



Respiratory Care Student Handbook

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Introduction

Welcome to the Respiratory Care program at Goodwin University. The intent of this handbook is to provide you with user-friendly information that will facilitate your success in the respiratory care program. It is not meant to replace the Goodwin University catalog but rather to augment it and assist you to identify issues and policies specific to the respiratory care program.

As a respiratory care student, you are expected to function in an increasingly professional manner and some of your education is designed specifically to socialize you into the role of the respiratory care professional. You also are expected to assume responsibility for your learning and related events. The faculty in the Respiratory Care program will attempt to give you the support necessary for completing the program.

Please refer to the University catalog (www.goodwin.edu) for information regarding:

Directory of Faculty and College Administration
Respiratory Care Course Descriptions
Inclement Weather Delay/Closure Information
Cell Phone Usage

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Career Description

Respiratory therapists work with adults, pediatric and neonatal patients with cardio-pulmonary disorders. They provide a variety of services including patient assessment, therapeutic and diagnostic procedures such as oxygen and medication administration, blood gas sampling and analysis, pulmonary lung function or cardiac function testing.

Therapists play a vital role on the healthcare team managing life support systems using their expertise providing mechanical ventilation, airway management, physiologic monitoring, and CPR when needed. Therapists are also involved in the prevention, treatment, and rehabilitation of patients with lung diseases. In addition to working in acute care settings, therapists may work in rehabilitation or long term care settings, sleep labs, home health agencies, physician offices or Pulmonary Function Testing laboratories.

Goodwin University Mission

The mission of Goodwin University is to educate a diverse student population in a dynamic environment that aligns education, commerce and community. Our innovative programs of study prepare students for professional careers while promoting lifelong learning and civic responsibility. As a nurturing university community, we challenge students, faculty, staff and administration to fully realize their highest academic, professional and personal potential.

Program Goals

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).

Accreditation

Goodwin University is accredited by the [New England Commission of Higher Education \(NECHE\)](#).

The Respiratory Care Associate in Science program at Goodwin University, program number 200505, located at One Riverside Drive, East Hartford, CT 06118 is accredited by the Commission on Accreditation for Respiratory Care (CoARC) located at 264 Precision Blvd, Telford, TN 37690. Phone: 817-283-2835, www.coarc.com. When making inquiries, please refer to program #200505.

CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented. Programmatic outcomes can be viewed here: <https://coarc.com/students/programmatic-outcomes-data/>

General Information

Students are responsible for all information and policies contained in this handbook. It is every student's responsibility to be aware of all of the policies, rules and regulations contained within.

Employer, family, medical and other personal obligations must be planned for in advance so they do not interfere with scheduled educational activities. It is the student's responsibility to attend all classes, laboratory and clinical rotations.

Students are responsible for their own parking, meals and travel expenses. Students are responsible for transportation to and from the clinical sites. Students are subject to the parking regulations established by the clinical sites and are expected to park in designated areas only.

Full time employment is not recommended due to the rigorous academic and clinical schedule. However, it is recognized that some students must work full time and employment status should be discussed with the program director each semester. No excused absences or lateness will be allowed for employment conflicts.

Please refer to the college catalog (www.goodwin.edu) for information regarding:

Directory of Faculty and University Administration
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Functional Abilities

In order to perform the tasks required of a respiratory care practitioner, certain physical capabilities are required. Students must demonstrate the ability to perform required functions as a routine part of classroom, laboratory, or clinical education. Students should be aware that successful completion of the Respiratory Care program will depend upon the ability to meet the following technical standards:

Gross Motor Skills

- Move within confined spaces
- Maintain balance in multiple positions
- Reach above shoulders (e.g.: monitors)
- Reach below waist (e.g.: plug electrical appliances in wall outlet)
- Reach out front

Fine Motor Skills

- Pick up objects with hands
- Grasp small objects with hands (e.g.: pencil)
- Write with pen or pencil
- Key/type (e.g.: use a computer)
- Pinch/pick or otherwise work with fingers (e.g.: manipulate a syringe)
- Twist (e.g.: turn objects/knobs using hands, assemble objects)
- Squeeze with finger (e.g.: medication ampules)

