



# **Respiratory Therapy Program**

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**2023-2024 Program Handbook**

Effective 8.21.23

**NORTHLAND**  
COMMUNITY & TECHNICAL COLLEGE

# WELCOME!

Welcome to Northland Community and Technical College Respiratory Therapy Program. The purpose of this handbook is to provide each student with important information regarding our program including didactic and clinical components as well as program academic and clinical policies and procedures. Our specific program policies and procedures are designed and implemented to provide each and every student a strong foundation for learning and preparing students for their professional role as a Respiratory Therapist. In addition, specific program policies and procedures assure the safety and well-being of healthcare workers and the general public we provide care for. All current and future students are encouraged to contact program officials in the event you have questions regarding student expectations and compliance.

Information contained in this handbook is reviewed annually and is subject to change. Students enrolled in the program are apprised to changes well in advance. Significant changes to the programs policies and procedures will generally take place prior to student enrollment unless circumstances dictate otherwise.

Prospective and current students are encouraged to visit the college website to review the college student handbook with specifics related to enrollment at Northland College.

<http://www.northlandcollege.edu/academics/student-handbook/>

<b>Administration/Program Personnel</b> .....	7
<b>Accreditation</b> .....	8
<b>Program Information</b> .....	9
Description .....	9
Respiratory Therapist .....	9
Professional Progression.....	9
Articulation Agreements .....	9
University of Minnesota-Crookston .....	9
University of Mary – Bismarck, ND .....	9
Classroom and Clinical components.....	9
Clinical Education Sites .....	9
Hyflex .....	9
Licensure.....	9
Therapist Multiple Choice (TMC) .....	9
CRT/RRT Credentials.....	10
Employment Opportunities.....	10
Demand.....	10
Examples of potential positions .....	10
Mission Statement .....	11
Vision Statement .....	11
Program Goals .....	11
Program Learner Outcomes .....	11
<b>Program Specific Requirements</b> .....	12
Accuplacer.....	12
Respiratory Therapy Program Application .....	12
TEAS.....	12
Annual enrollment.....	12
Registration Capacity.....	12
Computer Requirements.....	11
Background Study's.....	11
<i>Background study important considerations</i> .....	13
<i>Health Screening &amp; Immunizations</i> .....	13
CPR .....	15
COVID-19 Vaccine.....	14
Program Standards .....	15
Graduation Requirements .....	15

Northland Community & Technical College Service-Learning Requirement .....	<b>Error!</b>
<b>Bookmark not defined.</b>	
Respiratory Therapy Program Code of Conduct .....	15
Behaviors Disruptive/Disrespectful Examples.....	16
Cellphones/electronic Devices.....	16
Disruptive Classroom Behavior .....	16
Performance Improvement Plan .....	16
Program Dismissal.....	17
Grievance Policy.....	17
Policy on Post Withdrawal from Respiratory Therapy Program.....	18
Transfer Students .....	18
<b>Curriculum</b> .....	19
CORE Competencies .....	20
Grading Scales.....	20
Attendance Policy (classroom and lab).....	20
Clinical Attendance.....	21
Arrival .....	21
Platinum Planner .....	21
Illness.....	21
CVOID-19 Policy .....	22
Compensatory Time Off (CTO) for Clinical .....	22
Hours .....	22
CTO Assigned.....	22
CTO Usage .....	23
Approved Exceptions.....	23
Clinical Time Make Up .....	23
Tardiness .....	24
Schedule Change Request.....	24
Clinical Absence Notification.....	24
Inclement Weather Situations .....	24
Poor Road Conditions .....	24
Late Starts/Cancellations.....	24
Classes Cancelled After Clinical Start .....	24
School Closing Updates .....	24
Campus Closure.....	25
Travel Not Advised .....	25

Clinical Absences Grading.....	25
<b>Clinical</b> .....	25
Clinical Expectations.....	25
Clinical/internship Rotation Assignment .....	26
Prohibited From Clinical .....	26
Clinicals I, II, and III .....	26
Internships I, II, II .....	26
Arrangements .....	26
Student Supervision for Clinical .....	27
Competencies .....	27
Direct Supervision .....	27
Indirect Supervision .....	27
Intensive Care Units .....	27
Dual Sign Offs .....	27
Skills for Indirect Supervision .....	27
Skills for Direct Supervision .....	27
Clinical/Internship Grading.....	27
Student Record of Clinical Competency .....	28
Required Competencies .....	28
Student Record of Clinical Competency .....	28
Rubrics .....	28-29
Competencies.....	29
Clinical Competency Development .....	29
Service Work Policy:.....	30
Clinical Travel Obligation .....	30
All students.....	30
Distance/Hyflex Students.....	30
Clinical Times and Days .....	30
Clinical Dress Code .....	31
ID badge .....	31
Uniform .....	31
Supplies .....	31
Footwear .....	32
Jewelry .....	32
Earrings.....	32

Tattoos .....	32
Nails and Nail Polish .....	32
Perfumes, Lotions, and Colognes .....	32
Hair and facial hair .....	33
Hats .....	33
Dress Code for clinical site activities .....	33
Unacceptable Attire.....	33
Clinical Smoking Policy .....	33-34
Handbook Agreement .....	35
Appendix A .....	36
Appendix B .....	37
Appendix C .....	38
Appendix D .....	39

# Northland Community and Technical College East Grand Forks

## Respiratory Therapy: AAS

### Administration

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TBD  
Adjunct Respiratory Faculty

Medical Director  
Baha B Al-Abid, MD

# Accreditation

The Respiratory Therapy program is accredited by the:

## **Commission on Accreditation for Respiratory Care (CoARC)**

1248 Harwood Road

Bedford, Tx 76021-4244.

P: (817) 283-2835; F: (817) 252-0773;

<https://www.coarc.com/>

[Program Outcomes](#)

Accreditation is a mechanism for assuring academic quality in higher education. Respiratory care programs may choose to seek CoARC accreditation, which is a voluntary peer review process to evaluate the program's compliance with CoARC Standards. In order to be eligible to take any National Board for Respiratory Care (NBRC) credentialing examination students must graduate from a CoARC accredited program. Graduates from this program will be eligible to take NBRC credentialing examinations.

Northland Community and Technical College is accredited by:

## **The Higher Learning Commission**

230 South LaSalle Street, Suite 7-500

Chicago, IL 60604

(800) 621-7440

[www.hlcommission.org](http://www.hlcommission.org)



# Program Information

## Description:

1. As a Respiratory Therapist you can hold an exciting position on the health care team. Under the supervision of a physician, the Respiratory Therapist is responsible for oxygen and gas therapy, care of patients with cardiopulmonary problems including cardiopulmonary arrest, delivery of aerosolized medication, chest physiotherapy, obtaining and analyzing arterial blood gas specimens, pulmonary function testing, maintenance of patients in need of mechanical ventilators, and education of patients and families.
2. Professional Progression
  - a. Articulation Agreements are formal agreements between two or more colleges and universities to accept credits in transfer toward a specific academic program.
    - i. University of Minnesota-Crookston offers students the opportunity to transfer into designated baccalaureate programs; Bachelor of Science in Technical Studies (Emphasis Respiratory Care), or in Applied Management-Health Management.
    - ii. University of Mary – Bismarck, ND offers students the opportunity to transfer credits to obtain a baccalaureate degree in Respiratory Therapy.
3. Classroom and Clinical components
  - a. In addition to the sequential classroom requirements outline in program curriculum, student respiratory therapy students will rotate through different clinical education sites. These clinical education sites provide students with a wide variety of patient experiences designed to enhance graduate work-readiness skills.
  - b. Hyflex- access. The Respiratory Therapy program is offered in a Hyflex model, this means that all lectures can be done in-person or via online. Students are required to come to campus approximately one weekend a month for skills labs. During the first year of the program students are required to do instructor supervised clinical rotations at the site where the clinical instructor is located. These clinicals will be scheduled to coincide with the once on month on campus labs. Second year clinicals will be arranged at various sites, if at all possible, the program will try accommodating student requests.

