



**COLLEGE OF TECHNOLOGY**  
**Respiratory Therapy Program**  
Student Handbook

2008/2009

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*Co-Medical Director*

Dear Respiratory Therapy Student:

Congratulations on your choice of the Respiratory Therapy (RT) Program at Idaho State University. I want to take this opportunity to welcome you to the program and to say that I look forward to working with you in your future endeavors in this exciting field of medicine.

The Respiratory Therapy Practitioner is a very important part of the healthcare system. As medicine becomes more advanced, the Respiratory Therapy field must stay on the cutting edge of technology to provide more skilled care to the consumer. Therapists must continually upgrade their skills to keep up with these changes. The RT Program is dedicated to providing you with a quality and comprehensive educational experience that will prepare you for entering this rapidly changing job market. Employment of respiratory therapists is expected to increase faster than the average for all occupations through the year 2012, because of substantial growth in numbers of the middle-aged and elderly population. With this in mind, Respiratory Therapy Practitioners will remain in high demand.

Education is a life long learning experience and we, the RT Program's faculty, look forward to being a part of your life long learning process. "Develop a passion for learning. If you do, you'll never cease to grow." - Anthony J. D'Angelo.

Sincerely,

Stephen E. Swope, BA, RRT  
Respiratory Therapy Program Director  
208-282-3653  
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## Respiratory Therapy

### **I. Introduction:**

This handbook is designed to provide information and serve as a resource for most questions any school situations you may encounter as a student in the Respiratory Therapy Program. Students are responsible for compliance with all policies and requirements of Idaho State University. The information in this handbook supplements the information that is provided in the Idaho State University Bulletin and Official Student Code of Conduct. Students in the Respiratory Therapy Program are responsible for the program policies and guidelines described in this manual.

### **II. Department Administration:**

The Health Occupations Department is operated by the College of Technology, Idaho State University. The programs work in cooperation with the Idaho State Board for Vocational Education and are approved by the State Board of Education.

<b>Dean, College of Technology</b>	<b>Dean, Marilyn Davis, PhD</b>
<b>Acting Health Occupations Department Chair</b>	<b>Glenna Young, BS</b>
<b>Program Director</b>	<b>Stephen E. Swope, BA, RRT</b>
<b>Director of Clinical Education</b>	<b>Lisa Wood, BA, RRT</b>
<b>Co-Medical Directors</b>	<b>John Traul, MD William Armour, III, MD</b>

All students are directly responsible to the instructors. Details regarding program procedures will be covered and questions answered during orientation at the beginning of the program or as the need arises. Problems of any nature will first be brought to the attention of the instructors and program director. They will seek assistance for the student problem. If a student feels a need for a conference with someone other than the instructor or the program director, a meeting may be arranged with a counselor from the College of Technology Student Services (282-2622).

*This handbook can be amended at any time. Students will be notified of changes immediately and will sign statements acknowledging the changes.*

### **III. Program Policies:**

#### **Attendance and Punctuality in the Classroom:**

Employers are very interested in a student's attendance and study habits because they reflect how he/she will perform on the job. Students are expected to attend all meetings or classes in which they are registered. Each instructor may, consistent with departmental policy, establish such specific regulations governing attendance as may seem suited to a particular course. No one is authorized to excuse a student from a class meeting except the instructor in charge of the class.

No student may be absent from the campus in connection with extracurricular activities more than sixteen college instructional days per semester. No one extracurricular activity may take students away from the campus more than twelve college instructional days.

Arriving late to class is disruptive to your classmates. Should you be more than 15 minutes late, it will be considered an absence. You may still enter the classroom from the back but it is an absence. Leaving class more than 15 minutes early will also be considered an absence.

#### **Clinical Attendance Policy:**

Students should report to the clinical site 15 minutes prior to the starting of the clinical session. A late arrival of 5 minutes or more after the start time of the clinical will be considered a tardy (except in emergencies and approved by the clinical instructor). Two or more tardies will be considered an absence and one clinical day will have to be made up.