Physical endurance

- Stand (e.g.: at client bedside during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g.: CPR)
- Maintain physical tolerance (e.g.: work on your feet for 8 hours)

Physical Strength

- Push and pull 50 pounds (e.g.: position client, move equipment)
- Support 50 pounds of weight
- Lift 50 pounds (e.g.: pick up a child, transfer client, bend to lift an infant or child)
- Carry equipment/supplies
- Use upper body strength (e.g.: perform CPR, physically restrain a client)
- Squeeze with hands (operate fire extinguisher)

Mobility

- Twist, bend, stand/squat, kneel, move quickly (e.g.: respond to an emergency), climb stairs, walk

Hearing

- Hear normal speaking-level sounds (e.g.: person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g.: blood pressure sounds, lung auscultation)
- Hear in situations when not able to see lips (e.g.: when masks used)
- Hear auditory alarms (e.g.: monitors, fire alarms, call bells)

Visual

- See objects up to 20 inches away (e.g.: information on a computer screen, read medication labels)
- See objects up to 20 feet away (e.g.: client in a room)
- Use depth perception
- Use peripheral vision
- Distinguish color and color intensity (e.g.: color code on supplies, skin color)

Tactile

- Feel vibrations (e.g.: palpate pulses)
- Detect temperature (e.g.: skin, solutions)
- Feel differences in surface characteristics (e.g.: skin turgor, rashes)
- Feel differences in sizes, shapes (e.g.: palpate vein, artery, identify body landmarks)
- Detect environmental temperature.

Smell

- Detect odors (e.g.: foul smelling drainage, alcohol break, smoke, gases or noxious smells)

Environment

- Tolerate exposure to allergens (e.g.: latex gloves, chemical substances)
- Tolerate strong soaps
- Tolerate strong odors

Reading

- Read and understand written documents (e.g.: flow sheets, charts, graphs)
- Read digital displays

Math

- Comprehend and interpret graphic trends
- Calibrate equipment
- Convert numbers from metric, apothecaries', and American systems (e.g.: dosages)
- Tell time
- Measure time (e.g.: count duration of contractions, CPR, etc.)
- Count rates (e.g.: breaths per min., pulse)
- Read and interpret measurement marks (e.g.: measurement tapes and scales)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions and decimals (e.g.: medication dosages)
- Document numbers in records (e.g.: charts, computerized data bases)

Emotional Stability

- Establish professional relationships
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g.: client condition, crisis)
- Focus attention on task
- Cope with own emotions
- Perform multiple responsibilities concurrently
- Cope with strong emotions in others (e.g.: grief)

- Cope with strong emotions in others (e.g.: grief)

Analytical Thinking

- Transfer knowledge from one situation to another
- Process and interpret information from multiple sources
- Analyze and interpret abstract and concrete data
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long-term memory
- Use short-term memory

Critical Thinking

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information
- Make decisions independently
- Adapt decisions based on new information

Interpersonal Skills

- Establish rapport with individuals, families, and groups
- Respect/value cultural difference in others
- Negotiate interpersonal conflict

Communication Skills

- Teach (e.g.: client/family about health care)
- Influence people
- Direct/manage/delegate activities of others
- Speak English
- Write English
- Listen/comprehend spoken/written word
- Collaborate with others (e.g.: health care workers, peers)

Manage information

Operational guidelines

Admitted students must submit a medical examination report completed by a physician or APRN, describing the student's physical and emotional ability to enter the respiratory care program, including the following immunizations by the due date noted in the student's acceptance letter:

- Hepatitis vaccine or titer result: (at least the first two Hepatitis B vaccine series must be completed before the student can attend clinical)
- Documentation of negative latent tuberculosis infection must be provided annually. The following are acceptable forms of documentation:
 - non-reactive PPD
 - negative quantiferon level
 - negative chest x-ray
- Varicella or titer result
- MMR or titer result
- Tetanus within the last 10 years
- Annual flu vaccination

All students must pass a drug screening and background check with fingerprinting in order to be admitted into the program.