## Licensure:

1. The graduate of the AAS in Respiratory Care will be eligible, as required by the National Board of Respiratory Care (NBRC), to take the Therapist Multiple-Choice (TMC) Examination. This exam objectively measures essential knowledge, skills, and abilities required of respiratory therapists at entry into practice. The TMC Examination offers two cut scores that determine whether or not you will receive credentials as a CRT or as a Registered Respiratory Therapist (RRT). If you achieve the low-cut score, you earn the CRT credential. If you achieve the high cut score, you earn the CRT credential and become eligible for the Clinical Simulation Examination (provided you are eligible to earn the RRT credential).
2. The TMC Examination consists of 160 multiple-choice questions (140 scored items and 20 pretest items). You will be given three hours to complete the examination.

3. The RRT credential is nationally recognized as the “standard of excellence” for respiratory care professionals.
4. The examinations for the RRT credential objectively and uniformly measure essential knowledge, skills and abilities required of advanced respiratory therapists. The NBRC evaluates the competency of respiratory therapists and ensures that graduates of accredited respiratory care education programs have every opportunity to earn the RRT credential. It is in high demand nationwide, and we work diligently to help to fill the shortage of qualified respiratory therapists in the field.
5. The first examination for earning the RRT is the Therapist Multiple-Choice (TMC) Examination. The TMC Examination evaluates the abilities required of respiratory therapists at entry into practice and determines eligibility for the Clinical Simulation Examination (CSE).
6. The CRT and/or RRT credentials are used as the basis for the licensure in all 49 states that regulate the practice of respiratory care.

**Employment Opportunities:**

1. Demand for the Respiratory Therapists is very high, in the US alone there is a projected need for 75,200 new therapists by the year 2031 that is an increase in growth of 14%. The median annual wage for a respiratory therapist was \$61,830 in 2021. Source: US Bureau of Labor and Statistics <https://www.bls.gov/ooh/healthcare/respiratory-therapists.htm>

*Regional Outlook Information*

<b>Employment Outlook for Respiratory Therapists</b>				
<b>MINNESOTA</b>	<b>Employment</b>		<b>Employment Change</b>	
	<b>2020</b>	<b>2030</b>	<b>Number</b>	<b>Percent</b>
<b>US</b>	135,100	166,200	31,100	23%
<b>Statewide</b>	1,858	2,239	381	20.5%
<b>Central Minnesota</b>	136	165	29	21.3%
<b>Northeast Minnesota</b>	136	164	28	20.6%
<b>Northwest Minnesota</b>	122	146	24	19.7%
<b>Seven County Mpls-St Paul, MN</b>	817	979	162	19.8%

<https://careerwise.minnstate.edu/programlmi/careerProfile?oc=291126&icode=60024&progr=4111#careerTitle>

2. Examples of potential positions:
  - Respiratory Care Practitioner
  - Registered Respiratory Therapist (RRT)
  - Registered Pulmonary Function Specialist

- Certified Respiratory Therapist
- Sleep Specialist
- Neonatal Critical Care Certification
- Adult Critical Care Certification

### **Mission Statement**

The mission of the program is to prepare competent entry level respiratory therapists for practice environments at the Associate in Applied Science degree level.

### **Vision Statement**

The respiratory therapist program provides quality respiratory care learning opportunities to learners in partnership with local and regional healthcare facilities. Students participate in academic and experiential learning experiences which provide life-long learning skills needed in the changing healthcare industry. Graduates are prepared to provide quality care to clients and families and to engage in professional and ethical relationships within the healthcare community.

### **Program Goals**

The respiratory 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 learner Outcomes**

1. Student will communicate effectively with patients, families, physicians, and colleagues based upon respect for the dignity and work of each person.
2. Student will apply principles of basic sciences to the required duties and skills in the practice of respiratory care.
3. Student will perform safely and accurately, entry-level clinical tasks in a structured health care setting.
4. Student will perform job duties within existing ethical and legal parameter for healthcare professionals.
5. Student will exhibit professional characteristics, behaviors, and attitudes appropriate to scope of practice for respiratory care practitioners.
6. Student will perform accurate and efficient patient assessments according to policies and procedures required of respiratory therapists.
7. Student will always apply safety and infection control measures to patient care in the classroom, lab, and clinic or hospital setting.

# Program Specific Requirements

1. Acceptance into the College does not constitute acceptance into the major. Students must meet the below requirements and complete a Respiratory Program Application
2. Northland Community and Technical College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, gender identity, gender expression, or membership or activity in a local commission as defined by law.
3. Appropriate Accuplacer scores or successful completion of ENGL0095, MATH0098 must be completed before entering any RESP courses.
4. Completion of the Respiratory Therapy program application.
5. [TEAS V for Allied Health \(AH\) FAQ sheet](#)
  - Adjusted individual total score of at least 45%. Review the directions on how to create an account.
  - Or proof of completion of a baccalaureate degree or higher
  - Or by approval of program director
6. Annual enrollment into the Respiratory Therapy Program is limited to 24 students per semester.
  - Acceptance into the Respiratory Therapy program is based upon eligibility for and successful online registration for all semester 1 Respiratory Therapy coursework.
  - Students are encouraged to declare Respiratory Therapy as their major and to meet with an academic advisor prior to registering for any Respiratory Therapist courses to be sure that they meet all requirements.
7. Once the online registration capacity of 24 students, is reached any student wanting to enroll into the respiratory therapy program will be encouraged to register online to join the electronic waiting lists.
  - Students are also encouraged to take advantage of this time to take non-respiratory coursework to improve their chances of success in their respiratory therapy course work.
8. Students on the waiting lists are encouraged to check online registration and their email, as students may drop from registration or lose eligibility at any time up to the first week of the semester.
9. All required courses for the program must be completed with a grade of C or better.
10. Laptop computer is required for the entire program
11. Completion and approval for clinical participation of the Minnesota Department of Humans Services Licensing Division Background Study and fingerprinting (cost approximately \$10) upon program entry. Completion and approval for clinical participation

of a National Background Study through Castle Branch. Cost \$45.75 first year, \$26 second year (if needed).

- Minnesota law requires that any person who provides services that involve direct contact (as defined in Minnesota Statutes, Section 245C) with patients and residents at a health care facility licensed by the Minnesota Department of Health have a background study conducted by the state. Any individual who is disqualified from having direct patient contact as a result of the background study, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in a clinical placement. Failure to participate in a clinical placement required by the academic program will result in the ineligibility to qualify for a degree in the program.
- Students are required to have criminal background verification prior to participating in clinical experiences. Students will be directed to complete the appropriate form by program faculty and Northland College will apply for the study from the Minnesota Department of Human Services.
- National criminal background studies are completed annually. The MN DHS Background study will only be performed at the beginning of the program but is continuously monitored for any activity. The results of both criminal background studies must be on file through Castle Branch prior to beginning clinical rotations. <https://www.northlandcollege.edu/files/northland-ahhs-clinical-program-requirements.pdf>

#### **Background study important considerations**

- Successful completion of a criminal background check (DHS qualification to provide direct patient contact) does not ensure eligibility for licensure or future employment within the chosen field. Students are strongly encouraged to contact the credentialing body for their program area (i.e. American Registry of Radiologic Technologists (ARRT) Board of Nursing, American Occupational Therapy Association, etc.) regarding specific eligibility requirements for credentialing.
- Incoming students should initiate a background check ONLY upon direction from the program faculty.
- No student will be permitted to participate in a clinical rotation until the College receives a "Background Study Clearance" report from the Minnesota Department of Human Services.
- Failure to qualify by the Department of Human Services background check may make it impossible for the program to provide a clinical site for required courses.
- If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and may be withdrawn pending resolution of the situation.
- Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility. Clinical agencies can conduct additional background checks at their discretion.
- Additional information about the Minnesota Department of Human Services background study requirements can be found at Minnesota Department of Human Services Licensing. The following link to the student college handbook addresses additional information regarding the possible impact of a criminal record. <https://www.northlandcollege.edu/students/student-handbook/>

12. Completion of the College Health Screening & Immunization information requirements through Castle Branch (cost \$45) prior to enrollment in RESP courses.
  - Please access the below link for Northland's policy and procedure regarding student health screening records. <https://www.northlandcollege.edu/files/3310-student-health-screening-records.pdf>
  - Healthcare workers are required to keep their immunizations up-to-date and students preparing for those professions must also comply. Following acceptance into the Respiratory Therapy program, new students will be provided instructional information to meet compliance with all immunization and CPR requirements prior to the start of clinical.
  - **Please note – several of the required vaccine series take multiple months to complete. If not fully vaccinated - please make sure you start the process as soon as possible to not delay your program progression.**
  - Students enrolled in a Health and Human Services Program (HHSP) at Northland Community & Technical College participate in clinical training experiences as an essential part of their studies. Clinical training includes performing direct patient care through participation in clinical experiences at affiliated hospitals and other healthcare institutions in the region. To protect the health of students, patients, employees and others, and to comply with standards established by the affiliated healthcare providers, the College requires all students enrolled in a HHSP to provide dates of current immunization against certain vaccine preventable diseases, and date and results of current tuberculosis (TB) screening before the student is eligible to participate in clinical training, unless an exception applies.
  - Health and Human Services students must comply with both Minnesota law and clinical facility requirements related to immunization and testing. Northland utilizes Castle Branch, a database system that monitors your required immunizations, background studies, and other documents. Students are NOT allowed to participate in clinical education experiences without complete clearance of all Castle Branch items or documentation of any rejections from Castle Branch that are first approved by the program director or director of clinical education through the assistance of Northland's regulations and/or individual site authorization.
  - If a student's Castle Branch account is deemed incomplete, the student will be immediately removed from their clinical/internship rotation and required to utilize CTO for their missed hours.
  
