "ON WARNING".
3. The department hearing shall be held within two (2) working days of the student's request.
4. The Hearing committee shall consist of the Respiratory Care program director, Respiratory Care clinical director, and one other invited faculty from the clinical and/or academic setting.

5. The Hearing shall be chaired by the Respiratory Care Program Director, unless the program director is also the clinical instructor who imposed the removal of the student or placed the student "ON WARNING" status. In that event, another faculty member, selected by the program director shall chair the hearing.
6. The student will be notified of the time and location of the meeting and those attending.
7. The Hearing Committee will evaluate the facts as presented by the clinical instructor and the student. Each party will be provided a time period of ten (10) minutes to present their side without interruption, starting with the student. The presentation will be followed by a question-and-answer period. Any person at the Hearing may ask questions.
8. The deliberations of the Hearing Committee will be conducted in private. The results will be communicated to both the clinical instructor and the student in writing.
9. If the decision of the clinical instructor for immediate removal of the student from the rotation is upheld, the student will be given the option of withdrawal "W", Academic Withdrawal "AW" or receiving an "F".
10. If the decision of clinical instructor to impose the "ON WARNING" status is upheld, the sequence of steps specified in the above-stated policy will be followed.

Substance Abuse:

The Respiratory Therapy Department believes that substance abuse compromises both the educational process and client care. Substance abuse is a treatable illness, and rehabilitative and therapeutic approaches are effective in facilitating recovery. Individuals with substance abuse problems will receive an opportunity for treatment in lieu of before disciplinary action.

Procedures for Suspected Substance Abuse:

1. The instructor will confront the student with the suspicion that she/he is under the influence of a chemical substance (drugs/alcohol) which may include prescription drugs that are impairing the student's ability to perform. The specific observation that led to the suspicion will be shared with the student by the instructor.
2. If the student admits that she/he is under the influence of a chemical substance, she/he will be required to leave the clinical setting until further assessment has been made.
3. If the student denies being under the influence of a chemical substance, she/he will be requested immediately to have a toxicology screening at an approved laboratory at the student's expense. A refusal to undergo this screen will result in the student being requested to leave the clinical setting immediately.
4. If the student is dismissed from the clinical setting, the faculty member will assist with finding safe transportation home for the impaired student. If refused or student is violent, police are to be notified.
5. All cost of the substance abuse evaluation, treatment, and required toxicology screening shall be the responsibility of the student.

6. In all cases involving admitted suspected substance abuse in the clinical setting, a Disciplinary Action form will be written. The Disciplinary Action Form will include the following:
 - a. A description of the behavior that resulted in the need for a conference.
 - b. A description of the conference and its outcome.

Patient Confidentiality:

EOSC Respiratory Therapy Program will comply with the HIPAA Guidelines.

(<http://www.hhs.gov/hippa/for-professionals/index.html>) Students are not allowed to copy, photograph, video, or display patients, and parts of charts, social security numbers, patient names or initials, birth date, or hospital numbers. Students are not to communicate client information in unsecured areas, at home, or via social media. Patient information may not be left visible and accessible to passersby. A student will be removed from the clinical setting upon a suspected patient confidentiality breach. An investigation will follow to determine the accuracy of the breach. If the breach is confirmed, the student will be removed from the program.

Scope of Practice:

The student cannot perform in the role of an employee during scheduled student clinical hours. This includes, but is not limited to transcription of provider orders, receiving verbal orders, or telephone orders from a health care provider.

**CLINICAL SIMULATION LABORATORY CONFIDENTIALITY AGREEMENT
EASTERN OKLAHOMA STATE COLLEGE
Department of Respiratory Therapy**

As a respiratory therapy student at Eastern Oklahoma State College, I will participate in clinical laboratory simulations. I understand that the content of these simulations is to be kept confidential to maintain the integrity of the learning experience for me and my fellow students. I also understand that in working side by side with my fellow students, I will be witnessing their performance. It would be unethical for me to share information regarding student performance with persons outside the laboratory.

I acknowledge that I fully understand that the unauthorized release, inappropriate exchange, or mishandling of confidential information is prohibited, and serious consequences may occur if I violate this agreement. I will exemplify the Eastern Oklahoma State College Department of Respiratory Therapy values of integrity, human dignity, and confidentiality.