The student is expected to attend all labs and clinical. In order to be successful in your clinical skills, you must be present as scheduled. All attendance must be recorded in your clinical journal and signed by the clinical preceptor. If there is any discrepancy as to whether the student was present in the clinical setting, if the date of attendance and the clinical preceptor's signature are present, there will be no question of attendance.

Any clinical time missed will need to be made up at the discretion of the lab instructor or the clinical site, before the end of the semester, except in special circumstances. This will apply to full and partial days missed. It is the student's responsibility to make arrangements to reschedule lab/clinical time as well as inform the clinical site and the program director that they will be absent. No shows without a telephone call will result in dismissal from the program. The student may make up one day without penalty to his or her grade. If two clinical days have to be made up during the semester, there will be a deduction of 10% from the final clinical evaluation grade and a written warning will be given. Three absences will result in dismissal from the program. The student will then have to reapply for admission to the program when this class is offered again. Leaving clinical more than 15 minutes early is unacceptable and will result in four hours make-up clinical time.

### **Cheating:**

Cheating on papers, tests or other academic works is a violation of program rules. No student shall engage in behavior that, in the judgment of the instructor of the class, may be construed as cheating. This may include, but is not limited to, plagiarism or other forms of academic dishonesty such as the acquisition without permission of tests or other academic materials and/or distribution of these materials and other academic work. This includes students who aid and abet as well as those who attempt such behavior.

### **Conduct:**

Conduct detrimental to the operation of the university, the program, or your courses, may be grounds for disciplinary action as outlined in the Student Code, Handbook and Calendar available in student services.

In all program courses, conduct must be consistent with maintenance of an appropriate educational environment. **Abusive language, distracting or disruptive behavior will not be tolerated and will be grounds for possible disciplinary action and possible program dismissal.**

Dishonesty, cheating, or other misrepresentation, willful disregard for the safety of others and deliberate acts of destruction will be grounds for possible disciplinary action and possible program dismissal. **Any conduct outside of scheduled class sessions that directly and adversely relates to your function in the program will be reviewed and may constitute grounds for disciplinary action and possible program dismissal.**

The disciplinary actions include verbal warnings, written warnings, probation, or dismissal from the program. The degree of the discipline depends on the severity of the inappropriate behavior. You are especially to be courteous to your fellow students during their oral presentation.

Smoking is prohibited in classrooms, laboratories, and hallways at the university and in all areas of the hospitals except in designated smoking areas.

### **General Grading Policy:**

Idaho State University uses a graduated letter grading system to indicate the instructor's evaluation of a student's performance in a course. These letter grades are converted to a numerical value for computing a student's semester and cumulative grade point averages. At the beginning of each course, an instructor should inform students of the criteria to be used in evaluating their performance through the class syllabus or other written means.

Idaho State University uses letter grades with the four (4) point maximum grading scale. The grade A is the highest possible grade, and a grade of F is considered failing. Plus (+) or minus (-) symbols are used to indicate grades that fall above or below the letter grades. The grades of A+, F+, and F- are not used. For purposes of calculating grade points and averages, the plus (+) increases the grade's point value by .3 and minus (-) decreases the grade's point value by .3 (e.g., a grade B+ is equivalent to 3.3 and A- is 3.7). A student's work is rated in accordance with the following definitions:

<b>A</b>	<b>4.00 excellent performance</b>
<b>A-</b>	<b>3.70 excellent performance</b>
<b>B+</b>	<b>3.30 good performance</b>
<b>B</b>	<b>3.00 good performance</b>
<b>B-</b>	<b>2.70 good performance</b>
<b>C+</b>	<b>2.30 adequate performance</b>
<b>C</b>	<b>2.00 adequate performance</b>
<b>C-</b>	<b>1.70 adequate performance</b>
<b>D+</b>	<b>1.30 marginal performance</b>
<b>D</b>	<b>1.00 marginal performance</b>
<b>D-</b>	<b>0.70 marginal performance</b>
<b>F</b>	<b>0.00 unacceptable performance</b>

**Grading Scale:** A 95 – 100%

A- 90 – 94%

B+ 87 – 89%

B 84 – 86%

B- 80 – 83%

C+ 77 – 79%

**C 74 – 76%**

C- 70 – 73%

D+ 67 – 69%

D 64 – 66%

D- 60 – 63%

F Below 60%

A grade of “C” or better (74% or better average) in each course is required by this program (a “C-” is not acceptable).

