

The [Vermont State University Student Handbook](#) includes information about campus resources, safety information, and a compilation of official policies of the College. Please be aware that all students are responsible for reading and knowing the contents of the Vermont State University Student Handbook and for abiding by all College rules and regulations.

Rules and policies are reviewed annually and may be changed at any time.

The Respiratory Therapy section of the handbook has been designed to share specific respiratory therapy department information including:

- The Goal of the Respiratory Therapy Program
- The mission of the respiratory therapy program
- Team-based approach to learning
- The expected outcomes for respiratory therapy students
- The behavioral expectations of respiratory therapy students
- The polices that govern student progression through the program

Goal of Respiratory Therapy Program

To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and effective (behavior) learning domains of respiratory care practices as performed by registered respiratory therapists.

Mission of the Respiratory Therapy program

The primary mission of the respiratory therapy program is to provide a high-quality education that is relevant and professionally sound to meet the respiratory care needs in the health care community. Inherent in this mission is the program's goal to prepare students who can demonstrate the attitudes, skills, and knowledge relevant to their role as registered respiratory therapists.

Throughout the study of respiratory care, an emphasis is placed on the role of the respiratory therapist as an essential member of the health care team. Each new topic is presented in a manner that requires students to decide whether care is needed, administer the care competently, and determine whether the care provided was in fact effective.

Clinical experience is regarded as the highest importance to the success of the program. Extensive practice at premier academic medical centers helps students develop critical thinking skills, use strong communication skills and demonstrate the leadership required of today's respiratory therapists.

TEAM-BASED LEARNING

Synchronous respiratory therapy courses are taught with a Team-Based Learning (TBL) approach. Team-based learning is an evidence based collaborative learning teaching strategy designed around units of instruction, known as “modules,” that are taught in a four-step cycle: preparation, in-class readiness assurance testing, application-focused exercise, and examination.

Preparation before class

Students must complete preparatory materials before a class or the start of the module. Materials may be text, visual or other.

In-class Readiness Assurance Testing

The readiness assurance process holds students accountable for coming to class prepared and working together as a team. Students complete an individual quiz, consisting of 5 to 20 multiple choice questions. After submitting their individual answers, students take the same quiz, the team quiz, with their team. All members of each team share the same team quiz score, and both individual quiz and team quiz scores count toward the students' grades.

Appeals: Once students finish a group test, they may challenge any questions they answered incorrectly. This appeals procedure prompts students to revisit the study material, assess their comprehension, and to defend the answers they initially selected. An appeal must be submitted after the team quiz and before beginning the team exercise.

Instructor Feedback: The instructor may review material from the quiz that students still feel is problematic.

In-class application focused exercise

The remainder of the session or module is taken up with exercises that help students learn how to apply and extend the knowledge that they have pre-learned and tested. Teams are given an appropriate problem or challenge and must arrive at a consensus to choose the best solution to the problem. Teams then submit their answer choice, and the educator facilitates discussion between teams to explore the topic and the possible answers to the problem.

Examination

Student learning is evaluated with an individual exam for each learning module.

Respiratory Therapy student outcomes

Graduates of the respiratory therapy program are provided learning opportunities which lead to the accomplishment of the following program specific outcomes.

- Collect, review and evaluate clinical data to determine the appropriateness of the prescribed respiratory care plan, and participate in the development of the respiratory care plan.
- Initiate, conduct, and modify prescribed therapeutic procedures to achieve the desired objectives.
- Assemble, check function, correct malfunctions and perform quality control of respiratory therapy equipment.
- Acquire knowledge by questioning, analyzing, evaluating, and synthesizing information.
- Use numbers and formulate relationships between them to analyze, interpret and develop appropriate strategies for respiratory care.
- Work together with other professionals on the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues.
- Completely document patient care sessions in the medical record in a concise and legible manner following a problem-oriented format and using the SOAP or other generally accepted notation.
- Write clear, coherent, and comprehensive laboratory and clinical case reports.
- Communicate with clients, family members of clients, and members of the health care team using appropriate verbal and nonverbal skills.
- Inform practice of respiratory care by actively seeking new knowledge from colleagues, clients, the community, and related educational research.
- Expand the role of the respiratory therapist as an essential member of the health care team.
- Practice respiratory care effectively in a variety of cultural contexts.
- Become aware of the ethical dimension of health care and strive to understand and maintain the highest personal and professional standards.