13. All respiratory therapy students must have current CPR certification. Proof of American Heart Association Health Care Provider (BLS) or American Red Cross CPR for the Professional Rescuer must be provided
  - CPR is required as a co-requisite for fall semester 1 and is required prior to enrollment in any semester 2 respiratory courses
  
14. Most hospitals do require the COVID-19 vaccine. This includes the 2 initial vaccines and 1 booster. Northland Community and Technical College nor the Respiratory Therapy program require the COVID-19 vaccine.
  - You must submit proof of your vaccine to the Director of Clinical Education prior to the start of your clinical rotations.
  - If you have chosen not to receive the vaccine, that does not mean that you cannot attend a clinical rotation, it does mean that you will then have to apply for an exemption with that facility. This is not a Northland policy this is done per hospital. You must then show proof of this exemption.

- If the hospital or facility that your clinicals are based denies your exemption you will then have to do one of the following
  - Begin the process of getting the vaccines and prove documentation
  - Change clinical sites and apply for another exemption. This is not possible in the first year, since all clinical rotations are supervised by faculty, it would be only possible if there was another cohort at another hospital. 2<sup>nd</sup> year students have the option to change clinical sites to one that will approve their exemption.
  - Withdraw from the program. This option must be taken if you are unable to get an exemption at the facility in which your clinical rotation is based.

### **Program Standards:**

1. All required courses must be completed with a grade of “C” or better.
2. Specific student expectations are defined for each course and noted on the course syllabus.
3. Students must meet clinical experience attendance and procedure requirements.
4. In addition, the students must have acceptable completion of the Behavioral Evaluations and all Student Evaluations.

### **Graduation Requirements**

1. Upon successful completion of the program requirements, the student will be awarded an Associate of Applied Science degree in Respiratory Therapy.
2. A letter grade of “C” or above in all RT program required academic courses.
3. Satisfactory rating on all clinical/internship competency evaluations.
4. Satisfactory rating in final personal and professional evaluations.
5. All entry level required respiratory therapy clinical competencies must be met, as well as the Service-learning requirement.

### **Respiratory Therapy Program Code of Conduct**

1. All students have the right to learn without interference from others. Students are adults and are expected to know what constitutes “acceptable” behavior. Faculty members have the authority to protect this right by creating and maintaining an environment that is conducive to learning.
2. Lecture, lab, and class related activities require responsible and mature behavior.
3. Students are expected to come to class prepared. Prior to coming to class, students should check their email accounts for course-related announcements, complete all assignments, and bring course-relevant materials to class. You need to have active and engaging participation in class discussions, activities, etc. at all times.
4. In the classroom students should avoid disruptive and disrespectful conduct. This behavior disrupts the class and impedes learning.
5. Behaviors that may be disruptive or disrespectful include but are not limited to: shouting at the instructor or at students, physically menacing or verbally threatening the instructor or students, entering late or leaving the room during a class times, allowing one’s cell phone to ring, sending or reading text messages, side conversations, sleeping, listening to music unrelated to the class, surfing the web, playing video games, and reading material unrelated to the class.

6. Using cell phones or other electronic devices that disrupt the learning process or teaching environment is not allowed under most circumstances. The use of personal laptop computers, phones, etc., may be acceptable in some classes; however, they must be used only for note taking or activities in direct support of the course objectives. Faculty members have the right to ask students to shut down any electronic devices.
7. Entering the classroom late or leaving the classroom prior to the end of class is considered a disruption to the learning process and must be avoided unless circumstances arise.
8. The above behaviors work against the learning environment and communicate that the course and other students' contributions are of little value.
9. Intellectual disagreements that arise normally in academic discussion are not in themselves disruptive or disrespectful. Intellectual disagreements can be valuable, and class participants should respect and value them. Yet, expressions of disagreement can become disruptive. If expressions should become disruptive, faculty will halt the discussion and ask the student to schedule a meeting outside of class to discuss the behavior.
10. Faculty may reasonably insist during class that students stop behaving in ways that faculty judge to be disrespectful or to interfere with others' learning.
11. If a student is disruptive in class (i.e., his or her behavior is disruptive or inappropriate in the class setting and interferes with the teaching/learning process), a faculty member has the right to temporarily dismiss the student from class (not to exceed one class).
12. Students who have been dismissed from one class session must meet with their faculty member prior to attending the next class session.
13. If the student is removed from the class a second time the dean will be notified right away. A meeting between the student, faculty, and the dean will be required before the student will be allowed back into class.
14. For the more serious cases, the student is permanently removed from the course and assigned a grade.

### **Performance improvement plan**

- Students not complying with the programs code of conduct may be placed on a performance improvement plan (see appendix A)

### **Program Dismissal**

The following may constitute reason for dismissal, including **but not limited to**:

- Release of confidential information regarding patients and/or hospital personnel.
- Discourteous treatment of patients, the public, employees or fellow students (students will be asked to leave the classroom or clinical setting) this behavior will be documented and reflected in your clinical behavior evaluation.
- Insubordination-such as failure to maintain effective communication necessary to maintain safe patient care under the medical supervision of instructors or preceptors in the clinical and classroom settings.



- Repeated tardiness and/or absenteeism.
- Falsification of excused absences or falsification of clinical times on log sheets or falsification of patient care.
- Academic dishonesty or cheating.

## **GRIEVANCE POLICY**

- Complaints or grievances occasionally develop. Please, do not let a complaint continue for any length of time. Delay in solving the problem only causes more problems.
  - These are the steps that need to be taken to get issues/concerns/grievances resolved. (See appendix B)
1. Complaints should be discussed initially with the faculty member involved.
    - a. If you are not comfortable approaching the person most directly involved, Seek out another program faculty member.
    - b. Faculty will discuss with involved faculty if the student did not directly seek out those involved. Documented plan will be created if needed (see appendix C)
  2. If the problem was not resolved, after reasonable effort and time, the student will then address the issues with the Program Director and/or Director of Clinical Education
    - a. Problem or issue will be reviewed, and a plan created
    - b. A meeting with all involved parties will convene
  3. If the problem was not resolved after plan was created and reasonable effort and time were provided, student will then address the issues with their academic advisor/counselor.
    - a. All prior action plans created will be forwarded to the advisor/counselor
    - b. Advisor will then meet with the program director to discuss
    - c. New action plan will be created
    - d. A meeting with all involved parties will convene
  4. If the problem was not resolved after plan was created and reasonable effort and time were provided, student will address the issues with the Dean of Health Division
    - a. All prior action plans created will be forwarded to the dean
    - b. Dean will meet with program director and advisor
    - c. New plan will be created
    - d. A meeting with all involved parties will convene
  5. If the problem was not resolved after plan was created and reasonable effort and time were provided, the student will file a formal appeal, see Northland policy 3240P
  6. Maintaining effective communication and medical supervision between the student and instructor or preceptors is mandatory and essential to maintaining student privileges in the clinical settings. Clinical setting grievances will be handled in the same manner as other program issues/concerns/grievances.
  7. The online college student handbook provides the vehicle for addressing specific discrimination grievances within these boundaries.

