



RESPIRATORY CARE
STUDENT HANDBOOK
Antelope Valley College
Updated 2021-2022

SECTION I MISSION

Statement of Program Goals and Objectives

The mission and objectives of the Respiratory Care program aligns’ with the mission and institutional learning outcomes of Antelope Valley College (AVC).

Table 1. College Mission and Program Mission

College Mission	Respiratory Care Program Mission
<p>“Antelope Valley Community College a Public institution of higher education, provides a quality, comprehensive education to a diverse population of learners. We are committed to student success offering value and opportunity, in service to our community.” (AVC Catalog 21-22 Pp 8)</p>	<p>To serve the community by preparing students for a career in respiratory care.</p>
<p>Antelope Valley College offers: “Associate degree programs comprised of general education courses, proficiency requirements, designated courses in a specific major or area of emphasis. Associate degrees provide students with “the ability to think and to communicate clearly and effectively both orally and in writing; to use mathematics; to understand the modes of inquiry of the major disciplines; to be aware of other cultures and times; to achieve insights gained through experience in thinking about ethical problems; and to develop the capacity for self-understanding.” (AVC Catalog 21-22 pp*)</p>	<p>The Respiratory Care program provides vocational education that leads to an associate in science degree. Student learn the knowledge, skills designated and attitudes that will enable them to take the the national board credentialing examination for respiratory care and obtain individual State licensure to practice throughout the country.</p>

LEARNING OUTCOMES

The institutional learning outcomes for the college and the program are closely aligned.

Table 2. Institutional Learning Outcomes and Program Learning Outcomes

AVC Institutional Learning Outcomes	Respiratory Care Program Student Learning Outcomes
<p><u>Communication</u> Demonstrates analytical reading and writing skills including research, quantitative and qualitative evaluation and synthesis.</p> <p>Demonstrates listening and speaking skills that result in focused and coherent communications.</p>	<p>Implied in general education requirements for the program.</p>
<p><u>Creative, Critical, and Analytical Thinking</u> Uses intellectual curiosity, judgment and analytical decision making in the acquisition, integration and application of knowledge and skills.</p> <p>Solves problems utilizing technology, quantitative and qualitative information and mathematical concepts.</p>	<p>Synthesize learning from the sciences, mathematics, humanities, arts, social sciences into professional practice.</p> <p>Apply critical thinking and information technology as the foundations for clinical decision making and patient care</p>
<p><u>Community/Global Consciousness</u> Understands and applies personal concepts of integrity, ethics, self-esteem, lifelong learning, while contributing to the well being of society and the environment.</p> <p>Demonstrates an awareness and respect of the values of diversity, complexity, aesthetics and varied cultural expressions.</p>	<p>Promote service excellence in clinical practice by pursuing lifelong professional development.</p> <p>Collaborate with the patient, significant others and members of the health care Team.</p>
<p><u>Career and Specialized Knowledge</u> Demonstrates knowledge, skills and abilities related to student educational goals, including career, transfer and personal enrichment.</p>	<p>Practice as a respiratory care practitioner within the legal, ethical, professional and regulatory standards of respiratory care practice.</p>

CATALOG DESCRIPTION

Definition

Respiratory Care incorporates diagnosis, treatment, and life support measures to relieve breathing and circulatory disorders.

Program Description

The Respiratory Care program serves the community by preparing students for entry-level careers in respiratory care. The course of study provides vocational education that leads to an associate in science degree. Students learn the knowledge, skills, and attitudes that will enable them to take state licensure exam for respiratory care and become licensed by the Respiratory Care Board of California as a respiratory care practitioner. The graduate will be prepared to take the National Board of Respiratory Care registry examination.

Program Requirements

The Respiratory Care program contains 80 units of required courses and general education to complete the degree. As the minimum entry level of respiratory therapists in California is an associate's degree, a certificate will not be awarded. The list of required courses includes courses that are closely aligned with the disciplines of chemistry, anatomy, and physiology.

Table 3. Required Courses for Major

Course Number	Course Name	Units
BIOL 201	General Human Anatomy	4
CHEM 101/101L	Introductory Chemistry/Chemistry Lab	5
BIOL 202	General Human Physiology	4
RT 101/101CL	Fundamentals of Respiratory Care	6
RT 102	Clinical Preparation for Respiratory Care	1
RT 103/103CL	Concepts in Respiratory Care	6
RT 104	Respiratory Care Pharmacology	3
RT 105/105CL	Fundamentals of Clinical Respiratory Care	5
RT 201	Neonatal and Pediatric Respiratory Care	3
RT 202/202CL	Fundamentals of Intensive Respiratory Care	4
RT 203/203CL	Seminar and Practicum in Respiratory Care I	6
RT 204/204CL	Seminar and Practicum in Respiratory Care II	9

Course Number	Course Name	General Education Area	Units
BIOL 101/101L	General Biology	Area A	4
PSY 101	General Psychology	Area B	4
ENGL 101	Freshman Composition	Area D-1	3
COMM 101	Introduction to Public	Area D-2	3
GE AREA C	Recommended ENGL 102	Area C	3
Math 102 (or Higher)		Graduation requirement	4
GE Area F	Recommended SOC 105	Area F	3

Associate Degree Requirements

(Title 5, Section 55806)

Graduation from Antelope Valley College with the associate in arts or associate in science degree requires the completion of a minimum of 60 semester units including requirements 1 through 6 listed below.

Antelope Valley College awards the associate in science degree to students who pursue majors offered in the following divisions: Business, Computers, and Media Arts, Health Sciences, Math/Science, and Technical Education. The associate degree in arts degree is available to students who pursue a major in Letters, Arts, and Sciences, and to those majors offered in the following divisions: Arts and Letters, Physical Education and Athletics, and Social Science/Family and Consumer Education. In the course description section of the AVC catalog, all courses that apply to the associates degree or certificates are designated as (AVC).

The completion of an associate in arts or associate in science degree does not ensure that a student can transfer directly to a four-year college or university. Students interested in transferring should refer to the Transfer Requirements section of the AVC catalog.

Application for Graduation

Antelope Valley College awards degrees three times annually following the fall, spring and summer semesters. Students must apply for graduation to earn their degree or certificate. Applications are due by October 15 for spring/summer graduates and by April 15 for fall graduates. Applications can be completed online, or students can print the application from the AVC website at www.avc.edu and mail in. After review, a preliminary evaluation will be sent to the students' myAVC e-mail account showing the progress toward the degree. Students will receive information on participating in the annual commencement ceremony from Student Development during spring term. While participation in the commencement ceremony is encouraged, it is not mandatory and does not indicate the completion of a degree or certificate.

General Education Requirements

General education (GE) is designed to introduce students to a variety of means in which they can comprehend a changing world. It reflects the conviction of AVC that those who receive their degrees must possess in common certain basic principles, concepts, and methodologies both unique to and shared by the various disciplines. College educated persons should be able to use this knowledge when evaluating and appreciating the physical environment, the culture, and the society in which they live. Most importantly, GE should lead to a better self-understanding.

Criteria for GE requirements for the associate in arts and associate in science degrees: Courses or a combination of courses, which meet the GE philosophy and objectives' will:

1. Provide an introduction to basic concepts, principles, and methodology of study common to a given discipline;
2. Lead to better understanding in relationship to the physical environment, culture, economy, and society;
3. Provide an opportunity to examine values while proposing solutions for major social problems, and;
4. Provide a breadth of knowledge and experiences, which contribute to a well-rounded education.

Requirements:

A minimum of 21 units, including a minimum of 3 semester units or 4 quarter units in Areas A, B, C, D1, D2, E and F.

Completing specific GE requirements listed in the AVC catalog,

Proficiency requirements exist for the areas of Writing and Math. Students must demonstrate competency in each of these areas in order to be eligible for the associate degree.

A. WRITING: Completion of ENGL 101 with a minimum grade of "C." NOTE: ENGL 101 may be taken with the Pass/ No Pass option; however, students are cautioned that other colleges and universities may not accept ENGL 101 courses taken on a Pass/No Pass basis, especially for satisfaction of general education and major requirements. Students planning to transfer should check college catalogs for applicable policies.

B. MATHEMATICS: Completion of MATH 102 or higher with a satisfactory grade

Major Requirements

Completing specific major requirements listed in the AVC catalog,

Grade Point Average Requirement

An overall grade point average of 2.0 (“C” average) is required.

Residence Requirement

Of the required 60 units, “ at least 12 semester... units must be completed in residence at the college granting the degree” as stated in Title 5, Section 55806. Title 5 of the California Code of Regulation is available at <http://ccr.oal.ca.gov> and in the Antelope Valley College library.

Requirements for Two or More Associate Degrees

To be eligible for two associate degrees, a student must complete a minimum of 78 semester units, all graduation requirements and the graduation requirements for each additional major. General education requirements must be used consistently for two or more associate degrees. General education may not be substituted for major requirements for two or more associate degrees. For each associate degree, the subject area of study (major) must be in different academic disciplines. For example, it is not possible to receive an associate degree in Business and a second associate degree in Marketing.

RESPIRATORY CARE ASSOCIATE DEGREE

Table 5. Proposed Course Sequence / Respiratory Care Associate Degree

Required prerequisite courses		Units
BIOL 101	General Biology (GE requirement Area A)	4
CHEM 101/101L	Introductory Chemistry, Chemistry lab	5
BIOL 201	General Human Anatomy	4
BIOL 202	General Human Physiology	4
Math 105 (or Higher)	Statistics	<u>4</u>
		21
<u>BIOL 101, BIOL 201, BIOL 202, Math 115 and CHEM 101/101L are prerequisites for entry into RT 101/101CL.</u>		
First Semester		
RT 101/101CL	Fundamentals of Respiratory Care	6
RT 102	Clinical Preparation for Respiratory Care	1
ENGL 101	Freshman Composition (GE requirement Area D-1)	<u>3</u>
		10
Second Semester		
RT 103/103L	Concepts in Respiratory Care	6
RT 104	Respiratory Care Pharmacology	3
COMM 103	Process of Communication (GE requirement Area D-2)	<u>3</u>
		12
Summer Session		
RT 105/105CL	Fundamental of Clinical Respiratory Care	5
Third Semester		
RT 201	Neonatal and Pediatric Respiratory Care	3
RT 202/202CL	Fundamentals of Intensive Respiratory Care	4
RT 203/203CL	Seminar and Practicum in Respiratory Care I	<u>6</u>
		13
Fourth Semester		
RT 204/204CL	Seminar and Practicum in Respiratory Care II	9
PSY 101	General Psychology (GE requirement Area B)	3
Course from GE requirement Area C		3
Course from GE requirement Area F		<u>3</u>
		18
Degree Total 79		

OUTLINES OF RECORD FOR REQUIRED RESPIRATORY COURSES

COURSE SUBJECT & NUMBER:	RT 101& RT 101CL
COURSE NAME:	Fundamentals of Respiratory Care
COURSE UNITS:	6
COURSE HOURS:	5 hours lecture and 3 hours lab per week

COURSE REQUISITES:

Prerequisites: Completion of BIOL 101, BIOL 201, BIOL 202 and CHEM 101 with a grade of “C” or better. Eligibility for college level reading and MATH 115. Admission to the Respiratory Therapy Program.

COURSE DESCRIPTION:

This course introduces students to atmospheric physics, cardiopulmonary anatomy and physiology, blood gas chemistry, and ventilatory dynamics. Basic concepts of health and disease are discussed with emphasis on cardiopulmonary disorders, fundamental problem-solving techniques, and safe handling of medical gasses and equipment. Students are introduced to selected respiratory care and diagnostic equipment, respiratory care techniques, infection control, and common problems encountered with respiratory care equipment.

COURSE OBJECTIVES:

Upon completion of this course the student will be able to:

1. Identify the composition and behavior of the atmosphere as it relates to the physiology of human respiration.
2. Identify structures and functions of the human cardiopulmonary system.
3. *Distinguish changes in the cardiopulmonary system from conception to old age.
4. *Compare and contrast signs and symptoms of various cardiopulmonary diseases.
5. Perform basic assessment skills in evaluating the cardiopulmonary system.
6. *Use medical equipment and devices commonly used in diagnosis and care of patients with cardiopulmonary diseases.
7. *Demonstrate skills in clinical therapeutic and diagnostic problem solving with instructor assistance.

* *Denotes SCANS competencies.*

COURSE CONTENT:

- I. Atmospheric physics
- II. Anatomy & Physiology of the Respiratory System
- III. Ventilation
- IV. Pulmonary Function Measurement
- V. Anatomy & Physiology Circulatory System

- VI. Oxygen transport and acid-base balance
- VII. Effects of renal system in health and disease on the cardiopulmonary system
- VIII. Effects of growth and development on the cardiopulmonary system
- IX. Asepsis and decontamination
- X. Medical gases and oxygen supply systems
- XI. Medical gas analysis
- XII. Spirometry and pulmonary function measurement
- XIII. Humidification and aerosol therapy
- XIV. Environmental therapy
- XV. Incentive Spirometry

Course Subject & Number: RT 101, RT 101CL
 Course Name: Fundamentals of Respiratory Care

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings
 Writing Assignments: 5-10 page paper r/t respiratory disease and required ancillary readings
 Computational Assignments: Calculation of mass, weight, and density weekly for the first 4 weeks
 Critical Thinking: Problem solving determining relationships between anatomy and physiology of cardiopulmonary diseases weekly
 Additional Assignments: Computer assisted instructional programs biweekly

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 8 hours per week
- *Writing:* 2 hours per week
- *Computational:* 2 hours per week
- *Other:* Computer-assisted instructional programs; 1 hour per week

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, computer assignments, and instructor facilitated role-play.

METHODS OF EVALUATION

Multiple choice, short answer, and essay questions to determine students' knowledge of atmospheric physics, structure and function of the cardiopulmonary system,

cardiopulmonary assessment, & signs and symptoms of cardiovascular disease. Lab practical exams to determine competency in use of equipment. Paper to determine ability to compare and contrast cardiopulmonary diseases.

REQUIRED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER: RT 102
COURSE NAME: Clinical Preparation for Respiratory Care
COURSE UNITS: 1.0
COURSE HOURS: 12 hours lecture/lab per week for three weeks

COURSE REQUISITES:

Co requisites: RT 101 and RT 101CL

COURSE DESCRIPTION:

This course provides an introduction to the basic concepts of clinical respiratory care as practiced in the acute care hospital.

COURSE OBJECTIVES:

Upon completion of this course the student will be able to:

1. *Implement emergency procedures in an acute care hospital
2. *Implement treatment skills in bedside respiratory care
3. *Demonstrate competency in cardiac life support

* *Denotes SCANS competencies.*

COURSE CONTENT:

- I. Vital Signs
- II. Cardiopulmonary resuscitation: adult, child & infant
- III. Basic respiratory skills
 - a. Professionalism
 - b. Team Collaboration
 - c. Interdisciplinary Collaboration
 - d. Physical Assessment
- IV. Infection control measures
 - a. Hand washing & gloving
 - b. Isolation
- V. Moving, positioning and restraining patients
 - a. Safe lifting
 - b. Positioning for therapy
 - c. Restraints/personal protective devices
- VI. Fire and electrical safety
 - a. Principles of fire safety
 - b. Use of fire equipment
 - c. Principles of electrical safety

Course Subject & Number: RT 102

Course Name: Clinical Preparation for Respiratory Care

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings
 Writing Assignments: N/A
 Computational Assignments: N/A
 Critical Thinking: Problem solving determining relationships between anatomy and physiology of cardiopulmonary diseases weekly
 Additional Assignments: Computer assisted instructional programs biweekly

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4 hours per week
- *Writing:* N/A
- *Computational:* N/A
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration

METHODS OF EVALUATION

Lab practical exams to determine competency in use of equipment. Multiple choice, short answer, and essay questions to determine students' ability to perform according to hospital standards.

REQUIRED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER: RT 103

COURSE NAME: Concepts in Respiratory Care
COURSE UNITS: 6
COURSE HOURS: 4 hours lecture and 6 hours lab per week
COURSE REQUISITES:

Prerequisites: Completion RT 101 and RT 101CL, and RT 102 with a grade “C” or better.

Co requisite: RT 104

COURSE DESCRIPTION:

This course provides the student with a survey of cardiopulmonary diseases commonly encountered by the respiratory care practitioner. Students practice in the role of the respiratory care practitioner in clinical assessment, diagnosis, and treatment of patients with cardiopulmonary diseases in the acute care setting.

COURSE OBJECTIVES:

Upon completion of this course the student will be able to:

1. *Integrate concepts of professionalism into respiratory care practice.
2. *Implement a treatment plan for a patient with cardiopulmonary disease based on assessment and diagnosis with instructor guidance.
3. *Differentiate among selected cardiopulmonary diseases based on knowledge of etiology, signs and symptoms, diagnosis, pathophysiology, and common medical treatment.
4. *Synthesize clinical data gathering, interpretation of patient data and pathophysiology for patients with medical-surgical respiratory diseases.

* Denotes SCANS competencies.

COURSE CONTENT:

1. Preparing for the patient encounter
 1. Initial encounter
 2. Interviewing and history taking
 3. Physical examination of the patient with cardiopulmonary disease
 4. Common clinical laboratory exams
 5. Pulmonary function assessment
 6. Arterial blood gas interpretation
 7. Bedside ECG interpretation
 8. Elementary chest x-ray interpretation
 9. Airway care procedures
2. Pathophysiology
 1. Introduction to patient assessment for specific cardiopulmonary diseases
 2. Asthma
 3. Chronic bronchitis
 4. Emphysema
 5. Cystic fibrosis
 6. Postoperative atelectasis
 7. Bacterial pneumonias
 8. Neuromuscular disorders
 9. Heart failure

10. Interstitial lung disease
11. Tuberculosis
12. Respiratory failure
13. Sleep disorders

Course Subject & Number: RT 103 & RT 103CL
 Course Name: Concepts in Respiratory Care

1. Clinical practice in an acute care setting
 1. Concepts of pulmonary mechanics
 2. Screening pulmonary function
 3. Concepts of arterial blood gas analysis
 4. Adult blood sampling
 5. Arterial blood gas analysis and quality control

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings
 Writing Assignments: Patient care worksheets; 5-8 page research paper on related respiratory disease.
 Computational Assignments: Calculations relating to arterial blood gases and pulmonary functions
 Critical Thinking: Problem solving determining relationships between clinical situations and theory
 Additional Assignments: N/A

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 5 hours per week
- *Writing:* 2-3 hours per week
- *Computational:* 1 hour per week
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, supervised clinical practice

METHODS OF EVALUATION

Multiple choice, short answer, and essay questions to determine students' knowledge of cardiopulmonary disorders, treatment plans, ethical issues, assessment of signs and symptoms of cardiovascular disease. Research paper to integrate concepts of clinical care to pathophysiology. Clinical performance evaluations to determine students' competency in clinical practice.