Student signature _____

Date _____

**HEPATITIS B VACCINE DECLINATION
EASTERN OKLAHOMA STATE COLLEGE
Respiratory Care Program**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at a charge to me. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future, I continue to have occupational exposure to blood or other potentially infectious material, and I want to be vaccinated with Hepatitis B vaccine, I may receive the vaccination series.

Student Signature _____

Date _____

CLINICAL EVALUATION:

Clinical evaluation is based on performance as evidenced by the preparation and completion of clinical objectives. It includes written clinical assignments such as care plans, communication records, nutritional studies, and clinical objectives as well as direct observation by the instructors and other members of the health care team.

Satisfactory	
Almost Never Requires (<10% of the time) <ul style="list-style-type: none">• Direction• Guidance• Monitoring• Support	Almost Always Exhibits (>90% of the time) <ul style="list-style-type: none">• A focus on the client or system• Accuracy, safety & skillfulness• Assertiveness and initiative• Efficiency and organization• An eagerness to learn
Developing	
Occasionally requires (25% of the time) <ul style="list-style-type: none">• Direction• Guidance• Monitoring• Support	Very often exhibits (75% of the time) <ul style="list-style-type: none">• A focus on the client or system• Accuracy, safety & skillfulness• Assertiveness and initiative• Efficiency and organization• An eagerness to learn
Needs Improvement	
Often requires (50% of the time) <ul style="list-style-type: none">• Direction• Guidance• Monitoring• Support	Often Exhibits (50% of the time) <ul style="list-style-type: none">• A focus on the client or system• Accuracy, safety & skillfulness• Assertiveness and initiative• Efficiency and organization• An eagerness to learn
Unsatisfactory	
Very often requires (75% of the time) <ul style="list-style-type: none">• Direction• Guidance• Monitoring• Support	Occasionally Exhibits (25% of the time) <ul style="list-style-type: none">• A focus on the client or system• Accuracy, safety & skillfulness• Assertiveness and initiative• Efficiency and organization• An eagerness to learn

PROFESSIONAL AND PERSONAL LIABILITY INSURANCE

All student respiratory therapist must carry professional and personal liability insurance. Malpractice insurance premiums are paid by student fees and a group policy is maintained in the nursing office.

SKILLS LAB SUPPLIES

All respiratory therapy students must purchase lab and clinical supply kit.

Student Confidentiality Statement

Protecting the privacy of patients/clients and confidentiality of health status are important ethical considerations for health care practitioners. As a Respiratory Therapy student at Eastern Oklahoma State College and at all health care facilities assigned as clinical practice/externship sites, I understand that protected health information in any form (proprietary, financial, confidential employee-related, or any other information deemed confidential by the college or health care facility) is protected by law. Breaches of patient confidentiality, in regard to protected health information, can have severe ramifications up to and including termination of my clinical affiliation with an assigned health care facility, expulsion from the college, as well as possible civil and criminal penalties. I will only access, use, or disclose the minimum amount of patient information that I am authorized to access, use, or disclose and that is necessary to carry out program established educational criteria and/or any additional duties, projects, or observations assigned by the program director or clinical site coordinator at the health care facility. I will not improperly divulge any information which comes to my attention through classroom discussions, laboratory assignments, clinical practice activities, or observations.

Because of my exposure to protected health information, I acknowledge and agree to abide by the following restrictions by initialing each of the statements below and taking all necessary precautions to prevent a breach of confidentiality.

Initial	Confidentiality Statements and Agreement
	I will not discuss protected health information pertaining to any patient with anyone (even my fellow students and/or family) who is not directly working with said patient.
	I will not discuss any protected health information in any place where it can be overheard by anyone who is not authorized to have this information.
	I will not describe any behavior which I have observed or learned about through association with my assigned clinical practice/externship site, except to those authorized to have this information.
	I will not contact any individual, or agency outside my assigned clinical practice site to get protected health information about an individual patient unless permitted by law and/or policies.
	I will not utilize any electronic media software or hardware to transmit, communicate or get protected health information about an individual patient unless permitted by law and/or policies.
Initial	Confidentiality Agreement Statements
	I will not utilize any social networking site(s) such as Facebook, YouTube or Myspace to get, communicate, transmit, express myself or connect with others protected health information about an individual patient., unless permitted by law and/or policies