## **Policy on Post Withdrawal from Respiratory Therapy Program**

1. Failure of a student to earn a C grade or higher in a Respiratory class will result in termination from the program.
2. However, the student, who has withdrawn from a course may petition to be readmitted to the program in a subsequent year.
  - The petition must be in written form and sent to the Northland Community and Technical College RT Program Director requesting consideration of a second admission to the RT program.
  - The petition must outline the student's plan to make this attempt at completing the RT program a successful experience.
3. A unanimous decision from the Respiratory Therapy Program faculty supporting a repeat experience is required.
  - If the students request is approved, the student will be eligible to register online into the petitioned semester Respiratory Therapy coursework.
  - If unanimous affirmation is not received the student will be notified that their admittance to the RT program has been denied.
4. A student will not be considered for re-admittance to the RT program after two unsuccessful attempts resulting in withdrawal.
5. The student has a right to appeal these policies, as outlined in the Northland student complaint and grievances policy ([3240](#) & [3240P](#)).

#### **Transfer Students**

1. Transfer students must meet with faculty to assess and determine where they will be placed in the program and what courses (if any) will transfer into the program.
2. A plan will be developed with regards to assessing the student's skills.

## **Curriculum**

For current [course descriptions](#)

Fall Semester 1 <sup>st</sup> Year		
Course #	Course Name	Credits
BIOL 2252	<a href="#">Anatomy &amp; Physiology I</a>	4
HLTH 1106	<a href="#">Medical Terminology</a>	2
PSYC 1105	<a href="#">G6: Human/Fine Arts Elec (Phil 1101, 1102, 2210)</a>	3
RESP 1104	<a href="#">Nonacute Respiratory Care</a>	4
RESP 1120	<a href="#">Cardiopulmonary Physio/Assessment</a>	3
RESP 1126	<a href="#">Clinical I</a>	1
Total Semester Credits		17

Spring Semester 1 <sup>st</sup> Year		
Course #	Course Name	Credits
BIOL 2254	<a href="#">Anatomy &amp; Physiology II</a>	4
CHEM 1020	<a href="#">Intro to Chem</a>	4
RESP 1110	<a href="#">Adult Critical Care</a>	4
RESP 2207	<a href="#">Clinical II</a>	2
RESP 2212	<a href="#">Diagnostic Procedures</a>	3
Total Semester Credits		17

Summer Semester 1 <sup>st</sup> Year		
Course #	Course Name	Credits
ENGL 1111	<a href="#">Composition I</a>	3
BIOL 2221	<a href="#">Microbiology</a>	3
RESP 2211	<a href="#">Clinical III</a>	2
Total Semester Credits		8

Fall Semester 2 <sup>nd</sup> Year		
Course #	Course Name	Credits
RESP 2242	<a href="#">Neo/Peds Critical Care</a>	4
RESP 2244	<a href="#">Integrated Practicum I</a>	1
RESP 2250	<a href="#">Internship I</a>	5
RESP 2252	<a href="#">Advanced Critical Care</a>	4
Total Semester Credits		14

Spring Semester 2 <sup>nd</sup> Year		
Course #	Course Name	Credits
RESP 2230	<a href="#">ACLS</a>	1
RESP 2232	<a href="#">PALS</a>	1
RESP 2236	<a href="#">NRP</a>	1
RESP 2246	<a href="#">Neonatal Internship I</a>	1
RESP 2254	<a href="#">Internship II</a>	5
RESP 2264	<a href="#">Integrated Practicum II</a>	1
RESP 2276	<a href="#">Advance Practice Registry Review</a>	3
RESP 2278	<a href="#">Patient Education &amp; Wellness</a>	2
Total Semester Credits		15

Summer Semester 2 <sup>nd</sup> Year		
Course #	Course Name	Credits

	<a href="#">G5: History/Social Elective (PSYC: 1105, 2201, or 2215)</a>	<b>3</b>
<b>RESP 2260</b>	<a href="#">Neonatal Internship II</a>	<b>1</b>
<b>RESP 2262</b>	<a href="#">Internship III</a>	<b>3</b>
<b>Total Semester Credits</b>		<b>7</b>

**CORE Competencies** (the following competencies must be mastered before student is eligible to graduate from the program)

1. Patient Assessment and Report
2. Nebulizer Therapy
3. Chest Physiotherapy
4. Incentive Spirometer
5. Arterial Blood Gasses
6. Ventilator Management
7. Endotracheal Suctioning

### Grading Scales

RESP Academic Grading Criteria (specific only to RESP courses)

93 - 100%	=	A
85 - 92%	=	B
77 - 84%	=	C
70 - 76%	=	D
<70%	=	F

### Attendance Policy (classroom and lab)

1. Students are expected to be present and punctual every scheduled day of the program.
2. When illness or emergency dictates a student's absence, he/she will do the following:
  - For classroom call/text the instructor of that class, at least one hour prior to the scheduled attendance time Julie (503-338-9767), Heather (701-741-5467). In addition to the call/text, please follow up with an email to the instructor when time allows.
  - Be sure to check with a classmate or instructor after an absence to see if assignments have changed or can be made up (as listed in the course syllabus). The responsibility for initiating this belongs to the student.
3. Program policy is that missed exams are given a zero unless otherwise stated.
4. Since labs are scheduled only once a month it is important to be present. That is why they are labeled as mandatory days. If an absence needs to happen this needs to be planned out with the lab instructor. The faculty member will make the decision as to how to handle the absence. This could include but is not limited to the student being allowed to make up the missed lab, failure of that lab day, or the assignment of other work to makeup for the missed day.
  - If you are going to miss lab due to COVID-19 related symptoms, which include but are not limited to: fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion or runny nose, or loss of taste or smell. You will be required to show proof of COVID testing on the date of miss lab. Because of the types of patients that we can come in contact with including but not limited to, immunocompromised, asthmatics, or other breathing issues, who it could be detrimental to their health if they were to contract CVOID-19 we need to take extra precautions.

### **Clinical Attendance:**

1. Students are expected to be present and on time every clinical day.
2. 1<sup>st</sup> year students: you are expected to arrive at the clinical site (Respiratory Care Department) at Altru: at 6:20 am for a Day shift. St. Cloud: 6:40am for a Day Shift. 2<sup>nd</sup> year students are expected to arrive at their clinical sites a minimum of 20 minutes prior to the start of their scheduled shift.
3. All students must log into Platinum Planner and clock in and out at the beginning and end of each clinical shift.
  - Students may clock in and out via their phone, if this is done you must share your location. If location is not shared the clinical instructor has the right to not approve any and all clocking's where the location was not shared. This is very important in the internship rotations where an instructor is not on site.
4. When illness or emergency dictates a student's absence from clinical, he/she will **(1<sup>st</sup> year student will complete steps a. and c. 2<sup>nd</sup> year students will complete all 3 Steps):**
  - a. 1<sup>st</sup> and 2<sup>nd</sup> year students must notify the clinical instructor or faculty, assigned to the clinical rotation, of absence (partial or full day). CTO will be deducted from student's outstanding yearly allowance at the rate of ½ hour increments.
  - b. 2<sup>nd</sup> year students will call the clinical site department at his/her assigned clinical site before the start of his/her shift to report absence. This will be documented at the clinical site. Phone numbers for all clinical education sites are included on all clinical rotation schedules provided to students. Students are encouraged to record clinical site contact numbers in their phone or utilize an additional resource for quick access.
  - c. Verifying your absence in Platinum Planner is mandatory. Students must document a reason for absence/missed clinical by creating a time exception.
5. With an extended illness, (requiring absence from more than two consecutive clinical days), students will be required to provide documentation, as appropriate, from a physician stating that the student can return to his/her clinical assignment.
6. If you are going to miss lab due to COVID-19 related symptoms. Which include but are not limited to fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion or runny nose, or loss of taste or smell. You will be required to show proof of COVID testing on the date of miss lab. Because of the types of patients that we can come in contact with including but not limited to, immunocompromised, asthmatics, or other breathing issues, who it could be detrimental to their health if they were to contract CVOID-19 we need to take extra precautions.
  - Each clinical site has their own criteria in how the handle positive COVID-19 tests. If you test positive your will need to show proof of positive test result and the student will then follow the policies and procedures set by the facility in regard to when they can return to their clinical rotation.

