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## INTRODUCTION AND WELCOME
The faculty of the respiratory care program welcomes you to this program and to Central Piedmont Community College. During the next five semesters, we will work, learn, and grow toward the betterment of respiratory care in this community or any community you choose to practice.

The purpose of this handbook is to share information. We trust this information will help you better understand the operation of the program. As always, if you have any questions concerning the content of this document, please ask any faculty member or your advisor. We will not have all the answers, but will make every effort to find an answer for you.

Central Piedmont Community College (CPCC) is accredited by Southern Association of Colleges and Schools (SACS). CPCC is a large institution that offers a tremendous variety of courses and programs. It will be very difficult not to develop "tunnel vision" with regards to respiratory care. We encourage you to take courses or take advantage of the facilities which will reward you with enjoyment or recreation. These courses can make a difference in your attitude toward the total experience of learning.

You have chosen a rigorous and demanding program that will require additional time outside of the classroom and clinic to be successful. We pledge to work together to provide you the academic and clinical experience necessary to become a competent respiratory care practitioner. Our hope is that these experiences will lead toward an agreeable and successful career in respiratory care.

As a result of the accreditation process established by the Committee on Accreditation for Respiratory Care (CoARC), our program is "outcome oriented" with the goals and standards associated with the basic competency of preparing students as competent respiratory therapists. CoARC also collects outcome data for all accredited programs.

Programmatic outcomes are performance indicators that reflect the extent to which the goals of the program are achieved and by which program effectiveness is documented. Programmatic outcomes data reported on the CoARC website include:

- 3-year time period being reported;
- CRT credentialing success;
- RRT credentialing success;
- Attrition;
- Job placement;
- Overall Graduate Satisfaction;
- Overall Employer Satisfaction;
- On-time Graduation Rate;
- Total number of program enrollees;
- Total number of program graduates;
- Maximum Annual Enrollment.

**Commission on Accreditation for Respiratory Care**  
CoARC ID # 200211 (Accreditation valid until 3/31/2020)  
Phone: (817) 283-2835  
Address: 1248 Harwood Road  
Bedford, TX 76021-4244  
CoARC Website  CoARC Outcomes

**Southern Association of Colleges and Schools**  
Phone: (404) 679-4500  
Address: 1866 Southern Ln  
Decatur, GA 30033  
SACS Website

**Central Piedmont Community College**  
Phone: (704) 330-2722  
Address: 1201 Elizabeth Avenue  
Charlotte, NC 28235  
CPCC Website
Our curriculum is designed to meet the standards established by the North Carolina Department of Community Colleges and the tasks matrix established by the National Board for Respiratory Care (NBRC). The curriculum is reviewed annually and appropriate changes are implemented to provide you with the competencies to function as a respiratory therapist. Additionally, surveys of all the communities of interest are done on an annual basis to make sure that the needs of our community are being met and that appropriate changes can be made, if needed. We value your input into your educational process. If better, more efficient ways of helping you meet your goals are available, please communicate this information to your program faculty.

The policies contained in this booklet have been approved to help you progress through the curriculum and attain your goals in the most efficient manner possible and in conjunction with sound educational methods.

PROGRAM GOAL

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).

STUDENT LEARNING OUTCOMES

Once students graduate from CPCC Respiratory Therapy Program they should be able to:

1. Institute an action plan for the management of reactive airway disease based upon published guidelines from the National Heart, Lung, and Blood Institute (NHLBI) by National Institute of Health (NIH).
2. Assess a patient’s clinical presentation and recommend appropriate volume expansion therapy. Using established protocols, indicated therapy will be initiated, and an appropriate plan of care created and adhered to.
3. Institute mechanical ventilator support consistent with an individual patient’s diagnosis, current history and physical, and arterial blood gas results.

COMPUTER ACCESS

It is a requirement that all students have access to the internet and a compatible printer. Information regarding computing labs on CPCC campuses may be found under “Services for Students” on the college’s homepage. You will be looking for the “Open Labs”.

TRANSPORTATION

You will need reliable transportation to class, hospital clinical sites, and home care clinical sites. All respiratory courses are held on the Central Campus. However, beginning in the first spring semester, clinical rotations are scheduled two or three days per week in area hospitals; clinical rotations will include patient home sites during the second year of the program. Most of these facilities are near the central city, but rotations are also scheduled in Gastonia, Pineville, Rock Hill, Stanley, Shelby, and Concord hospitals.
CLINICAL AFFILIATES

I. Carolinas Healthcare System
   a. Carolinas Medical Center – Main
   b. Carolinas Medical Center – Pineville
   c. Carolinas Medical Center – Northeast
   d. Carolinas Medical Center – Union
   e. Carolinas Medical Center – University
   f. Carolinas Medical Center – Waxhaw ED
   g. Carolinas Rehab
      i. Carolinas Rehab - Main
      ii. Carolinas Rehab - Northeast
      iii. Carolinas Rehab - Mount Holly
   h. Cleveland Regional Medical Center
   i. Healthy @ Home Homecare
   j. Kings Mountain Hospital
   k. Mecklenburg Medical Group

II. Caromont Regional Medical Center

III. Novant Health
   a. Novant Health Presbyterian Medical Center
   b. Novant Health Huntersville Medical Center

FINANCIAL AID AND SCHOLARSHIPS

For information on how to apply for financial aid and/or scholarships, click on:

- Financial Aid Information
- Scholarship Information

HEALTH INSURANCE

Students must submit proof of health insurance. Attach a front and back COPY of the insurance card to the packet on a SEPARATE sheet of paper. Please do not include any other information on this sheet.