An admitted student must pay a \$100 non-refundable tuition deposit to hold a seat in the Respiratory Care Program. This deposit is applied to tuition if the student starts classes. If the student does not start classes, this deposit is not refundable.

Students are required to become certified in Cardio-Pulmonary Resuscitation (CPR) through either the American Heart Association (CPR for Healthcare Providers/BLS) or American Red Cross (Professional Rescuer) and must maintain that certification throughout the respiratory care program. The cost related to obtaining and maintaining CPR certification is the responsibility of the student.

It is the student's responsibility to maintain current CPR certification, malpractice insurance coverage*, health insurance coverage, and annual PPD testing. Failure to do so will prevent the student from progressing to the next semester.

If the required documentation is not received by the due date, the student will not be admitted into the program. If the required documentation is not ***kept current***, the student will not be allowed to go to clinical and will be placed on Progressive Discipline and receive a clinical grade of "0" for each day missed..

*Malpractice insurance can be obtained at the following websites:

<http://www.hpso.com/>

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

Classroom Attendance

1. You are expected to attend every class. If you need to miss a class it is your responsibility to notify your instructor **prior to the start of the class by leaving a phone message on the instructor's cell phone or office phone.**
2. You are expected to stay for the duration of the class out of respect for your peers and your instructors. However, if circumstances arise that require you to leave, you should be courteous and inform the instructor of your intent to leave early.
3. Excessive absenteeism or multiple incidents of leaving class early may necessitate progressive discipline.
4. All examinations and labs are to be taken on the designated day. Only students with excused absences will be allowed to take a make-up exam or make-up lab. Make-ups are scheduled at the discretion and convenience of the instructor. If the absence is not excused, a grade of "0" will be assigned.

Excused absences include:

- a. You are sick as documented by a doctor's note.
- b. A death in the family that is documented by a clergy member, funeral home or death certificate.
- c. A graduation in your immediate family (mother, father, son, daughter, brother, sister, husband or wife) that is documented with a graduation program or letter from the school. *
- d. You have a court date that cannot be changed and you provide a copy of the summons. *

*Arrangements for making up an exam for a graduation or court date *must be made in advance* with the instructor

5. In the event of inclement weather, students are required to listen to WTIC (96.5 FM), WRCH (100.5 FM), tune in to WFSB-TV (channel 3) or WVIT-TV (Channel 30), or check the Goodwin College website for information regarding school closure. These notices will be aired by 7:00 AM for day classes and 3:00 PM for evening classes.
6. For clinical attendance requirements please refer to page 18.

Maximum time frame to complete program

The maximum time frame is defined as 1.5 times the length of the program in semester hours. Students must complete all requirements for graduation within the timeframe. The respiratory care program is 70 credit hours in length and must be completed by the time 90 credit hours have been attempted.

Special Needs/Disabilities

Students with documented disabilities are eligible to receive accommodations as mandated by the Americans with Disabilities Act. Students may request accommodations by contacting the AccessAbility Services Coordinator. The coordinator can be reached at 860-727-6718 or by email at AccessAbilityServices@goodwin.edu.

Grading guidelines

Specific grading guidelines for each course will be included in the syllabi and will be reviewed with students on the first night of class.

Progression in the Respiratory Care program

All core course requirements (RSP courses, including PHY110) must be completed with a grade of C (73%) or higher to progress to the next respiratory care course.

In the event that a student receives grade less than “C” (73%) in a core course, they will not be allowed to proceed in the program. They may repeat the course once. Only one course may be attempted twice. A withdrawal from a course will count as the first attempt unless there are special circumstances such as a documented medical leave of absence.

Guidelines for resolving student concerns

In the event that the student has a concern about any learning activity or grade within any respiratory care course, the guidelines below must be followed:

For lecture based classes:

1. The student initiates a meeting with the faculty member.
2. If the concern is not resolved, the student meets with the Program Director or Director of Clinical Education.
3. If the concern is not resolved, the student meets with the Department Chair.
4. If the concern is not resolved, the student submits their concern in writing to the Academic Review Committee.