Essential functions required of respiratory therapists

Essential job functions are the fundamental duties of a position: the things a person holding the job absolutely must be able to do. Essential job functions are used to determine the rights of an employee with a disability under the Americans with Disabilities Act (ADA). An employee who can't perform the essential job functions, even with reasonable accommodation, isn't considered qualified for the job and isn't protected from discrimination.

The following is a list of essential job functions of a respiratory therapist and the frequency with which these functions will be needed on the job.

Essential Function	Frequency
Physical Stamina and Dexterity	
Lift up to 50 lbs. to assist moving of patients, supplies and equipment	Frequently
Stoop to adjust equipment and perform procedures	Frequently
Kneel to manipulate equipment and perform procedures	Occasionally
Extend parts of the body in all directions in order to reach objects at a distance	Constantly
Possess motor skill and manual dexterity to move and manipulate small and large equipment	Constantly
Push/Pull large, wheeled equipment	Constantly
Walk for extended periods of time	Constantly
Walk quickly to respond to emergency calls or assist in transport of patients	Occasionally
Walk up and down stairs	Occasionally
Stand for prolonged periods of time to perform duties	Constantly
Sensory Function	
Hearing ability to interpret simple sounds such as beeps and complex sounds such as speech	Constantly
Visual ability to perform tasks that are dependent on vision	Constantly
Speaking ability to communicate to others in English	Constantly
Touch ability to organize, identify and interpret sensory information	Constantly
Intellectual Function	
Prioritize multiple tasks	Constantly
Perform procedures	Constantly
Analyze data to suggest and implement interventions	Constantly
Manage time for both educational and clinical responsibilities	Constantly

Read typed, handwritten, computer information in English	Constantly
Write to communicate pertinent information in English	Constantly
Mental Attitude	
Function safely, effectively and calmly under stressful situations.	Constantly
Maintain composure and concentration while managing multiple tasks simultaneously	Constantly
Practice social behaviors that are appropriate to interpersonal situations	Constantly
Communicate and cooperate effectively across cultural barriers	Occasionally
Practice personal hygiene consistent with close contact during direct patient care	Constantly
Display actions, attitudes consistent with ethical standards of the profession	Constantly
Collaborate with a group of persons acting together as a team	Constantly

ETHICAL CODE OF CONDUCT

Vermont Tech respiratory therapy students are expected to engage in ethical practice as a respiratory therapy student by following the ethical code of conduct as described in the American Association of Respiratory Care Statement of Ethics and Profession Conduct. Students whose behavior is not consistent with these standards may be subject to dismissal from the program. Any violation of the ethical codes of conduct or violation of municipal, state or federal laws by a student must be reported to the Program Director immediately. Review of the violation will be made to determine if the student may continue in the respiratory therapy program. Any student who fails to report violations of municipal, state, or federal laws may be dismissed from the respiratory therapy program.

The American Association of Respiratory Care Statement of Ethics and Professional Conduct will apply to respiratory therapy students in the Vermont State University program.

American Association of Respiratory Care Statement of Ethics and Professional Conduct (Revised 4/15)

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

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Promote and practice evidence-based medicine.
- Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

The AARC professional community embraces diversity and multi-culturalism in all its forms and promotes respect and cultural competence in all aspects of its mission.