**Release Form:**

A student must sign a release form if he/she would like to authorize the instructors in the program to release information to prospective employers regarding grades, attendance, or other pertinent information for gaining employment.

**Clinical Assignments, Policies, and Guidelines:**

The nature of the clinical activities will vary, depending on the term of the program. Clinical assignments may involve day, evening or night rotations throughout the program. Clinical training will involve observation of procedures, and the evaluation on the performance of procedures on various patient populations (neonatal, pediatric, adult and geriatric patients). Due to the seriousness of clinical and the potential harm to patients, the standards of clinical training will be followed closely and enforced strictly. HIPAA regulations require that the confidentiality of patients and patient information be held in strictest confidence. Breach of confidentiality will result in disciplinary action and may result in dismissal from the program.

**Prior to Attending Clinical:**

All students that are accepted into the program will be expected to start clinical about halfway through the initial semester and must turn in a completed health form by the second week of the first semester they are accepted into the respiratory therapy program. This health form must be completed and signed by a physician or nurse practitioner. All immunizations must be up to date. If immunizations are not up to date the student may not attend clinical. A background check and drug screening may also be required and must be submitted at this time. These all are done at the student's expense.

All students, regardless of prior history, must have a tuberculosis test 90 days prior to the clinical rotation. If the TB test is positive, his/her physician, prior to the clinical rotation, must evaluate the student. If the student does not have a family physician, the student should make an appointment with their county's health department. The student must provide documentation of the physician's recommendation and any follow-up health visits to the program prior to entering the clinical rotation. Should the student fail to provide written documentation of their appointments to the program, it would result in immediate removal of the student from the clinical setting. The TB test must be repeated the following year and documentation provided to the program unless exposure requires more frequent testing.

All students must complete a Basic Cardiac Care Life Support – Healthcare Providers course prior to starting the clinical portion of the program. This card must not expire during the program. A student may not go to clinical without a valid BCLS card. This course is taken at the student's expense.

### **Conduct in the Clinical Setting:**

You are expected to behave in a professional manner any time you are in the clinical setting. **Abusive language, distracting or disruptive behavior will not be tolerated. Any conduct outside of scheduled class sessions that directly and adversely relates to your function in the program will be reviewed and may constitute grounds for possible disciplinary action and possible program dismissal.** Your conduct will influence your effectiveness with patients and potential employment opportunities.

You are expected to treat patients, visitors, hospital staff, faculty, student peers, and physicians with respect. At no time will noisy, boisterous, or abusive language be tolerated. Make sure that your clinical preceptor knows your whereabouts at all times. This is your responsibility. If your conduct is inappropriate in the judgment of your clinical preceptor and/or program faculty, you may be subject to disciplinary action. The disciplinary actions include verbal warnings, written warnings, probation, or dismissal from the program. The degree of the discipline depends on the severity of the inappropriate behavior.

If the clinical site has reason to believe that you are under the influence of illicit drugs or alcohol, you may be required to submit to drug screening even if the drug screening has previously been done. The drug screening will be at your expense. If you refuse to the drug test you may be subjected to disciplinary actions.

HIPAA regulations require that the confidentiality of patients and patient information be held in strictest confidence. Breach of confidentiality will result in disciplinary action and may result in dismissal from the program.

### **Clinical Assignments and Travel:**

Students are required to arrange for transportation to and from his/her assigned clinical sites. Each clinical site offers its own unique learning experiences and can accommodate only a certain number of students so rotations to the different clinical sites can be expected. Students must be prepared for a variety of starting times at these clinical sites and may travel distances to a clinical site. There will be no trading of clinical rotations, except in extreme circumstances, and every attempt will be made to arrange at least one other student to share a ride and gas expenses. You are responsible for costs incurred during clinical time: housing, food, transportation, parking and for miscellaneous items.