### **COVID-19 Policy:**

1. In regard to COVID-19 the Respiratory Therapy Program follows all Northland policies

- and procedures in regard to COVID reporting and quarantine plans for close contacts.
2. Policies and procedures of the hospitals and facilities that we do clinicals and internships will super seed all Northland COVID policies and procedures.
    - Students can be denied access if they do not abide and follow the facilities policies and procedures
  3. Because of the way the program is designed with labs and some clinical rotations being held only once a month attendance is most important. COVID-19 illnesses will be handled in the following manner.
  4. If a student is to call in sick to a lab or clinical rotation with COVID 19 type symptoms, which include but are not limited to: fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion or runny nose, or loss of taste or smell. You will be instructed that you will be required to show proof of COVID testing on the date of miss lab or clinical.
  5. If you test positive Northland and hospital facility policy and procedures will be followed.
  6. Northlands COVID team will be notified, and they will reach out the student with instructions on if they need to quarantine and when they can return to campus.
  7. Even if you are allowed to return to campus this does not necessarily mean that you can return to clinical. The hospital or facility will determine when the student can return and if addition testing is required prior to that return.
  8. Students who call in to clinical or lab days with COVID symptoms and refuse to show proof of COVID testing will not be allowed to return to lab or clinical until documentation is shown or they follow up with the COVID team at Northland and are cleared to return.
    - Failure to provide documentation could result in but is not limited to the failure of that clinical or lab day or possible loss of CTO hours
    - Student will then have to meet with program faculty to discuss any issues and create an improvement plan to avoid future issues

### **Compensatory Time Off (CTO) for Clinical:**

1. Students will be allowed absent time (approved absences) from clinical rotations.
  - This is referred to as Compensatory Time Off (CTO).
  - These are hours that can be used for absences as needed during the year.
  - Time must be taken in increments of at least one-half hour.
  - **Students are strongly encouraged to use their CTO wisely and not view these hours as vacation days.**
2. CTO is assigned in increments as follows:
  - 1<sup>st</sup> year students will receive 24 hours— This starts the 1<sup>st</sup> day of clinicals through end of summer semester (Clinicals I, II, III)
  - 2<sup>nd</sup> year students will receive 40 hours – This starts the 1<sup>st</sup> day of fall semester through the end of the program (Internships I, II, III and Neonatal Internships I & II)
  - Hours from the 1<sup>st</sup> year do not carry over to the 2<sup>nd</sup> year
3. The allotted hours of CTO will include hours taken for sick time, personal leave and inclement weather issues that aren't included in college closure announcements, nor in approved exceptions. If a student is absent, they must use their CTO available first. Those additional hours absent above their allotted hours will affect their clinical grade status as indicated below under grade status.
4. Students who need to utilize CTO during the last two weeks of any given semester, must have all clinical requirements complete prior to requesting CTO and therefore seek

approval from their clinical instructor. The student must also be in good standing with completed competencies.

5. CTO must be used to cover all absences including but limited to: illness (personal & family), doctor and dental appointments (personal & family), car breakdowns, banking matters, oversleeping, weather related when school/clinical hours are not impacted, and any needed personal time off.
6. Any approved hours absent more than the allotted hours each year, is the responsibility of the student to make up time in the semester it occurred. Approved exceptions for time off needed beyond the hours allotted that will require a make-up time assignment include, but are not limited to:
  - Military leave
  - Extended illness (Doctor's note required)
  - Injuries that limit clinical capabilities -- e.g., lifting restrictions (Doctor's note required)
  - Maternity leave (limited)
  - Death of an immediate family member
  - Inclement weather conditions on a case-by-case basis
  - Other situations approved by program officials
7. Missed clinical time for above approved circumstances must be made-up beyond the usage of allotted CTO hours. If circumstance is a future/scheduled occurrence, it is recommended to bank make-up time PRIOR to time off.
8. Since it is difficult to dictate every case scenario, situations regarding missed clinical time due to above situations may be decided on a case-by-case basis and with approval of program officials.
9. All required clinical time beyond the allotted hours of CTO will be made up in approved circumstances. If a student must be absent from clinical, it will be their responsibility to schedule make-up clinical time with the clinical instructor.
10. Clinical time will be made up based on an equal ratio of time missed. Example: student missed 16 clinical hours = student makes up 16 hours of clinical time. Students cannot "collect" time to be used at a later date.
11. Special Circumstances such as a death in the immediate family will be considered under the discretion of the program officials. Immediate family members include partners, child, parents, siblings and grandparents.
12. Students may have the option to make up the lost time prior to the current semester end or utilize CTO. The number of days allowable for make-up will be at the discretion of program officials.
13. Students requiring an excess of absence from class and clinical will be reviewed for possible leave of absence for one year if their education is affected by the leave.
14. Students must utilize CTO in the event they need to leave early. It is the student's responsibility to be aware of and have an understanding of all clinical CTO policies and

guidelines and how excessive absenteeism can affect their clinical grade and/or status in the program.

15. Chronic tardiness will be handled the same way absences are. CTO will be deducted in increments of 30 min, regardless of the length.
16. While it is not always possible to accommodate a student's change request, when unexpected conflicts arise, Students can request a change in a clinical schedule, but the student must submit the request by email, so that permission from the clinical instructor (who will contact the clinical site) can be obtained at least two school days prior to the scheduled clinical day. **Rescheduling of a clinical day, if granted, will be subtracted from CTO hours. Unless it falls under the approved exceptions and at the clinical instructor's discretion.**

### **Clinical Absence Notification**

- As noted above, students should request use of CTO two school days prior. In the event of an unexpected emergency (sudden illness, etc), the student must notify their clinical instructor prior to the start of their shift.

### **Inclement Weather Situations related to Clinical**

1. In cases of poor road conditions such as ice or snow etc., the student is advised to use their best judgment in regard to the driving to their scheduled clinical site.
  - **If a student misses clinical due to bad weather in their area of residence, they may use CTO or make the time up in a timely manner at the discretion of program officials. This will be monitored in reference to the number of occurrences.**
2. Classes, including clinical, will follow all Northland College guidelines in regard to late starts, cancellation etc. Depending on when a class is to start, each program course will have guidelines addressed in regard to whether or not class will be held with a late start. For example, if a class is scheduled to start at 9 a.m. and the campus addresses a two-hour late start, individual instructors generally inform students either through their course syllabi proactively or verbally at the start of winter season. So, this rule can vary.
3. If classes are cancelled after clinical starts such as later in the morning, program faculty will notify the clinical sites to send students home or request student make arrangements to remain off the road if weather is severe enough to prevent travel.
4. School closing updates will be posted on the Northland College website. Students are encouraged to sign up for STAR Alerts for closure issues and emergency announcements as well as check their college emails for notifications.
5. Anytime the campus closes (all classes cancelled) due to inclement weather, students are not to report to clinical or class.
6. Students should not be traveling if travel is not advised. Weather and road conditions can vary between student's home address, the campus, and the clinical sites. It is difficult for program faculty to allow students to makeup time if they simply could not travel from their home base or if they were out of town prior to their scheduled clinical rotation. Therefore, if students cannot make it to their clinical education site when no classes are cancelled students are subjected to utilize CTO. This will be at the discretion of program officials. If



this scenario happens with multiple students' multiple times, it will be very difficult to schedule makeup time without interfering with the normal clinical schedule.

### **Clinical Absence—Grade Status**

1. There will be a drop of one letter grade for every 1 hour absent (of one clinical day), when a student goes over their allotted hours of CTO. The letter grade drop or (drops) will occur in the current semester only.
2. This will also apply to the trailing semester, starting with the first absence; clinical grade will be affected in the same manner with an absence. Students receiving a letter grade below "C" due to excessive absence may be subject to termination from the program. Students must take CTO in increments of no less than ½ hour.

## **Clinical**

### **Clinical Expectations**

1. Students have an obligation to conduct themselves at all times in a manner that reflects appropriate professional moral and ethical character. By going into the clinical setting, you are not only representing yourself but Northland Community and Technical College and the respiratory therapy program as a whole.
2. Students have a responsibility to society, in learning the academic theory and clinical skills needed to provide respiratory therapy. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.
3. Students need to proactively participate, be motivated and enthusiastic taking every opportunity to learn. They are expected to seek out relevant learning experiences and be active in managing their own learning while also being adaptive to certain situations that can arise in the health care setting.
4. Students need to be able to be mature, confident, team players that can take criticism in the clinical setting. It is expected that students will be compassionate, have the ability to communicate and be respectful with patients and staff.
5. Hospital staff are functioning as an extension of the college faculty while students are in the clinical setting. All behavior, good or bad, will be documented and communicated back to the faculty assigned to the clinical rotation.
6. Students who show an unwillingness to participate, do not conduct themselves in a mature manner, are disruptive, and lack motivation will first be addressed with a verbal warning. If the behavior continues the student could be asked to leave the clinical rotation at the discretion of the hospital staff.
7. If a student is asked to leave a clinical site, it will be communicated back to faculty and the student must set up a meeting, with the faculty assigned to that clinical rotation, prior to being allowed back into the clinical setting. A behavior evaluation will then be filled out, along with a performance plan to correct the behavior.