REQUIRED TEXTS

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794
Data-ARC – CD-ROM

SUGGESTED AND REFERNCED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

COURSE SUBJECT & NUMBER: RT 104
COURSE NAME: Respiratory Care Pharmacology
COURSE UNITS: 3
COURSE HOURS: 3 hours lecture per week
COURSE REQUISITES:

Prerequisites: Completion of RT 101 and RT 101CL, and RT 102 with a grade “C” or better.

Co requisite: RT 103

COURSE DESCRIPTION:

This course introduces the student to fundamental pharmacological concepts and applied pharmacology. Emphasis is placed on drug action and interaction as well as the practical aspects of routes of administration. National patient safety standards applying to pharmacology are discussed.

COURSE OBJECTIVES:

Upon completion of this course the student will be able to:

1. Identify the conceptual relationships of phramacodynamics and pharmacokenetics of drugs that are used by respiratory care practitioners.
2. Calculate medication dosages and concentrations.
3. *Choose the optimum route of administration for medications commonly used in the treatment of respiratory care patients.
4. Recognize drug actions and interactions of medications commonly used in the treatment of respiratory care patients.

* Denotes SCANS competencies.

COURSE CONTENT:

- I. General principles of pharmacology

- a. Five rights
- b. Legal principals
- c. Ethical principals
- d. National Patient Safety Standards
- II. Pharmacodynamics and Pharmacokinetics
 - a. Targets of drug action
 - b. Quantitative aspects of drug action
 - c. Bioavailability
 - d. Half-life
 - e. Absorption, distribution, metabolism, elimination
- III. Routes of administration
- IV. Dosage calculations
 - a. Oral, parenteral, & concentrations
 - b. Special considerations for pediatrics and geriatrics
- V. Commonly used respiratory drugs:
 - a. Autonomic nervous system drugs
 - b. Sympathomimetic agents
 - c. Parasympathomimetic
 - d. Methylxanthines
 - e. Mediator agonists
 - f. Corticosteroids
 - g. Mucokinetic drugs
 - h. Sufactants
 - i. Antimicrobial therapy
 - j. Neuromuscular blocking agents

Course Subject & Number: RT 104

Course Name: Respiratory Care Pharmacology

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings

Writing Assignments: 5-8 page research paper related to pharmacology in treatment of respiratory disease.

Computational Assignments: Calculations of drug dosages weekly

Critical Thinking: Problem solving determining relationships between anatomy & physiology of cardiopulmonary medications

Additional Assignments: N/A

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4 hours per week
- *Writing:* 2 hours per week
- *Computational:* 1 hour per week
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, supervised clinical practice

METHODS OF EVALUATION

Multiple choice, short answer, and essay questions to determine students' knowledge of pharmacologic principals of respiratory care medications; in addition to calculations of dosages, and concentrations. Research paper to determine competency in recognition of drug effects, actions, and interactions.

REQUIRED TEXTS

Rau, J. (2020) Respiratory Care Pharmacology, 10th Ed. C.V. Mosby, ISBN-13: 978-0323299688.

Data-ARC – CD-ROM

SUGGESTED AND REFERNCED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER:	RT 105
COURSE NAME:	Fundamentals of Clinical Respiratory Care
COURSE UNITS:	4
COURSE HOURS:	2 hours lecture and 6 hours clinical per week

COURSE REQUISITES:

Prerequisites: Completion of RT 103, RT 103CL, and RT 104 with a grade “C” or better.

COURSE DESCRIPTION:

This course introduces mechanical ventilation concepts and selected therapeutic modalities.

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. *Integrates knowledge of pathophysiology, patient condition and therapeutic modalities into patient care.
2. Explain the rationale for specific therapeutic modalities administered to patients.
3. *Practice assessment and treatment skills with minimal supervision from an experienced respiratory therapy clinician in non intensive care situations.
4. *Demonstrate skills in mechanical ventilation.

- *Denotes SCANS competencies.*

COURSE CONTENT:

- Patients at risk for mechanical ventilation
 1. Trauma patients
 2. Respiratory failure patients
 3. Surgical patients
- History of mechanical ventilation
 1. Early attempts at mechanical ventilation
 2. Positive pressure ventilation
 3. Negative pressure ventilation
- Preparation for intubation
 1. Preparation for tracheotomy
 2. Preparation for endotracheal intubation
- Guide to ventilator selection and settings
 1. Positive versus negative pressure ventilation
 2. Settings
- Introduction to modes of mechanical ventilation
 1. Controlled ventilation
 2. Assist-control ventilation
 3. Synchronized intermittent mandatory ventilation

Course Subject & Number: RCP 105

Course Name: Fundamentals of Clinical Respiratory Care

- 4. Pressure controlled ventilation
 - Managing the ventilator
 - 1. Hand ventilation
 - 2. Airway management
 - 3. Wave Form Analysis
 - Effects of mechanical ventilation
 - 1. Cardiovascular effects
 - 2. Pulmonary effects
 - 3. Sodium and water balance
 - 4. Gastrointestinal effects
 - 5. Musculoskeletal effects
 - 6. Psychologic effects
 - 7. Weaning and extubation

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings
 Writing Assignments: 3-5 page case study of a patient with respiratory disease.
 Computational Assignments: N/A
 Critical Thinking: Synthesis of classroom content into clinical practice, including problem solving in unique specific situations in patient care.
 Additional Assignments: Patient care worksheets for assigned clinical patients.

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4 hours per week
- *Writing:* 2 hours per week
- *Computational:* N/A
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, supervised clinical practice

METHODS OF EVALUATION

Multiple choice, short answer, and essay questions to determine students' knowledge of pathophysiology and treatment modalities, and knowledge of mechanical ventilation principals. Instructor evaluation of performance in clinical setting. Research paper to determine competency in students' ability to integrate pathophysiology and treatment modalities.

REQUIRED TEXTS

Chang, D. (2014) Clinical application of mechanical ventilation. 4th Ed. Delmar Cengage ISBN-13: 978-1111539580
Data-ARC – CD-ROM

SUGGESTED AND REFERNCED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 3^{4th} Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794

Rau, J. (2017) Respiratory Care Pharmacology, 9th Ed. C.V. Mosby, ISBN-13: 978-0323299688.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER:	RT 201
COURSE NAME:	Neonatal and Pediatric Respiratory Care
COURSE UNITS:	3
COURSE HOURS:	3 hours lecture per week

COURSE REQUISITES:

Prerequisites: Completion of RT 105, RT 105CL with a grade “C” or better.

Co requisites: RT 202, RT 202CL, RT 203, and RT 203CL

COURSE DESCRIPTION:

This course introduces respiratory care of the neonatal and pediatric patient. Emphasis is placed upon growth and development, pathophysiology, clinical assessment, treatment, resuscitation, and mechanical ventilatory support.

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. *Integrate knowledge of pathophysiology, patient assessment, and the use of therapeutic modalities into the care of neonatal and pediatric patients.
2. Recognize factors that indicate high-risk pregnancy or delivery.
3. Recognize the common respiratory distress syndromes and the management of each.
4. *Manage the patient who requires mechanical ventilation.

* Denotes SCANS competencies.

COURSE CONTENT:

- I. Cardiopulmonary anatomy and physiology of the fetus and neonate
 - a. Fetal development
 - b. Transition to the external environment of the neonate
 - c. Pediatric anatomy and physiologic differences
 - d. High risk pregnancy
- II. Cardiopulmonary pathophysiology of the neonate and child
 - a. Neonatal respiratory distress syndrome
 - b. Congenital defects associated with respiratory distress
 - c. Pediatric respiratory diseases
- III. Clinical assessment of the fetus, neonate, and child.
 - a. Recognition of signs and symptoms of respiratory distress
 - b. Risks associated with oxygen therapy and positive pressure ventilation
 - c. Psychological and developmental considerations in clinical assessment of neonates and children.
- IV. Therapeutic procedures
 - a. Asepsis

- b. Mechanical and manual respiratory support
 - c. Equipment used in the neonatal and pediatric intensive care setting
 - d. High-frequency ventilation
 - e. Surfactant
 - f. Extracorporeal membrane oxygenation
 - V. Delivery room procedures
 - a. Role of the respiratory care practitioner
 - b. Roles of other health care providers
 - VI. Resuscitation of neonates and children
 - a. Neonatal and pediatric advance life support procedures
- Course Subject & Number: RT 201
 Course Name: Neonatal and Pediatric Respiratory Care

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from assigned texts and ancillary readings

Writing Assignments: 5-8 page research paper related to a topic of interest on mechanical ventilation.

Computational Assignments: N/A

Critical Thinking: Synthesis of classroom content into case studies, including problem solving in unique specific situations in patient care.

Additional Assignments: N/A

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4 hours per week
- *Writing:* 2 hours per week
- *Computational:* N/A
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, multimedia, & instructor guided case studies

METHODS OF EVALUATION

Multiple choice, short answer, and essay questions to determine students' knowledge of pathophysiology and treatment modalities, and knowledge of the principals of neonatal and pediatric resuscitation and mechanical ventilation. Research paper to determine integration of pathophysiology with neonatal and pediatric respiratory care.

REQUIRED TEXTS

Whitaker, K. and Eberle, P. (2015), Comprehensive perinatal and pediatric respiratory care, 4th Ed. Cengage Learning; ISBN-13: 978-1439059438.

Chang, D. (2017) *Clinical application of mechanical ventilation*. 5th Ed. Delmar Cengage ISBN-13: 978-1111539580
Data-ARC – CD-ROM

SUGGESTED AND REFERNCED TEXTS

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794

Rau, J. (2021) Respiratory Care Pharmacology, 10th Ed. C.V. Mosby, ISBN-13: 978-0323299688.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER: RT 202 and RT 202CL
COURSE NAME: Fundamentals of Intensive Respiratory Care
COURSE UNITS: 4
COURSE HOURS: 2 hours lecture and 6 hours lab per week
COURSE REQUISITES:

Prerequisites: Completion of RT 105, RT 105CL with a grade “C” or better.

Co requisites: RT 201, RT 203, and RT 203CL

COURSE DESCRIPTION:

This course provides theory and practice in respiratory care of the intensive care patient. Emphasis is placed upon the critical care environment, clinical assessment and monitoring, advanced airway management, and mechanical ventilatory support.

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. *Synthesize knowledge of pathophysiology, patient condition, laboratory and diagnostic tests, and therapeutic modalities into case studies involving intensive care patients.
2. *Assess and manage patients requiring mechanical ventilation with guidance by a respiratory care clinician.
3. *Demonstrate competency in procedures commonly used in intensive care.
4. *Select techniques for communicating with patients, their significant others and other health care team members in the intensive care unit.
5. *Collaborate with health care team members in the intensive care unit with guidance of a respiratory care clinician.

* Denotes SCANS competencies.

COURSE CONTENT:

- Advanced assessment of the critically ill patient
 1. Cardiovascular assessment
 2. Respiratory assessment
 3. Trauma patients
 4. Surgical patients
 5. Gastrointestinal disease and COPD
 6. Renal Failure
 7. Endocrine disorders
 8. Cancer of the lung

- Establishing the need for mechanical ventilation
 1. Patient with cardiac or respiratory failure
 2. Trauma patient

3. Surgical patient

Aspects of mechanical ventilation

1. Physiologic aspects
2. Psychologic aspects
3. Nutritional aspects

Course Subject & Number: RT 202 and RT 202CL

Course Name: Fundamentals of Intensive Respiratory Care

Communicating and collaborating as a team member in the critical care unit

1. Performing the role of the respiratory care therapist
2. Collaboration with other health care team members
3. Communicating with health care team members
4. Communicating with patients and significant others

Advance patient management and stabilization strategies

1. Techniques for airway management
2. Rapid sequence intubation
3. Crichothyrotomy
4. Esophageal obturators
5. Improving oxygenation
6. Ventilation with bag-valve-mask device and PEEP
7. Ventilator check out and operational verification

Effects and complications of mechanical ventilation

1. Cardiovascular
2. Pulmonary
3. Psychological

Discontinuation and weaning from mechanical ventilation

1. Ethical and legal considerations
2. Weaning techniques
3. Organ donation
4. Pulmonary rehabilitation

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments:	30-50 pages from assigned texts and ancillary readings
Writing Assignments:	5-8 page research paper synthesizing theory with clinical care Completion of patient care worksheets
Computational Assignments:	Dosage calculations weekly
Critical Thinking:	Synthesis of classroom content into clinical care, including problem solving in unique specific situations in patient care.
Additional Assignments:	N/A

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4-8 hours per week
- *Writing:* 2 hours per weekly to complete paper and patient care worksheets
- *Computational:* ½ hour weekly to complete dosage calculations
- *Other:* N/A

METHODS OF INSTRUCTION

Lecture, discussion, demonstration and return demonstration, multimedia, & instructor supervised patient care.

METHODS OF EVALUATION

Supervised patient care with direct observation of competence by instructor, demonstration of performance on selected procedures

Multiple choice, short answer, and essay questions to determine students' knowledge of pathophysiology and treatment modalities, and knowledge of the principals of neonatal and pediatric resuscitation and mechanical ventilation. Research paper to determine integration of pathophysiology and treatment in a specific patient care situation.

REQUIRED TEXTS

Data-ARC – CD-ROM

SUGGESTED AND REFERNCED TEXTS

Chang, D. (2017) Clinical application of mechanical ventilation. 5th Ed. Delmar Cengage ISBN-13: 978-1111539580

Whitaker, K. and Eberle, P. (2015), Comprehensive perinatal and pediatric respiratory care, 4th Ed. Cengage Learning; ISBN-13: 978-1439059438.

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794

Rau, J. (2021) Respiratory Care Pharmacology, 10th Ed. C.V. Mosby, ISBN-13: 978-0323299688.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER:	RT 203 and RT 203CL
COURSE NAME:	Seminar and Practicum in Respiratory Care I
COURSE UNITS:	4
COURSE HOURS:	2 hours lecture and 6 hours lab per week
COURSE REQUISITES:	
<i>Prerequisites:</i> Completion of RT 105, RT 105CL with a grade “C” or better.	
<i>Co requisites:</i> RT 201, RT 202, and RT 202CL	

COURSE DESCRIPTION:

This course provides theory and practice in respiratory care of the respiratory care patient. Emphasis is placed on perinatal and pediatric respiratory care patients, information competency and communications skills. Out of area travel may be required.

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. *Synthesize knowledge of pathophysiology, patient condition, laboratory and diagnostic tests, and therapeutic modalities into case studies involving neonatal, pediatric, and adult respiratory care.
2. *Demonstrate proficiency in information competency related to current respiratory therapy topics.
3. *Select techniques for communicating with pediatric adult patients, their significant others and other health care team members.
4. *Collaborate with health care team members in the intensive care unit with guidance of a respiratory care clinician.
5. *Choose strategies for neonatal and pediatric resuscitation following the recommendation of the American Academy of Pediatrics/American Heart Association, and Neonatal Resuscitation Program course.
6. *Collaborate with the critically ill patient in a supportive/educative role.
7. *Integrate objective data including cardiac monitoring, pulse oximetry, arterial blood gas analysis, and blood chemistry into patient care.
8. Initiate and monitor mechanical ventilation for specific patient situations.

* Denotes SCANS competencies.

COURSE CONTENT:

1. Information competency in respiratory care
 1. College library resources
 2. Internet resources
 3. Selected medical periodicals
2. Preparing the professional presentation
 1. Selecting the topic
 2. Developing an outline
 3. Writing the presentation

4. Delivering the presentation (Topics will vary each semester as students will be encouraged to select topics relevant to current respiratory care practices.)
3. Clinical practice in neonatal and pediatric respiratory care
 1. Physiologic aspects
 2. Psychologic aspects and communication
 3. Role of the student practitioner
 4. Role of the preceptor
 5. Collaboration as a health team member
 6. Neonatal Resuscitation Program course
4. Orientation to the cardiac catheterization lab and cardiac monitoring in the critical care unit
 1. Arterial catheterization
 2. Right heart catheterization
 3. Electronic cardiac monitoring
 4. Cardiac output monitoring
5. Patient data evaluation
 1. Review existing data
 2. Collect and evaluate pertinent clinical information
 3. Recommend procedure to obtain additional data
6. Critical equipment application and manipulation by order or protocol
7. Ensuring infection control
8. Performing quality control measures
9. Initiation and modification of therapeutic procedures
10. Maintaining records, airways, and bronchopulmonary hygiene
11. Achieving adequate respiratory support
12. Evaluate and monitor objective/subjective responses to respiratory care
13. Independently modify therapeutic procedures based on responses
14. Act as an assistant to the physician
15. Functioning as a team member in the critical care unit
 1. Performing the role of the respiratory care therapist
 2. Collaborating with other health care team members

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages from texts and ancillary readings in preparation for presentation..

Writing Assignments: Completion of patient care worksheets, outline of presentation, 5-8 page research paper pertaining to respiratory disease and treatment with professional references.

Computational Assignments: Dosage calculations of resuscitation drugs and fluids weekly

Critical Thinking: Synthesis of classroom content into clinical care, including problem solving in unique specific situations in patient care.

Additional Assignments: N/A

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4-8 hours per week
- *Writing:* 2 hours per weekly to complete paper and patient care worksheets
- *Computational:* ½ hour weekly to complete dosage calculations
- *Other:* N/A

METHODS OF INSTRUCTION

Discussion, oral presentation, guest speakers, & supervised clinical practice.

METHODS OF EVALUATION

Supervised patient care with direct observation of competence by instructor or preceptor, demonstration of performance on selected procedures to determine communication skills and collaboration skills.

Multiple choice, short answer, and essay questions covering topics presented in seminar by guest speakers and students. Research paper to determine integration of pathophysiology and treatment of respiratory diseases.

REQUIRED TEXTS

Scanlan, C. & Heuer, A., (2021) Comprehensive Respiratory Therapy Exam Preparation Guide. 4th edition. Jones and Bartlett Publishers.

DataARC CD-ROM

SUGGESTED AND REFERNCED TEXTS

Chang, D. (2017) Clinical application of mechanical ventilation. 5th Ed. Delmar Cengage ISBN-13: 978-1111539580

Whitaker, K. and Eberle, P. (2015), Comprehensive perinatal and pediatric respiratory care, 4th Ed. Cengage Learning; ISBN-13: 978-1439059438.

Hess, D., MacIntyre, N., Mishoe, S. and Galvin W. (2021). Respiratory care: principles and practice, 4th Ed., Jones and Barlett Learning; ISBN-13: 978-0763760038.

White, G. (2014). Equipment theory for respiratory care. 5th Ed., Delmar Learning ISBN-13: 978-1439059593.

DesJardins, T. (2020). Cardiopulmonary Anatomy & Physiology, 7th Ed. Thompson Delmar Learning; ISBN – 13: 978-0840022585.