### **Dress Codes in Clinical:**

Because of the environment in which a health care provider practices, he/she must follow certain guidelines to ensure his/her safety as well as the safety of their patients. The following guidelines are based on that premise.

1. The student is expected to dress in appropriate attire for all clinical sessions as outlined below.
2. The uniform consists of mostly white closed-toe and heel leather shoes, navy blue scrubs (or in accordance with the clinical site's colors), plain white tee-shirts to be worn under the scrub top, and white, long-sleeved, hip-length lab coats with a respiratory therapy student patch on the right sleeve. Idaho State University picture IDs must be worn at all times in clinical. The uniform should always be clean and wrinkle free with shoes and shoelaces clean.
3. When in uniform at clinical, jewelry must be kept to a minimum. If earrings are worn, only one pair of small earrings will be accepted. If finger rings must be worn, wearing of only a plain wedding band will be accepted. No bracelets, necklaces, nose, or tongue rings or decorative pins should be worn.
4. When in uniform at clinical, your fingernails are important. Nails will be kept short at all times and if nail polish is used it should be a natural colored polish. Acrylic, or false nails, must be removed due to the possibility harboring bacteria and fungal infections.
5. Hair must be clean and pulled back from the face in a manner that prevents it from falling over the shoulders or contaminate sterile fields while in uniform. Facial hairs need to be well groomed.
6. Use cosmetics sparingly. Perfumes or highly scented personal products are not to be used because the fumes can cause breathing difficulties in our patients. When coming to clinical, students must be clean and free from body odor.
7. No tobacco products are to be carried by any student during clinical assignments. If you are a smoker, consider the odor that might cling to your uniform. If at all possible, try not to smoke before or during clinical time. If you must smoke, it should only be done in designated areas.
8. Gum chewing, eating, and/or drinking is allowed only in designated areas while at clinical.
9. The hospital and/or university reserves the right to require any student who is not correctly dressed to leave the hospital.

**Other Clinical Policies:**

1. Before leaving clinical, notify your clinical preceptor and make sure that he/she dismisses you from the clinical site and is aware of any incomplete assignments. Make sure your clinical preceptors know where you are during clinical time.
2. Attending meetings is an excellent opportunity for exposure to further knowledge in the field of respiratory therapy. Notify your clinical preceptor so they may be looking for any additional educational opportunities, physician contact or procedure observations for you during clinical. This is your responsibility.
3. The confidentiality of patients and patient information must be held in strictest confidence. Breach of confidentiality will result in disciplinary action and may result in dismissal from the program.
4. Personal telephone calls are not to be made during clinical hours.
5. Should you become ill during your clinical time, notify your clinical preceptor. You will have to make up all clinical time missed, except in emergent situations. Arrangement will be made for medical attention as appropriate. You are responsible for costs incurred during treatment.

## Respiratory Therapy

### **Course Length:**

Eight or more semesters depending on student progress and skill level resulting in an associate of science degree in Respiratory Therapy. Upon successful completion of the program, graduates are eligible to take the entry-level examination to become certified respiratory therapists (CRT). They would then be eligible to take the advanced-level examination to become registered respiratory therapists (RRT). For a program information packet contact the student services department in the College of Technology at 208-282-2622.