Student Health Insurance

Failure to obtain and submit proof of health insurance will result in the student’s acceptance into a Health Program being rescinded. Students must immediately submit copies of new cards any time the health insurance coverage changes and/or expired coverage is renewed. Health Insurance coverage must be maintained throughout the entire length of the Program. See the CPCC website for information on Student Medical Insurance available through the college.

EXPENSE

As with most medical fields, there are considerable financial costs during the program (including professional development seminars and review classes). After graduation more costs will be associated with becoming licensed and registered. The total cost of the program is $8400-9300 over 5 semesters. Some but not all expenses include:

- Tuition/Fees $4800
- CAP $320
- Lab fees $270
- Technology fee $50
- Books $1550
- Supplies (scrubs, stethoscope, calculator) $400
- Annual drug screen $45
- Kettering/Persing (other) Registry Review $400
- High Country Conference/NCSRC Symposium (other) $190 and up
- Annual criminal background check $45 and up
- Immunizations, physicals, and titers Variable
- Secure Therapist Multiple-Choice (TMC) Exam $45
- After graduation (two NBRC exams) $400
- State licensure $213

CLASSROOM / LABORATORY

Our classroom/laboratory space is located on the 4th floor of the Health Careers Building. Scheduling has been established to maximize the time available for the first and second year students. This space is available for you to utilize as you see fit, however, an employee should be present. See any faculty member for accommodations. Use it as often as you feel necessary but please respect it and leave the area orderly.

There is a large amount of expensive equipment housed in this area. You will be using this equipment in your classes and labs. You are expected to exercise care when using the equipment and to report any malfunction(s) which may occur. Your equipment is of little instructional value if it is broken.

Additionally, there are charts, models, books, manuals, audiovisual programs for your use. We ask that these items be used in the lab. Please check with your instructor before taking any item from the lab.

OPEN LAB POLICY

Open lab hours will be posted before the beginning of each semester. During open lab, students are permitted to practice in the lab area as it is supervised by RT program staff. Equipment that is only found in the lab areas will be made available to students for use; this time is student led, not instructor led, and students are expected to bring their books. Students should come in to work on a specific skill(s) or objective(s) and will sign in and out of the lab time using a designated form.

Instructors are available to answer questions and provide assistance and support as the student achieves the desired skills. Also, it is highly recommended that students utilize this open lab time to enhance and work on low performance skills. Students must abide by the safety rules that are posted in the respiratory therapy laboratory.

REMEDICATION POLICY

Students are continuously evaluated using various instruments that measure cognitive (exams), psychomotor (lab and clinical competencies), and affective skills (instructor evaluations) throughout the semesters. If any student performs unsatisfactorily, an instructor or preceptor must complete a Remediation Form identifying the student's inefficiencies and form an educational plan for success.

It is the student’s responsibility to fulfill all the requirements identified within the Remediation Form by the designated completion date (two weeks after initiation of remediation process). Students must schedule an appointment with a Respiratory Program instructor. The student must correctly perform all skills or objectives listed within the remediation. All Remediation Forms must be signed by the Program Director (PD) and Director of Clinical Education (DCE) and submitted to the lead instructor for the course when remediation is complete.

A. Didactic Course

Students receiving less than a passing grade (C) on any examination will be provided with a Remediation Form. Students will be permitted to review their exam during a scheduled time with the instructor.
B. **Clinical Course (Clinical Competencies)**

Students receiving an unacceptable evaluation in any area of their clinical competency must receive a Remediation Form that will be completed by the due date within the presence of a Respiratory Therapy Program instructor. A student is allotted only two remediation’s per competency every academic year. More than two remediation’s will result in an “F” for the course and dismissal from the program. Additionally, if a student requires remediation for more than 20% of their competencies, they will receive an “F” for the course and be removed from the program.

C. **Instructor Evaluation of Student (Clinical) (see Table 1 on pg. 15)**

Instructors will complete the Instructor Evaluation identifying areas of concern regarding a student’s psychomotor, cognitive, and affective skill set (scoring less than 2 in any area). Full-time and part-time faculty members will address all behavior issues with the offending student and complete a Remediation Form. The student will not be permitted back into clinic until meeting with the PD, DCE, and instructor of record regarding an unsatisfactory evaluation. A student is permitted only two remediation’s every academic year. More than two remediation’s will result in an “F” for the course and dismissal from the program.

D. **Instructor Evaluation of Student (Classroom and Laboratory) (see Table 1 on pg. 15)**

Instructors may complete the Instructor Evaluation identifying areas of concern regarding a student’s psychomotor, cognitive, and affective skill set (scoring less than 2 in any area). Full-time and part-time faculty members will address all issues with the offending student and complete a Remediation Form. The student will not be permitted back into classroom or lab until meeting with the PD and instructor of record regarding an unsatisfactory affective evaluation. Additional penalties may be incurred per the **Student Code of Conduct Policy 7.00**.