Des Jardins, T. & Burton, G. (2020). Clinical Manifestation and Assessment Of Respiratory Disease. 8th Ed., C.V. Mosby; ISBN-13: 978-0323244794

Rau, J. (2021) Respiratory Care Pharmacology, 10th Ed. C.V. Mosby, ISBN-13: 978-0323299688.

White, G. (2012). Basic clinical lab competencies for respiratory care: an integrated approach. 5th Ed. Delmar Learning; ISBN- 13: 978-1435453654.

COURSE SUBJECT & NUMBER: RT 204 and RT 204CL
COURSE NAME: Seminar and Practicum in Respiratory Care II
COURSE UNITS: 4
COURSE HOURS: 2 hours lecture and 6 hours lab per week
COURSE REQUISITES:
Prerequisites: Completion of RT 201, RT 202, RT 202CL, RT 203, and RT 203CL with a grade “C” or better.

COURSE DESCRIPTION:

Historical, contemporary, and technical issues germane to respiratory care as an allied health profession will be explored. Emphasis will be placed on issues relevant to current credentialing requirements. Preparation for post-graduate credentialing examination will be included in the course.

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. *Synthesize knowledge of pathophysiology, patient condition, laboratory and diagnostic tests, and therapeutic modalities into patients needing respiratory care.
2. Demonstrate proficiency in Advance Cardiac Life Support training.
3. *Select techniques for locating employment in the field of respiratory therapy.
4. *Collaborate with health care team members in the intensive care unit with guidance of a respiratory care clinician.
5. *Choose equipment for home care operation.
6. Relate historical and professional issues in professional credentialing.
7. *Participate in community respiratory education and screening.
8. Develop a plan of review for the CRTT and RRT examination.

* *Denotes SCANS competencies.*

COURSE CONTENT:

- Understanding the NBRC testing process
 1. CRTT examination
 2. RTT examination (simulation)

- Situational sets/clinical simulations
 1. Preparing for clinical simulation testing
 2. Responding to situations

- Advanced Cardiac Life Support training
 1. ECG recognition
 2. Protocols for selected situations
 3. Situational practice

4. Medication protocols
 5. Airway management
 6. Special considerations (stroke, acute coronary syndrome, trauma)
- Preparing for employment
1. Locating a position
 2. Application procedures, resume writing

Course Subject & Number: RT 204

Course Name: Seminar and Practicum in Respiratory Care II

3. Interviewing process
 4. Work schedules
- Pediatric Advance Cardiac Life Support training
1. Rapid physical assessment
 2. Airway management
 3. Monitoring equipment and the patient
 4. Support for patient and significant others
 5. Emergent physical states (cardiogenic, septic, or neurologic shock)
 6. Medication delivery
- Community education
1. Community resources
 2. PFT in the community setting
 3. Nicotine addiction and education
 4. Environmental hazards and education
- Clinical and community practice

TYPICAL READING, WRITING, AND COMPUTATIONAL ASSIGNMENTS

Reading Assignments: 30-50 pages in professional publications.

Writing Assignments: 5-8 page research paper on community education topic related to respiratory care; journal of experiences in the community service project.

Computational Assignments: Dosage calculations drugs weekly

Critical Thinking: Synthesis of classroom content into clinical care, including problem solving in unique specific situations in patient care.

Additional Assignments: Participation in community service project

Title 5 uses the Carnegie formula for establishing units using a 2:1 ratio as follows: 1 hr. lecture = 2 hrs. homework; 2 hrs. lecture = 4 hours homework, etc.

- *Reading:* 4-8 hours per week
- *Writing:* 2 hours per weekly to complete paper and patient care worksheets
- *Computational:* ½ hour weekly to complete dosage calculations
- *Other:* N/A

METHODS OF INSTRUCTION

Discussion, oral presentation, guest speakers, external exam simulating licensure exam, & supervised clinical practice.

METHODS OF EVALUATION

Supervised patient care with direct observation of competence by instructor or preceptor, demonstration of performance on selected procedures to determine communication skills and collaboration skills.

Multiple choice, short answer, and essay questions covering topics presented in seminar by guest speakers and instructor. Research paper to determine synthesis of information related to community education in respiratory care. Journal of community service project to determine synthesis of RT role. Preparation of employment documents.

REQUIRED TEXTS

DataARC CD-ROM

Classmate Learning Resources – Kettering

SUGGESTED TEXTS

American Heart Association: Advance Cardiac Life Support

American Heart Association: Pediatric Advance Life Support

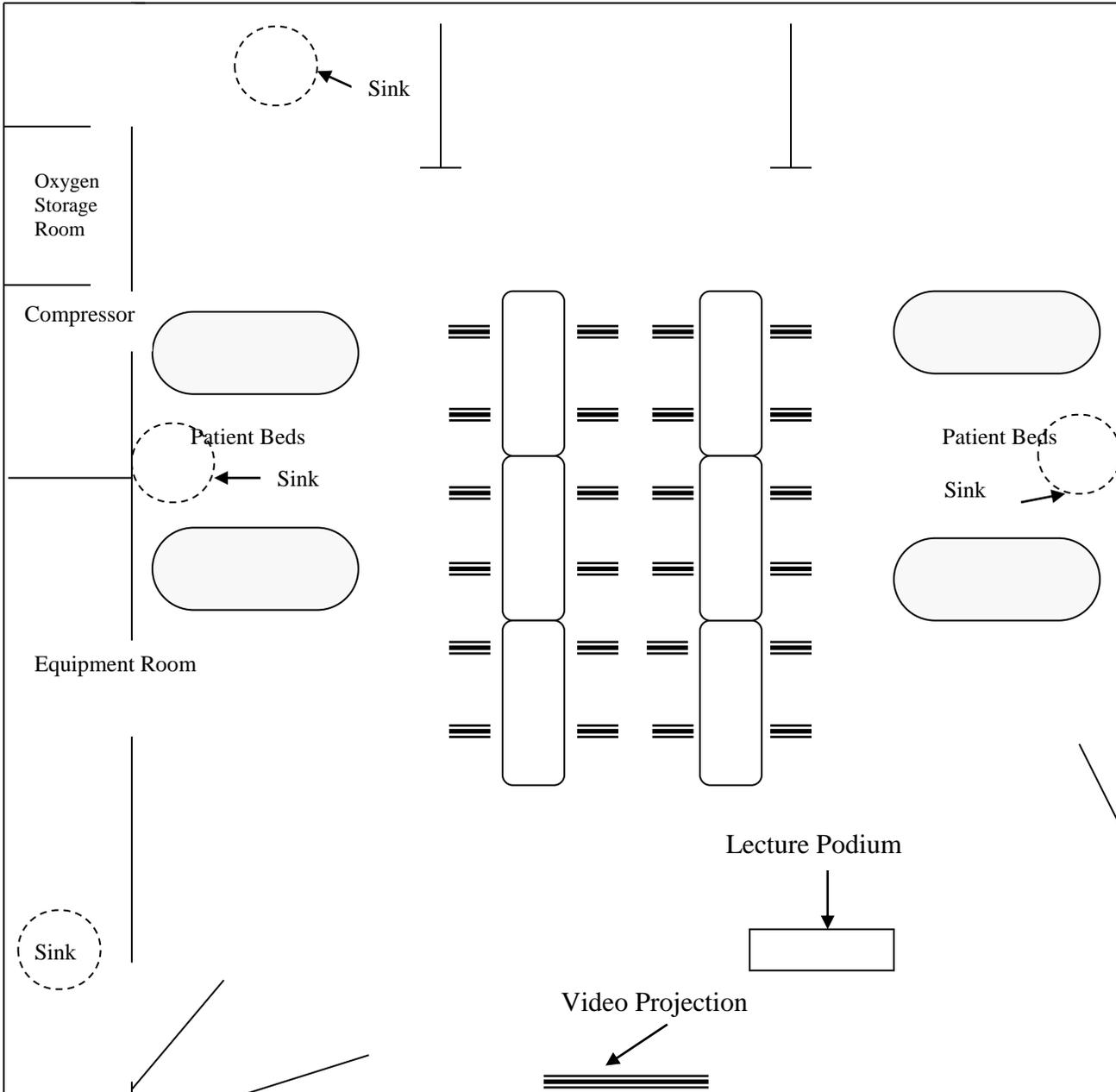
American Heart Association: Neonatal Resuscitation Program

ADDITIONAL REQUIRED COURSES

Additional **required** course's outlines and descriptions may be found in the 2021-2022 AVC Catalog.

**SECTION II
STUDENT RESOURCES**

Class Room and Lab UH 111



DESCRIPTION

UH 111 is located behind the Applied Arts building in the Health and Science building on the first floor. The space is approximately 1,200 square feet and can easily accommodate 24 students. The classroom is equipped with state of the art

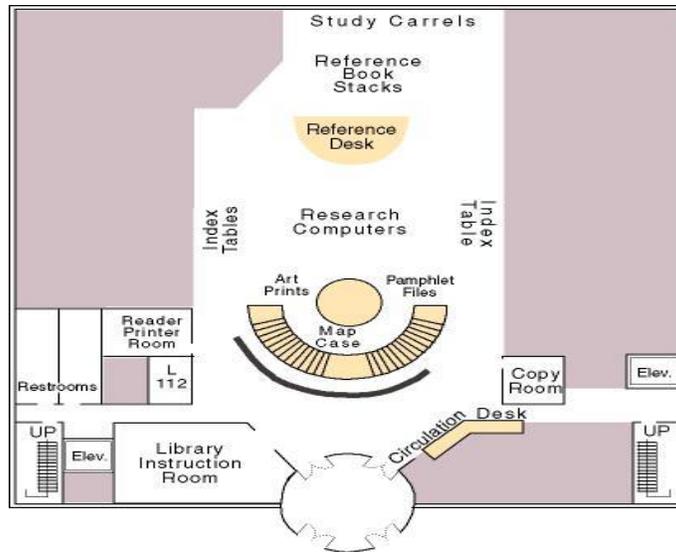
computer/DVD/video/online projection, ample equipment storage and working space. In addition, a complete patient room is set up for didactical training.

THE LEARNING CENTER

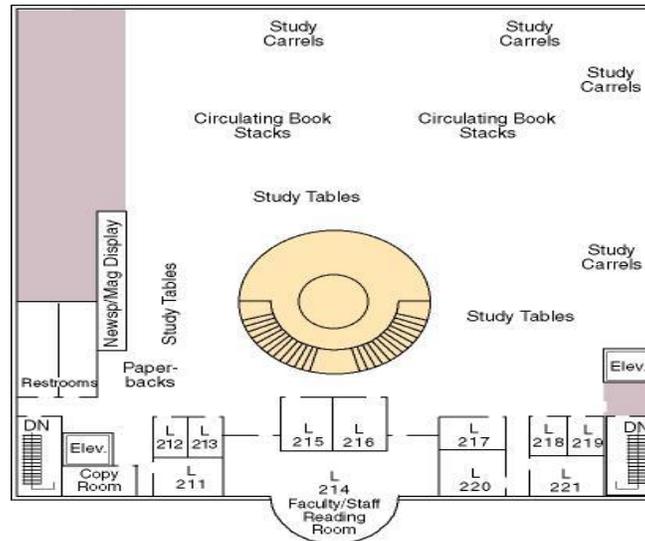
The Learning Center (LC) is located on the east side of the campus adjacent to the Business Education building. LC is a one-stop facility designed to provide easy access to multiple academic support services for students and faculty. The facility provides students computer access to the Internet, word processing, printing, media enriched language instruction, and video or computer-assisted instruction. LC is dedicated to assist in the development of academics skills necessary to be successful at Antelope Valley College. Various services offered to enrolled students include; Math Lab, Writing Center, General Tutoring Programs, Academic Skills, Reading Lab, Supplemental Instruction (historically difficult classes), DSS High Tech Center (physical disabilities), General Tutoring, and Computer/Media Check Out. Hours of operation are Monday through Thursday 8am-6pm. Telephone (661) 722-6458 or on the web at www.avc.edu

LIBRARY

First Floor



Second Floor



DESCRIPTION

The AVC library is located in the center of the campus and offers a wide variety of services including, research assistance, reserve books, public accessing catalog, electronic databases, internet access, interlibrary loans, group study rooms, and private study areas. Specific to the respiratory program; Databases available to students include medline, cinhal, clinical pharmacology, and alternative health. Paper and microfilm holdings include American Journal Of Public Health, Current Health, Health And Social Work, Journal of The American Medical Association, Journal Of Gerontology, New England Journal Of Medicine, and American Journal Of Nursing. Projected holdings to include Respiratory Care and Advance for Respiratory Care. Hours of operation Monday thru Thursday 8:30 am-8pm, Friday 8:30 am – 3pm, and Saturday 9am – 5pm. Telephone (661) 722-6533.

SECTION III PROGRAM REQUIREMENTS

Students will be required to have an examination by a licensed physician or certified nurse practitioner, once an acceptance letter is received. The examination must show that the student is free from communicable disease and does not have a physical and/or mental illness that may endanger the health or safety of a patient.

Impairment by controlled substances or alcohol or clinical experiences violates college policy and compromises physical and emotional patient safety. Therefore, impairment by substance abuse or alcohol that affects class or clinical performance is reason for dismissal from the Respiratory Care program.

Students with disabilities who anticipate that they may need reasonable accommodation to participate in the respiratory Care program, should contact the Disable Student Services (DSS). The faculty and dean/director will work closely with the DSS to determine if reasonable accommodations are required to perform essential job functions and identify effective accommodations that would not pose undue hardship.

The following immunizations are required: Measles, mumps, rubella, chicken pox, tetanus (with booster), and hepatitis B. These are required by health care facilities in which the student will be participating as a student respiratory therapist. Antelope Valley College does not provide immunizations.

Once admitted, if a student is unable to participate in the Respiratory Care program due to illness, the student must obtain a written statement from a primary health care provider stating that the student is in good health and is able to resume his/her participation without compromising the physical or emotional safety of any patient.

Students must have a valid California driver's license and/or be eligible to drive, as transportation to and from clinical sites is the student's responsibility. Antelope Valley College is not responsible for transportation to the campus or clinical site.

The State of California, Respiratory Care Board may deny licensure to individuals who have been convicted of a felony. An individual seeking enrollment who has a felony conviction should contact the Respiratory Care Board to ascertain their status prior to seeking enrollment. The Respiratory Care Board may be contacted by writing, calling or email:

Respiratory Care Board, State of California
444 N. 3rd Street, Suite 270
Sacramento, California 95814
Telephone: 916-323-9983
886-375-0386

E-mail: rcbinfo@doc.ca.gov

Technical Standards for Respiratory Care Program entry include:

- Enrollment in Antelope Valley Community College (apply on line at www.avc.edu).
- Completion of course prerequisites for RCP 101 with a minimum GPA of 2.0.
- Completion of verification of prerequisites form (available in the Health and Safety Sciences division office, UH 198) with submission of education plan and official college transcripts
- Completion of physical requirements including:
 1. Freedom of communicable disease evidenced by immunization status.
 2. Health history and physical examination that address the emotional and physical demands that include:
 - a. The ability to exhibit written and verbal communication skills, use hands to finger, handle or feel objects, tools or controls, reach with hands and arms, and talk or hear and smell.
 - b. Walk, stoop, kneel, crouch, and crawl and occasionally to sit and climb or balance, push, pull or bend.
 - c. Lift and/or move up to 30 pounds, perform direct patient care activities, transferring, bathing, ambulating, and feeding procedures.
 - d. Manipulate various sizes of equipment and supplies; perform CPR and charting activities.
 - e. Use close vision, distance vision, color vision, peripheral vision, and depth perception and adjust focus.
- Completion of a drug of abuse screen.
- Completion of a criminal background screen.

Note: The Respiratory Care Board of California requires applicants for licensure to submit fingerprints for criminal background check and driver history. The Board may deny licensure for reasons specified in the Business and Professions Code, sections 480 and sections 3733 through 3763. Completion of an educational program in respiratory care does NOT guarantee that a license will be granted by the board.

Students are responsible for purchasing textbooks, uniforms, stethoscopes, course syllabi, and health services. Students must provide their own transportation to and from the campus and clinical sites. A current expense sheet is mailed to the students with the acceptance letter.

ESTIMATED TOTAL PROGRAM/Student Expenses

ANTELOPE VALLEY COLLEGE RESPIRATORY CARE PROGRAM COST SHEET Fall 2021

IMPORTANT

Purchase the textbooks for the course(s) you are enrolled in during that term semester. Textbook titles, editions and pricing are subject to change without notice (for the most current edition information visit the Marauder Bookstore website). All students are expected to purchase the most current textbooks, which are available from the Marauder (AVC) Bookstore.

RCP 101

Author and Title

<u>Publisher</u>	<u>Edition</u>	<u>Year</u>	<u>Cost</u>
Des Jardins, T. <u>Cardiopulmonary Anatomy and Physiology</u> ISBN-13: 978-0840022585	Delmar	77 th 2020	\$112.00
MacIntyre, N. and Hess, D. <u>Respiratory Care: Principles and Practice</u> ISBN-13: 978-1284050004	Jones & Bartlett	4 rd 2021	\$110.00
White, G. <u>Basic Clinical Lab Competencies</u> ISBN-13: 978-1435453654	Delmar	5 th 2013	\$134.00

White, G.
Equipment Theory for Respiratory Care ISBN-13: 978-1439059593 Delmar 5th 2015 \$169.00

RCP 102

MacIntyre, N. and Hess, D.
Respiratory Care: Principles and Practice Jones & Bartlett 4th 2021 →

White, G.
Basic Clinical Lab Competencies Delmar 5th 2013 →

RCP 103

DataArc, LLC.
Respiratory Care Student License (CD) - - - \$80.00

Des Jardins, T.
Cardiopulmonary Anatomy and Physiology Delmar 7th 2020 →

Des Jardins, T. and Burton, G.
Clinical Manifestations and Assessment of Respiratory Disease Elsevier 8th 2020 \$87.00
 ISBN-13: 978-0323244794

MacIntyre, N. and Hess, D.
Respiratory Care: Principles and Practice Jones & Bartlett 4th 2016 →

White, G.
Basic Clinical Lab Competencies

White, G.
Equipment Theory for Respiratory Care Delmar 5th 2013 →

RCP 104

Rau, J. Delmar 10th 2020 \$95.94
Respiratory Care Pharmacology ISBN-13: 978-0323299688

RCP 105

Chang, D.W. Elsevier
Clinical Application of Mechanical Ventilation ISBN-13: 978-1111539580 4th ed 179.95

Des Jardins, T. <u>Cardiopulmonary Anatomy and Physiology</u>	Delmar	6 ^h		
Des Jardins, T. and Burton, G. <u>Clinical Manifestations and Assessment of Respiratory Disease</u>	Delmar	8 th	2020	→
MacIntyre, N. and Hess, D. <u>Respiratory Care: Principles and Practice</u>	Elsevier	4 th	2020	→

RCP 201

Eberle, P., Trujillo,L., and Whitaker, K. <u>Comprehensive Perinatal and Pediatric Respiratory Care</u> ISBN-13: 978-1439059432	Cengage	4 th	2015	\$191.00
---	---------	-----------------	------	----------

RCP 202

All required textbooks have been previously listed.