### **Job Description:**

#### **What is a Respiratory Therapist?**

*Respiratory therapists* and *respiratory therapy technicians*—also known as respiratory care practitioners (RCPs)—evaluate, treat, and care for patients with breathing or other cardiopulmonary disorders. Respiratory therapists, practicing under physician direction, assume primary responsibility for all respiratory care therapeutic treatments and diagnostic procedures, including the supervision of respiratory therapy technicians. Respiratory therapy technicians follow specific, well-defined respiratory care procedures, under the direction of respiratory therapists and physicians. In clinical practice, many of the daily duties of therapists and technicians overlap, although therapists generally have greater responsibility than technicians. For example, respiratory therapists will primarily consult with physicians and other healthcare staff to help develop and modify individual patient care plans. Respiratory therapists are also more likely to provide complex therapy requiring considerable independent judgment, such as caring for patients on life support in hospital intensive care units. In this statement, the term *respiratory therapists* includes both respiratory therapists and respiratory therapy technicians

#### **What is the expected job market for Respiratory Therapy?**

Job opportunities are expected to be very good, especially for respiratory therapists with cardiopulmonary care skills or experience working with infants. Employment of respiratory therapists is expected to increase faster than the average for all occupations through the year 2012, because of substantial growth in numbers of the middle-aged and elderly population—a development that will heighten the incidence of cardiopulmonary disease.

Although hospitals will continue to employ the vast majority of therapists, a growing number can expect to work outside of hospitals in home healthcare services, offices of physicians or other health practitioners, or consumer goods rental firms.

**What is the average salary?**

Median annual earnings of respiratory therapists were \$40,220 in 2002. The middle 50 percent earned between \$34,430 and \$46,130. The lowest 10 percent earned less than \$30,270, and the highest 10 percent earned more than \$54,030. In general medical and surgical hospitals, median annual earnings of respiratory therapists were \$40,390 in 2002.

Median annual earnings of respiratory therapy technicians were \$34,130 in 2002. The middle 50 percent earned between \$28,460 and \$41,140. The lowest 10 percent earned less than \$23,230, and the highest 10 percent earned more than \$47,800. Median annual earnings of respiratory therapy technicians employed in general medical and surgical hospitals were \$34,210 in 2002.

**RESPIRATORY THERAPY**  
*Curriculum Sequencing*

Semester/Course	Credits	Semester/Course	Credits	Semester/Course	Credits
<b>Fall 1</b>		<b>Fall 2</b>		<b>Fall 3</b>	
HO 105	2	BIOL 301/301L	4	RESP 232	2
HO 106	2	MATH 253	3	RESP 330	5
ENGL 101	3	RESP 200	4	RESP 280	2
MATH 108	3	RESP 211	2	Goal Class (1 from 6, 7, 8)	3
BIOL 101/101L	4	ENGL 102	3	<b>TOTAL</b>	<b>12</b>
Goal 12 (Psych.)	3	<b>TOTAL</b>	<b>16</b>		
<b>TOTAL</b>	<b>17</b>				
<b>SPRING 1</b>		<b>Spring 2</b>		<b>Spring 3</b>	
CHEM 101	3	Goal Class (1 from 6, 7, 8)	3	RESP 310	2
COMM 101	3	RESP 214	4	RESP 335	5
HO 208	3	RESP 301	4	Goal Class (2 from 9, 10A, 10B, 11)	6
HO 209	3	RESP 320	5	<b>TOTAL</b>	<b>13</b>
BIOL 302/302L	4	<b>TOTAL</b>	<b>16</b>		
<b>TOTAL</b>	<b>16</b>				
<b>SUMMER 1</b>		<b>SUMMER 2</b>			
HO 107	3	RESP 230	2		
BIOL 221/221L	4	RESP 325	3		
<b>TOTAL</b>	<b>7</b>	<b>TOTAL</b>	<b>5</b>		

**Respiratory Therapy  
Course Descriptions**

**HO 105 INTRODUCTION TO ALLIED HEALTH CAREERS** 2 credits. Introduction to allied health careers emphasizing the relationships and the team approach to health care.

**HO 106 MEDICAL TERMINOLOGY** 2 credits. Body systems approach to theory and application of medical terms including anatomical, pathological, surgical and diagnostic as well as appropriate abbreviations.

**ENGL 101 ENGLISH COMPOSITION** 3 credits. Course in prose writing in which students will develop their ability to understand and write paragraphs and expository essays in standard edited English.