Instructors will:
1. fill out the Remediation Form
2. have the student sign the form
3. provide a copy of the form to the student and lead instructor of course
4. have PD and DCE sign form once remediation is complete
5. file Remediation Form into student’s file

**TRANSFER STUDENTS**

Any student, who wishes to transfer to CPCC from another program must meet certain conditions:

1. All transfer students are accepted on a space available basis.

2. Only transfer students with a GPA of 3.0 or better in all their previous respiratory coursework will be considered for admissions.

3. All transfer students are required to complete the TEAS examination and achieve a minimum aggregate score of 22 prior to transferring. The composite score is based upon the Reading Score, Math Score, and Adjusted Individualized Score.

4. The transfer student will be required to pass practical and written examinations (greater than 77% on each) covering material through the point of requested entry into the program.

5. Successful program completion may take no more than 3 years from registration in the first RCP course.

6. As a result of changing technology and methodology, transfer students must meet all course requirements of the current curriculum sequence.
7. **All co-requisites will be audited at student's expense.** The college policy on auditing all co-requisite class will be adhered to, click on the link for more information about auditing courses: [Auditing Courses Information](#).

**RETURNING STUDENTS**

A student seeking readmission to the program after leaving it must meet certain conditions:

1. All returning students are accepted on a space available basis.

2. Any student who fails an RCP course during the first fall semester, the first spring semester or summer semester must reapply through the current catalog year’s program admission process.

3. Readmission into the program in the second fall or second spring semester may be allowed pending availability of program resources to support readmission. A written intent to be readmitted must be received by the Program Director no later than 90 days prior to the start of the semester.

4. Successful program completion may take no more than 3 years from registration in the first RCP course.

5. Only one readmission is allowed.

6. As a result of changing technology and methodology, returning students must meet all course requirements of the current curriculum sequence.

7. The returning student will be required to pass practical and written examinations (77% or greater on each) covering material through the point of requested entry into the program.

8. **All co-requisites will be audited at student’s expense.** The college policy on auditing all co-requisite class will be adhered to, click on the link for more information about auditing courses: [Auditing Courses Information](#).

**GRADES**

The following is the grading scale used in all Respiratory Therapy courses:

<table>
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<tr>
<th>Grading scale</th>
<th>Percentage</th>
<th>Grade</th>
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<tr>
<td>93%-100%</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>85%-92.4%</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>77%-84.4%</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>69%-76.4%</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>0%-68.4%</td>
<td>F</td>
<td></td>
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*(Less than 77% is not passing.)*

**PLEASE NOTE:** In order to progress in the program, a student must earn at least “C” in all program courses.
MEDICAL DIRECTOR

Scheduling is done so all students are given equal time and experiences with the medical director. The medical director is a faculty member of the college and has been approved by our accreditation agency, the Committee on Accreditation for Respiratory Care (CoARC). We are fortunate to have an active medical director who cares about your education. Jaspal Singh, MD, at Carolinas Medical Center (CMC) is board certified in pulmonary, sleep, and critical care medicine. He plays an integral role with educating physicians, residents, fellows, and respiratory practitioners using technology and high-fidelity simulation. You will meet Dr. Singh in the second semester during your rotations at CMC if not before.

HEALTH AND HUMAN SERVICES DIVISION POLICIES

INCOMPLETE GRADE
An “I” grade must be removed by the end of the Drop/Add period of the next semester. Other considerations detailed in college catalog.

EXCLUSION FROM CLINICAL FACILITY
The hospitals and Central Piedmont Community College have contractual agreements (available in the division office) which specify certain responsibilities of the hospital and the college. The hospital's primary responsibility is care of patients. If it is determined by the hospital and/or CPCC staff that your presence as a student is detrimental to patient care and safety, you will be asked to leave the facility.

Once the student is removed from the facility, the Program Director is responsible for investigating the situation. The Program Director will determine the effect of the behavior in question on stated program requirements for professional behavior and/or technical skills (cognitive, psychomotor, and affective). In addition, the Program Director is responsible for obtaining appropriate documentation of the investigation. Students found to be in violation of stated program requirements will be given a failing grade for the course and will not be allowed to continue.

Student Grievance Grade Appeal
Student Grievance Process
Clinical Course

OFF-SITE EXPECTATIONS POLICY

Non-patient care venues (lectures, conferences, in-services, etc.) provide students with opportunities to build professional relationships with respiratory therapists and administrators. In addition, they learn how to help support their profession at the state level, learn about new modalities, patient care initiatives, and the future of respiratory therapy.

Expectations:

1. All students should dress in business casual (see below for suggestions).
2. All students should conduct themselves in a professional manner as you are a representative of the school and more importantly yourself.
Suggested Dress for Women:

- **Pants / skirts:**
  Women can wear casual pants or skirts. Neither should be tight. Fabrics should be crisp; colors should generally be solid; navy, black, gray, brown and khaki are always safe bets. For the most business-like appearance, pants should be creased and tailored; neither extreme of tight or flowing. If you are pursuing a conservative industry and are in doubt, observe well-dressed women in your industry on the job, at career fairs, at information sessions, etc.

- **Skirt length and slits:**
  Your skirt should come at least to your knees while you are standing. While you are seated, your thighs should be covered. If your skirt comes to just below the knee, a slit to just above the knee might be acceptable. A very long skirt should not be slit to above the knee. Generally slits in the center back of a skirt — to facilitate walking a stair climbing — are acceptable. Slits to facilitate a view of your legs are not appropriate for business purposes. Slips should not be visible.