8. Any student that fails to demonstrate satisfactory progress or compliance, of the steps defined above, will have a 2<sup>nd</sup> behavior evaluation completed in Platinum Planner and his/her grade will reflect accordingly.

### **Clinical/internship Rotation Assignment**

1. If at any time a student is prohibited from performing clinical duties at an of the program clinical sites, the student will no longer be eligible to continue in the program.
2. The program clinical director provides the schedule of clinical site rotations. Students are provided with a schedule each semester. Schedule are provided in a timely manner in consideration for planning. Clinical rotation schedules are subject to change when and if the clinical coordinator and/or program director recognize the need to do so based on staffing changes, changes, change in student number, individual student needs or rotation needs.
3. Clinicals I, II, and III will primary be at Altru Health System in Grand Forks, ND and CentraCare in St. Cloud, MN. Additional cohort sites, for these clinicals, maybe added based on student numbers.
  - Students are either scheduled at Altru Health System or CentraCare, depending upon clinical goals, site availability and numbers, students may be scheduled at alternative clinical sites.
  - Every reasonable effort will be made to give students their preferred clinical site.
  - Students may submit a written request for placement in an alternative site, that is not listed above.
4. Internships I, II, II; Neonatal Internships I and II students will rotate through education sites throughout their enrollment in the program which ensures a wide variety of clinical experiences. Clinical sites may and will be added at the student's request, baring contracts can be obtained. Requests for additional sites must be submitted at least 3 months prior to the start of the internship.
  - Students will be given an internship request form several weeks/months prior to the start of the internship. If this form is not submitted back to the faculty assigned to the internship, student placement and schedule is at the discretion of faculty. (see appendix D)
  - Arrangements for housing and the additional expense are the students' responsibilities.
  - These costs are not part of your tuition and should be planned for accordingly.
  - The College faculty will work with you to assure that preparations are made to make this rotation a positive learning experience.
  - Rotation assignments will be made considering:
    1. Individual Hospital Site Circumstance
    2. Instructors Judgment
    3. Student Request
    4. Specific Objectives of the course (available sites vary by course)

### **Student Supervision for Clinical**

1. All competencies will be observed by either a clinical instructor or the designated preceptor at the assigned clinical site.

2. For a skill to be eligible for a competency check off it must have been done in the lab setting with a faculty instructor
3. Once the skill is mastered in lab then student can receive a supervised competency check off in the clinical setting
4. Until the student achieves the program's required competency level in any given procedure, three unassisted/uncoached procedure attempts, all students will be directly supervised by a faculty instructor or assigned preceptor.
  - The term "direct supervision" shall be interpreted to mean that either a clinical instructor or preceptor will be present for all student activities
5. Once the student has performed the program's required number of competency levels, three unassisted/uncoached procedure attempts and are able to answer basic questions as to indications, contraindications, and hazards for the skill, they may perform the skill with indirect supervision.
  - The term "indirect supervision" shall be interpreted to mean that either a clinical instructor or preceptor will be within the same nursing unit so that if the student has problems or concerns, they can alert the instructor or preceptor.
  - Students will not be left in any intensive care unit alone. The instructor or preceptor must be within vocal range if needed.
6. Regardless of number of competency levels all medications may need a dual sign off with the preceptor or instructor, this will vary from facility to facility. All facility rules and regulations will be followed regarding indirect procedure performance for students. These rules will supersede any rules set forth by the respiratory program.
7. These are the list of skills that a student may do with indirect supervision but is not limited to:
  - Oxygen administration, titration, and placement of devices
  - Medicated nebulizer therapy
  - Bronchial hygiene therapy
  - Invasive and noninvasive ventilatory equipment checks
8. All other skills, **regardless of competency level**, will require direct supervision

### **Clinical/Internship Grading**

1. During clinical/internship rotations you are expected to complete all required skills and competencies listed in the Student Record of Clinical Competency book.
2. There are 229 required competencies and 13 optional competencies to complete over 7 clinical and internship rotations.
3. To pass clinical a minimum number of completed competencies is required.
4. All students should have a minimum of 1 sign off in all required competencies prior to graduation.
5. Students also must complete all the necessary clinical paperwork each clinical shift.

6. Hospital preceptors must also fill out daily evaluations on each student each clinical day. It is the students responsibly to remind staff to fill out the evaluation.
- Faculty will keep paper forms on hand that can be filled out and returned to a secure binder, or the preceptor can take a screenshot or scan the document and email it to either Kristin – [kristin.knudsen@northlandcollege.edu](mailto:kristin.knudsen@northlandcollege.edu), Lynn – [Kristin.knudsen@northlandcollege.edu](mailto:Kristin.knudsen@northlandcollege.edu), TBD – [TBD@northlandcollege.edu](mailto:TBD@northlandcollege.edu) or Heather – [heather.koland@northlandcollege.edu](mailto:heather.koland@northlandcollege.edu)
  - Faculty will then enter the information into the Platinum Planner software
  - Students should never receive a completed evaluation from a preceptor
7. Clinicals/Internships will be graded in the following way each semester:

<b>Clinical I/Clinical II/Clinical III/Internship I/ Internship II/ Internship III</b>						
Grade	Completed competencies 40% of total grade	Completed daily Diaries 10% of total grade	Completed Student Preceptor Evaluations 10% of total grade	Completed Preceptor Student Evaluation 10% of total grade	Completed Patient Assessment Sheets 10% of total grade	Completed Behavior Evaluation 20% of total grade
A	≥45 competencies completed	100% completed	100% completed	100% completed	100% completed	≥80 points
B	≥33 competencies completed	≥80% completed	≥80% completed	≥80% completed	≥80% completed	≥60 points
C	≥21 competencies completed	≥60% completed	≥60% completed	≥60% completed	≥60% completed	≥40 points
D	≥9 competencies completed	≥40% completed	≥40% completed	≥40% completed	≥40% completed	≥25 points
F	≤9 competencies completed	≤40% completed	≤40% completed	≤40% completed	≤40% completed	≤25 points

Neonatal Internship I/II						
Grade	Completed competencies 40% of total grade	Completed daily Diaries 10% of total grade	Completed Student Preceptor Evaluations 10% of total grade	Completed Preceptor Student Evaluation 10% of total grade	Completed Patient Assessment Sheets 10% of total grade	Completed Behavior Evaluation 20% of total grade
A	≥13 competencies completed	100% completed	100% completed	100% completed	100% completed	≥80 points
B	≥10 competencies completed	≥80% completed	≥80% completed	≥80% completed	≥80% completed	≥60 points
C	≥7 competencies completed	≥60% completed	≥60% completed	≥60% completed	≥60% completed	≥40 points
D	≥5 competencies completed	≥40% completed	≥40% completed	≥40% completed	≥40% completed	≥25 points
F	≤5 competencies completed	≤40% completed	≤40% completed	≤40% completed	≤40% completed	≤25 points

## Competencies

- Once the student learns a new skill or procedure through didactic instruction and an acceptable level of competence is demonstrated in the lab setting, the students can then perform skills under direct supervision. The preceptor, in which the student is assigned, monitors the student's performance, and scores the skill appropriately in the student's skills book. A minimum of three competency skill scores must be completed for each skill or procedure. The 3<sup>rd</sup> and final score must be error free to establish clinical competence for that skill or procedure. After the 3<sup>rd</sup> error free competency, the student may perform the skill or procedure without direct supervision.
- Student must log all competencies and skills in the Platinum Planner tracking system. All skills logged must match the signatures of the preceptor in the skills logbook.
  - Students will perform a skill more than the three times listed in the book. Once 3 signatures are obtained for the 1 skill the student does not need to record them in the red book but will still need to log them in the Platinum Planner system.
- Skills logbooks will be checked periodically to see that skills are being completed. These will then be tracked for grading purposes.
- Grading Competencies – See [Clinical/Internship Grading](#)

## Clinical Competency Development

1. Competency-based education is used through this program. The method is based on cognitive, psychomotor, and affective (behavioral) domain instruction.
2. Students are advised on the number of competencies that should be completed each semester (see rubric for grading). This is done to make sure that students are progressing with gaining the competencies needed for entry level work.
3. Competency achievement is noted when the student does the third supervised skill or procedure error free.
4. Verification of completion of a competency is done by the supervising preceptor at this clinical/internship site.
5. The student will perform the designated number of examinations in each competency under direct supervision of a respiratory therapy preceptor

**Service Work Policy:**

Respiratory care students must not be substituted for paid staff.