For clinical rotations:

1. The student initiates a meeting with the clinical instructor.
2. If the concern is not resolved, the student meets with the Director of Clinical Education.
3. If the concern is not resolved, the student meets with the Program Director.
4. If the concern is not resolved, the student meets with the Department Chair.
5. If the concern is not resolved, the student submits their concern in writing to the Academic Review Committee.

The student will come prepared to discuss the relevant concern and present appropriate documentation.

If the student is not satisfied with the recommendation of the respiratory care faculty, (s)he should refer to the *Student Appeal Process* fully outlined in the Goodwin University catalog.

Access to records

The student is referred to the policy governing rights under the Family Educational Rights and Privacy Act (FERPA) in the Goodwin University catalog.

Graduation requirements

The following requirements must be met in order to graduate from the Respiratory Care program:

1. Completion of the following course requirements

• ASD 110 Introduction to Library Research	0 credits
• BIO 211 – Anatomy & Physiology I	4 credits
• BIO 212 – Anatomy & Physiology II	4 credits
• BIO 235 – Microbiology	4 credits
• ENG 101 – English Composition	3 credits
• PSY 112 – Introduction to Psychology	3 credits
• COM 101 – Public Speaking	3 credits
• CAP - Computer Literacy Elective	3 credits
• HUM – Humanities Elective	3 credits
• Math 102- Intermediate Algebra, or higher	3 credits
• RSP 110 - Cardiopulmonary A&P	3 credit
• RSP 112 - Principles of Respiratory Care	4 credits
• PHY 110 - Medical Physics	3 credits
• RSP 120 - Applied Pharmacology	3 credits
• RSP 124 – Respiratory Diagnostics and Therapeutics	3 credits
• RSP 133 – Principles of Mechanical Ventilation	4 credits
• RSP 153- Clinical 1	1 credit
• RSP 154- Clinical 2	2 credits
• RSP 231 - Cardiopulmonary Pathophysiology I	3 credits
• RSP 223- Fundamentals of Critical Care	3 credits
• RSP 233 – Respiratory Capstone	3 credits
• RSP 253- Clinical 3	2 credits
• RSP 254- Clinical 4	3 credits
• RSP 262 – Neonatal and Pediatric Respiratory Care	3 credits
TOTAL	70 credits
2. All RSP courses **must be completed with a grade of “C” (73%) or higher**, including PHY110.
3. Completion of above courses within the maximum timeframe.
4. Fulfillment of all financial obligations to the University.
5. Completion of graduation requirements does not guarantee that the student will pass the NBRC credentialing exam.

For more information on graduation, please see the University Catalog.

Student conduct

Students are expected to conduct themselves in a manner that is consistent with the Mission, Philosophy, and Goals of Goodwin University as previously outlined in this handbook as well as the American Association for Respiratory Care *Code of Ethics and Professional Conduct* (included in this handbook). Part of the student's education focuses on preparing him/her for the work force. In order to meet this goal, a discipline policy, which is modeled after typical employment policies, is followed in order to facilitate the graduates' transition into the workforce. The Progressive Discipline process is meant for those who show unprofessional behaviors during their progress through the program. The faculty hopes that this policy will rarely be used.

It is critical that the program groom students as total professionals in order to achieve future success. Failure to meet certain standards may cause the student to enter into progressive discipline. Examples of behaviors that can lead to progressive discipline include but are not limited to:

1. Infractions of academic integrity:

Academic Honesty- Students who are aware of issues of academic dishonesty who do not report these issues to their instructor will be held to the same degree of accountability as the students who commits the infraction

Academic Dishonesty-The department supports a "zero" tolerance for infractions and in cases where an issue can be proven, recommendations for expulsion from the program will be made. These issues may include:

- Removing exams from the classroom for any purpose
- Submitting another student's work as your own
- Utilizing another student's answers on an exam
- Deliberate misrepresentation of facts to faculty
- Utilizing cell phones to photograph exams
- Disruptive behaviors in the classroom

2. Disrespectful behaviors toward the instructor (clinical or classroom)
3. Perceived threatening behaviors to faculty or peers
4. Failure to adhere to the dress code
5. Failure to complete assignments
6. Performance issues
7. Attendance and tardiness concerns

Progressive discipline

The Respiratory Care Program follows a progressive discipline policy that typically consists of four steps. Depending on the seriousness of any situation, however, any step may be skipped with the approval of the Program Director. A student will enter progressive discipline whenever (s)he fails to meet the expectations of the department. Typically, progressive discipline adheres to the following:

Counseling - Documented in the students file: documents verbal counseling and includes a performance improvement plan.