RCP 203

Heuer, A. & Scanlan, C.. <u>Comprehensive Respiratory Therapy Exam Preparation Guide</u> ISBN-13: 978-1284029031	Jones & Bartlett	4 th	2021	→
--	------------------	-----------------	------	---

RCP 204

All required textbooks have been listed in previous RCP courses.

Lab Fees for exit examinations and computer simulation
\$185.00

APPROXIMATE COST OF BOOKS \$1344

MISCELLANEOUS ITEMS

Associated Student Organization Sticker – \$10.00 per semester	\$40.00
Background screening	\$55.00
California RCP licensing fees	\$300.00
Cap and Gown for graduation	\$50.00
DMV H-6 history	\$5
Ethics course (More information provided by instructor)	\$45
Fingerprinting	\$30.00
Material Fee (exit exam for RCP 204)	\$185
NBRC exam X 2 (TMC 190, CSE 200)	\$390
Parking fee – \$20.00 per semester	\$95.00
Photo Identification badges (two) – instructions will be given during the first week of school	\$10
Pulse oxymeter (hand-held)*	\$80.00
Scissors*	\$15.00
Stethoscope	\$80
Student Health Fee (\$19.00 per fall/spring semesters and \$16.00 per summer terms)	\$92
Uniform (one set)	\$100.00

Watch with second hand
\$20.00

White hose or socks
\$10

White leather shoes (closed toe and heel)
\$30.00

AVC Parking Pass (\$20 per Fall/Spring 7.50 summer)
\$87.50

TOTAL APPROXIMATE COST OF PROGRAM (With out books and enrollment fees) \$1719.5

(Based on four semesters of program; does not include enrollment fees, assessment testing, transportation, board and room, or physical examination costs) Current enrollment fee is \$46 per unit Residents and for no residents 265.

* This item is not required but highly recommended **

SECTION IV ACADEMIC POLICIES/PROCEDURES

Open Enrollment of Classes

Antelope Valley College maintains that all courses are open to any person who has been admitted to the college and who meets the course prerequisites. The governing board of the District has adopted a resolution

to this effect, as follows: “Be it resolved, that the policy of this District is that, unless specifically exempted

by statute or regulation, every course, course section, or class, reported for state-aid, wherever offered and maintained by the District, shall be fully open to enrollment and participation by any person who has been admitted to the college and who meets such prerequisites as may be established pursuant to regulations contained in Article 2.5 (commencing with Section 55200) of Subchapter 1 of Chapter 6 of Division 6 of Title 5 of the California Code of Regulations.” Title 5 of the California Code of Regulations is available at <http://ccr.oal.ca.gov> and in the AVC Library.

Grading Policy

(Title 5, Section 55758)

Each course provides for measurement of student performance in terms of the stated course objectives and culminates in a formal, permanently recorded grade. The grade is based on demonstrated proficiency in subject matter and the ability to demonstrate that proficiency, at least in part, by means of essays, or, in courses where the curriculum committee deems them to be appropriate, by problem-solving exercises or skills demonstrations by students. Title 5 of the California Code of Regulations is available at <http://ccr.oal.ca.gov> and in the AVC Library.

ca.gov and in the AVC Library.

Grading System

(Title 5, Section 55021 and 55023)

Final grades are issued at the end of each semester and are available on the Web at www.avc.edu. Their significance is as follows: “A,” Excellent; “B,” Good; “C,” Satisfactory; “D,” Passing, less than satisfactory; “F,” Failing; “I,” Incomplete; “W,” Withdrawal; “P,” Pass; “NP,” No Pass; “RD,” Report Delayed; “MW,” Military Withdrawal; and “EW,” Excused Withdrawal. Title 5 of the California Code of Regulations is available at <http://ccr.oal.ca.gov> and in the AVC Library.

Grade Points

A system of grade points is used to determine a student’s standing for graduation or transfer. Grade points are assigned to the respective grades as follows: for each unit of credit, the scholarship grade of “A” is assigned 4 points; “B,” 3 points; “C,” 2 points; “D,” 1 point; “F,” “W” and “I,” no points. A student’s work is considered satisfactory when he/she maintains an average of “C” or 2.0 grade point average (GPA) or higher. According to Title 5, Section 55023, a satisfactory grade is a grade of “A,” “B,” “C” or “P”. **Withdrawal Grades**

(Title 5, Section 55024) Students who withdraw from class before ten percent (or second week, whichever is less) for full term courses, of the semester receive no notation on their academic record. After such time a record of all classes will be entered on the permanent record for all students. A notation of “W” will be made indicating a withdrawal from a specific course. A student may withdraw from full-term length classes up to the 12th week of the semester. The academic record of a student who remains in class beyond the 12th week must reflect a grade of “A,” “B,” “C,” “D,” “F” “P,” “NP,” or “I” (incomplete). A student who completes a course by taking a final exam or turning in a final paper or project is not eligible for a late withdrawal under any circumstance.

Incomplete Grades

I (Incomplete) is a temporary grade status given to a student who has participated in the course and is in satisfactory academic standing but unable to complete academic work for unforeseeable, emergency, and justifiable reasons. Incompletes may only be issued after the twelfth (12) week of a regular semester class or after 75% of a short-term or summer or intersession class. An Incomplete Contract must be completed and the terms and conditions agreed upon by both the student and faculty. The condition for removal of the “I” and the grade to be assigned in lieu of its removal shall be stated by the instructor in the contract which will be held on file in the Admissions Office. The agreed upon terms and conditions must be satisfied no later than one year following the end of the academic term in which the “I” was assigned.

Credit/No Credit Option

Students attending AVC have the option, up to the end of the fifth week of classes, of taking classes for a grade of Credit/No Credit in lieu of a grade of “A,” “B,” “C,” “D” or “F.” Students exercising the Credit/No

Credit option must fulfill all course requirements. Classes in which this option is available are indicated with

an asterisk (*) before the title of the course in the class schedule and catalog. The following policies govern Credit/No Credit courses at AVC:

- A maximum of 12 Credit/No Credit units may be applied toward fulfillment of requirements for the A.A. or A.S. degree.
- A maximum of 6 Credit/No Credit units may be applied toward requirements for a certificate.
- A maximum of 6 units per semester may be taken for Credit/No Credit.
- A grade of “A,” “B” or “C” earned for a class will be posted to the transcript as a grade of “Credit.” A grade of “D” or “F” will be posted as a grade of “No Credit.” The unit value of the class will be listed on the transcript, but grade points will not be posted to the record or counted in computing the GPA.

Students are cautioned that other colleges and universities may restrict the acceptance of courses taken on a Credit/No Credit basis, especially for satisfaction of general education and major requirements. Students planning to transfer should check college catalogs for applicable policies. The Credit/No Credit option is elected by the student per the deadline specified in the schedule of classes and cannot be reversed.

Audit Policy

Education Code 76370 permits community colleges to allow individuals to audit courses, that is, to sit in without participating in class activities or being required to take exams. The intent is to provide individuals with opportunities to explore areas of interest without being subject to the demands of class activities or

evaluation and grading. An additional intent is that faculty will not have additional work required because of the presence of individuals auditing courses. In accordance with Education Code 76370, students at Antelope Valley College and community members will be permitted to audit courses only if the admission of auditors will not result in credit students being denied access to a course. However, auditing may not be appropriate for all sections of a course or for all courses even if class seats are available. Audit petition forms are available from Admissions and Records in the Student Services Building. The forms will not be accepted until after the first week of classes; instructor approval and payment of fees to the cashier is required prior to attending classes.

Fees

A fee of \$15 per unit will be charged with the exception that students enrolled in ten or more units of credit classes at AVC will not be charged to audit 3 or fewer units. These students will be charged to audit more than 3 units at the \$15 per unit rate. NOTE: The per unit enrollment fee may change without notice, subject to mandates issued by the State of California.

Responsibilities

Students and other individuals will be invited to participate in class activities at the discretion of the instructor; however, the instructor is not required to evaluate in any way class activities and projects. Auditors may not take quizzes and examinations and will not receive a grade. An individual auditing a course will not be permitted to change his or her audit status to a credit status. An individual enrolled in a class for credit will not be permitted to change his or her credit status to an audit status. Individuals who are auditing a course and are not enrolled in any courses as credit students will not be entitled to any of the services or privileges provided to currently enrolled students. State Education Code is available at <http://ccr.oal.ca.gov> and in the AVC Library.

Dean's and President's Lists

Antelope Valley College publishes a Dean's List and President's List each fall and spring semester to recognize those of its students who excel academically. Students who earn between a 3.5 and 3.74 grade point average (GPA) are recognized on the Dean's List; those earning between a 3.75 and 4.0 GPA are recognized on the President's List. To be eligible for either list, students must complete at least 12 units in a given semester. Courses taken on a pass/no pass basis will not be used in computing GPA.

Graduation with College Honors

There are three levels of graduation with honors based solely on the student's graduating grade point average. 3.25-3.49 cum laude (honors) 3.50-3.74 magna cum laude (high honors) 3.75-4.00 summa cum laude (highest honors) Students who earn this honor may purchase a gold tassel.

Honors Transfer Alliance Program (TAP)

The Honors Transfer Alliance Program (TAP) offers a series of specially designed classes and contract options for motivated, academically outstanding students. The program stresses writing, research and critical thinking skills. There are two types of Honors Courses: Honors classes and Honors options. Honors classes are only available to Honor students and have a small class size. Honors options allow Honor students to do research in more depth and breadth within a regular course. Several core courses,

designed to meet transfer requirements, are offered over a two-year schedule with a number of Honors classes and Honors contracts offered each semester. Students who complete at least six Honors classes/ contracts (three must be classes) and other program requirements are recognized as graduates of the Honors TAP graduates program during the annual Honors Convocation. Students who graduate from the Honors Transfer Alliance Program may receive priority consideration for admission to different UCs and CSUs such as the University of California at Los Angeles (UCLA), University of California at Irvine (UCI) and California State University, Fullerton. Additionally, Honor students who complete a minimum of six Honors courses (three must be Honors classes), and earn an Associate Degree (AS-T, AA-T, AA, or AS) with a 3.25 GPA or higher get “Honors Scholar” designated on their transcripts. Eligibility and enrollment into the Honors TAP program include: 1. Completed application returned to the Honors Coordinator. 2. Attached transcript(s) as follows: Post-High School Eligibility Un-weighted Cumulative (Grades 10-12) 3.5 GPA SAT score recommended AVC Grades Eligibility 3.25 in 12 or more academic units. 3. Establish eligibility for ENGL 101 and MATH 102. 4. Secure approval from the Honors Coordinator.

Repeating a Course

If a student receives a substandard grade (“D,” “F” or “NC”) in a course, he/she may repeat the course once. Only the higher grade will be used in computing the grade point average; however, the lower of the two grades will be coded on the transcript and by law must remain legible. **Students are expected to complete the Respiratory Care**

Program in 5 semesters after the initial admission. Students may re-enroll in the respiratory care program once. A student will not be allowed to re-enroll after two unsuccessful completions or withdrawals from any respiratory care course.

Effective spring 2017, re-enrollment to the respiratory care program will only be available to returning students who have been out of the program three years (36 months) or less. Re-enrollment is based on space available and or capacity for the cohort being admitted to for completion.

Should a student transfer to another college, Antelope Valley College cannot guarantee the higher grade will be used in computing the grade point average. Repetition of courses for which substandard work has not been recorded (grades “A,” “B,” “C” or “CR”) may be permitted only upon petition by the student and with the written permission of the Dean/Director of Counseling and Admissions and Records. Grades awarded for courses repeated under the provisions of this section shall not be counted in calculating a student’s GPA. Special circumstances under which a student may be allowed to repeat a course in which he/she has received a grade of “A,” “B,” “C” or “CR” are as follows: 1. A period of time has elapsed since the last time the student completed the class, and the student can justify the need to repeat the class as a “refresher course” prior to advancing on to the next higher level of course work. 2. The student needs to repeat the class as a “refresher class” because comprehension of the course material is directly related to success on the job. 3. Other special circumstances as deemed appropriate by the Dean/Director of Counseling and Admissions and Records.

Repeatable Courses

Certain specified courses may be repeated if they meet the following criteria set forth in Title 5, Section 58161(c) and have been reviewed and approved by the AP&P

Committee. “Each identified course is one in which the course content differs each time it is offered, and...the student who repeats it is gaining an expanded educational experience.” In addition, each repeatable course must prove one of the following justifications: 1. Skills or proficiencies are enhanced by supervised repetition and practice in class; or 2. Active participatory experience in individual study or group assignments is the basic means by which learning objectives are obtained; or 3. “Instances when such repetition is necessary for a student to meet legally **mandated training** requirements as a condition of continued paid or volunteer employment...Such courses may be repeated for credit any number of times, regardless of whether or not substandard work was previously recorded, and the grade received each time shall be included for purposes of calculating the student’s grade point average.” As stated in Title 5, Section 55763(c). These repeatable courses are identified in the catalog and schedule by the symbol **(R)** and a number which represents the total number of times the course can be repeated, e.g. **(R3)** means the course may be taken for a total of four times. Students who complete a course for the maximum number of times should request to audit the course for any additional participation in that course.

Academic Renewal

A student may petition through the Dean/Director of Counseling and Admissions and Records to have up to 30 semester units of course work taken at Antelope Valley College eliminated from the computation of Antelope Valley College total grade point average. The approval or disapproval of the petition will take place administratively pursuant to rules stated herein and those approved by the Governing Board. A student may petition for academic renewal only once, and all units up to 30 must have been taken in consecutive semesters of attendance excluding summer sessions. Only “D” and “F” grades may be eliminated from the computation of the GPA under the Academic Renewal Policy. The student seeking academic renewal must present evidence that the previously recorded work was substandard academic performance and is not reflective of more recently demonstrated academic ability. Evidence of recent academic ability will be determined by one of the following: • 12 semester units with at least a 3.0 GPA • 18 semester units with at least a 2.5 GPA • 24 semester units with at least a 2.0 GPA Work taken in the last semester being petitioned must have been completed at least 24 months prior to the date the academic renewal petition is submitted by the student.

Classroom Decorum

It is not always clear to students what is expected of them when they enter the college classroom. Even though most instructors advise their students the first day of class about the importance of maintaining certain courtesies in the classroom, in order for teaching and learning to take place, students may still have some questions. The following list of “what to do” and “what not to do” may serve as a guide for students and enable them to establish a positive relationship with their professors and to help them become successful students.

DO

1. Come to class on time.
2. Attend class consistently.

3. Complete assignments prior to class.
4. Come prepared to participate in class discussion and activities.
5. Enter the classroom quietly when unavoidably late to class.
6. Notify your professor in advance of an absence when possible or when you are unable to stay for the full class period.

DO NOT

1. Bring children or food to class.
2. Whisper and chat with other students during class.
3. Read or work on other subjects during class time.
4. Noisily enter or leave a class that is in progress.
5. Use curse words in the classroom.
6. Ask if you missed anything important after returning to class from a previous absence.
7. Disrupt the class with distraction or crude behavior.

Attendance Policy

Regular attendance and consistent study are the two factors which contribute most to success in college work. A college student is expected to attend all sessions of the classes in which he/she is enrolled. Failure to attend class can result in a drop or dismissal from class. If a student’s absences in a specific class exceed the number of hours listed on the attendance contract, the student cannot pass the class.

RCP Program Attendance Policy is as follows:

Your enrollment in the RCP Program constitutes a contractual agreement between yourself and Antelope Valley College and its faculty for this course. Your obligation is to attend class and meet the objectives of the course. Antelope Valley College’s and the faculty’s obligation is to provide and atmosphere that facilitates learning and opportunities to assist you in successful completion of this course.

Attendance and punctuality are requirements in demonstrating satisfactory performance in meeting the course objectives, as well as vital components of professional behavior and accountability. In addition, participation in clinical hours is required in order for faculty to evaluate satisfactory completion of the clinical objectives. A student’s failure to participate in the minimum number of clinical hours will result in that student’s dismissal from this course. Each clinical tardy will constitute a minimum absence of one hour.

The maximum number of clinical hours that may be missed will vary from course to course based upon the number of hours in each course. These hours are determined as follows:

Respiratory Care 101/101CL	8	hours
Respiratory Care 102	6	hours
Respiratory Care 103/103CL	12	hours
Respiratory Care 104	6	hours
Respiratory Care 105/105CL	16	hours
Respiratory Care 201	6	hours
Respiratory Care 202/202CL	12	hours

Respiratory Care 203/203CL	12	hours
Respiratory Care 204/204CL	24	hours

Attendance Information

First Day of Classes Drop Policy

The first-class session of each course is the time that instructors may distribute syllabi, discuss course requirements, and explain what is expected in terms of the attendance and grading policies. Therefore,

it is especially important that students attend the first-class session of each course.

Students may be dropped if they do not attend the first session regardless of the reason for non-attendance. Students should notify instructors by telephone, e-mail, or memo to request an exception to policy.

Adding Classes

Students may enroll in open classes, without instructor approval, through the end of open registration. Once open registration closes, and before the census day (late registration period), students may only add classes with an add slip that is signed by the instructor provided students meet prerequisite requirements, which are checked at time of registration. Students may register for classes which begin after regular session starts by Web until the first class meeting. At the end of open registration when a course is closed, it will remain closed regardless of drop activity, and only the instructor or dean may approve student enrollment into a closed class. The signature of a dean or vice president is required to add a semester length course after the census date. Only under extenuating circumstances will a dean or vice president add students to classes on or after the census date. Add slips submitted on or after census date require both the instructor's and dean's written approval/signature.

Dropping Classes

Following registration, students may withdraw from any course by using the Web registration system. However, non-attendance does not release the student from his/her responsibility to drop. Failure to drop will result in a failing grade. **Inactively enrolled students must be dropped before the census day in accordance with Title 5, Section 58004, and Subsection 3(c).** "Districts shall clear the rolls of inactive enrollment.

Inactive enrollment in a course is defined as follows: As of each census day, any student who

has: (1) been identified as a "no show," or (2) officially withdrawn from the course, or (3) been dropped from the course. A **no show** student is defined as: An enrolled student who has not attended one or more courses at any time. "A student shall be dropped if no longer participating in the course, except if there are extenuating circumstances.

Extenuating circumstances: are verified cases of accidents, illness, other circumstances beyond the control of the student, and other conditions defined by the governing board and published in regulations. The drop date shall be the end of business on the day immediately

proceeding the census day." If a student's absences in a specific class exceed the number of hours the class

meets per week, the student may be prohibited from further attendance in the class and may be dropped by the instructor.