- This does not prohibit a paid/unpaid internship but is designed to ensure that students who opt to reinforce competencies and skill sets in this manner are adequately supervised, they do not receive educational credits for this experience, and are not used simply as back-ups in the absence of appropriate paid staff during clinical rotations. This situation is not part of the Northland Community and Technical College Respiratory Therapy Program

**Clinical Travel Obligation**

1. All students need to be aware of the clinical obligations of travel to and from clinical sites.
2. Students will be required to travel to all clinical education sites at their own expense.
3. Students will need to have a valid driver's license.
4. Currently, CentraCare, St. Cloud, MN, is the furthest clinical distance from the Northland College campus.
  - Those students that are in the in-person class sections may need to be placed at alternative clinical sites based on clinical site needs, limitations, or requests.
  - This will be kept to a minimum and we will work with the student to find alternative placement should these issues arise.
5. For distance/Hyflex students
  - Students can request to be placed at hospitals closest to their home. Please see the section on clinical internship rotation assignments.
6. Students unable to drive to their designated clinical sites, must make their own arrangements for travel so as not to interfere with their required clinical rotations.
7. All clinical rotations scheduled must be fulfilled.

## Clinical Times and Days

- Clinical I (Hyflex) – 1 Saturday a month
- Clinical I (non- Hyflex) - 1 Sunday a month
- Clinical II (Hyflex) – 1 weekend a month (Saturday and Sunday)
- Clinical III (non-Hyflex/Hyflex) – Arranged during summer session
- Internship I, II, II, and Neonatal Internship I, II – Arranged

## Clinical Dress Code

**DRESS PROFESSIONALLY!!** Consider the appearance you will be presenting to patients, respiratory care personnel, and other health professionals.

- The health care facilities employee dress code will be enforced for each student during clinical rotation.
  - Professional dress increases confidence in your abilities from a patient's and a fellow worker's viewpoint.
- a. Current Northland photo ID badge must be worn and attached to the chest area of the uniform to participate in the clinical rotation
    - If photo ID badge is not attached or visible on the student's uniform, they will be dismissed from clinical and be required to make-up clinical day, hours will be deducted from CTO hours, as well.
    - Badges are the responsibility of the student and a lost badge and must reported to the clinical instructor so that you can get a replacement
  - b. Each student will be required to wear a uniform for clinical course work.
    - The uniform consists of the following:
      - i. Pewter or Charcoal gray scrubs with college patch.
      - ii. Scrub top, pant, and scrub jacket colors/patterns must match
      - iii. Scrubs must be worn as a set (both scrub top and scrub bottom together-not one without the other)
      - iv. Uniform must be scrub material
      - v. They should allow for movement required by the job and professional in appearance
      - vi. Pant and skirt hems must be a length that they do not touch the floor.
        - For purposes of safety and infection control, pant hems and skirt hems must clear the floor by a minimum of 2 inches when wearing footwear
      - vii. Hems that “drag” are a trip hazard and carry infectious organisms from area to area, including your home.
      - viii. Student will be given one warning if hems drag on the floor. Thereafter a behavior evaluation will be completed, and the student may be excused from the clinical site.
      - ix. For the purpose of safety and infection control, head scarves, if worn, must be a solid color and tucked into the uniform top.
      - x. If want to wear a scrub/lab coat over your uniform it must be color coordinated with the uniform color.
      - xi. It is permitted to wear a short-sleeved shirt or long-sleeved shirt under the uniform top if it is a solid non printed pattern.

- xii. \*\*Home care and cardiopulmonary rehab dress code is professional attire (ask instructor if unsure).
- c. Supplies
    - Stethoscope
      - i. Any brand is acceptable. Common brands: Littman, Adscope, Heine
    - Watch with second hand or one able to count seconds.
  - d. Footwear
    - Is expected to be clean, well fitting, and professional.
    - Footwear should match the role within the clinical setting and should be safe for all job duties (must be worn at clinical sites at all times).
    - Because we work in direct patient care all shoes must be closed toe.
    - Sandals and rubber-type “Croc-style” footwear, with holes, are prohibited by my most hospital policies, may be hazardous to you, and therefore, are not permitted.
    - Shoes that create a minimal/limited amount of noise are preferred in patient care areas. This is to keep the environment peaceful and quiet for other staff and patients.
    - All socks need to be appropriate.
  - e. All jewelry worn should not interfere with proper hand hygiene process, interfere with patient care, or compromise safety
  - f. Earrings may be worn and limited to 3 per ear
    - Gages (large disc-like earrings) are not permitted
    - One facial piercing is permitted in the nose but must contain either a stud or post
    - No rings, hoops, or larger are allowed.
    - Other facial piercing (tongue, lip, eyebrow, etc.) may not be worn or must contain a clear piece of jewelry or removed.
  - g. Tattoos are permitted with the following guidelines
    - If visible must be appropriate and not contain any graphic or inappropriate images, language, or symbols that may be offensive
    - If a patient or family members find a visible tattoo offensive, the student will be required to cover it
  - h. Nails and Nail Polish
    - Nails should be kept clean and trimmed to an appropriate length (no longer than ¼ inch beyond the end of the finger)
    - Nail polish may be worn as long as it is clear or light colored so soil under the nail can be seen
    - Nail polish should be fresh, not chipped
    - No artificial nails including gels, bonding, tips, overlays, wrappings, or inlays
  - i. Perfumes, Lotions, and Colognes
    - Personal Hygiene is of the utmost importance
    - Should be neutral and non-overpowering scents



- Deodorant is encouraged to prevent development of body odor
  - i. Please remember that many patients with respiratory problems are highly sensitive to strong perfumes and the odor of tobacco smoke. Perfumes, colognes, or scented lotions with a noticeable scent are prohibited. Avoid the use of these, especially during clinical rotations. Students with inappropriate odor or dress will be instructed to leave the clinical and will be required to make up this time.
  - ii. If this is an issue you can be dismissed from that days clinical and CTO hours will be used. You will then schedule a makeup day. Second offence will result in a dismissal from that days clinical, use of CTO hours and a behavioral eval will be completed. Student will then have to meet with the DCE and Program Director to discuss actions.
  - iii. Because we care for patients with allergy sensitivities and the fact that patients whose life may depend upon their successfully quitting smoking, students are not allowed to smoke before or during their clinical rotation.
  
- j. Hair and facial hair
  - Hair and facial hair should be well groomed and maintained
  - Those with long hair (shoulder length or longer) must keep hair pulled back and away from their face and off the collar (clip or ponytail)
  - Beards and other facial hair should not extend more than 3 inches from the face
    - i. We are required to wear tight fitting respirator type mask and facial hair may interfere with the seal. In these cases, facial hair would have to be removed, wearing a respirator mask is not optional
  
- k. Hats
  - Hats are not allowed in the clinical setting unless needed as part of the uniform (scrub hat for surgery or COVID isolation)
  
- l. Dress Code for clinical site activities other than direct patient care
  - Students that need to be at a clinical site for alternative rotations or clinical or case study preparation need to follow the above dress code policy.
  - If scrubs are not worn professional attire will need to be worn and name badge must be clearly displayed.
  