1st Written Warning - student has been counseled regarding the need to improve in a specific area and has failed to demonstrate improvement or performance precludes the opportunity for counseling; a performance improvement plan will be implemented.

2nd Written Warning - occurs when the student has already received a 1st Written Warning and new issues or unresolved issues continue

3rd Written Warning - follows the 2nd Written Warning if new issues or unresolved issues continue

Recommendation for Dismissal - This recommendation may be made when the student has received a 3rd written warning, continues to fail to meet the standards of the department and does not indicate the desire or willingness to change the behavior.

Although these steps usually follow a progressive pattern, **please note that at the discretion of the Program Director any step may be skipped depending on the seriousness of the situation.** Please refer to the following section, which describes specific criteria that constitute dismissal from the program.

Dismissal from the program

The decision to dismiss a student from the program may result from a combination of behaviors, examples of which are listed below, that may have caused the student to enter the progressive discipline process.

Examples of such behaviors include but are not limited to:

1. Failure to successfully complete any course required in the respiratory care curriculum, with a grade of "C" or higher.
2. Unauthorized possession, use, sale or distribution of alcoholic beverages or of any illegal or controlled substance.
3. Unauthorized use, possession, or storage of any weapon.
4. Participating in clinical while receiving any sort of compensation from the clinical site. Nor shall a student be used to cover for staffing shortages at the clinical site
5. Physical and/or psychological abuse, threat or harassment of any patient, visitor, agency staff, student or faculty member.
6. Theft, abuse, misuse or destruction of another person's or agency's property.
7. Unauthorized disclosure, removal or misuse of confidential information about any patient, student or agency staff.
8. Violation of Clinical Conduct policies as stated on pages of this Handbook.
9. Engaging in or prompting others to engage in conduct that threatens or endangers the health, safety or physical/psychological well-being of another person.
10. Leaving the clinical agency without authorization from clinical faculty.
11. Being on clinical agency property, in a student capacity, without proper authorization.

12. Repeated failure to contact clinical faculty to give notice of lateness or absence; reporting to the wrong clinical site; or reporting on the wrong day to the clinical site, despite counseling.
13. Unsafe practice in the clinical area.
13. Academic Dishonesty as previously defined.
14. Dismissal from a clinical site.

Any student who is dismissed from the program has a right to appeal this decision. The appeals process is as follows:

1. If the concern is not resolved, the student meets with the Program Director.
2. If the concern is not resolved, the student meets with the Department Chair.
3. If the concern is not resolved, the student submits their concern in writing to the Academic Review Committee.

Re-entry after withdrawal

Students will not be considered for re-entry into the program if they have been out of the program for more than three (3) semesters. A student who withdrew or was withdrawn from the respiratory care program for no more than 3 semesters may apply for reentry to the Respiratory Care program. The student must submit a written request to the Program Director. The petition must include the student's comprehensive assessment of why the student believes (s)he would be successful if permitted to return.

Students will be considered for readmission if:

1. The student is able to successfully validate that knowledge and skills learned in previous respiratory care courses is current and at the level required for safe function in the clinical area.
2. The Program Director reviews and considers the **request** on its stated merits. If approved, readmission will be contingent upon:
 - Space availability-only 15 students per cohort will be admitted.
 - Successful validation of knowledge and competencies learned in previous respiratory care courses. This may consist of a written exam and/or competency evaluation.
 - A written plan to improve performance submitted by the student. This plan must demonstrate an assessment of strengths as well as opportunities to improve. The plan will identify specific actions that will be taken to complete the course and the program successfully. The plan will be approved and

monitored by the Program Director and Director of Clinical Education.