The AARC is enriched by the unique differences found among its diverse members, their patients/ clients, and other stakeholders. The AARC values and embraces equal opportunity and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.
- Acknowledging the varied beliefs, attitudes, behaviors, and customs of the people that constitute its communities of interest, thereby creating a diverse, multicultural, and inclusive professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities.
- Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural competence in its education programs.
- Actively recruiting candidates from under-represented groups for leadership and mentoring programs

Classroom and lab expectations

Students in the respiratory therapy program will always conduct themselves in a manner that serves to maintain, promote and enhance a high-quality academic environment. To this end, it is expected that all members of the learning community will adhere to the following guidelines:

- Students are expected to attend all regularly scheduled classes.
- Students are expected to arrive prepared for class and on time and remain in class until the class is dismissed.

- Students will treat all members of the learning community with respect. Toward this end, students will promote academic discourse and the free exchange of ideas by listening with civil attention to comments made by all individuals.
- Students are to maintain an appropriate academic climate by refraining from all actions that disrupt the learning environment.
- Cell phones, pagers, or smart devices (smart watch, etc.) are not permitted during laboratory, class time, or during examinations during class or lab unless directed by the instructor.

Class Attendance Policy

- Students are expected to attend and participate fully in each class. If unable to attend a class due to illness or personal commitment, students should contact the instructor.
- A grade of zero will be recorded for all missed individual quizzes, team quizzes and team exercises.
- Quizzes and exercises cannot be made-up.
 - The lowest scoring two individual quizzes, two team quizzes, and three team exercises will be dropped from the course gradebook to accommodate a student's need to miss two classes during a course.
- Make-up exams will be given on a specific day and at a specific time (to be determined by instructor) to those students who contact the instructor on or before the day of the exam to give the instructor a reason for missing the exam.
- A make-up exam will not be given if the student does not make arrangements on or before the day of the exam.
- Students attending class on the day of an exam will not be allowed to schedule a make-up exam.

Lab Attendance Policy

- Two lab sessions can be missed without a grade change. After the second lab absence, the course grade will be lowered five percentage points for each additional absence.
- All missed lab sessions must be made up prior to the next scheduled lab at a time scheduled by the instructor.
- It is the student's responsibility to contact the instructor and arrange make-up time on or before the day of the lab. If a student does not contact the instructor on or before the day of the lab or if a missed lab session is not made up prior to the next scheduled lab, the student will not be allowed to participate in the next scheduled lab session and will be considered absent from this session.

- Neither student nor faculty schedules allow much time for flexibility; students are advised to be conscientious about lab attendance as the instructor may only be able to make up a lab with a student during a time when the student has another class scheduled.

Late Arrival Policy for Classes and Labs

- Students should be in the classroom or lab and ready to begin at the start time of the scheduled class or lab time.
- When arriving late to class, students will not be allowed to attempt any quizzes or exams already in progress nor participate in team exercises already in progress.
- A grade of zero will be recorded for all quizzes, exams and exercises missed because of late arrival to class.
- Arriving to lab more than 30 minutes late or leaving lab more than 30 minutes before the end of the lab will count as a lab absence.

Clinical expectations

Requirements for Clinical Placement

- Documentation of a background check is required before August 1 to be eligible to enroll in fall Respiratory Therapy courses.
- Documentation of a health history and physical exam, specified immunizations, TB screening test results and proof of health insurance are required before October 15 to be eligible to enroll in spring Respiratory Therapy courses.
- Documentation of flu vaccination is required before November 15 of each year to be scheduled for spring clinical sessions.
- Covid 19 vaccination: The program follows the clinical affiliates' policies. This policy can vary by facility, and we follow the waiver policy for the clinical affiliates. Not all facilities will grant waivers and we strongly recommend receiving the vaccine. Annual TB screening test renewal must be documented to attend scheduled clinical sessions. The attendance policy will apply to all missed clinical days.
- CPR certification is required before clinical practice in the second semester and will be provided by the Respiratory Therapy Program.
- Before placement at clinical sites, students receive information on infection control principles including hand hygiene, isolation practices, blood-borne pathogens, and handling of biohazardous waste.
- During orientation to clinical sites, each site provides a review of hospital safety policies and procedures.