Withdrawal From a Class

(Title 5, Section 55024) A student planning to withdraw from one or more courses must follow the prescribed class withdrawal date procedure. The prescribed withdrawal dates for each class is published in the schedule of classes. Failure to do so will result in the student's being awarded grades by the instructor for each class in which the student registered. Students will be permitted to withdraw and receive a "W" in a class on no more than three occasions. After two enrollments students will be required to submit an Extenuating Circumstances petition for consideration of the third and final enrollment at Antelope Valley College. An enrollment occurs when a student receives an evaluative or nonevaluative symbol on their academic record. A student planning to withdraw from all classes and leave school must also pay all loans, fines, fees and resolve any other outstanding obligations. Antelope Valley College will not provide student transcripts under the State Education Code, Section 76225, "... Student privileges, diploma or transcripts may be withheld until the student pays a proper financial obligation due the District." State Education Code is available at <http://ccr.oal.ca.gov> and in the AVC Library. Students may withdraw from a class by using the Web or in person. Students should refer to www.avc.edu and click the look-up classes link. Select the appropriate subject and click the specific CRN for withdrawal deadlines and other critical dates.

Academic Probation and Dismissal

Placement on Probation:

1. A student who has attempted at least 12 semester units of AVC credit shall be placed on academic probation when the earned GPA in all units attempted at AVC is less than 2.0.
2. A student who has enrolled in at least 12 semester units of AVC credit shall be placed on progress probation when the percentage of all units in which a student has enrolled and for which entries of “W,” “I” and “NC” are recorded reaches or exceeds 50 percent.

A student who has been placed on probation shall be notified by mail of the probationary status. A hold will be placed on the student which will prevent the student from registering. The student is required to attend a probation workshop to have the hold removed. Students can sign up to attend a workshop through the Counseling Department in person or by calling 722-6338.

Removal from Probation:

1. A student on academic probation because a 2.0 GPA has not been maintained shall be removed from probation when a cumulative GPA of 2.0 or better is attained.
2. A student on progress probation for excessive “W,” “I” and “NC” grades shall be removed from probation when the percentage of all units in which the student has enrolled and for which entries of “W,” “I” and “NC” were recorded drops below 50 percent.

Dismissal:

At the end of each semester, students on probation shall be dismissed when one of the following conditions applies:

1. The earned grade point average in all units attempted at Antelope Valley College is less than 2.0 in each of three consecutive semesters.
2. The number of units for which “W,” “I” and “NC” grades have been assigned has warranted probationary status for three consecutive semesters.
3. A combination of (1) and (2) above occurs for three consecutive semesters. Students shall be notified by mail of their dismissal from the college and shall be urged to confer with a counselor within one week of receipt of such notification. Circumstances that shall warrant exception to the standards for dismissal include error, illness and unusual circumstances.

A student desiring to have his/her case reviewed for exception shall file an appeal. Nonacademic reasons for dismissal from class or from the college include excessive absences, unsatisfactory classroom conduct, poor citizenship, or deliberate or willful falsification of information on any document supplied the college. Grades in all classes carried at the time of dismissal will be awarded according to the grading policy. A student who is dismissed for other than academic reasons is not eligible for readmission for the duration of the semester. Students dismissed for nonacademic reasons may be dismissed for one to four semesters.

Attention Veterans: For students who are eligible to receive educational benefits from the Veterans Administration, if the earned grade point average in all units attempted at AVC is less than 2.0 in each of three consecutive semesters, the college will not certify the student's enrollment to the Veterans Administration for payment of benefits until the student's earned grade point average is 2.0 or better.

Reinstatement:

A student who has been dismissed from AVC may appeal the dismissal by filing an Appeal for Readmission. If the appeal is denied, the student may not enroll at AVC until at least one semester has elapsed and a new Appeal for Readmission has been submitted and approved. Readmitted students shall be required to meet with a counselor and sign a contract prior to registration and during each semester until such time as they are removed from probationary status.

Student Discipline

These policies and procedures are reprinted from the AVC Board Policies, Section 6030-6033.8

General Provisions

.1 The Board of Trustees of the Antelope Valley Community College District expects students to conduct themselves in a manner consistent with the educational purposes of the college. Student conduct must reflect the standards of behavior as defined in pursuant sections

(Education Code Section 76037). Student conduct should reflect consideration for the rights of others and students are expected to cooperate with all members of the college community.

.2 Students shall also respect federal and state laws, board regulations, college regulations and applicable provisions of civil law.

.3 College personnel are responsible for communicating appropriate student conduct and for reporting violations thereof. The Vice President of Student Services or designee has the right to administer suitable and proper corrective measures for misconduct.

.4 Nothing in this article shall be construed to limit the authority of the Board of Trustees to adopt additional rules and regulations as long as they are not inconsistent with the requirements of this article. These additional rules may, among other things, prescribe specific rules and regulations governing student behavior, along with applicable penalties for violations of the adopted rules and regulations, and may clarify appropriate due process procedures, including procedure by which students shall be informed of these rules and regulations. (CA Ed. Code 76037)

.5 A student may be removed, suspended, or expelled only for conduct associated with college activities or college attendance. Students may be disciplined for harassment, threats, or intimidation, unless constitutionally protected. Violation of any law, ordinance, regulation or rule pertaining to the parking of vehicles shall not be cause for suspension or expulsion of a student from the college. (CA Ed. Code 76034, 66301 (d), and AVCCD Policy 6031)

.6 A student may be suspended by the Board of Trustees, the College President, or Vice President of Student Services for good cause, or when the presence of the student causes a continuing danger to the physical safety of the student or others. The Board of Trustees may exclude students of filthy or vicious habits, or students suffering from contagious or infectious diseases, or any student whose physical or mental disability is such as to cause

his or her attendance to be inimical to the welfare of other students. (CA Ed. Code Sections 76020 and 76030)

.7 Good Cause

“Good Cause” may be established by using appropriate investigation standards, such as:

- a) Interview of witnesses.
- b) Review of a Campus Security Report(s), if applicable.
- c) Review of written statements, if applicable.
- d) Review of pertinent documents, if applicable.
- e) Review of any other evidence, if applicable.

Guidelines for Student Conduct

(Please refer to the AVC website for policy updates.) These policies and procedures are reprinted from the AVC Board Policies Section 5500, Board Approved 04/28/16. Section 1 - General Provisions .1 The Board of Trustees of the Antelope Valley Community College District expects students to conduct themselves in a manner consistent with the educational purposes of the college. Student conduct must reflect the standards of behavior as defined in pursuant sections (Education Code Section 76030 - 76037). Student conduct should reflect consideration for the rights of others and students are expected to cooperate with all members of the college community. .2 Students shall also respect federal and state laws, board regulations, college regulations, and applicable provisions of civil law. .3 College personnel are responsible for communicating appropriate student conduct and for reporting violations thereof. The vice president of student services or designee has the right to administer suitable and proper corrective measures for misconduct. .4 Nothing in this article shall be construed to limit the authority of the board of trustees to adopt additional rules and regulations as long as they are not inconsistent with the requirements of this article. These additional rules may, among other things, prescribe specific rules and regulations governing student behavior, along with applicable penalties for violations of the adopted rules and regulations, and may clarify appropriate due process procedures, including procedure by which students shall be informed of these rules and regulations. (CA Ed. Code 76037) .5 A student may be removed, suspended, or expelled only for conduct associated with college activities or college attendance. Students may be disciplined for harassment, threats, or intimidation, unless constitutionally protected. Violation of any law, ordinance, regulation or rule pertaining to the parking of vehicles shall not be cause for suspension or expulsion of a student from the college. (CA Ed. Code 76034, 66301 (d) .6 A student may be suspended by the board of trustees, the college president, or vice president of student services for good cause, or when the presence of the student causes a continuing danger to the physical safety of the student or others. The board of trustees may exclude students of filthy or vicious habits, or students suffering from contagious or infectious diseases, or any student whose physical or mental disability is such as to cause his or her attendance to be inimical to the welfare of other students. (CA Ed. Code Sections 76020 and 76030) .7 “Good Cause” may be established by using appropriate investigation standards, such as: a) Interview of witnesses. b) Review of a Campus Security Report(s), if applicable. c) Review of written statements, if applicable. d) Review of pertinent documents, if applicable. e) Review of any other evidence, if applicable. Section 2 - Guidelines for

Student Conduct Good cause includes, but is not limited to, the following offenses: .1

Academic Violations

a) Violation of the Academic Honesty Policy: Dishonesty, including but not limited to, cheating, or plagiarism. Plagiarism – from the Latin word for “kidnap” – involves using another’s work without giving proper credit, whether done accidentally or on purpose. This includes not only words and ideas, but also graphs, artwork, music, maps, statistics, diagrams, scientific data, software, films, videos and the like. Plagiarism is plagiarism whether the material is from published or unpublished sources. It does not matter whether ideas are stolen, bought, downloaded from the Internet, or written for the student by someone else – it is still plagiarism. Even if only bits and pieces of other sources are used, or outside sources reworded, they must still be cited. To avoid problems, students should cite any source(s) and check with the instructor before submitting an assignment or project. Students are always responsible for any plagiarism in their work. An instructor who determines that a student has cheated or plagiarized has the right to give an “F” grade, or numerical equivalent, for the assignment or examination. Antelope Valley College reserves the right to utilize electronic means to investigate possible academic violations. Enrollment in any class implies student agreement and consent that all assignments are subject to submission for textual similarity review to an electronic database. (Board Approved 6/21/04)

b) Violation of class assignments, examination rules, e.g., communicating or transferring information to another student, using any materials such as books, notes, etc., other than those expressly allowed for the exam, looking at another student’s exam, etc.

c) Unauthorized preparation, giving, selling, transfer, distribution, or publication, for any commercial purpose, of any contemporaneous recording of an academic presentation in a classroom or equivalent site of instruction, including but not limited to, handwritten or typewritten class notes, except as permitted by any college policy or administrative procedure. .2

General College Violations

a) Forgery, alteration, or misuse of college documents, records, identification, or knowingly furnishing false information to the college. Abuse of and/or tampering with the registration process.

b) Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other college activities, including, but not limited to, its community service functions, or of other authorized activities on college premises.

c) Engaging in expression which is obscene, libelous or slanderous, or which so incites students as to create a clear and present danger of the commission of unlawful acts on college premises, or the violation of lawful college administrative procedures, or the substantial disruption or the orderly operation of the college.

d) Unauthorized entry into or use of college supplies, equipment, and or facilities.

e) Violation of college policies or of campus regulations including, but not limited to, campus regulations concerning student organizations, the use of college facilities, or the time, place, and manner of public expression, library procedures, college bills, debts, and parking.

f) Theft of, or damage to, property of the college, or of a member of the college community, or campus visitor, or knowingly receiving stolen college or private property on campus.

g) Use of personal portable sound amplification equipment and other electronic devices (radios, cell telephones, pagers, and tape players, etc.) in a manner that disturbs the privacy of other individuals and/or the programs of the college. .3

Computer Usage Violations

Theft or abuse of computer resources, including, but not limited to:

a) Unauthorized access to a file, database, or computer to use, read, or change the contents, or for any other purpose.

b) Unauthorized transfer of a file.

c) Unauthorized use of

another person's identification and password. d) Use of computing facilities to interfere with the work of another student, faculty member, or college official. e) Use of computing facilities to send obscene or abusive messages, or to defame or intentionally harm other persons. f) Use of computing facilities to interfere with normal operation of the college computing system. g) Use of computing facilities for student's personal financial gain or for solicitation of any kind. h) Violation of applicable AVC "Computer Use Guidelines."

.4 Behavior Violations

a) Disorderly, lewd, indecent or obscene conduct, or habitual profanity or vulgarity on college-owned or controlled property, or at college-sponsored or supervised functions. b) Assault, battery, or verbal abuse or conduct that threatens or endangers the health or safety of a student, college personnel, or campus visitor. c) Hazing or any act that injures, degrades, or disgraces or tends to injure, degrade, or disgrace any student, college personnel, or campus visitor. d) Gambling on District property. e) Failure to identify oneself when on college property or at a college-sponsored or supervised event, upon the request of a college official acting in the performance of their duties. f) Actions, which result in injury or death of a student, college personnel, or campus visitor, or damage to property owned by the district. g) Failure to comply with directions of college officials acting in the performance of their duties, open and persistent defiance of the authority of college personnel, or persistent, serious misconduct where other means of correction have failed to bring about proper conduct. h) Unauthorized entry on the campus or into the facility to which access has been denied after suspension or dismissal, during the suspension period. (CA Penal Code 626.2). i) Committing or attempting to commit extortion. j) Engaging in harassing or discriminatory behavior based on disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation or any other status protected by law. k) Engaging in intimidating conduct or bullying against another student through words or actions, including direct physical contact; verbal assaults, such as teasing or name-calling; social isolation or manipulation; and cyberbullying. l) Sexual assault or sexual exploitation regardless of the victim's affiliation with the district.

.5 Substance Violations

a) Unlawful possession, use, sale, offer to sell, or furnishing, or being under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the California Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind; or unlawful possession of, or offering, arranging, or negotiating the sale of any drug paraphernalia, as defined in California Health and Safety Code Section 11014.5, on college property, or at any college sponsored event. b) Willful or persistent smoking, including the use of electronic cigarettes (vapers), in any area where smoking has been prohibited by law or by regulation of the governing board.

.6 Weapons Violations

a) Possession or use of any dangerous or deadly weapon or instrument on any college-owned or controlled property or at any college-sponsored or supervised function. For purposes of these guidelines, a "dangerous or deadly weapon or instrument" includes, but is not limited to any: firearm, shotgun, rifle pistol, air rifle, BB gun, folding pocket knife with a blade longer than two and one-half inches, dirk, dagger, locking blade knife, switch blade knife; brass knuckles, blackjack, billy club, nun-chuck sticks, sling shot, tazer, stun gun, shocker, razor blade, acid, metal pipe, sharpened wood or metal trap, or any other weapon, instrument or object designed or modified to inflict physical harm on another person or animal. In the interest of protecting students, college personnel, or campus visitors, the college retains discretion to determine what constitutes

a dangerous or deadly weapon or instrument. Certain exceptions can be made for classes or college-sponsored events. Prior written authorization from the vice president of student services, or designee, must be obtained before these items can be brought on-campus or to a college-sponsored event. b) Possession or use of replica or imitation weapons on any college-owned or controlled property or at any college-sponsored or supervised function. c) Possession or use of firecrackers, fireworks, pyrotechnics, or any other explosive device on any college-owned or controlled property or at any college-sponsored or supervised function. Students who engage in any of the above are subject to the measures outlined in Administrative Procedure 5520. Student Discipline Procedures (Please refer to the AVC website for policy updates.) These policies and procedures are reprinted from the AVC Board Policies Section 5500, Administrative Procedure 5520. The purpose of this procedure is to provide a prompt and equitable means to address violations of the Standards of Student Conduct, which guarantees the student or students involved the due process rights guaranteed them by state and federal constitutional protection. This procedure will be used in a fair and equitable manner, and not for purposes of retaliation. It is not intended to substitute for criminal or civil proceedings that may be initiated by other agencies. These administrative procedures are specifically not intended to infringe in any way on the rights of students to engage in free expression as protected by the state and federal constitutions, and by Education Code Section 76120, and will not be used to punish expression that is protected.

Definitions

District – The Antelope Valley Community College District.

Student – Any person currently enrolled as a student at any college or in any program offered by the District.

Instructor – Any academic employee of the District in whose class a student subject to discipline is enrolled, or counselor who is providing or has provided services to the student, or other academic employee who has responsibility for the student’s educational program.

Short-Term Suspension – Exclusion of the student by the Superintendent/President for good cause from one or more classes for a period of up to ten consecutive days of instruction.

Long-Term Suspension – Exclusion of the student by the Superintendent/President for good cause from one or more classes for the remainder of the school term, or from all classes and activities of the college for one or more terms.

Written or Verbal Reprimand – An admonition to the student to cease and desist from conduct determined to violate the Standards of Student Conduct. Written reprimands may become part of a student’s permanent record at the college. A record of the fact that a verbal reprimand has been given may become part of a student’s record at the college for a period of up to one year.

Withdrawal of Consent to Remain on Campus – Withdrawal of consent by the vice president of student services or designee for any person to remain on campus in accordance with California Penal Code Section 626.4 where the vice president of student services has reasonable cause to believe that such person has willfully disrupted the orderly operation of the campus.

Day – Days during which the District is in session and regular classes are held, excluding Saturdays and Sundays.

Notification of Alleged Code of Conduct Violation Upon receiving information that the Standards of Student Conduct may have been violated, written notification to the student or students will be sent outlining the allegations, and instructing them to schedule an appointment with the vice president of student services. With the exception of a minor, who must be accompanied by a parent or guardian, the student shall not have an advisor or legal representation at this meeting, unless approved/permitted by the vice president of student services. The Board of Trustees

provides the following sanctions for violation of the Standards of Student Conduct. One or more of the sanctions listed below may be imposed for any single or multiple violation(s). Any times specified in these procedures may be shortened or lengthened, if there is mutual concurrence by the parties. Section I: List of Sanctions .1 Reprimand A reprimand is a warning stating that the continued conduct of the type described in the reprimand may result in a subsequent formal action against a student by the District. a) Verbal: Verbal notification to the student by a college staff member in a position of authority that continuance of the conduct may be cause for further disciplinary action. A record of the fact that a verbal reprimand has been given may become part of a student's record at the college for a period of up to one year. b) Written: A written notification to a student by the vice president of student services to cease and desist from conduct determined to violate the Standards of Student Conduct. Written reprimands may become part of a student's permanent record at the college. The college is not required to provide an appeal process for students who receive a written or verbal reprimand. .2 Temporary Suspension by Instructor (Education Code Section 76032): a) An instructor may order a student removed from his/her class for the day of suspension and the next class meeting. b) The instructor shall immediately report the suspension (verbally and subsequently in writing) to the appropriate dean and to the vice president of student services. c) A conference will be initiated between the student, the instructor and division dean regarding the removal. d) The student shall not be returned to the class during the period of the removal, without the concurrence of the instructor, the instructor's dean and the vice president of student services. e) No instructor shall be allowed to suspend a student without first apprising the student of the reason for suspension and permitting such student to present his/her version of the incident causing suspension. f) If the student is a minor, the instructor shall ask the parent or guardian of the student to attend a parent conference regarding the suspension as soon as possible. A college administrator shall attend the conference, if the instructor or parent or guardian so requests. g) Nothing herein will prevent the vice president of student services from recommending further disciplinary procedures in accordance with these procedures based on the facts that led to the removal, or the student's previous violations. Disciplinary Probation Disciplinary probation is a formal action of the District against a student for misconduct, and the action may result in the student being removed from all college organization offices and being denied the privilege of participating in all college or student sponsored activities, including public performances. Disciplinary probation may be imposed on a student for a period not to exceed one year. The college is not required to provide an appeal process for students who are placed on disciplinary probation. .4 Restitution Financial compensation for damage to or misappropriation of property. Restitution may take the form of appropriate service to repair or otherwise compensate for damages. .5 Campus Community Service In-kind campus community service may be imposed for violations of the code of conduct. .6 Withdrawal of Consent to Remain on Campus The vice president of student services or designee may notify any person for whom there is a reasonable belief that the person has willfully disrupted the orderly operation of the campus that consent to remain on campus has been withdrawn. If the person is on campus at the time, he or she must promptly leave or be escorted off campus. If consent is withdrawn by the vice president of student services (or designee), a written report must be promptly placed in the student's discipline file. Any person as to whom consent to remain on campus has

been withdrawn who knowingly reenters the campus during the period in which consent has been withdrawn, except to come for a meeting or hearing, is subject to arrest (Penal Code Section 626.4).