	<p>All Respiratory Therapy students must understand that any information (identifiable or not), still photographs, video, and audio as well as comments they post, or others post about them may:</p> <p>(1) Violate federal, state, and local laws (e.g., HIPAA, FERPA, OSRHE), (2) Violate professional code of ethics for health science programs, (3) Violate college policy and health science program policy, (4) Incur legal liability for anything written or presented online.</p>
	<p>I will not use confidential college or clinical practice/externship site business-related information in any manner not required by my role as a student or disclose it to anyone not authorized to have or know it.</p>
	<p>I will not access information concerning a patient in whose care/service I am not directly involved other than as required by program-established educational criteria, or duties, projects, and observations assigned by the clinical practice/externship site coordinator.</p>
	<p>If for some reason, information must be made available to persons in law enforcement or the news media, I understand that I am not to disclose the information but to refer the individual to the program director, clinical practice/externship site coordinator, and/or the individual designated by the health care facility to be responsible for disclosure of the information within established policies.</p>
	<p>I understand that I have a responsibility to take action when faced with a privacy concern or when I become aware of a potential violation of the privacy policies and standards of the college or clinical practice/externship site. This includes:</p> <p style="padding-left: 40px;">RECOGNIZING the concern and nature of the situation, RESPONDING appropriately, and</p> <p style="padding-left: 40px;">REPORTING the issue to the appropriate individual who can assist in preventing and/or resolving the matter.</p>
	<p>I understand that my agreement to maintain confidentiality of protected patient health information is a condition of my continued participation in the Eastern Oklahoma State College Respiratory Therapy Program to which I have been accepted and for completion of my clinical practice/externship site affiliation. I understand that failure to maintain confidentiality is a basis for disciplinary action, including expulsion from the college, the Eastern Oklahoma State College Respiratory Program, and/or the clinical practice/externship site.</p>

With my initials and signature, I indicate that I have read and understand this Acknowledgement and have received Level 1 HIPAA (Health Insurance Portability and Accountability Act) training.

Printed Student Name: _____

Student Signature: _____

Program Director Signature: _____ Date: _____

**Eastern Oklahoma State College
Respiratory Care Program
Faculty/Student Evaluation**

Student's Name

Date of Evaluation

Please rate the student on a scale of one to five according to the following criteria:

5 – Outstanding 4 – Very Good 3 – Good 2 – Fair 1 – Poor

- | | |
|---|-------------------|
| 1. Motivation (as demonstrated by attendance, Participation in classroom, lab, clinical Activities, etc.) | 1 2 3 4 5 |
| 2. Grasp of Respiratory Care Principles (As demonstrated by exam scores, classroom And clinical discussions, etc.) | 1 2 3 4 5 |
| 3. Clinical Judgment (as demonstrated in clinical Situations and in classroom and lab simulation Exercises; critical thinking skills) | 1 2 3 4 5 |
| 4. Clinical Procedures Skills (as demonstrated in the Performance of respiratory care tasks in the Clinic, classroom, and lab) | 1 2 3 4 5 |
| 5. Professionalism (as demonstrated by conduct, Communications skills, appearance, punctuality, Rapport with faculty, patients, and fellow students) | 1 2 3 4 5 |

Evaluator Comments: _____

Evaluator's Signature

Student's Signature _

**EOSC Respiratory Care Program
Student Evaluation of Clinical Site**

Hospital: _____

Rotation Dates: _____ to _____

Clinical Areas: _____

.....

Please rate the clinical site from 1 to 5 according to the following criteria:

5 – Outstanding 4 – very good 3 – good 2 – fair 1 – poor

.....

Physical Characteristics:

- | | | | | | |
|--------------------------|---|---|---|---|---|
| 1. Quality of Equipment | 1 | 2 | 3 | 4 | 5 |
| 2. Number of Procedures | 1 | 2 | 3 | 4 | 5 |
| 3. Variety of Procedures | 1 | 2 | 3 | 4 | 5 |

Personnel:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Able to Teach | 1 | 2 | 3 | 4 | 5 |
| 2. Knowledge of Subject | 1 | 2 | 3 | 4 | 5 |
| 3. Willingness to Spend
Time with Students | 1 | 2 | 3 | 4 | 5 |
| 4. Professional Attitude | 1 | 2 | 3 | 4 | 5 |
| 5. Sets Good Example | 1 | 2 | 3 | 4 | 5 |
| 6. Physician Instructional Input | 1 | 2 | 3 | 4 | 5 |

What did you like best about this rotation?

What problems, if any, did you experience at this rotation?