**MATH 108 INTERMEDIATE ALGEBRA** 3 credits. Topics is algebra with an emphasis on solving equations and inequalities. Systems of linear equations; quadratic equations and the quadratic formula; polynomial, absolute value, rational, and radical equations and inequalities. Rational exponents; calculations and equations involving exponentials and logarithms.

**BIOL101/101L BIOLOGY I/BIOLOGY I LAB** 4 credits. Major concepts I biology with an emphasis on the development of diversity, plant and animal structure and function, ecology, and behavior. This course is for students majoring in the biological sciences.

**PSYC 101 INTRODUCTION TO GENERAL PSYCHOLOGY I (RECOMMENDED)** 3 credits. Brief history of the science of psychology and study of human behavior and mental processes. Discusses biological, cognitive, and social bases of behavior. Satisfies Goal 12 of the General Education requirements.

**CHEM 101 ESSENTIALS OF CHEMISTRY** 3 credits. Atomic structure, chemical calculations, solutions, acid-base reactions, equilibrium, and descriptive inorganic chemistry.

**COMM 101 PRINCIPLES OF SPEECH** 3 credits. Basic course in oral communication that emphasizes the theory and practice of informative speaking, logical argumentation, persuasion, small group discussion, and interpersonal communication. Designed to explain the humanistic nature of human communication and to improve a student's ability to express ideas orally. Satisfies Goal 2 of the General Education Requirements.

**HO 208 INTRODUCTION TO PATHOLOGY** 3 credits. An introductory course in the concepts of pathology. Includes causes, common mechanisms, and anatomic or functional manifestations of human disease.

**HO 209 INTRODUCTION TO DRUGS AND THEIR USES** 3 credits. Introduction to the study of drugs, their sources, appearance, actions, uses, and basic principles of therapeutic drug administration. Classification of drug safety issues, sources of drug information, legislation related to drugs, and drug references will be included.

**BIOL 302/302L ANATOMY AND PHYSIOLOGY/ANATOMY AND PHYSIOLOGY LAB** 4 credits. Structures and functions of circulatory, respiratory, urinary, digestive, endocrine, and reproductive systems.

**HO 107 MEDICAL LAW AND ETHICS** 3 credits. Principles and application of law to health care organizations and personnel, standards of care and liability; covers tort, contract and statutory law.

**BIOL 221/221L INTRODUCTORY MICROBIOLOGY/ INTRODUCTORY MICROBIOLOGY LAB** 4 credits. Essential principles of microbiology and an introduction to various applications of economic importance.

**BIOL 301/301L ANATOMY AND PHYSIOLOGY/ANATOMY AND PHYSIOLOGY LAB** 4 credits. Structures and functions of integumentary, skeletal, muscular, and nervous systems. Lectures, laboratories.

**MATH 253 INTRODUCTION TO STATISTICS** 3 credits. Descriptive statistics, probability, confidence intervals, and hypothesis testing for one and two parameters. Emphasis on applications to a wide variety of disciplines. Satisfies Goal 3 of General Education Requirements.

**RESP 200 Introduction to Respiratory Care and Lab** 4 credits. Introduction to the care of pulmonary patients. Focus on skills required and methods used to manage cardiopulmonary problems. Includes clinical practice of procedures and skills. PREREQ: HCA 110 and HCA 210. F

**RESP 211 Pharmacotherapy for Respiratory Therapists** 2 credits. Study of therapeutic drug administration for respiratory therapists. Special emphasis on safety issues, sources of drug information, and application to respiratory care practice. PREREQ: PSCI 315. COREQ: RESP 200. F, S

**ENGL 102 CRITICAL READING AND WRITING** 3 credits. Writing essays based on readings. Focus on critical reading; research methods; gathering, evaluating, analyzing, and synthesizing ideas and evidence; documentation.