- The student will be readmitted on probationary status, with academic and clinical progress closely monitored by the respiratory care faculty. This status will remain until no longer deemed necessary by the faculty.

Academic standing

All students must be familiar with the academic policies of the university (including, but not limited to, placement, credits, grading, classification, advanced placement, independent study, clinical, attendance, tardiness, satisfactory progress, minimum achievement and course completion, academic probation, extended enrollment status, reinstatement, appeal process, failing, academic counseling, course repeats, course incompletes or withdrawals, transfers, course/program changes, student rights regarding review of records and graduation requirements). **These policies are clearly outlined in the Goodwin University catalog.**

A student's academic standing is determined by his/her cumulative Grade Point Average (GPA).

Student Conduct in the Clinical setting

The respiratory care student is expected to demonstrate safe and ethical professional behavior in preparation for, provision of, and documentation of respiratory care according to course objectives. In addition, the student is expected to demonstrate professional behavior with regard to other students, clinical staff, faculty, and patients while in clinical (i.e., patient-care) sites.

Examples of unsafe, unethical or unprofessional conduct include, but are not limited to:

1. Failure to notify the agency and instructor of clinical absence.
2. Failure to follow respiratory care program or clinical agency policy and procedures.
3. Reporting for clinical sessions under the influence of drugs and/or alcohol.
4. Participating in clinical while receiving any sort of compensation from the clinical site. Nor shall a student be used to cover for staffing shortages at the clinical site
5. Refusing assignments based on the client's race, culture, religious preference, sex, national origin, age, handicapping condition, medical diagnosis or any protected status category.
6. Denying, covering up or not reporting own errors in clinical practice.
7. Ignoring or failing to report unethical behavior of other health care persons in the clinical setting, i.e., behavior that jeopardizes client welfare.

8. Displaying mental, physical or emotional behavior(s) that may adversely affect well-being of self or others.
9. Failing to follow through on suggested referrals or interventions to correct deficit areas that may result in harm to others.
10. Acts of commission or omission in the preparation for and actual care of clients (i.e., including but not limited to physical abuse, emotional abuse, placing clients in hazardous positions, conditions or circumstances, medication errors).
11. Interacting inappropriately with agency staff, co-workers, peers, clients, families or faculty resulting in miscommunication.
12. Lacking physical coordination essential for carrying out respiratory care procedures.
13. Lacking critical or analytical thinking skills necessary for making appropriate clinical judgments or decisions.
14. Performing activities that are beyond the preparation or capabilities of the student.
15. Performing activities that do not fall within the legal realm of professional respiratory care practice.

A faculty member may take the following measures if a student demonstrates unsafe or unethical behavior(s) in any setting (including classroom or clinical site):

1. Immediate dismissal from the learning setting and initiation of immediate remediation in collaboration with the student.

Clinical rotation requirements

The clinical rotation provides patient contact in acute care hospitals, extended care facilities, laboratories (Pulmonary Function Tests and sleep labs) and patient homes. Clinical rotations provide an environment for students to observe and provide therapeutic interventions and to use equipment in actual clinical settings. Students develop skills to assess patient needs, implement appropriate therapy and evaluate patient outcomes.

The Clinical Coordinator prepares the clinical schedules. Students will be given the clinical schedule at least one week prior to the start of the clinical rotations. Clinical rotation scheduling will not be arranged around the student's employment schedule.

Students are expected to be present in the clinical facility, dressed appropriately and ready to participate in the clinical activities at the time and for the duration of the shift assigned. Clinical rotations may be scheduled on the 3:00 PM - 11:30 PM and 7:00 AM - 3:30 PM shifts. Alternative times may be assigned dependent on the clinical need. Sleep lab rotations will be scheduled on weeknights at 7 PM or at the discretion of the Sleep Lab manager.

The Director of Clinical Education must approve any changes to the clinical schedule. Students are not allowed to reschedule or alter their clinical schedules at their own discretion.