Section II. Short-term Suspensions, Long-term Suspensions, and Expulsions

Before any disciplinary action to suspend or expel is taken against a student, the following procedures will apply:

- .1 Notice – The vice president of student services will provide the student with written notice of the conduct warranting the discipline. The written notice will include the following:
 - a) The specific section of the Standards of Student Conduct that the student is accused of violating.
 - b) A short statement of the facts supporting the accusation.
 - c) The right of the student to meet with the vice president of student services or designee to discuss the accusation, or to respond in writing.
 - d) The nature of the discipline that is being considered.
- .2 Time limits – The notice must be provided to the student within 10 days of the date on which the conduct took place; in the case of continuous, repeated or ongoing conduct, the notice must be provided within 10 days of the date on which conduct occurred which led to the decision to take disciplinary action.
- .3 Meeting – If the student chooses to meet with the vice president of student services or designee, the meeting must occur no sooner than 10 days after the notice is provided. At the meeting, the student must again be told the facts leading to the accusation, and must be given an opportunity to respond verbally or in writing to the accusation.
- .4 Immediate Interim Suspension (Education Code Section 66017): The Superintendent/President or designee may order immediate suspension of a student where he/she concludes that immediate suspension is required to protect lives or property and to ensure the maintenance of order. In cases where an interim suspension has been ordered, the time limits contained in these procedures shall not apply, and all hearing rights, including the right to a formal hearing where a long-term suspension or expulsion is recommended, will be afforded to the student within ten (10) days.
- .5 Short-term Suspension
 - a) Within 10 days after the meeting described above, the Superintendent/President shall, pursuant to a recommendation from the 10 days, decide whether to impose a short-term suspension, whether to impose some lesser disciplinary action, or whether to end the matter.
 - b) Written notice of the Superintendent/President's decision shall be provided to the student. The notice will include the length of time of the suspension, or the nature of the lesser disciplinary action.
 - c) The Superintendent/President's decision on a short-term suspension shall be final.
 - d) Suspension may include any or all classes of the college and from use of any District facilities. The Superintendent/ President may suspend a student for good cause as follows:
 - From one or more classes for the remainder of the school term.
 - From all classes of the college for one or more terms. [During this period of suspension, a student shall not be permitted to enroll in classes at the college. (CA Ed. Code Section 76031)]
 - From the use of District facilities and all available services. In all cases of suspension, the student shall receive official notice from the vice president of student services. If delivery is refused, the written notification will be considered as being received, and the suspension will go forward.
- .6 Long-term Suspension Within 10 days after the meeting described above, the Superintendent/ President shall, pursuant to a recommendation from the vice president student services, decide whether to impose a long-term suspension. Written notice of the Superintendent/President's decision shall be provided to the student. The notice will include the right of the student to request a formal hearing before a long-term suspension is imposed, and a copy of this policy describing the procedures for a

hearing. .7 Expulsion a) Within 10 days after the meeting described above, the Superintendent/President shall, pursuant to a recommendation from the vice president of student services, decide whether to recommend expulsion to the Board of Trustees. Written notice of the Superintendent/President's decision shall be provided to the student. The notice will include the right of the student to request a formal hearing before expulsion is imposed, and a copy of this policy describing the procedures for a hearing. Within 5 days after receipt of the Superintendent/President's decision regarding a long-term suspension or expulsion, the student may request a formal hearing. The request must be made in writing to the vice president of student services. b) After board action, the Superintendent/President shall notify the student by "Certified Mail – Return Receipt Requested," or by hand-delivery with a signed receipt. If delivery is refused, the written notification will be considered as being received, and the board action will go forward. The expulsion may be imposed for a specified or unspecified time, and shall include all programs, services, and activities of the college. c) For expulsions imposed for an unspecified time, the student may, after a reasonable time (not less than one year), request in writing that the college Superintendent/President removes the expulsion. If approved by the college Superintendent/ President, he/she shall make that recommendation to the Board of Trustees. The Superintendent/President shall notify the student of the board's decision.

Section III. College Hearing Panel Procedures .1 Schedule of Hearing a) The formal hearing shall be held within 10 days after a formal request for hearing is received. b) The college hearing panel for any disciplinary action shall be composed of one administrator, one faculty member, and one student. A quorum of three members must be present for the hearing to take place. c) The Superintendent/President, the president of the academic senate and the ASO president shall each, at the beginning of the academic year, establish a list of at least five persons who will serve on student disciplinary hearing panels. The Superintendent/President shall appoint the college hearing panel members from the names on these lists. However, no administrator, faculty member, or student who has any personal involvement in the matter to be decided, who is a necessary witness, or who could not otherwise act in a neutral manner shall serve on a hearing panel. All members of the hearing panel will be asked to sign a written statement attesting to their neutrality. .2 College Hearing Panel Chair The Superintendent/President shall appoint one member of the panel to serve as the chair. The decision of the college hearing panel chair shall be final on all matters relating to the conduct of the hearing, unless there is a vote by both other members of the panel to the contrary. .3 Conduct of the Hearing a) Students will be notified, in writing, of the date, time, and place of the hearing. b) The members of the hearing panel shall be provided with a copy of the allegation(s) against the student and any written response provided by the student before the hearing begins. c) The facts supporting the allegation(s) shall be presented by a college representative who shall be the vice president of student services or designee. d) The college representative and the student may call witnesses and introduce oral and written testimony relevant to the issues of the matter. The student shall not have any other representation, except as provided in item (g). e) Formal rules of evidence shall not apply. Any relevant evidence shall be admitted. f) Unless the hearing panel determines to proceed otherwise, the college representative and the student shall each be permitted to make an opening statement. Thereafter, the college representative shall make their first presentation, followed by the student. The college

representative may present rebuttal evidence after the student completes his or her evidence. The burden shall be on the college representative to prove, by preponderance of evidence, that the facts alleged are true. g) The student may represent himself/herself, and may also have the right to be represented by a person of his/her choice. The student shall not be represented by an attorney unless, in the judgment of the hearing panel, complex legal issues are involved. If the student wishes to be represented by an attorney, a request must be presented not less than five days prior to the date of the hearing. If the student is permitted to be represented by an attorney, the college representative may request legal assistance. The college hearing panel may also request legal assistance; any legal advisor provided to the panel may sit with it in an advisory capacity to provide legal counsel, but shall not be a member of the panel, nor vote with it. h) Hearings shall be closed and confidential unless the student requests that it be open to the public. Any such request must be made no less than 5 days prior to the date of the hearing. i) In a closed hearing, witnesses shall not be present at the hearing when not testifying, unless all parties and the panel agree to the contrary. j) The hearing shall be recorded by the college, either by electronic recording or stenographic recording, and shall be the only recording made. No witness who refuses to be recorded may be permitted to give statements. In the event the recording is by electronic recording, the college hearing panel chair shall, at the beginning of the hearing, ask each person present to identify themselves by name, and thereafter shall ask witnesses to identify themselves by name. Electronic recording shall remain in the custody of the district, either at the college or the District office, at all times, unless released to a professional transcribing service. The student may request a copy (in writing) of the recording. k) All testimony shall be taken under oath; the oath shall be administered by the college hearing panel chair. Written statements of witnesses under penalty of perjury shall not be used, unless the witness is unavailable to testify. A witness who refuses to be recorded is not available. l) Within five days following the close of the hearing, the hearing panel shall prepare and send to the Superintendent/President a written decision. The decision shall include specific factual findings regarding the allegation(s), and shall include detailed conclusions regarding whether any specific section of the Standards of Student Conduct were violated. The decision shall also include a specific disciplinary action to be imposed, if any. The decision shall be based only on the record of the hearing, and not on matters outside of that record. The record consists of the original allegation(s), the written response, if any, of the student, and the oral and written evidence produced at the hearing. .4 Superintendent/President's Decision

a) Long-Term Suspension: Within five days following receipt of the college hearing panel's recommended decision, the Superintendent/President shall render a final written decision. The Superintendent/President may accept, modify, or reject the findings, decisions, and recommendations of the college hearing panel. If the Superintendent/President modifies or rejects the college hearing panel's decision, the Superintendent/President shall review the record of the findings and conclusions, and shall prepare a new written decision, which contains specific factual findings and conclusions. The decision of the Superintendent/President shall be final. b) Expulsion: Within five days following receipt of the college hearing committee's recommended decision, the Superintendent/President shall render a written recommended decision to the Board of Trustees. The Superintendent/President may accept, modify, or reject the findings, decisions, and recommendations of the college hearing panel. If the

Superintendent/President modifies or rejects the college hearing panel's decision, the Superintendent/ President shall review the record of the hearing, and shall prepare a new written decision, which contains specific factual findings and conclusions. The Superintendent/President's decision shall be forwarded to the Board of Trustees in cases in which the expulsion is upheld. .5 Board of Trustees Decision a) The Board of Trustees shall consider any recommendation from the Superintendent/President for expulsion at the next regularly scheduled meeting of the board after receipt of the recommended decision. b) The board shall consider an expulsion recommendation in closed session, unless the student has requested that the matter be considered in a public meeting. Any such request must be made, in writing, no less than five day prior to the date of meeting. (Education Code Section 72122). c) The student shall be notified in writing, by registered or certified mail or by personal service, at least three days prior to the meeting, of the date, time, and place of the board's meeting. If delivery is refused, the recommendation will be submitted to the board, regardless of whether the student is present. d) The student may, within 48 hours after receipt of the notice, request that the hearing be held as a public hearing. Even if a student has requested that the board consider an expulsion recommendation in a public meeting, the board will hold any discussion that might be in conflict with the right of privacy of any student, other than the student requesting the public meeting, in closed session. e) The board may accept, modify, or reject the findings, decisions, and recommendations of the Superintendent/ President. If the board modifies or rejects the decisions, the board shall review the record of the hearing, and shall prepare a new written decision, which contains specific factual findings and conclusions. The decision of the board shall be final. f) The final action of the board on the expulsion shall be taken at a public meeting, and the result of the action shall be a public record of the District. (CA Ed. Code Section 72122)

Student Due Process (Please refer to the AVC website for policy updates.)

Student Rights and Grievances According to Administrative Procedure 5530, the purpose of this procedure is to provide a prompt and equitable means of resolving student grievances. A request for due process shall be filed with the Vice-President of Student Services. These procedures shall be available to any student who reasonably believes a college decision or action has adversely affected his or her status, rights or privileges as a student. The procedures shall include, but not be limited to, grievances regarding:

- Sex discrimination as prohibited by Title IX of the Higher Education Amendments of 1972
- Financial aid
- Course grades, to the extent permitted by Education Code Section 76224(a), which provides: "When grades are given for any course of instruction taught in a community college District, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetency, shall be final."
- The exercise of rights of free expression protected by state and federal constitutions and Education Code Section 76120. This procedure does not apply to:
- Student disciplinary actions, which are covered under separate Board policies and Administrative Procedures.
- Police citations (i.e. "tickets"); complaints about citations must be directed to the County Courthouse in the same way as any traffic violation.

Student Right to Challenge Contents of Record

Administrative Procedure 5045 allows that any student may file a written request with the Superintendent/President or designee to correct or remove information recorded in his or her student records that the student alleges to be: (1) inaccurate; (2) an unsubstantiated

personal conclusion or inference; (3) a conclusion or inference outside of the observer's area of competence; or (4) not based on the personal observation of a named person with the time and place of the observation noted. Grade Changes According to Administrative Procedure 4231, in any course of instruction in a California Community College District for which grades are awarded, the instructor of the course shall determine the grade to be awarded to each student. The determination of the student's grade by the instructor is final in the absence of mistake, fraud, bad faith, or incompetency. The removal or change of an incorrect grade from a student's record shall only be done upon authorization by the instructor of the course. In the case of fraud, bad faith, or incompetency, the final determination concerning removal or change of grade will be reviewed by the Grievance Hearing Committee review panel. The panel will consist of faculty who are outside the discipline area, examining methods of evaluations, making a determination on the correctness, good faith, and competency of the grade award by the instructor of the course, based on the Official Course of Record. If the panel determines that the process and criteria are fair and appropriate for the discipline and level of course, the grade stands. If the panel determines that the process and criteria were unfair and inappropriate for the discipline (instructor did not follow the Official Course of Record) then, the instructor will be asked to reevaluate the grade for all students enrolled in that term.

Student Request for Change of Grade Students who wish to appeal a final grade must do so within one year from the date the final grade was issued.

Complaint Regarding Faculty According to the faculty collective bargaining agreement, students are encouraged to consult informally with the instructor for purposes of resolving complaints other than those involving complaints about discrimination or sexual harassment. (Please see the section on Discrimination/Sexual Harassment for more information about the procedures to be followed for complaints regarding discrimination or sexual harassment). If the difficulties are not resolved or the student does not wish to meet with the instructor, the student must meet with the dean of the division in which the instructor serves. If there is a reasonable substance to the complaint, the supervisor will request that the complaint be put in writing, including the nature of the complaint and a summary of the substantiating evidence. An informal meeting between the faculty member and the complainant will be held to discuss the complaint and attempt to resolve the problem. If the complainant is not willing to meet with the faculty member, the complaint will be dropped. If the problem is not resolved to the satisfaction of all parties after the faculty member, complainant, and supervisor have met and conferred, a copy of the complaint may be placed in the personnel file of the faculty member. If the immediate supervisor decides that further action is necessary, the complainant and faculty member will be notified of the recommended action. Within three working days following receipt of the immediate supervisor's decision, either party, if dissatisfied with the proposed solution of the complaint, may appeal to the vice president having jurisdiction. The vice president may conduct whatever investigation and consultation deemed necessary for an acceptable resolution to the complaint. A written decision shall be submitted by the district vice president within five working days following receipt of the appeal. Either party, if dissatisfied, may appeal the vice president's decision to the college president.

Discrimination/Sexual Harassment

In accordance with Board Policy 3410, it is the policy of Antelope Valley Community College District to maintain a learning and working environment that is free from

discrimination on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, sexual orientation, or Vietnam era veteran's status, or because he or she is perceived to be in a protected category or associated with those in a protected category. Policy/Complaint Procedure Students or employees with complaints of discrimination, sexual harassment, Title IX violations, or Americans with Disabilities Act (ADA) matters involving Section 504 should direct them to the District Compliance Officer at (661) 722-6300 ext. 6311. Copies of the complaint procedure are available from the Office of Human Resources and Employee Relations. The Vice President of Human Resources and Employee Relations, who serves as the District's Compliance Officer, is the administrator responsible for receiving complaints of discrimination based on age as well as disability, race, religion and sex, including sexual harassment. Questions or concerns should be directed to: Mr. Mark Bryant District Compliance Officer Antelope Valley College Office of Human Resources and Employee Relations 3041 West Avenue K, Lancaster, CA 93536-5426 (661) 722-6300 ext. 6311

Sex discrimination is defined as the differential treatment of students and staff within the college community on the basis of sex in employment, educational programs and activities. Sex discrimination examples in the treatment of students include, but are not limited to:

- Admissions.
- Access to programs and facilities.
- Vocational education.
- Physical education.
- Competitive athletics.
- Graduation requirements.
- Student rules, regulations and benefits.
- Treatment of married and/or pregnant students.
- Financial assistance.
- Extracurricular activities.
- Comments consistently targeted only at one gender.

Sexual harassment and/or sex discrimination and the associated behaviors as stated, but not limited to the examples, are unacceptable within the college environment and during any off-campus collegesponsored activities. The standard for determining whether conduct constitutes sexual harassment is whether a reasonable person of the same gender as the victim would perceive the conduct as harassment based on sex. This policy covers all individuals in the workplace. Antelope Valley College will not tolerate, condone, or allow sexual harassment and/or sex discrimination, whether engaged in by employees or non-employees who conduct business with the district. The district encourages reporting of all incidents of sexual harassment and/or sex discrimination, regardless of who the offender may be, or the offender's relationship to the district. Sanctions shall be taken against any student, employee, or non-employee conducting business with the district who engages in sexual harassment and/or sex discrimination.

Purpose of Policy The purpose of the district's sexual harassment policy is to:

1. Prohibit and discourage any person in the work or education setting from sexually harassing any other person including students in the work or educational setting;
2. Provide a harassment-free work and educational environment;
3. Remedy in a speedy manner and consequences of sexual harassment;
4. Provide on-going education and awareness of the problem of sexual harassment; and,
5. Provide information about how to pursue claims of sexual harassment.

General Definitions To be unlawful, gender-based harassment has to be pervasive and severe enough to alter the conditions of the victim's employment or educational environment. Trivial, isolated incidents will not necessarily create a hostile atmosphere. Moreover, the conduct generally must be repetitive, although when physical behavior is involved, a one-time occurrence sometimes will be sufficient. Generally, sexual harassment occurs when unwelcome sexual advances, requests for sexual favors,

and other verbal or physical conduct of a sexual nature: 1. Is made either explicitly or implicitly a term or condition of an individual's education status or employment. 2. Is used as a basis for educational or employment decisions affecting such individual. 3. Creates an intimidating, hostile or offensive educational or working environment.