**GOAL CLASS (2 FROM 6, 7, 8)** 6 credits.

**RESP 214 Introduction to Pulmonary Disease 4 credits.** Integrated approach to the anatomy, physiology, and pathology of the cardiopulmonary system. Comparison of normal and abnormal function. Emphasis on cardiopulmonary functions that are frequently measured to monitor patient status. Includes clinical practice of procedures and skills. PREREQ: RESP 200, BIOL 301, BIOL 301L, BIOL 302 and BIOL 302L. S

**RESP 301 Mechanical Ventilators 4 credits.** Exploration of operational characteristics of critical care, home care, transport, and neonatal ventilators. Includes clinical practice of procedures and skills. PREREQ: RESP 200 and RESP 214. S

**RESP 320 Clinical Practice of Therapeutic Procedures I 5 credits.** Focus on conducting respiratory care in the sub-acute setting. PREREQ: RESP 230 and RESP 280. S

**RESP 231 Patient Assessment I 2 credits.** Holistic approach to assessment of adult and pediatric patients in subacute/homecare settings. Special emphasis on assessment of the cardiopulmonary function. PREREQ: RESP 200 and RESP 214. Su

**RESP 325 Clinical Practice of Therapeutic Procedures II 5 credits.** Focus on conducting respiratory care in the acute setting. PREREQ: RESP 320. Su

**RESP 232 Patient Assessment II 2 credits.** Holistic approach to assessment of adult and pediatric patients in acute care settings. Special emphasis on assessment of the cardiopulmonary function. PREREQ: RESP 231. F, S

**RESP 330 Clinical Practice of Therapeutic Procedures III 5 credits.** Focus on conducting respiratory care in the acute setting. PREREQ: RESP 232 and RESP 310. F

**RESP 280 Case Management I 2 credits.** Holistic approach to the management of adult and pediatric patients in sub-acute settings. Special emphasis on management of cardiopulmonary problems. PREREQ: RESP 211 and RESP 214. F

**RESP 310 Case Management II 2 credits.** Holistic approach to the management of adult and pediatric patients in acute care settings. Special emphasis on management of cardiopulmonary problems. PREREQ: RESP 280. F, S

**RESP 335 Clinical Practice of Therapeutic Procedures IV 5 credits.** Focus on conducting respiratory care in the acute and intensive care settings. PREREQ: RESP 330. S

**GOAL CLASS (2 FROM 9, 10A, 10B, 11)** At least 6 credits.

PROGRAM GOALS:

Goal #1: To prepare students as competent advanced-practice therapists.

Objectives:

1a. Upon completion of the program, the student will demonstrate the ability to comprehend, apply, and evaluate clinical information relative to their role as an advanced-practice therapist (knowledge domain).

Common Evaluation Instruments: Instructor made summative exams; standardized exams; employer surveys; and graduate surveys.

1b. Upon completion of the program, the student will demonstrate the technical proficiency in all the skills necessary to fulfill the role as an advanced-practice therapist (psychomotor domain).

Common Evaluation Instruments: Instructor made summative proficiency evaluations; summative evaluations of clinical performance; employer surveys; and graduate surveys.

1c. Upon completion of the program, the student will demonstrate professional behavior consistent with employer expectations for the advanced-practice therapist (affective domain).

Common Evaluation Instruments: Summative oral and/or verbal exams of clinical affective performance; employer surveys; and graduate surveys.

Goal #2: For the students to be able to express ideas/concerns about the respiratory care plan of the patient

Objectives:

2a. Upon completion of the program, the students will demonstrate the ability to modify the plan of care of pulmonary patients based on information gathered.

Common Evaluation Instruments: Summative patient care plans; standardized clinical simulation tests; employer surveys; and graduate surveys.