**Respiratory Care Program
Eastern Oklahoma State College
Student Clinical Evaluation**

Student Name _____

- 5 4 3 2 1 Demonstrates the relationship between theory and clinical practice suggestions about how care plan could be modified.

- 5 4 3 2 1 Applies and maintains aseptic technique and PPE as required.

- 5 4 3 2 1 Follows directions, exhibits sound clinical/therapeutic judgment and seeks help when required.

- 5 4 3 2 1 Interacts well with patients and family: pleasant, sincere, patient, compassionate, and respectful.

- 5 4 3 2 1 Displays initiative, self-direction, responsibility, and accountability. In seeking out new learning experiences and continuing practice of previous tasks.

- 5 4 3 2 1 Professional Conduct is demonstrated: appearance, punctuality, Cooperation, maintaining confidentiality, and adhering to all policies.

_____ *Overall assessment. Comments.* _____

Evaluator signature _____ Clinical Site _____

Date _____

Instructor's Name _____ Clinical Site _____

Date _____

**Clinical Instructor Evaluation Survey
EOSC Respiratory Care Program**

Circle the most appropriate number for this instructor, with 5 being the highest score.
(Remember that the site is evaluated separately.)

- | | | | | | |
|---|---|---|---|---|---|
| 1. Instructor displayed a respectful attitude toward students | 1 | 2 | 3 | 4 | 5 |
| 2. Instructor's attitude toward teaching pertinent skills/topics | 1 | 2 | 3 | 4 | 5 |
| 3. Instructor encouraged understanding of concepts and their application. | 1 | 2 | 3 | 4 | 5 |
| 4. Instructor explained topics clearly. | 1 | 2 | 3 | 4 | 5 |
| 5. Instructor provided/arranged clinical practice of required performance evaluation skills. | 1 | 2 | 3 | 4 | 5 |
| 6. Instructor encouraged students' critical thinking. | 1 | 2 | 3 | 4 | 5 |
| 7. Instructor was patient with students' learning/practice. | 1 | 2 | 3 | 4 | 5 |
| 8. Instructor assisted students in finding a case study and necessary information as needed. | 1 | 2 | 3 | 4 | 5 |
| 9. Instructor provided opportunities for learning, despite volume of clinical site procedure opportunities. | 1 | 2 | 3 | 4 | 5 |
| 10. Instructor displayed professional behavior in clinical setting | 1 | 2 | 3 | 4 | 5 |
| 11. Number of hours spent with student per week | 1 | 2 | 3 | 4 | 5 |

Additional Comments:

Eastern Oklahoma State College-Respiratory Therapy

Program Physical Qualifications:

It is important to note that in order to successfully progress through the respiratory therapy curriculum and function as a practicing respiratory therapist upon graduation, an individual must be able to perform certain physical activities that include vocal, visual, auditory, and dexterity requirements.

Therefore, in order to be considered for admission or to be retained in the program after admission, all applicants will:

1. Have physical strength to lift a minimum of 25 pounds.
2. Have visual acuity to read small print and medicine labels.
3. Have sufficient auditory perception to receive verbal communications from clients and members of the health team and to assess health needs of people through the use of monitoring devices such as stethoscopes, cardiac monitors, fire alarms, and ventilator alarms.
4. Communicate in clear English speech patterns-verbal and written.
5. Demonstrate coordinate range of motion of all four extremities without assistive devices.
6. Must be able to demonstrate appropriate and rational behavior while under mental and emotional stress.

The individual must notify the program director in writing if such a disability exists or occurs during the admission process. Professional documentation will be requested regarding the individual's ability to perform required tasks.

I certify that I meet the above requirements. (This form must be returned with your application).

Signature of Applicant:

Date:

Eastern Oklahoma State College – Division of Respiratory Therapy

STUDENT DISCIPLINARY ACTION

Student Name: _____ Course _____

Theory/Clinical: _____

Infraction			
<i>Date</i>		<i>Time</i>	
<i>Location</i>			
Description			
Disciplinary Action Taken			
PLAN OF CORRECTION			
STUDENT COMMENTS			

Instructor _____

Date _____

Student _____

Date _____

EASTERN OKLAHOMA STATE COLLEGE
SCHOOL OF RESPIRATORY THERAPY

In order to safeguard patients, students, and hospital staff, official documentation regarding your immunity status must be provided. Please submit any copies for verification such as a copy of your shot record or computerized list from the county health department. No originals, please.