- **Shirt / sweaters:**
  In addition to tailored shirts or blouses, tailored knit sweaters and sweater sets are appropriate business casual choices for women. Cotton, silk, and blends are appropriate. Velvets and shimmery fabrics suitable for parties are not appropriate. Fit should not be tight. Cleavage is not appropriate to business and job search occasions.

Suggested Dress for Men:

- **Ties:**
  Ties are generally not necessary for business casual, but if you are in doubt, you can wear a tie. It never hurts to slightly overdress; by dressing nicely, you pay a compliment to your host. You can always wear the tie and discreetly walk by the room where the function is held; if no one else is wearing a tie, you can discreetly remove yours.

- **Shirts:**
  Long-sleeved shirts are considered dressier than short-sleeved and are appropriate even in summer. Choosing white or light blue solid, or conservative stripes is your safest bet. Polo shirts (tucked in, of course) are acceptable in more casual situations.

- **Socks:**
  Wear dark socks, mid-calf length so no skin is visible when you sit down.

- **Shoes:**
  Leather shoes should be worn. No sandals, athletic shoes or hiking boots.

- **Facial hair:**
  Just as with interviews: Facial hair, if worn, should be well-groomed. Know your industry and how conservative it is; observe men in your industry if you are unsure what’s appropriate or are considering changing your look.

**Attire**

To assure uniformity, project a professional image, and to provide for easy recognition of affiliation with the CPCC Respiratory Therapy Program, the following clinic dress is required in the clinical setting by the first week of your second semester in the program and during all hours of clinic thereafter:

A. Photo identification (ID) badges are to be worn at all times when on duty. The badge is to be worn at a team member’s chest level or above.

B. Lab coats with a CPCC respiratory therapy student patch on the right sleeve are optional (see letter D). If a student chooses not to wear a lab coat then they must have scrub top with a CPCC respiratory therapy student patch on the right sleeve (see letter D).

C. Patient care areas: Olive colored scrubs are to be worn in clinic. A clean, white, short or long sleeved T-shirt (not undergarment) in good repair may be worn under the scrub top. A clean white lab coat in good repair may be worn over scrub attire (see
letter B). Scrubs are to fit well, no hems dragging the floor or seams pulling because your garment is too tight. You should present the neat and polished look of a professional. Scrubs that have faded from use need to be replaced.

D. A CPCC respiratory therapy student patch (purchased in the bookstore) should be sewn on the right shoulder of the lab coat or scrub top 2" below the seam and properly centered.

E. No open-toed or heeled footwear shall be worn. White or Black footwear with minimum graphics and matching socks are acceptable.

F. Business casual attire may be worn to functions such as lectures, meetings, in non-patient care areas. This excludes jeans of any fit or color.

CLINICAL COURSES

Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used to substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework. Students must not complete clinical coursework while in an employee status at a clinical affiliate.

Mandatory completion of clinical modules and documentation for our clinical affiliates will be required prior to entering clinic. You will be provided with a clinical schedule prior to the beginning of each semester which has a clinical course. The schedule is created to provide clinical experiences for all students in the most equitable (quantity and quality) means possible. A change to the clinical schedule once it is posted to the hospitals and students is highly discouraged as it impinges upon the clinical experience of other students. Any changes are at the discretion of the instructor of record for that class.

Attendance

Students are expected to attend clinic. Students who must miss shall call the facility and the CPCC instructor of record and leave a message at least 30 minutes before the scheduled start time. Failure to call (not email) both the clinical director and the facility 30 minutes before the scheduled start time (i.e. "No Call, No Show") will result in an absence for the day and final grade dropping one letter (e.g. grade B becomes C). The second No Call, No Show will result in an “F” being entered for the final grade. Calling just the instructor of record or just the facility will not meet the criteria, you must call both. The burden of proof for who was called at the facility rests squarely with the student, not the facility or CPCC faculty. Clinical days cannot be made up.

Students are only allowed to miss 10% (refer to course syllabus for number of days) of their clinic time. Students missing more than 10% of clinic will receive an “F” for the course and removal from the program.

Two times late (not at designated meeting location within five minutes past the scheduled start time) to clinic or two early departures equals one absence. You must be in clinic with your instructor at the scheduled start time not to be considered late. If you are later than five minutes past the designated start time or deemed unprepared for clinical, you will be sent home and given an absence for the day. For example, if clinic begins at 7:00 a.m. then the student must arrive by 7:00 a.m. not to be considered late. If the student arrives between 7:01 a.m. and 7:05 a.m., the student may remain at clinic but is considered tardy. Any time after 7:05 a.m. will result in the student being sent home and receiving an absence for the day.

The student is must use voicemail to communicate with the instructor the extent of their absence. Clinical days cannot be made up.
Clinical Expectations

Students not fully prepared for clinical may be sent home for not having:
- proper attire (refer to “Attire” for proper dress)
- proper shoes and pressed uniform
- stethoscope
- calculator (may use smart phone)
- black ball point pen
- scissors
- wrist watch
- required documents and texts as directed by course syllabus

Under no circumstances is the student allowed to:
- intubate
- assist with a tracheostomy
- any potentially high risk critical care procedures

Students may only perform under direct supervision:
- extubation
- tracheotomy care/change
- securing endotracheal tubes
- patient transport

Students will be expected perform specific skills throughout their clinical rotations:
- Assess assigned patients
- Perform required oxygen and aerosol therapy
- Implement and assess bronchial hygiene and hyperinflation therapies
- Evaluate patients on ventilators
- Initiate invasive and noninvasive mechanical ventilation
- Provide all airway care except intubation
- Obtain and interpret ABG samples
- Administer aerosolized drugs
- Create patient care plans
- Participate in interdisciplinary rounds

The students may provide the above care under the indirect supervision of the therapist. Please note all documentation by the students in the Medical Record should be cosigned. The student is expected to be in direct communication and consultation with the therapist/instructor.