**Certified Respiratory Therapist (CRT) Examination Matrix  
Entry Level Examination**

<b>CRT Examination Matrix</b>				
<b>Cognitive Level</b>				
<b>Content Area</b>	<b>Recall</b>	<b>Application</b>	<b>Analysis</b>	<b>Number of Items</b>
<b>I. Patient Data Evaluation</b>	<b>7</b>	<b>18</b>	<b>0</b>	<b>25</b>
A. Review existing data in the patient record	2	4	0	6
B. Collect and evaluate additional pertinent clinical information	5	14	0	19
<b>II. Equipment Application and Cleanliness</b>	<b>13</b>	<b>17</b>	<b>0</b>	<b>30</b>
A. Select, assemble, use, and troubleshoot equipment	10	15	0	25
B. Ensure infection control	2	0	0	2
C. Perform quality control procedures for blood gas analyzers, co-oximeters, and sampling devices; oxygen analyzers; mechanical ventilators; gas metering devices [e.g. flowmeter]	1	2	0	2
<b>III. Therapeutic Procedure Initiation and Modification</b>	<b>15</b>	<b>38</b>	<b>32</b>	<b>85</b>
A. Maintain records and communicate information	1	4	2	7
B. Maintain a patent airway including the care of artificial airways	1	2	2	5
C. Remove bronchopulmonary secretions	1	2	0	3
D. Achieve adequate respiratory support	1	4	2	7
E. Evaluate and monitor patient's objective and subjective responses to respiratory care	4	5	0	9
F. Independently modify therapeutic procedures based on the patient's Response	2	4	19	25
G. Recommend modifications in the respiratory care plan based on the patient's response	1	9	2	12
H. Determine the appropriateness of the prescribed respiratory care plan and recommend modifications when indicated	1	3	5	9
I. Initiate, conduct, or modify respiratory care techniques in an emergency setting	1	3	0	4
J. Act as an assistant to the physician performing special procedures including bronchoscopy, cardioversion and	1	1	0	2

intubation				
K. Initiate and conduct pulmonary rehabilitation and home care within the prescription	1	1	0	2
<b>Totals</b>	<b>35</b>	<b>73</b>	<b>32</b>	<b>140</b>

**Registered Respiratory Therapist (RRT) Examination Matrix  
Advanced Level Examination**

<b>RRT Examination Matrix</b>				
<b>Cognitive Level</b>				
<b>Content Area</b>	<b>Recall</b>	<b>Application</b>	<b>Analysis</b>	<b>Number of Items</b>
<b>I. Patient data evaluation and recommendations</b>	<b>6</b>	<b>2</b>	<b>12</b>	<b>20</b>
A. Review existing data in the patient record	0	1	3	4
B. Collect and evaluate additional pertinent clinical information	2	4	8	14
C. Recommend procedures to obtain additional data	0	1	1	2
<b>II. Equipment application and cleanliness</b>	<b>2</b>	<b>5</b>	<b>11</b>	<b>18</b>
A. Select, assemble, use, and troubleshoot equipment	2	4	9	15
B. Ensure infection control	0	0	1	1
C. Perform quality control procedures for blood gas analyzers, co-oximeters, and sampling devices; oxygen analyzers; pulmonary function equipment; mechanical ventilators; noninvasive monitors [e.g. transcutaneous]; record and monitor qc data using accepted statistical methods	0	1	1	2
<b>III. Therapeutic procedure initiation and modification</b>	<b>3</b>	<b>7</b>	<b>52</b>	<b>62</b>
A. Maintain records and communicate information	0	1	4	5
B. Maintain a patent airway including the care of artificial airways	0	0	3	3
C. Remove bronchopulmonary secretions	0	0	3	3
D. Achieve adequate respiratory support	0	1	5	6
E. Evaluate and monitor patient's objective and subjective responses to respiratory care	1	1	7	9
F. Independently modify therapeutic procedures based on the patient's Response	1	1	9	11
G. Recommend modifications in the respiratory care plan based on the patient's response	1	1	10	12
H. Determine the appropriateness of the prescribed respiratory care plan and recommend modifications when indicated	0	1	4	5
I. Initiate, conduct, or modify respiratory care techniques in an emergency setting	0	1	3	4
J. Act as an assistant to the physician performing special procedures	0	0	2	2
K. Initiate and conduct pulmonary rehabilitation and home care within the prescription	0	0	2	2
<b>Totals</b>	<b>7</b>	<b>18</b>	<b>75</b>	<b>100</b>