Dress code

Students must adhere to the established dress code in the clinical setting. Specifically, they will not display skin on any part of the torso. **Students who do not adhere to the dress code will be sent home from the clinical site and enter into progressive discipline.**

- SHOES: Polished white leather shoes, white clogs or white leather sneakers only.
- HOSIERY: White socks (no peds) and/or hosiery only.
- PANTS: Navy blue uniform pants of the chino type fabric (or navy blue scrub pants). No jeans, stretch pants, or lightweight cotton casuals. Pants must be worn at the natural waist line. Undergarments should not be visible through clothing.
- SKIRTS: Navy blue uniform skirt at knee length or 1-2 inches below the knee.
- SHIRTS: Goodwin University white scrub top with Goodwin University insignia.
- LAB COAT: Short blue (hip length) – optional.
Note: Lab coats are not allowed at Hartford Hospital.
- MAKEUP: Minimal makeup.
- JEWELRY: No hanging earrings, extremely large or inappropriate rings, necklaces, earrings or bracelets. Visible body piercing (face, tongue, eyebrow, etc) is not allowed. A wedding band is acceptable. Excessive amount of jewelry or rings may cause transmission of bacteria between patients or lead to ineffective hand washing. **Watches are required.** Body tattoos must be covered. Tattoos are not to be visible.
- PHOTO I.D.: Hospital issued photo I.D. and/or Goodwin University I. D. must be worn at all times during clinical training so that students are identifiable as Goodwin University Respiratory Therapy students.
- FINGERNAILS: Fingernails must be clean and short (no longer than 1/4" above finger tip). Only clear or neutral nail coloring is allowed. Artificial nails are not allowed. Students are not allowed to wear any nail polish when doing a clinical rotation at CCMC.
- HYGIENE: Appropriate underarm and oral hygiene should be practiced since ill people are particularly sensitive to odors. No perfume, scented after-shave lotions, hairspray or other scented products are to be applied. **Students should refrain from smoking** to avoid introducing potential irritants into the clinical environment.
- HAIR: Hair must be neat, clean and in a style that contains the hair and keeps it off the face. It must be tied back if it falls forward when bending over a patient. Men should be clean shaven and any beards/mustaches should be **neat and well groomed.**
- PHONES: Students may make personal phone calls at during instructor designated breaks. Only emergency phone calls will be permitted during clinical time. **Cell**

phones must be turned off during clinical. They can only be used in designated areas in health care settings. Students should never use the phones in patient's rooms to make personal calls. Arrangements can be made for receiving urgent personal calls following discussion with your clinical instructor at the start of the shift.

Students must adhere to this dress code. Students are responsible for purchasing the required dress code items. Students who fail to do so may expect the following course of action:

1. First infraction: Counseling
2. Second infraction: Progressive discipline
3. Third infraction: Progressive discipline and five points deducted from the final clinical grade

Required equipment:

All students must have the following to participate in clinical:

1. Watch (working with a second hand or digital timer)
2. Black pen (for documenting in the medical record). No other colors are acceptable.
3. Calculator
4. Small notebook
5. Stethoscope

Failure to adhere to the above requirements may necessitate the student to enter progressive discipline.

Clinical Attendance

Absence Policy

Students are expected to attend all clinical sessions and clinical labs. Students will be allowed 1 excused absence* per semester.

*Excused absences include:

- You are sick as documented by a doctor's note
- You have a court date* that cannot be changed and you provide a copy of the summons
- A death in the family that is documented by a clergy member, funeral home or death certificate
- Inclement weather
- Extenuating circumstances at the discretion of the DCE and PD

Excessive absenteeism may lead to dismissal from the clinical course. Students may expect the following course of action in the event of multiple absences:

1. Second absence: Progressive discipline
2. Third absence: Progressive discipline, 5 points deducted from the final clinical grade
3. Fourth absence: Dismissal from the course.