Managing Your Clinical Experience:
- Attend your assigned clinical and do not make schedule changes without clinical director’s approval.
- Refer to the syllabus and Blackboard for clinic schedules and times; plan to stay the entire time. Two times late (not at designated meeting location within five minutes past the scheduled start time) to clinic or two early departures equals one absence. You must be in clinic with your instructor at the scheduled start time not to be considered late. **If you are later than five minutes past the designated start time or deemed unprepared for clinical (see above criteria), you will be sent home and given an absence for the day.**
- The burden of proof is the student’s, not the instructor or clinical affiliates when you call in sick. A student is allowed to miss 10% of their clinic hours
(refer to course syllabus for allotted days). Missing more than 10% of clinic time will result in an “F” for the course. If you do not call both the facility and the clinical director’s office, you will be marked no-call, no-show resulting in an absence for the day and your final grade dropping one letter. Two no-calls, no-shows will result in an “F” being entered for a final grade.

- It is required that you check your school email each morning before leaving the house so you are aware of any schedule changes or cancelations.
- It is your responsibility to ensure that your instructor knows where you are at all times. If you cannot be found or your instructor does not know where you are this will be treated as an unexcused early departure and you may be sent home.
- Instructor’s Evaluation of Clinical Students form will be used to evaluate student’s clinical performance. It is the student’s responsibility to get the correct number of forms filled out and turned in by the date designated by instructor for a grade.
- It is expected that students continue to maintain skills knowledge from previous clinical rotations/classes as each semester builds on previous course work.
- Any unprofessional behavior (refer to student handbook) will result in a student’s early dismissal from clinic for the day.

**Dress Code & Personal Hygiene:**

- Perfumes or colognes are not allowed.
- Nails are to be moderate in length (no longer than ¼ inch past the free edge of the nail). Nail polish may be worn, but may not be chipped. Acrylic or other artificial nail tips increase risks of transferred bacteria to patients. This includes gel nails, bending, tips, wrappings, and tapes. These nail products may not be worn by any team member providing direct patient care, Sterile Processing and Distribution team members performing “flash” sterilization, or by Pharmacy team members who prepare pharmaceutical products.
- Hair is to be pulled away from the face. Hair may not hang into the patient care area.
- Hair and nails are to be well groomed. Nails are to be clean, neat, and trimmed. Nail length may not interfere with job duties or performance. Nail designs are not to be worn at work, and polish colors are to be moderate and not chipped. Extremes in hairstyle and hair color are not acceptable. Any facial hair is to be neatly trimmed.
- Wedding rings and engagement rings are permitted.
- Visible body piercings, other than earrings, are not allowed in the workplace.
- Jewelry and other accessories are to be conservative. They are not to interfere with the performance of job duties or cause a safety risk for the team member, patient, or others. Earrings are to be limited to two (2) per ear and the top earring is to be only a post. Earrings are not to be bigger than one and one-half (1.5) inches in diameter, and are not to hang more than one and one-half (1.5) inches below the bottom of the ear. Gauged or pierced ears may not be larger than 10 millimeters; however, gauged ears are discouraged. Dental and tongue jewelry is not to be worn while working.
- Any visible tattoo is to be covered and all visible body piercing is to be removed.
- Use of chewing gum is not acceptable in the presence of patients, visitors, physicians or staff.
• Chewing tobacco is prohibited. All facilities have been designated as "Tobacco Free"
• Personal cleanliness and health are required. Please do not come to a clinical facility sick. You put patients at risk and will be asked to leave. If you have exposure to blood-borne or airborne pathogens, you must inform your clinical instructor in order that appropriate procedure can be initiated. You will be informed regarding exposure to patients with communicable diseases by the clinical facility. Treatment and cost will be your responsibility.

Use of Electronic Devices:
• Video or audio recording device is strictly prohibited and their use will facilitate your removal from the clinic site for an indefinite period of time. The student will not be allowed back into clinic until meeting with the Director of Clinical Education and/or Program Director.
• A student may use a laptop, tablet, or any other device for taking notes or otherwise participating in class/clinic; however, it is prohibitive to use an electronic device for any purpose unrelated to class/clinic. All devices should be silenced. Cell phones should be powered down and put away for voice or texting purposes. If there is a serious need to leave your cell phone on, such as a family emergency, please put it on vibrate and let the instructor know ahead of time. If the student leaves the classroom/clinic to take a call, it will be understood as to why. Instructor reserves the right to ask any student at any time to put their electronic device away.
• Obey all facility, HIPAA, CPCC, and exposure precaution policies.
Methods of Clinical Evaluation

Regular evaluation of students’ cognitive, psychomotor, and affective ability using an Instructor Evaluation of Student Form (see Table 1). Additional skill evaluations are performed using specific Clinical Competencies that pertain to the specific clinical course (information within course syllabus).