- Students must follow the clinical site's bloodborne pathogens exposure control plan in the event of an exposure.
- During orientation to clinical sites, students must sign a confidentiality statement to abide by HIPAA confidentiality regulations.
- Students must adhere to universal infection control precautions including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.
- Students who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves.
- Students will comply with current guidelines for disinfection and sterilization of reusable devices used in invasive procedures.
- Drug Screening Policy: When students are going to practice in a clinical agency, they are expected to abide by the agency's contractual requirements and college regulations. Some clinical agencies require pre-clinical practice drug screening. To be in compliance with the college's contractual agreement with these clinical agencies, students attending clinical practice at any of these sites must meet this obligation as per the following policy.
 - Pre-clinical Drug Screening: Acceptance into the respiratory therapy program is provisional until all pre-clinical practice requirements are met. Some students will be required to undergo and have a negative drug screening prior to the beginning of their clinical practice experiences. These students will be notified of the drug screening requirement at the time of admission. Students will be provided instructions on the procedure for drug screening. The agency conducting the screening will be chosen by the college and only this agency may be used. There are no exceptions to this policy. Failure to appear for drug testing is considered a positive screening result. Students are responsible for all costs associated with the required pre-clinical drug screening.
 - The agency conducting the drug screening will report either a positive or negative result to the college. Should a positive report be returned to the college, the student may appeal the report to the drug screening agency one time. This appeal for a retest and review will be based on the original sample provided. All decisions made by Vermont State University (VTSU) related to the drug screen results will be based on the report from the screening agency. VTSU will not consider any appeals related to decisions based on the drug screen results. A positive drug screen report will result in the student not being admitted to or allowed to continue in the VTSU respiratory therapy program. Students delayed in having the drug

screen results reported may attend class but may not engage in agency clinical practice activities. Inability to participate in agency clinical activities will be recorded as a clinical absence. The student with a positive drug screen may reapply for admission to the VTSU respiratory therapy program after one year of the positive drug screen finding.

- Drug screen results will be made available by the screening agency to the Director of Clinical Education, Program Director, and the Dean of Student Affairs. This information will be held confidentially on a secured server. Should the student not meet the pre-clinical requirements due to a positive drug screen, the Director of Clinical Education and the Dean of Student Affairs will be notified. Individual student drug screen information will be released to clinical agencies only with written student permission.

Clinical Schedule

- All students will be expected to travel to sites at a distance from their primary learning site.
- Students will be given a clinical schedule for each semester before the first day of clinical.
- Students can voice any scheduling requests prior to the schedule being completed, but there is no guarantee that all requests will be granted.
- Students are expected to have the designated clinical days free from other obligations.
- Students are not permitted to attend a clinical rotation that has not been assigned without permission from the Director of Clinical Education; this includes switching shifts with another student.
- Students may not attend clinical on a non-clinical day unless making up missed time and permission has been obtained from the Director of Clinical Education and coordinated with the clinical site ahead of time.

Clinical Warning System for Unsatisfactory Behavior

Clinical warnings may be issued to students for unsatisfactory clinical behavior at the discretion of the Director of Clinical Education. Unsatisfactory student behavior will be documented in a daily or effective clinical evaluation.

Students may review documentation of clinical warnings at any time with the Program Director. At each of the following warning steps, the student has the right to initiate an Appeal which must be submitted within 48 hours in writing to the Program Director.

Level I Clinical Warning

The Director of Clinical Education and the student will have a conference concerning the need for improvement of unsatisfactory or unsafe performance. A written Level I Clinical Warning report describing the situation(s) will be placed in the student's record, and the student will receive a copy of this conference form within one week of the incident. The Director of Clinical Education will provide a copy of this warning to the Program Director. If unsatisfactory or unsafe performance reappears, or any other pattern of inappropriate behavior occurs, a Level II Clinical Warning will be given.