Clinical makeup will be the exception and at the discretion of the DCE and PD. Each case will be evaluated on an individual basis. The student is responsible for notifying the Clinical Site and the Director of Clinical Education at least two hours before the start of a day shift or 1:00 PM for an evening shift if an absence is unavoidable. This will allow the clinical site adequate time to adjust assignments. If the student anticipates being late to clinical, he/she must notify the Clinical Site immediately and leave a message for the DCE.*

School Closings

The administration carefully considers student safety, weather reports, and the ability to clear campus parking when deciding on inclement weather closings. Every effort is made to post closings by 7 a.m. for day classes and 3 p.m. for evening classes, but allowances must be made for changing weather and road conditions. Announcements are posted on: WFSB-TV (Channel 3), WVIT-TV (Channel 30), and WTIC-TV Fox CT (Channel 61). Students can also check the homepage of the College website, Facebook, and Twitter or call 860-528-4111. Goodwin does not use the campus emergency notification system for weather closings.

Late Policy

Tardiness is not acceptable. Tardy is defined as being late to the clinical reporting area by more than 5 minutes after the scheduled time, which is traditionally 3:00 PM and at certain times, 6:45 AM or 7:00 AM. If the student arrives within 30 minutes of the scheduled time, the student will be allowed to remain in the clinical area. A student who arrives more than 30 minutes late, especially without notification via telephone, will only be allowed to remain in the clinical area at the discretion of the clinical instructor and the circumstances surrounding the incident. A student not allowed to remain will receive an unexcused absence for the day. Clinical affiliates and the DCE* must be notified by phone whenever a student knows they will be late.

Students are also expected to report to the Respiratory Care classroom on lab, case study and exam days by the time listed on the schedule. If tardiness is unavoidable, the student must call the appropriate personnel at the appropriate time to notify the instructor of the expected time of arrival.

Students may expect the following course of action in the event of tardiness with no prior phone call:

1. Tardiness once: Progressive discipline
2. Tardiness twice: Progressive discipline and 5 points deducted from the final clinical grade.
3. Tardiness three times: Progressive discipline and 10 points deducted from the final clinical grade
4. Tardiness four times: Progressive discipline. Dismissal from the course.

Students may expect the following course of action in the event of tardiness with a phone call:

1. Tardiness once: Excused
2. Tardiness twice: Progressive discipline
3. Tardiness three times: Progressive discipline
4. Tardiness four times: Progressive discipline and 5 points deducted from the final clinical grade.

*See Clinical Contact Sheet for Site contact information.

AARC Position Statement: Ethics and Professional Conduct

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

Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. Actively maintain and continually improve their professional competence, and represent it accurately.

Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.

Respect and protect the legal and personal rights of patients they care for, including the right to informed consent and refusal of treatment.

Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.

Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

Promote disease prevention and wellness.

Refuse to participate in illegal or unethical acts, and refuse to conceal illegal, unethical or incompetent acts of others.

Follow sound scientific procedures and ethical principles in research.

Comply with state or federal laws which govern and relate to their practice.

Avoid any form of conduct that creates a conflict of interest and shall follow the principles of ethical business behavior.

Promote health care delivery through improvement of the access, efficacy, and cost of patient care.

Encourage and promote appropriate stewardship of resources.

Effective 12/94
Revised 3/00, 7/04
AARC.org

AARC Position Statement: Cultural Diversity

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

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

Effective 12/94

Revised 3/00

Statement regarding felony convictions

Please note that graduation from the Goodwin University Respiratory Care program and subsequent credentialing from the NBRC does not guarantee that licensure to practice respiratory care in the state of Connecticut will be granted. Licensure candidates must disclose information regarding past felony convictions to the licensure board. Applicants will be evaluated on an individual basis. For more information please contact the Connecticut Department of Public Health.

Department of Public Health
RCP Licensure
410 Capital Avenue
MS # 12 APP
PO Box 340308
Hartford, CT 06134-0308
Tel: 860.509.8277

You may review requirements for Respiratory Care licensure and access an application at www.dph.state.ct.us

Handbook Signature Sheet

I acknowledge the receipt of the Goodwin University Respiratory Care program student handbook. I realize I am responsible for reviewing its content, being familiar with policies and procedures, and meeting established functional standards as stated on pages 22-24.

Print name

Signature

Date