Specific Examples For the purpose of further clarification, sexual harassment includes but is not limited to: 1. Continuing unsolicited and/or unwelcome written, verbal, physical and/or visual contact with sexual overtones. Written examples include, but are not limited to: suggestive or obscene letters, notes, invitations. Verbal examples include, but are not limited to: derogatory comments, innuendoes, slurs, jokes, epithets. Physical examples include, but are not limited to: assault, touching, impeding or blocking movement. Visual examples include, but are not limited to: leering, gestures, display of sexually offensive objects or pictures, cartoons, or posters. 2. Continuing to express sexual interest after being informed that the interest is unwelcome. (Reciprocal attraction is not considered sexual harassment, however, this type of situation could create a hostile environment for others.) 3. Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution. For example, within the work environment, either implying or actually withholding support for an appointment, promotion, or change of assignment; suggesting a poor performance evaluation will be prepared, or suggesting probation will be failed. Within the educational environment, either implying or actually withholding grades earned or deserved; or suggesting a scholarship recommendation or college application will be denied. 4. Within the work environment, engaging in implicit or explicit coercive sexual behavior which is used to control, influence, affect the career, salary and/or work environment of another employee. Within the educational environment, engaging in implicit or explicit coercive sexual behavior which is used to control, influence, or affect the educational opportunities, grades and/or learning environment of a student. 5. Offering favors or educational or employment benefits, such as grades or promotions, favorable performance evaluations, favorable assignments, favorable duties or shifts, recommendations, reclassifications, etc., in exchange for sexual favors. 6. A pattern of conduct that would cause discomfort and/or humiliate a reasonable person at whom the conduct was directed and that includes one or more of the following: a. Unnecessary touching, patting, hugging, or brushing against a person's body. b. Remarks of a sexual nature about a person's clothing or body; or remarks about sexual activity or speculations about previous sexual experiences.

General Provisions and Guidelines

Charges/Complaints

1. **Filing Charges/complaints** should be in writing and shall be filed with the district compliance officer or designee. Any charge/complaint received, whether in writing or not, shall be investigated.
2. **Content of Charge/Complaint** The charge/complaint shall identify the offending person or persons; include reference to specific examples of offensive conduct, including dates, times and places; identify the remedy sought; and describe the informal efforts made to correct the situation.
3. **Review and Disclosure of Charge/Complaint** The district compliance officer or designee shall review the charge/complaint. As soon as reasonably possible after receipt of the charge/complaint, the student, employee, or other person who is accused of sexual harassment will be informed of the contents of the charge/complaint.
4. **Time Limits** A charge/complaint shall be filed within one year of the date of the alleged unlawful

discrimination or within one year of the date on which the complainant knew or should have known of the facts underlying the allegation of unlawful discrimination*.

Reference: Education Code Sections 66250, et seq.; 87100, et seq. Title 5, Section 53000, et seq.

Drug-Free Campus Policy

(Board Policy 3550) Be it resolved, that it is the policy of the Antelope Valley Community College District to maintain a drug-free campus. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in all buildings, property, facilities, service areas and satellite centers of the District. Further, all students are required to comply with this policy as a condition of their continued enrollment and any student violating this policy will be subject to disciplinary action which may include suspension. Students who need drug counseling or rehabilitation are encouraged to seek assistance for personal counseling in the Counseling Center. Campus Crime Awareness and Safety Colleges and universities that receive federal funding are required by the Jeanne Clery Act to disclose information about crime occurring on and in the immediate vicinity of campus. Find Clery Act information at www.securityoncampus.org. AVC crime stats can be found online at <http://ope.ed.gov/security/> or www.avc.edu. A copy of the yearly report can be requested from the AVC Campus Police. California law requires that certain statutorily defined sex offenders notify community college law enforcement officials that they are present on campus in specific capacities. For further information regarding registration and compliance with Penal Code 290.01, see the Campus Police Department web page at www.avc.edu.

Graduation Preparation / Application for Graduation

Antelope Valley College awards degrees twice annually—in December following the fall semester and in June following the spring semester. An application for graduation must be filed in the Admissions and Records Office. After submitting the application, students will receive a formal evaluation of progress toward the degree. Students will receive information on participating in the annual graduation ceremony. While participation in the graduation ceremony is encouraged, it is not mandatory to attend to receive a diploma. Early filing of the graduation application is highly recommended.

- Respiratory students are encouraged to apply for graduation in the fall semester of the second year. This affords the opportunity for the student to have the last semester to complete missing courses and requirements for graduation.

Program Accreditation

Antelope Valley College has received full accreditation from the accrediting body Committee on Accreditation for Respiratory Care (CoARC).

Commission on Accreditation for Respiratory Care

(817) 283-2835

www.coarc.com

CoARC outcomes data is available at the following link: <https://www.coarc.com/Students/Programmatic-Outcome-Data.aspx>.

NIOSH/CDC Accreditation

In addition, the Respiratory Care Program has received provisional accreditation by the National Institute of Occupational Safety (NIOSH) and the Center for Disease Control (CDC) for its Initial Spirometry Training Course integrated into the program.

PROGRAM DO'S AND DONT'S

Dear Student,

You have the privilege to be invited into a person's life on an intimate level and need to develop specific characteristics that demonstrate accuracy of knowledge, critical thinking skills, and the ability to apply concepts. You will be dealing with patient's lives and well-being! Therefore, professionalism is key to your success within the program. The proceeding information will be of great benefit to you and will serve you well.

PROFESSIONALISM AND PATIENT PRIVACY

I. Professionalism

Taken from the American Association for Respiratory Care (AARC) Program "An AARC Guide to Professionalism".

People entering Respiratory Care bring with them a wide variety of skills, experiences, abilities, needs, values, expectations, and aspirations. The challenge of becoming a professional involves participating in collective behaviors and a common set of values that establishes a group identity that can be recognized by others. We consider respiratory care practitioners to be health care professionals and are surprised when patients or others fail to see us as we see ourselves. This presentation is intended to provide insights into what it means to be a professional. Part of being a professional is to:

1. Serve the needs of society.
2. Understand the characteristics of professionalism.
3. Behave in a professional manner.
4. Enhance and promote professional image.

Profession has at its root the word "profess", meaning to affirm or to avow. Mastery of specialized knowledge and skills expertise combined with a socialization process

designed to impart discipline related values elevates the role of the professional above a job or occupation.

Professionals are held to a higher standard of behavior. The public expects us to:

1. Render expert opinions and make sound decisions based on established critical thinking skills.
2. Function as leaders in specialized areas of expertise.
3. Place the needs of the patient over the needs of the group, achieving altruistic rather than material goals.
4. Commit to the profession as a lifelong endeavor.

Society grants professionals varying degrees of autonomy because of our specialized knowledge and skill. Accountability is the price paid for this privilege and society expects professions to self regulate and police their individual and group behavior through various mechanisms to include:

1. License, certification or registry required to practice.
2. A professional code of ethics.
3. Established standards of practice.
4. Mechanisms to ensure maintenance of essential skills and knowledge.
5. Enforcement of strong peer review processes.
6. Commitment to research and publication.

In addition, the lay public has certain expectations in their dealings with professionals. Failure of one individual to meet these expectations can result in condemnation of the entire profession. The general public has the following expectations of professionals:

1. A high degree of personal integrity.
2. Commitment to confidentiality.
3. Appreciation for diversity demonstrated through the ability to work with a variety of clients.
4. Commitment to their profession supported by a strong work ethic.
5. The knowledge and skills required to exercise sound judgment related to patient interests.

Professionals are also expected to contribute to society above and beyond their professional roles. We are expected to:

1. Provide service to the community and society at large through philanthropic endeavors, and
2. Fulfill our civic responsibilities as a voter, tax payer, and public policy shaper.

Knowledge acquisition and skills development are prerequisites for professionalism.

1. General education for respiratory therapists includes such components as physical and social sciences, mathematics, humanities, and communications.
2. Technical education builds psychomotor and cognitive skills.
3. Interpersonal skills are required in the work environment such as time management, flexibility, team work, and communication.
4. Administrative and teaching skills are needed to instruct patients and other health professionals as well as to objectively organize, evaluate, and regulate the work environment.
5. Research skills provide the professional with the ability to assess the effectiveness of therapeutic modalities in order to maintain a high standard of practice.

Lifelong Learning is an essential element of professional commitment (Refer to policy on page 65).

1. Professionals continually engage in self-improvement and grow through professional development.
2. Professionals commit to the continuing education required to maintain their skills.
3. Professionals add to the professions body of knowledge and improve practice through research.

The visual and behavioral attributes exhibited by members of a profession help create the image of that profession held by others.

The need to maintain a professional appearance may seem obvious, but its effects are often underestimated. Professional attire shows that you care about the image you project and are committed to professional standards. Elements to be considered in professional grooming and attire include:

1. Conservative clothing appropriate for the work environment.
2. Hair that is neat, clean and well groomed.
3. Nails that are clean and at the appropriate length and,
4. When worn, jewelry should be subtle and kept to a minimum.

Other elements to be considered in professional grooming and attire include:

5. Use of deodorant obviously, but avoidance of cologne and fragrances that could trigger allergic reactions among sensitive patients and co-workers.
6. Only light and natural use of makeup.
7. Limited use of personal phones and beepers for patient use only.
8. Use of considered, appropriate and professional body language that reinforces verbal messages.

Attitudes, behaviors and interpersonal skills demonstrated by individuals in dealing with clients, their families, and other health care professionals are essential elements of professionalism. The ability to project a professional attitude goes a long way in promoting cooperation within any team. It is also crucial to the establishment of a successful patient-professional relationship.

A professional demonstrates:

1. A positive attitude in dealing with others
2. Mature behavior
3. Proper etiquette for the situation, and
4. Dependability.

A professional also:

5. Thoroughly completes all tasks,
6. Is punctual in meeting deadlines,
7. Has communication skills in the currently acceptable modes to include voice mail, e-mail, Internet, List serves, etc.
8. Maintains professional competence.

A professional attitude and behavior does not preclude warm, friendly interaction. Caring behaviors are appropriate and expected of professionals. However, physical and emotional limits should be maintained in the patient/professional relationship.

The AARC promotes public perception of respiratory care as a profession thorough:

Professional advocacy, which includes:

1. Lobbying in Washington DC.
2. Monitoring health care trends.
3. Consultation on state legislative issues.
4. Representation on related boards and commissions.

Professional resources, essential for maintaining currency, includes:

1. Informative articles and educational and management materials and conferences.
2. State-of-the-art clinical practice guidelines.
3. Timely information through AARC Times, newsletters and 'alerts'

4. Funding for research - AARC committed \$1 million to research.

Networking opportunities are provided through the AARC include:

1. Publications.
2. Web site.
3. Specialty sections.
4. Service/volunteer opportunities.

References:

1. Adams, D; Miller, B; Beck, L. "Professionalism Behaviors of Hospital Nurse Executives and Middle Managers in 10 Western States." Western Journal of Research, 1996. 18(1).
2. Partial R. "Health Professional and Patient Interaction." WEB Sanders Company, 1990.
3. Partial R. "Ethical Dimensions in the Health Professions." WEB Sanders Company, 1993.
4. Purtiol, R; Haddad, A. "Health Professional and Patient Interaction", Fifth edition. Saunders Company, 1996.

**Role Model Statement
AARC Effective 3/90 revised 3/00**

As health care professionals engaged in the performance of cardiopulmonary care, respiratory therapists must strive to maintain the highest personal and professional standards. In addition to upholding the code of ethic, the respiratory therapist shall serve as a leader and advocate of public health.

The respiratory therapist shall participate in activities leading to awareness of the causes and prevention of pulmonary disease and the problems associated with the cardiopulmonary system. The respiratory therapist shall support the development and promotion of pulmonary disease awareness programs, to include smoking cessation programs, pulmonary function screenings, air pollution monitoring, allergy warnings, and other public education programs.

The respiratory therapist shall support research to improve health and prevent disease.

The respiratory therapist shall provide leadership in determining health promotion and disease prevention activities for students, faculty, practitioners, patients, and the general public.

The respiratory therapist shall serve as a physical example of cardiopulmonary health by abstaining from tobacco use and shall make a special personal effort to eliminate smoking and the use of other tobacco products from the home and work environment.

The respiratory therapist shall strive to be a model for all members of the health care team by demonstrating responsibility and cooperating with other health care professionals to meet the health needs of the public.

WHO IS THE AARC?

The American Association for Respiratory Care (AARC), a national society of health care professionals, is sponsored by the American College of Chest Physicians, the American Society of Anesthesiologists, and the American Thoracic Society.* The Association is dedicated to maintaining the highest standards of practice in respiratory care. Respiratory care is defined as a health care specialty under medical direction in the assessment, treatment, management, control, diagnostic evaluation, and care of patients with deficiencies and abnormalities of the cardiopulmonary system.

Respiratory care shall mean the diagnostic and therapeutic use of the following: medical gases and administration apparatus, environmental control systems, humidification, aerosols, medications, ventilatory support, bronchopulmonary drainage, pulmonary rehabilitation, cardiopulmonary resuscitation and airway management.

Specific testing techniques are employed in respiratory care to assist in diagnosis, monitoring, treatment, and research of cardiopulmonary pathology. This shall be understood to include measurement of ventilatory volumes, airway pressures, gas flows, blood gas analysis and other related physiologic monitoring.

The respiratory therapy technician and respiratory therapist are integral members of the hospital based health care team working under the supervision and guidance of a physician. They shall work together to determine appropriate diagnoses and administer appropriate treatment for acute and chronic pulmonary and cardiovascular disorders.

The AARC recognizes the need to assure high quality patient care at affordable cost. To that end, we believe a combination of specialized formal education and clinical training is the best method to develop highly skilled respiratory care personnel. The AARC endorses the standards of practice adopted by the Joint Commission on Accreditation of Healthcare Organizations as an additional quality assurance mechanism and sees uniform credentialing as another positive step toward assuring high quality health care. The concept of peer review as a quality assurance mechanism is attractive to the AARC, and we strongly endorse efforts to develop various peer review programs which involve respiratory therapists and respiratory therapy technicians in audits and other review techniques.

*Other sponsoring organizations include: American Academy of Pediatrics, American College of Allergists, and Society of Critical Care Medicine, and the National Association of Medical Directors of Respiratory Care.

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.

II. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA) 1996.

- A. Set standards to protect health information.
- B. States that individuals should have access to data only on a need-to-know basis in order to perform this job function.
- C. Requires that each employee is instructed in the facilities' security policies, and that he/she signs a receipt verifying that he/she accepts and understands the policies.
- D. Requires that organizations develop policies that minimize or eliminate the possibility of unauthorized access to information, such as requiring users to log-off before leaving a computer station or requiring that computer screens be positioned so that the public cannot view the screen when in use.
- E. States that a patient has the right to control who can access his or her Protected Health Information (PIH), which is defined as any information pertaining to the health of an individual combined with any information that identifies that individual.
- F. Since this is now federal law, violations, whether by individuals or institutions, can lead to lawsuits, fines, and even jail time if patient privacy is violated.
 1. Knowingly releasing patient information in violation of HIPPA can result in a 1 year jail sentence and a \$50,000.00 fine.
 2. Gaining access to health information under false pretenses can result in a 5 year jail sentence and a \$100,000.00 fine.

3. Releasing patient information with harmful intent or selling the information can lead to a 10 year jail sentence and a \$250,000.00 fine.
- G. What does that mean for Respiratory Care Students?
1. When discussing care with patients, take reasonable precautions to keep the discussions private by closing room doors, drawing privacy curtains, and conducting discussions so that others (including roommates) may not over hear.
 2. Do not leave patient information where individuals without a need to know can easily access it.
 3. When writing case studies, do not include any identifying information of the patient (name, initials, hospital number).
 4. Do not discuss patients in public areas such as hallways, the cafeteria, elevators, etc.
 5. If a visitor requests patient information, even something simple as their room number, do not disclose any information. Direct the visitor to the information center or to the charge nurse for the area.
 6. Do not discuss a patient's condition or treatment with family members. If the family member insists, direct them to the physician.

SUBJECT: Requirements Student Admittance - Respiratory Care				POLICY:			
SUBMITTED BY:				ORIGINATION DATE: November 2006			
APPROVAL: Evaluation and Planning Committee				REVISION: May 2010-2014, 2016-2018,			
PROGRAM LEVEL: Associate Degree Respiratory Care				SUPERCEDES:			
Review Dates:							

Purpose: To define requirements for program admittance and status in “good standing”.

Procedure: Students will have completed and are required to maintain currency within the following areas:

- Current physical examination (maintained yearly)
- Proof of completed and required immunizations
- Current American Heart Association CPR card
- Background check
- Proof of individual malpractice insurance
- Current Flu vaccinations

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Student Dress Code	POLICY:										
SUBMITTED BY:	ORIGINATION DATE: November 2006										
APPROVAL: Evaluation and Planning Committee	REVISION: May 2010-2016-2018 2021										
PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:										
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

Purpose: To define the appropriate/acceptable attire within the clinical area that students must adhere to and demonstrate professionalism.

Procedure: Students will be dressed in the following attire and have required supplies.

DRESS CODE

There is a mandatory dress code while attending clinical within the respiratory care program and it will be enforced. This is not negotiable. ***It is part of professional behavior*** and will be subject to an **unsatisfactory clinical grade and sent home** if not adhered to (If you receive a fail in clinical the final grade will be no grater that a D). Briefly in reminder the dress code includes:

- Royal Blue Approved Scrubs (patch on right Chest and clean)
- White tennis or nursing shoes
- White lab coat with AVC patch on the right sleeve (clean)
- No facial (eyebrow, lip) jewelry, stud earrings only, and only light make-up
- No long or artificial nails, no nail polish
- Stethoscope, watch with second hand, pulse ox, pen, and note paper
- If cold may wear a white undershirt NO HOODIES (Black or White)
- Clean shaven
- Hair pulled back
- Must cover tattoos if on arms can wear long sleeve white shirt under scrubs or white sleeves
- Clinical site name badge displayed from the jacket pocket
- Stethoscope, pen, and clinical log paper

- Finger pulse oximeter (optional)
- Watch
- Students will be counseled and sent home if the dress code is not adhered to. The following attire is NOT allowed within the clinical area and considered unprofessional
 - Excessive make-up
 - Facial piercing or any other jewelry other than a wedding ring and watch.
 - Different shoes other than described above.
 - Removal of your lab jacket for anything other than surgery, central supply, neonatal intensive care, or isolation patients.
 - Hoodies (light sweatshirts)
 - Loose hair (must be off the collar or placed up).

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Notification of Unsatisfactory Performance Forms	POLICY:										
SUBMITTED BY:	ORIGINATION DATE: November 2006										
APPROVAL: Evaluation and Planning Committee	REVISION: May 2010-2014, 2016-2018										
PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:										
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

Purpose: To document unsatisfactory performance in the didactic and clinical areas.

Procedure: The Notification of Unsatisfactory Didactic or Clinical Performance Form is to be used when a student violates or fails to meet expectations or standards when in the classroom or clinical areas. The instructor will be responsible for initiating the form as close to the time of the incident as possible. The form should be initiated when the student fails to demonstrate safe practice in the clinical areas and or receives a failing grade in the didactical component of the Respiratory Care course.

The student is to give a written account of how and why the incident occurred. The instructor and the student will collaboratively develop a performance improvement plan. The instructor will complete a follow-up of the unsatisfactory performance and document the resolution.

Upon resolution, the original copy of the form will be placed in the student's file, and a copy will be give to the student.