Level II Clinical Warning

A Level II Clinical Warning may be issued for recurrence of a specific performance for which the student has previously received a Level I Clinical Warning or additional inappropriate performance of a different nature after the original Level I Clinical Warning. The Director of Clinical Education and the student will have a conference concerning the need for improvement of unsatisfactory or unsafe performance. A written Level II Clinical Warning report clearly describing the situation(s), the specific performance observed, a summary of the discussion of the specific performance, and the rationale and plan for remediation will be placed in the student's record. The student will receive a copy of this conference form within one week of the incident. The Director of Clinical Education will provide a copy of this Warning to the Program Director.

Level III Final Clinical Warning

If the Director of Clinical Education notes that Level II Clinical Warning performance has continued or that additional unsatisfactory performance occurred, the student will receive a Level III Clinical Warning. The student will be required to meet with the Director of Clinical Education and the Program Director to participate in the corrective action plan and goal setting. The student may bring a support person who will be a silent witness. The student may remain on a Level III Clinical Warning, and could receive multiple Level III Clinical Warnings until the end of the semester if performance does not improve. Level III clinical warnings are equivalent to failure and if sufficient improvement is not demonstrated by the end of the semester, the student will have earned a failing clinical grade and will be dismissed from the Program.

*Note: If the specific unsatisfactory performance is of grave nature as judged by the Clinical Coordinator of a site, the Director of Clinical Education, the Program Director and the Dean of Academic Affairs, immediate administrative dismissal from the Respiratory Therapy Program may be in order. Performance of a grave nature includes but is not limited to: serious safety violations; actions inconsistent with scope of practice; and unlawful or unethical acts. Also, at the discretion of the Director of Clinical Education or Program Director, a student may be given a Level II or Level III Clinical Warning at any point in time based on the severity of the performance. Prior to an administrative dismissal from the Respiratory Therapy Program, the Program Director will discuss the student's performance with the Dean of Academic Affairs.

Clinical Warning Appeals

Students have the right to due process. The student should send a written appeal to the Program Director within 48 hours of receiving a clinical warning that leads to dismissal. While the student is in the appeals process, he/she may remain in the program and participate fully in all course work until a determination on the appeal is made. The only exception is the appeal of a clinical dismissal for patient safety violations. In this case, the student will be suspended from the clinical environment, until a decision regarding the appeal is final. Appeals of clinical warnings will be reviewed by the Program Director, the Director of Clinical Education and the Dean of Academic Affairs. A final decision will be made by the Program Director and the Dean of Academic Affairs. The student will be notified of a final decision within 5 business days of receipt of the written student appeal

Clinical Attendance Policy

Clinical practice is an integral part of the VTSU respiratory therapy program. Absences from clinical practice may lead to the student's inability to meet the clinical course requirements. Course requirements must be met for students to pass the clinical course. The following policies govern the attendance for students in the respiratory therapy program.

- Clinical time is critical to the educational process. Because of limited clinical time, excessive lost time in the clinical area could jeopardize the ability to safely care for clients.
- All missed clinical time is counted.
- One week's worth of clinical absence will not be made-up.
- After a student reaches a week's worth of clinical absences per semester, the student will receive an absent time warning letter sent by the course instructor.
 - Level II and Level III Clinical Warnings *must* be signed by the student and returned to the instructor before they are permitted to return to their clinical rotation.
- Students are permitted to have one week's worth of missed clinical time per semester. Any further absences must be made-up and rescheduled by the instructor. If a student is absent for equal to 20% of the clinical time in a semester, they will be withdrawn from the Respiratory Therapy Program. The student must then follow the guidelines for readmission.
- After an additional clinical absence, the student will receive an additional absent time warning letter and will be presented to the Director of Clinical Education and the Program Director for possible dismissal from the program. This decision will be made by considering whether the student is currently meeting clinical objectives. If the clinical faculty or the Director of Clinical Education feels that the

student is not meeting the objectives due to excessive absent time, the student may be referred to the Program Director for a decision regarding continuation in the program. If the student is found to be meeting the objectives despite missing the maximum time, they will be allowed to continue in the clinical course, but each subsequent absence will trigger the faculty review process to determine continuation in the program.