- m. Unacceptable Attire
  - Students represent the respiratory profession and Northland College. The following list of unacceptable attire applies to all clinical activities
    - i. Regular nonprofessional street clothes, including denim, leggings, athletic wear, cargo pants, shorts, short skirts, or garments made from sheer fabrics.
    - ii. Attire that reveals the abdomen, lower back, upper thighs, shoulders, or cleavage
    - iii. Attire that reveals undergarments or lack thereof
    - iv. Soiled, faded, torn or wrinkled clothing, including uniforms
    - v. Clothing with logos
    - vi. Garment with hems that drag on the floor

**Clinical Smoking Policy:**

1. Due to the fact that we care for patients with allergy sensitivities and the fact that patients whose life may depend upon their successfully quitting smoking, students are not allowed to smoke before or during their clinical rotation.
2. Please remember that many patients with respiratory problems are highly sensitive to strong perfumes and the odor of tobacco smoke. Perfumes, colognes or scented lotions with a noticeable scent are prohibited. Avoid the use of these, especially during clinical rotations. Students with inappropriate odor or dress will be instructed to leave the clinical and will be required to make up this time. First occurrence will result in a deduction from CTO hours and clinical day rescheduled. 2<sup>nd</sup> occurrence will result in deduction from CTO hours, clinical day rescheduled, behavior evaluation completed, and the student must meet with Director of Clinical Education and Program Director before student is allowed to return to clinical. Student will also need to create a plan to avoid further incidences.



# **NORTHLAND**

**COMMUNITY & TECHNICAL COLLEGE**

## **Respiratory Therapy Program; Student Performance Improvement Plan**

Student \_\_\_\_\_ Date \_\_\_\_\_

Faculty \_\_\_\_\_ Course \_\_\_\_\_

Advisor \_\_\_\_\_

- Documentation of Verbal Notice/counseling**       **Written Warning**       **Notice of Unsatisfactory Performance**  
Low Acuity                                      Moderate Acuity                                      High Acuity/Potential Failure

**Issue/Concern: Include objective findings with examples**

**Action Plan: Develop a plan for performance improvement/remediation**

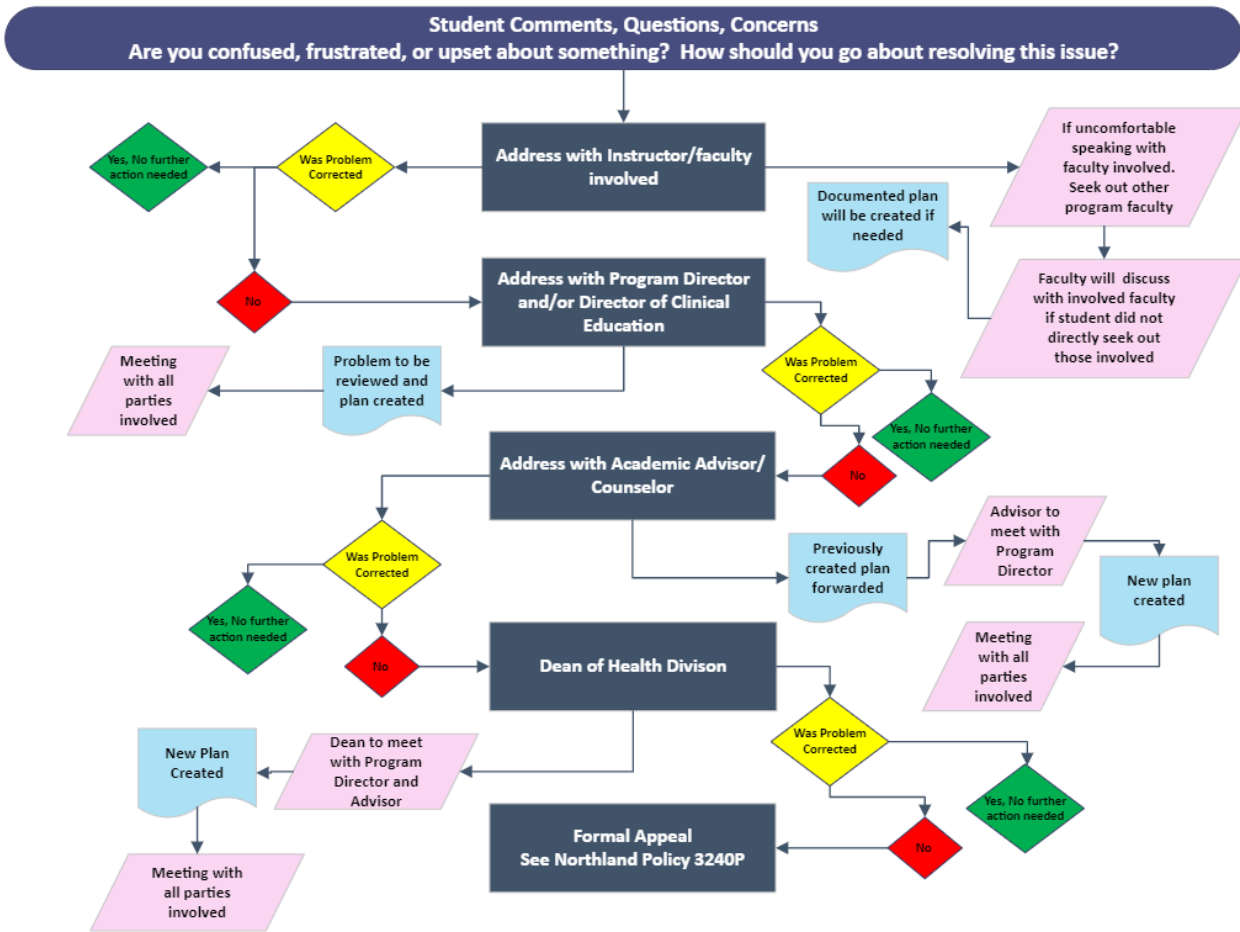
**Student comments:**

Follow-up date: \_\_\_\_\_

Student signature indicates the student has read, completed, and discussed this document with program faculty. A copy of this document will be placed in the student program file.

<b>Student Signature &amp; Date</b>
<b>Faculty Signature &amp; Date</b>

Appendix B





## Respiratory Therapy Program; Concerns Action Plan

Student \_\_\_\_\_ Date: \_\_\_\_\_

Faculty \_\_\_\_\_ Course \_\_\_\_\_

Advisor \_\_\_\_\_

**Issues/Concerns brought forward: please include examples**

**Action Plan: Plan developed to solve above issues/concerns**

**Follow up: Was the issues/concerns addressed and fixed per above action plan. List how action plan was assessed**

<b>Student Signature &amp; Date</b>
<b>Faculty Signature &amp; Date</b>



## Internship Requests

<b>Name:</b>	<b>Semester:</b>	<b>Date:</b>	
<b>Internship you are submitting request for: (ONE INTERNSHIP REQUEST PER SHEET)</b>			
Internship I; Internship II; Internship III; Neonatal Internship I; Neonatal Internship II			
Hospital(s) Requested:			
<b>Requirements: please note the below requirements.</b>			
<ul style="list-style-type: none"> <li>• Internship I: 240 hours; 20 – 12-hour shifts; 30 – 8-hour shift</li> <li>• Internship II: 240 hours; 20 – 12-hour shifts; 30 – 8-hour shift</li> <li>• Internship III: 144 hours; 12 – 12-hour shifts; 18 – 8-hour shift</li> <li>• Neonatal Internship I: 48 hours; 4 – 12-hour shifts; 6 – 8-hour shifts</li> <li>• Neonatal Internship II: 48 hours; 4 – 12-hour shifts; 6 – 8-hour shifts</li> </ul>			
<b>Note:</b>			
<ul style="list-style-type: none"> <li>• When putting your availability please put more than just the required number. This will avoid having to contact you more than once for additional shifts.</li> <li>• All effort is made to accommodate the requested schedule, exceptions may have to be made based on hospital availability.</li> <li>• If you wish to do a shift other than a day shift please note that as well.</li> <li>• During internship II rotations through ancillary departments will be scheduled. This will include: Sleep Lab, Pulmonary Function, Pulmonary Rehab, Home Care, and Anesthesia (if available).</li> <li>• Sleep Lab will be an evening/night clinical</li> <li>• Once shift is assigned changing will be referred to the student handbook</li> <li>• If this sheet is not returned by the due date, you will be scheduled dates at the instructor's discretion, which may differ from what you wanted or requested</li> </ul>			
<b>Days of clinical availability:</b>			
<b>Date Requested</b>	<b>Date Scheduled</b>	<b>Date Requested</b>	<b>Date Scheduled</b>

Notes: \_\_\_\_\_

Due Date: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_