Table 1. Instructor Evaluation of Students

<table>
<thead>
<tr>
<th>Criteria</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td>Superior</td>
<td>Sufficient</td>
<td>Minimal</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>1. Demonstrates sound knowledge base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adjusts to changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Makes sound suggestions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Manages routine problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Notes the limited scope of student practice and acts accordingly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychomotor</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Neat and accurate work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Remains calm under pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Pace and accuracy of work allows for patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Requires minimum supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Maintains patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Obtains a physician order prior to performing procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Affective</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Appears neat and clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Handles self in professional manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Communicates effectively with care team, patients, and instructor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Asks for assistance when required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Adjusts easily to changing assignments/work conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Displays well-developed sense of moral obligation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you rate someone 1 or a 4 please be sure to add more information as to why.*

*If you find yourself having to send a student home for any reason please fill out this form as to why and submit to Director of Clinical Education.*

*If you score a 1 in any category, you are to notify the Director of Clinical Education and recommend remediation.*
Table 2. Instructor Evaluation of Student Acceptable/Unacceptable Skills and Behaviors

<table>
<thead>
<tr>
<th>Unacceptable</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td></td>
</tr>
<tr>
<td>• Lacking in fundamental principles</td>
<td>• Demonstrates sound knowledge base</td>
</tr>
<tr>
<td>• Lack of knowledge compromises patient care and safety</td>
<td>• Relates knowledge to problem solving</td>
</tr>
<tr>
<td>• Cannot relate knowledge to clinical problems</td>
<td></td>
</tr>
<tr>
<td>• Slow to adjust to changes</td>
<td>• Adjust to changes easily</td>
</tr>
<tr>
<td>• Slow to absorb material</td>
<td>• Learns new material and procedures at an acceptable rate</td>
</tr>
<tr>
<td>• Requires excessive review of routine material and procedures</td>
<td></td>
</tr>
<tr>
<td>• Does not seem to benefit from instruction</td>
<td>• Notes the limited scope of student practice and acts accordingly</td>
</tr>
<tr>
<td>• Lack of judgment poses risk to patient</td>
<td>• Manages routine problems</td>
</tr>
<tr>
<td>• Knowledge Application</td>
<td>• Makes suggestions that are sound</td>
</tr>
<tr>
<td>• Learning Ability</td>
<td>• Demonstrates good judgment</td>
</tr>
<tr>
<td>• Judgment</td>
<td>• Asks questions when in doubt</td>
</tr>
<tr>
<td>• Judgment</td>
<td></td>
</tr>
<tr>
<td><strong>Psychomotor</strong></td>
<td></td>
</tr>
<tr>
<td>• Lack of dexterity hinders patient care</td>
<td>• Dexterity facilitates performance of required procedures</td>
</tr>
<tr>
<td>• Lack of dexterity poses a threat to patient/staff safety</td>
<td>• Work is neat and accurate.</td>
</tr>
<tr>
<td>• Appearance</td>
<td></td>
</tr>
<tr>
<td>• Meets institutional standard</td>
<td></td>
</tr>
<tr>
<td>• Exhibits poor personal hygiene</td>
<td>• Handles self in professional manner</td>
</tr>
<tr>
<td>• Appears unkempt and untidy</td>
<td>• Remains calm under pressure</td>
</tr>
<tr>
<td>• Exhibits immature, objectionable, or inappropriate behavior</td>
<td></td>
</tr>
<tr>
<td>• Does not attempt to resolve conflict</td>
<td>• Displays tact, diplomacy, and courtesy</td>
</tr>
<tr>
<td>• Appears vengeful</td>
<td>• Show empathy/compassion</td>
</tr>
<tr>
<td>• Displays rudeness</td>
<td>• Willingly assists patient/staff/instructor</td>
</tr>
<tr>
<td>• Shows little concern for others</td>
<td>• Strives to meet patient needs</td>
</tr>
<tr>
<td>• Appears indifferent</td>
<td>• Seems aware of patient’s needs</td>
</tr>
<tr>
<td>• Leaves patients unattended</td>
<td>• Maintains patient safety</td>
</tr>
<tr>
<td>• Patient safety</td>
<td></td>
</tr>
<tr>
<td>• Complains about assignments</td>
<td>• Accepts assignments willingly</td>
</tr>
<tr>
<td>• Fails to follow instructions</td>
<td>• Asks for assistance when required</td>
</tr>
<tr>
<td>• Fails to seek help when needed</td>
<td></td>
</tr>
<tr>
<td>• Work has to be corrected or repeated</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Initiative</td>
</tr>
<tr>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>Speed and accuracy decline when under pressure</td>
<td>Remains functional under pressure</td>
</tr>
<tr>
<td>Slow pace impairs patient care</td>
<td>Work pace facilitates patient care</td>
</tr>
<tr>
<td>Fails to document in accurate or timely manner</td>
<td>Documentation is timely and accurate</td>
</tr>
<tr>
<td>Makes critical errors of potential danger to patient</td>
<td>Is careful with equipment and facilities</td>
</tr>
<tr>
<td>Shows lack of regard for equipment or facilities</td>
<td>Pace and accuracy of work allows for patient care</td>
</tr>
<tr>
<td>Fails to transmit relevant information to patient/staff/instructor</td>
<td>Requires minimum supervision</td>
</tr>
<tr>
<td>Appears unwilling to listen/observe</td>
<td>Obtains a physician's order prior to performing patient care</td>
</tr>
<tr>
<td>Does not obtain a physician's order prior to performing patient care</td>
<td>Maintains good rapport with patients/staff/instructor</td>
</tr>
<tr>
<td>Seems apathetic toward patient/staff/instructor</td>
<td>Is effective at relaying information</td>
</tr>
<tr>
<td>Does not meet ethical standards required of healthcare professionals</td>
<td>Show willingness to listen/observe</td>
</tr>
<tr>
<td>Is not trustworthy or dependable</td>
<td>Exhibits enthusiasm</td>
</tr>
</tbody>
</table>
MEDICAL FORM