NOTIFICATION OF UNSATISFACTORY PERFORMANCE

(To be filled out by instructor)

STUDENT: _____ COURSE:

Critical Incidents:

Summary Statement of Problem:

Suggestions for Improvement:

Instructor's Signature: _____ Date:

The last day to withdraw from this course is:

(To be filled out by student)

GOAL (S):

Date for re-evaluation: _____

Actions for which student is responsible:

I understand that if the above goals are not met by the stated date, I will receive a maximum grade of "D" in _____.

The student's signature indicates that he/she has read this statement. It also indicates that the student has received a copy of this statement.

Student's Signature: _____ Date:

SUBJECT: Physical Examinations		POLICY:	
SUBMITTED BY:		ORIGINATION DATE: November 2006	
APPROVAL: Evaluation and Planning Committee		REVISION: May 2010-2014, 2016-2018 2021	
PROGRAM LEVEL: Associate Degree Respiratory Care		SUPERCEDES:	
Review Dates:			

Purpose: To ensure the absence of communicable diseases and to ensure that candidates for the Respiratory Care Program do not have physical and/or mental illness that may endanger the health and safety of a patient.

Procedure: A physical examination will be required after conditional acceptance into the program. Completion of physical requirements including:

1. Freedom of communicable disease evidenced by immunization status.
2. Health history and physical examination that address the emotional and physical demands that include:
 - a. The ability to exhibit written and verbal communication skills, use hands to finger, handle or feel objects, tools or controls, reach with hands and arms, and talk or hear and smell.
 - b. Walk, stoop, kneel, crouch, and crawl and occasionally to sit and climb or balance, push, pull or bend.
 - c. Lift and/or move up to 30 pounds, perform direct patient care activities, transferring, bathing, ambulating, and feeding procedures.
 - d. Manipulate various sizes of equipment and supplies; perform CPR and charting activities.
 - e. Use close vision, distance vision, color vision, peripheral vision, and depth perception and adjust focus.
 - f. Completion of a drug of abuse screen.

The purpose of the program is to ensure the absence of communicable disease and to ensure that the candidate is not adversely affected by physical and/or mental illness that may endanger the health and safety of a patient.

Students will be required to submit evidence of the following immunizations: measles (rubeola), mumps, rubella, chicken pox (varicella), tetanus (with booster) and hepatitis B. These immunizations are required by the facilities where students will be having clinical experiences.

Student's who object to immunization of Hepatitis B may elect to sign a declination form. This form is available from the Allied Health Program Coordinator.

Physical examinations must be completed no earlier than one semester prior to enrollment and must be completed by the first day of class of the semester.

Students who have had immunizations more than five years prior to acceptance into the Respiratory Care Program will be required to have titers for communicable diseases. Copies of the lab work showing the results of the titers must accompany the physical examination form.

Students must have annual 2 step tuberculosis testing using the Mantoux method or chest x-ray. Instructors will remind the students when they are due.

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Tracking Forms		POLICY:					
SUBMITTED BY:		ORIGINATION DATE: November 2006					
APPROVAL: Evaluation and Planning Committee		REVISION: May 2010- 2014, 2016-2018					
PROGRAM LEVEL: Associate Degree Respiratory Care		SUPERCEDES:					
Review Dates:							

Purpose: To document student progress in the Associate Degree Respiratory Care Program.

Procedure: The Associate Degree Respiratory Care Student Tracking Form is used to note completion of courses, withdrawals, and other unsuccessful attempts at course completion, and referrals to college services.

The Associate Degree Respiratory Care Student Tracking Form is initiated by the instructor of the first course in which the respiratory care student enrolls; inclusive of CPR and expiration, TB testing and expiration, referrals for student services, and course completion.

The Associate Degree Respiratory Care Student Tracking Forms are passed to the new instructor in which the student is entering the next course. These forms are updated each semester.

The Associate Degree Respiratory Care Student Tracking Forms are kept locked in the Respiratory Care Director's office with the student files.

ANTELOPE VALLEY COLLEGE
 ALLIED HEALTH DIVISION
ASSOCIATE DEGREE RESPIRATORY CARE TRACKING FORM

INSTRUCTIONS: Please Date and Initial Each Entry

CODE KEY:

STUDENT NAME:

Entry Date:

- C** = Completed Successfully
R = Re-entered
W/P = Withdrawal/Personal
W/M = Withdrawal/Medical
W/A = Withdrawal/Advised
NP/A = Non progression/Academic
NP/C = Non progression/Clinical

CPR: Expiration Date: _____

TB: Expiration Date: _____

STUDENT SERVICES:

- LC** = Learning Center
LDT = Learning Disability Testing
ESL = English as Second Language
 (referral)

COURSE	Code	Initials	Comments
RT 101/101CL			
RT 102			
RT 103/103CL			
RT 104			
RT 105/105CL			
RT 201/202/203			
RT 204/204CL			

Antelope Valley College
 Associates Degree Respiratory Care Program

Administrative Policies and Procedures

SUBJECT: Exam Review Time Period		POLICY:					
SUBMITTED BY:		ORINATION DATE: November 2006					
APPROVAL: Evaluation and Planning Committee		REVISION: May 2010-2014, 2015-2018					
PROGRAM LEVEL: Associate Degree Respiratory Care		SUPERCEDES:					
Review Dates:							

Purpose: To define the amount of time students have to review exams.

Procedure: Students will have a limited amount of time to review exams.

In full term classes, students will have two weeks after the date of the examination to review the exam.

In the event that the student uses the complaint policy to grieve a course grade, the student shall retain the right to review his/her examinations for the entire course.

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Clinical Evaluation Tools (weekly and semester)	POLICY:										
SUBMITTED BY:	ORIGINATION DATE: November 2006										
APPROVAL: Evaluation and Planning Committee	REVISION: May 2010-2014, 2015-2018										
PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:										
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

Purpose: To monitor the progress of respiratory care students in the clinical facilities.

Procedure: The weekly evaluation tool is designed to monitor the progress of students while at clinical facilities on a weekly basis. It identifies critical competencies required for successful completion of the clinical rotation; i.e., professionalism (attire/punctuality/absences), obtains selects and reviews patient data (history), Collects/evaluates clinical data (physical examination), Performs procedures/standards of care (medication/treatments), selects and assembles equipment properly, Interacts with other disciplines collegially, and Initiates and or modifies prescribed therapeutics such as routine modalities, emergency modalities and Pulmonary rehabilitation (patient teaching).

Code annotations will be made on a weekly basis. If the student receives more than 2 “**needs improvement**” in any one category, the student will then be counseled on the infraction and given an opportunity to resolve any issues. If there is an additional deficiency in the same category the student will be dropped from the program. If the student receives an “**unsatisfactory**” for and one category the student will then be counseled and given an opportunity to resolve the issue. If an additional unsatisfactory is received in the same category the student will be dropped from the program.

The final semester clinical evaluation tool identifies the same critical competencies with additional depth, allows for written evaluations, and student feed back. In addition, the final evaluation tool will be reviewed with the student and a copy will be generated for the student.

All evaluation tools upon completion will be kept in the students file locked in the Respiratory Directors office.

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Daily Clinical Logs - Data ARC	POLICY:										
SUBMITTED BY:	ORIGINATION DATE: November 2006										
APPROVAL: Evaluation and Planning Committee	REVISION: May 2010-2014, 2015-2018										
PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:										
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

Purpose: To monitor the progress of respiratory care students in the clinical facilities.

Procedure: The students are **required** to keep a daily log through Data ARC of their activities and turn them into the instructor no later that the following week.

If the student fails to complete Data Log each week he/she will be given an unsatisfactory for his/her clinical performance for that week. The student will be verbally warned and given an unsatisfactory mark for that week. Additional infractions will result in a failing grade for the clinical rotation and the student WILL NOT be allowed to progress.

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Daily Clinical Logs - Data ARC	POLICY:										
SUBMITTED BY:	ORIGINATION DATE: November 2006										
APPROVAL: Evaluation and Planning Committee	REVISION: May 2010-2014, 2015-2018										
PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:										
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										

Purpose: To monitor the progress of respiratory care students in the clinical facilities.

Procedure: All instructors are to complete weekly/semester evaluations for each student assigned.

- The attached rubric allows for inter-rater reliability and consistency between instructors.
- At the completion of a semester/rotation the instructor will fill out a final semester evaluation.

- Each of these weekly and semester evaluations are specific to the course and include required student competencies for that section.



CLINICAL EVALUATION (Semester Final EXAMPLE)
ANTELOPE VALLEY COLLEGE
 Health Sciences, Physical Education and Athletics
 Respiratory Therapy
 CoARC Accredited Program # 200523

I. Select, Review, Obtain and Interpret Data:

SETTING: In any patient care setting, the advance respiratory therapists reviews existing clinical data and collects or recommends obtaining additional clinical data. The therapist evaluates all data to determine the appropriateness of the prescribed respiratory care plan, and participates in the development of the respiratory care plan.

- A. Review existing patient record and recommend diagnostic procedures:
1. Patient history (i.e., admission history and physical, respiratory orders, & progress notes)
 2. Physical examination
 3. Laboratory data
 4. Pulmonary function/blood gas
 5. Radiologic studies
 6. Monitoring data (fluid balance, pulmonary mechanics (MIP/PIP, vital capacity)
 7. Respiratory monitoring (rate, tidal volume, minute ventilation, I:E ratio, PIP, flow volume and pressure wave forms.
 8. Cardiovascular monitoring (ECG, B/P, heart rate, hemodynamic monitoring)
 9. Maternal/perinatal history and data
 10. Other diagnostic data (ICP, chemistries, ultasonography, bronchoscopy, angiography)
 11. Recommend additional data (CBC, chemistries, ABG, CXR, sputum cultures, spirometry, ECG, pulse oximetry, transcutaneous monitoring)

	Pass	Not
Fail		Applicable
	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>

- B. Collect and evaluate clinical information:

1. Assess patients cardiopulmonary status (inspection, palpation, and auscultation including; rate, rhythm, heart sounds, dysrhythmias, murmurs, lung sounds, fremitus, crepitus, tenderness, bruits or thrills).
2. General appearance (body habitus, work of breathing, JVD, edema)
3. Interview patient (level of consciousness, presence of dyspnea, work of breathing, sputum production, exercise tolerance, ADL's)
4. Review CXR (presence of consolidation, heart size, pneumothorax, atelectasis, poor inspiration, effusion, lung disease, foreign body, endotracheal tube, chest tubes and/or line placement)
5. Transillumination of chest, Apgar score, gestational age

Pass	Not
Fail	Applicable

C. Perform procedures and interpret results, determine appropriateness of and participate in developing and recommending modifications to respiratory care plan:

1. Perform procedures (ECG, pulse oximetry, trancutaneous TcPO₂/TcCO₂ monitoring, capnography, tidal volumes, minute ventilation, vital signs, arterial/capillary blood gas measurement/analysis, peak flows, bedside spirometry, cuff pressures, MOV, VD/Vt, Os/Qt, Co, and apnea monitoring.
2. Co-oximetry, secure airways, emergency interventions (bag/valve/mask, initiation PEEP/CPAP)

Pass	Not
Fail	Applicable

II. Select, Assemble, and Check Equipment for Proper Function, Operation, and Cleanliness:

SETTING: In any patient care setting, the advance respiratory therapists selects, assembles, and assures cleanliness of all equipment used in providing respiratory care. The therapist checks all equipment and corrects malfunctions.

- A. Select and obtain equipment, and assure equipment cleanliness, and troubleshoot:
 1. Oxygen devices (nasal cannula, oxygen masks, venturi devices, aerosol therapy, CPAP/PEEP devices, humidifiers, ventilators pneumatic, electric, microprocessor, fluidic, high frequency).

2. Artificial airways (oral/nasal tracheal, tracheal, EO)
3. Suctioning devices
4. Gas delivery (regulators, concentrators, cylinders, flow meters, bag/mask, flow bag systems)
5. Patient breathing circuits (IPPB, continuous mechanical ventilation, CPAP/PEEP valve assembly, Bi-PAP, Aquanox).
6. Environmental devices (incubators, radiant warmers, mist tents)
7. Other therapeutic gases (O₂/CO₂, He/O₂)
8. Other devices (manometers and gauges, incentive spirometers, MDI, arterial lines, bronchoscopes)

Fail	Pass	Not
		Applicable

III. Initiate, Conduct, and Modify Prescribed Therapeutic Procedures:

SETTING: In any patient care setting, the advanced respiratory therapist evaluates, monitors, and records patient's response to care. The therapist maintains patient's records and communicates with other health care team members. The therapist initiates, conducts, and modifies prescribed therapeutic procedures to achieve desired objectives.

- B. Initiate, conduct, or modify respiratory care techniques:
1. Evaluate and monitors patient response to care (CXR, arterial blood gas puncture, capillary blood gas sampling, pulse oximetry, capnography, sputum characteristics, vital signs, records pertinent data.
 2. Measures FI_{O2}/litre flow.
 3. Suction and infection control.
 4. Endotracheal/tracheal cuff pressure, MOV
 5. Auscultation heart and lung sounds
 6. Interprets hemodynamic monitoring/calculations.
 7. Maintains records and communication.
 8. Uses patient rights with medication administration.

Fail	Pass	Not
		Applicable

C. Initiate, conduct, or modify respiratory care techniques in emergency settings:

1. Treat cardiopulmonary collapse according to BLS, ACLS, PALS, NRP standards.
2. Recognize and be prepared to assist/treat tension pneumothorax.

3. Participate in patient transport (land/air).

	Pass	Not	
Fail		Applicable	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Assist physician, initiate, and conduct pulmonary rehabilitation:

1. Assist in procedures, bronchoscopy, thoracentesis, tracheal intubation, tracheostomy, cardiopulmonary stress testing, cardioversion, insertion of lines, conscious sedation.
2. Initiate and conduct pulmonary rehabilitation and home care within prescription.
3. Assure infection control and monitor respiratory care home program.

	Pass	Not	
Fail		Applicable	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT MEETS OR EXCEEDS EXPECTED CLINICAL PERFORMANCE

	Pass	Not	
Fail		Applicable	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL INSTRUCTOR COMMENTS:

Clinical Evaluator: _____

Date _____

RT Student: _____

(I have read this evaluation)

Date _____

AVC Faculty: _____

Date

STUDENT COMMENTS:

Core Learning Outcome	Unsatisfactory behavior	Needs Improvement	Satisfactory Behavior	Exceeds Expectations
Demonstrates Professionalism	<ul style="list-style-type: none"> - Doesn't wear uniform or name badge. -Late or tardy for clinical < 3 days throughout the semester. 	Requires constant reminding to wear attire periodic tardies or absences.	Usually able to be on time to clinical and doesn't exceed absence policy. Usually accepted attire	Always in appropriate attire, punctual, and does not miss clinical.
Obtains, selects and reviews patient data.	<ul style="list-style-type: none"> - Unable to obtain data and assess variables that impact patient care. 	Frequently requires assistance to collect historical data or perform patient history. (>50% of clinical time).	Usually able to select, and review patient data.(>70% of time)	Always able to review and select patient data.
Collects/evaluates clinical data.	<ul style="list-style-type: none"> - Unable to obtain clinical data > 70% of time. 	Frequently requires assistance to collect clinical data > 50% of clinical time.	Usually able to collect clinical data >70% of clinical time.	Always collects clinical data.
Performs procedures AARC guidelines	<ul style="list-style-type: none"> - Unable to perform procedures that according clinical competencies 	Frequently requires assistance >50% of clinical time to perform procedures.	Usually able to perform modalities > 70% of clinical time.	Always able to perform procedure
Selects/assembles Equipment	<ul style="list-style-type: none"> - Unable to select/assemble equipment. 	Frequently requires Assistance >50% To select/assemble equipment.	Usually able to select or assemble equipment >70% of clinical time.	Always able to select or assemble equip.

Antelope Valley College
 Associates Degree Respiratory Care Program
 Administrative Policies and Procedures

SUBJECT: Student Process for repeating RCP courses	POLICY:								
SUBMITTED BY:	ORIGINATION DATE: November 2006								
APPROVAL:	REVISION: August 2010-2014, 2016-2018								
Evaluation and Planning Committee PROGRAM LEVEL: Associate Degree Respiratory Care	SUPERCEDES:								
Review Dates:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								

Purpose: To instruct a student on the process for repeating courses in the Respiratory Care program. While student success is our goal at Antelope Valley College, student and patient safety is our responsibility. Title 5; 55510. Student Success and Support Program Plans (a)(2).

Procedure: Students who wish to repeat course work as a result of failure/withdraw must follow the outlined process:

- All students must reapply to the program.
- Official AVC transcripts must be submitted with the application.
- A copy of a current physical examination (within one year) as well as copies of immunizations, two-step TB test, and drug screen..
- A completed background check.
- Updated education and evaluation for available through and AVC councilor.
- Proof of personal malpractice insurance.

NOTE: Students are expected to complete the Respiratory Care Program in 5 semesters after the initial admission. Students may re-enroll in the respiratory care program once. A student will not be allowed to re-enroll after two unsuccessful completions or withdrawals from any respiratory care course. Effective spring

2017, re-enrollment to the respiratory care program will only be available to returning students who have been out of the program three years (36 months) or less. Re-enrollment is based on space availability / capacity for the cohort being admitted to for completion. Title 5 Article 2 55510. Student Success and Support Programs. 5 CCR § 54220 § 54220. Student Equity Plans.

Students and faculty often refer to non-progression in the program as “strikes.” Examples of “strikes” are:

- Grade of D or F in a respiratory care course.
- Withdrawal from a respiratory care course for any reason after attending any portion of the class or clinical, even if the withdrawal does not appear on a transcript.
- These strikes are considered a reflection of the student’s college readiness to be placed in college curriculum. Title 5 Article 55522. Assessment.

In rare circumstances, a student may be eligible for removal of a strike. Circumstances in this category include personal injury, prolonged illness, or similar crises that result in a student’s inability to complete a course successfully. If a student is requesting an exception for unsuccessful completion or withdrawal, the student must have satisfactory standing at the time of withdrawal.

The procedure for requesting removal of a strike is:

- Student writes a letter explaining the unique circumstances to the Director of Respiratory Care.
- Student includes documentation supporting the circumstances with the letter.
- Student has an attrition assessment on file.

All requests for removal of strikes must be filed with the Director of Respiratory Care within 30 days of the end of the semester in which the student failed (or received a grade of D) or withdrew from the course.

Requests for removal of strikes are reviewed by the RCP faculty. Students are notified of the faculty’s decision by mail.

A student who leaves the program during the first semester or receives an unsatisfactory grade at the conclusion of the first semester must submit a new application (including current transcripts showing unsuccessful completion of the first respiratory care course (s) to the Health and Safety Sciences Office. The student must have a completed attrition assessment form on file.

The student will be placed on the list for enrollment in the order in which the application packet is received.