The completed forms should be submitted as soon as possible to ensure your opportunity to resolve any and all issues. Forms and documentation are due the first day of the academic semester to your campus instructor. Failure to complete this requirement by the deadline will prevent your clinical rotation attendance and withdrawal from the course.

Item#	Immunization	Instructions	Comments
1	Tuberculosis Skin Test (PPD Mantoux)	<p>Submit copies of a two-step test, at least one-two weeks apart, administered and read within the last 12 months if a yearly negative result is not on file.</p> <p>If you have tested positive, submit 1) a copy of the positive PPD test, 2) a copy of a chest x-ray report, and 3) a copy of a physical examination report completed by a physician indicating that you are cleared for public contact. If you have received preventative therapy, Submit a copy of the treatment record. The TB test must be PPD Mantoux. The Tine or Monovac tests are not acceptable.</p>	<p><i>The TB Skin Test expires after one year and must be renewed.</i></p> <p><i>Therefore, it is recommended that students entering in the Fall have this test done in late May or early June to be current for both the Fall and Spring semesters.</i></p>
2	Varicella (Chickenpox)	<p>Evidence of immunity includes any of the following:</p> <ul style="list-style-type: none"> • Written documentation of vaccination with 2 doses of varicella vaccine, • Laboratory evidence of immunity or laboratory confirmation of disease, • Diagnosis or verification of a history of varicella disease by a healthcare provider, or 	<p><i>It is recommended that you have the titer done as soon as possible in case your test comes back negative and you need to start the vaccinations.</i></p>

		<ul style="list-style-type: none"> • Diagnosis or verification of a history of Herpes Zoster (Shingles) by a healthcare provider. 	
3	Rubeola*	<p>A history of having had the measles is not sufficient and will not fulfill the Rubeola requirement.</p> <p>Submit evidence of two MMR vaccinations received after the age of twelve months and at least one month apart or submit a copy of a positive titer (blood test) lab report.</p>	<p><i>If you were born before 1957, then you are exempt from the Rubeola vaccination. Please write "exempt" on your health form.</i></p>
4	Mumps*	<p>A history of having had the mumps is not sufficient and will not fulfill the mumps requirement.</p> <p>Submit evidence of two MMR vaccinations received after the age of twelve months and at least one month apart or submit a copy of a positive titer (blood test) lab report.</p>	
5	Rubella* (German Measles)	<p>A history of having had the German Measles is not sufficient and will not fulfill the Rubella requirement.</p> <p>Submit evidence of two MMR vaccinations received after the age of twelve months and at least one month apart or submit a copy of a positive titer (blood test) lab report.</p>	
6	Hepatitis B	<p>The Hepatitis B series consists of three vaccinations. You need to receive the first dose as soon as possible. The second dose needs to be completed one month after the first and the third dose must be completed six months after the first.</p>	

		<p>Evidence of at least the first one must be submitted</p> <p>school begins and the third can be completed during the semester.</p> <p>If you have completed the series, submit records of the immunizations or a copy of a positive titer (blood test) lab report as evidence of immunity.</p> <p>The student may also sign a waiver if he or she chooses not to complete the Hepatitis B series.</p>	
7	Tetanus and Diphtheria	<p>1) Submit evidence of</p> <p>Diphtheria-Pertussis-Tetanus (DPT/Tdap) and one adult</p> <p>Diphtheria (Td/Tdap) within the last ten years. AND/OR</p> <p>2) Submit evidence of having three adult</p> <p>Td/Tdap with at least one being within the last ten years.</p>	
8	Influenza	Submit evidence of influenza vaccination by November 1st of each academic year.	<i>Notify instructor if unable to receive the influenza vaccination due to medical exemptions or</i>
9	Cardiopulmonary Resuscitation (CPR)	Basic Life Support (BLS)	

PROOF OF TWO (2) MMR VACCINATIONS MEETS THE REQUIREMENTS OF ITEMS # 3, 4, AND 5

NOTE – Some clinical facilities may require additional clinical documentation; if so, the student will be required to provide requested clinical documentation.

**RESPIRATORY CARE PROGRAM
STUDENT HANDBOOK
EOSC**

I have reviewed this handbook and understand the policies outlined. I agree to abide by these policies and guidelines while enrolled as a student in the Respiratory Care Program at Eastern Oklahoma State College.

Student Name (Print)

Student Signature

Date

Program Director

Date

This form must be signed and returned to the Program Director by the end of the first week of class.