The Health and Human Services Medical Form must be completed within a time period stated during the orientation meeting. Those unable to attend the orientation meeting will have all paperwork sent to their CPCC E-mail address. It is the responsibility of the student to arrange and pay for the completion of the medical form. The contracts with the clinical facilities require that the college certify that all students meet their health standards. All parts of the health form must be completed prior to clinical attendance (no exceptions), including any part that is required for second year of the program. Liability insurance and completed health forms are required by our clinical affiliates and must be certified prior to clinical attendance.

The student is responsible for meeting all the deadlines regarding their personal medical records. If faculty has to notify a student of a missed deadline, the student has two weeks to rectify the deficiency to the satisfaction of the Medical Records Clerk. If deficiencies are not corrected within the designated timeframe, the student will be withheld from attending clinic and given absences for the missed days.

All Health and Human services students are required to have the accident insurance offered by the college. If you are found to have falsified or neglected to maintain and update the status of your medical packet you will be removed from clinic and subject to review pending your departure from the program. This insurance assures the clinical facilities that they will be reimbursed for services rendered in the event of an accident.

Students will also be required to submit to regularly scheduled drug screens and background checks the results of which may effect progression in/removal from the program, future employment and licensure.

GRADUATION CHECK

Before the beginning of your final semester, you must request the Graduation Office to complete a check of courses completed and those currently in progress. This office has the ultimate responsibility of determining if you have met all requirements for graduation. Program faculty (your faculty advisor) as well as the student can access this information via computer. Graduation Office

LICENSURE INFORMATION

Upon graduating from the program, you will apply through the National Board for Respiratory Care (NBRC Website) to take the Therapist Multiple-Choice (TMC) exam. You may also apply for a state of North Carolina Provisional License to practice Respiratory Care in NC. NCRCB License Application
Every effort will be made to keep you informed about any changes in program policies. Please do not hesitate to contact program faculty with any questions, concerns, and suggestions you may have. Thank you

Inclement Weather Policy
Inclement Weather Policy 6.06

When the College closes, all classes at all locations are canceled. When Charlotte-Mecklenburg schools are closed, CPCC classes at those schools are canceled. Delayed openings will start with classes normally scheduled at that time. If a delayed opening occurs on a clinic day, it is expected that students meet on campus at the delayed opening time.

Discrimination and Harassment Policy
Discrimination and Harassment Policy 7.13

Drug-Free College Policy
Drug-Free College Policy 7.01

Student Academic Integrity Policy
Student Academic Integrity Policy 7.10

Student Code of Conduct Policy
Student Code of Conduct Policy 7.00

Children on Campus Policy
Children on Campus Policy 4.73

Student Grievance Process Policy
Student Grievance Process Policy 7.09

Sexual Misconduct Policy
Sexual Misconduct Policy 4.64

Tuition and Fee Refund Policy
Tuition and Fee Refund Policy 7.08

GENERAL PROGRAM/COURSE INFORMATION & POLICIES

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

1. All program courses must be completed in sequence, with a grade of C or better.

2. All students are required to register prior to the beginning of classes in semesters that have clinical courses. Late registration is not allowed since liability insurance is required for clinical affiliation and must be certified prior to clinical attendance.

3. If you register early and do not pass the current course, you must withdraw prior to the beginning of the registered semester’s respiratory care courses.

4. CPCC policy requires that students can withdraw from any course. In order to receive a “W” grade, you must withdraw during the first 35% of the academic term (Check the class syllabus for that date). Dates are published in the Class Listings schedule. See College catalog for further explanation. Instructors are not allowed to withdraw students. If you do not attend, your final grade will be an “F”.

5. In any course having a lecture/lab component, the lecture/lab component must be successfully completed with a grade of “C” or better.
RESPIRATORY THERAPY PROGRAM FULL-TIME FACULTY

Program Director: Jeff Ruiter BS, RRT-RCP
Director of Clinical Education: Cherri Crabtree BS, RRT-RCP
Instructor: Lorraine Brodziak BA, RRT-RCP

RESPIRATORY THERAPY PROGRAM PART-TIME FACULTY

Thomasenia Phillips, RRT-RCP
Calvin Funderburk, RRT-RCP
Calvin Cagle, RRT-RCP

RESPIRATORY THERAPY ADVISORY COMMITTEE MEMBERS

Joseph Coyle, MD, Director
UNC Charlotte BSRT Program

Myra Stearns, MHA, RRT-RCP
Cardiopulmonary Director, CMC Pineville

Travis Houston, BS, RRT-RCP
Respiratory Care Director
Caromont Health

Chad Harvey, BS, RRT-RCP
Respiratory Care Director, CMC Northeast

Anita Doster, MBA, RRT-RCP
Respiratory Care Director, CMC Union

Kathy Fons, BS, RRT-RCP
Respiratory Care Manager, NHHMC

James Brigman, RRT-RCP
Nadege Baines, BA, RRT-RCP
Marnni Hutchins, BS, RRT-RCP

Heather Neal, BS, RRT-RCP
Respiratory Care Manager, NHPMC

Tony Pulido, BS, RRT-RCP
Respiratory Care Director, CMC Main

Matthew Bolinsky, BS, RRT
Respiratory Care Assistant Director
Cleveland Regional Medical Center

Stacey Manley, RRT-RCP
Respiratory Care Practitioner
CMC Pineville

(CPCC RT Program graduate)
President of CPCC
   Tony Zeiss

Vice President of Learning and Workforce Development
   Richard Zollinger

Dean of Health and Human Services
   Ruth Hedgepeth

Associate Dean of Health and Human Services
   Kay Miller

Director of Health and Human Services
   Kiera Deschamps

Medical Director
   Jaspal Singh

Respiratory Program Director
   Jeff Ruiter

Advisory Committee
   (see above for members)

Respiratory Program Director of Clinical Education
   Cherri Crabtree

Full-Time Didactic/Laboratory Faculty
   Lorraine Brodziak

Clinical Faculty
   Carl Cagle
   Calvin Funderburke
   James Brigman
   Thomasenia Phillips
   Marnni Hutchins
   Nadege Baines
# ESSENTIAL FUNCTIONS

The following are essential functions necessary for completion of the Respiratory Therapy Technology Program. They are provided here to help you assess the appropriateness of this career field for you.

<table>
<thead>
<tr>
<th>FUNCTIONS</th>
<th>STANDARD</th>
<th>EXAMPLES (not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physically able to operate a variety of equipment including computers,</td>
<td>Must be able to lift and carry fifty pounds. Must be able to walk, run, stoop, and crouch for several hours. Must possess keen discriminatory vision and hearing.</td>
</tr>
<tr>
<td>Requirements</td>
<td>respiratory and other medical equipment.</td>
<td></td>
</tr>
<tr>
<td>Critical</td>
<td>Possess problem-solving and requisite judgment to function in the clinic setting.</td>
<td>Using observational cause and effect, reasoned summation and logical conclusions to arrive at an appropriate patient plan of care.</td>
</tr>
<tr>
<td>Thinking</td>
<td>Must be able to communicate effectively with others through several means</td>
<td>Ability to comprehend and generate documents and reports utilizing proper grammar, spelling, syntax, tone, voice and self-assuredness.</td>
</tr>
<tr>
<td>Communication</td>
<td>(written etc.)</td>
<td></td>
</tr>
<tr>
<td>Rapport</td>
<td>Possess interpersonal demeanor and decorum to interact successfully with patients, peers, professionals, family members and health care providers.</td>
<td>Being congenial, convivial, non-confrontational and not self-defensively when presented by preceptors with instructions or constructive criticism.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective respiratory therapy treatment.</td>
<td>Use sophisticated equipment and patient manipulation; mechanical ventilators, oximeters, analyzers, metering devices, artificial airways, obtain blood or sputum.</td>
</tr>
<tr>
<td>and Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dexterity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td>Students may be exposed to infectious media and agents, toxins, medications and latex. This may prove a potential hazard to specific populations (pregnant, child-bearing age, adult exposure etc.)</td>
<td>Student will be assigned to a patient(s) with wounds, lesions, fluid-discharges, radiation or pharmaceutical agents requiring appropriate PPE/radiation or isolation classification.</td>
</tr>
<tr>
<td>Exposures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor patient responses to treatment and safety/warning signals on equipment.</td>
<td>Monitor alarms, noise levels, and critical care emergencies and devices.</td>
</tr>
<tr>
<td>Intelligence</td>
<td>Utilize reasoning ability to complete tasks in an accurate, timely and effective manner.</td>
<td>Use scientific and logical thought for problem solving and conceptualization of multivariate, intensive care problems.</td>
</tr>
<tr>
<td>Quantitative</td>
<td>Requires the ability to use formulas, percentages, ratios, indices, decimals, scales, fractions, the metric system, algebra and statistics.</td>
<td>Must perform drug calculations, predicative norms, entrainment ratios, laboratory value interpretations and respiratory critical care arithmetic functions.</td>
</tr>
<tr>
<td>literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Requires the ability to deal with people beyond receiving instructions. Must be adaptable to performing under high levels of stress.</td>
<td>May be confronted with an emergency and exposure to blood, deep cuts, severe burns, open wounds, amputated body parts, death, etc.</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Visual ability sufficient to observe and measure as necessary, to provide quality care and to use sophisticated patient treatment equipment</td>
<td>Observe patient responses to treatment; correct cues for patient, assessment, observe nonverbal communication, and act appropriately. Visualize operation, calibration and equipment alarm settings.</td>
</tr>
</tbody>
</table>

I HAVE READ AND UNDERSTAND THE STUDENT HANDBOOK AND ESSENTIAL FUNCTIONS OF THE RCP PROGRAM.

SIGNATURE: ____________________________     DATE ____________

PRINT NAME ____________________________