- The rescheduling of make-up clinical time depends on the availability of the preceptors/instructors and might take place on holidays, weekends, or during school breaks. Students are to attend all scheduled clinical time. If an urgent concern occurs and the student leaves clinical and misses more than 25% of a clinical shift, the student will be considered absent for the entire shift. The student must notify the assigned clinical preceptor of the need to leave, clock out of their time clock before leaving, and email the course instructor regarding the need to urgently leave by the end of the day.
- Students are required to come to the clinical area prepared to safely care for assigned patients. Students must review appropriate clinical skills as taught in skills laboratories and complete an adequate chart review. Students who are not adequately prepared will be considered unsafe and asked to leave the clinical area. This absence will be counted as a clinical absence.

Clinical Call-Out Policy

- To successfully 'call-out' of clinical the student **MUST** perform two tasks: 1. The student must **email** the Director of Clinical Education (DCE) alerting them of the absence at least one hour prior to the beginning of the scheduled shift. 2. The Student must call the clinical site and report their absence at least one hour prior to the scheduled beginning of the shift. Do not text the DCE to alert them of your absence, please use email instead. It is not the DCE's responsibility to alert the clinical site to your absence. You must do this by calling the clinical site directly no less than one hour prior to the start of your shift. It is not acceptable for anyone other than the student to call-out for a shift, unless the student is incapable of doing so for themselves.
- The student must document a sick day by selecting "ABSENT" in the Trajecsys Time Clock.
- Students who call-out incorrectly or do not document an absence in Trajecsys will be counseled using the Clinical Warning System for Unsatisfactory Behavior outlined in this handbook.

Clinical Late Arrival Policy

- Students should be at their assigned clinical area and ready to begin work at the beginning of the assigned clinical shift. This means you are in your scrubs and ready to receive report by the start time of the shift.

- Students arriving between 1 – 15 minutes late will be allowed to participate in the clinical shift but will be counseled using the Clinical Warning System for Unsatisfactory Behavior policy.
- Students arriving more than 15 minutes late will not be permitted to participate in the clinical shift, the day will count as an absence, and the clinical absence policy will apply.
- Students should follow the call-out procedure if anticipating arriving more than 15 minutes late.

Clinical Agency Policy

When students are at clinical sites, they are expected to abide by clinical site rules and regulations, as well as the school site regulations. Many clinical site buildings and grounds are smoke free. Students are expected to abide by smoke free policies.

Student Health Policy

- Students are responsible for their own health care and incurred costs. When students become ill or injured while in the clinical area, they are to report to the clinical instructor to assist in arrangements for patient care. The Clinical Education Coordinator of the clinical site will always be notified of any illness or injury that occurs in the clinical area. The hospital emergency room is designed to care for true emergencies, NOT colds, sore throats, etc. Students are responsible for their own medical bills.
- Students must provide proof of health insurance or carry the Vermont Technical Colleges student health insurance policy.
- For the protection of the student, the patient, or other students, any exposure to infectious disease must be reported to the Clinical Education Coordinator of the clinical site and the Director of Clinical Education. The Director of Clinical Education may request a physical examination by a physician of the student's choice if this seems necessary.

Appearance/Uniform Policy

To inspire patient comfort and confidence in the caregiver, students are expected to appear in complete uniform and exhibit professional demeanor at all times while in clinical areas.

When attending clinical rotations and lab sessions at hospitals:

- Hunter green scrubs are required.
- Scrubs are to be clean, pressed and in good condition (not frayed, ripped or with holes).

- Mobile phones (cell phones) are not permitted during clinical. Cell phones must be stowed in a secure place (i.e locked cabinet, locker, or personal vehicle). Cell phones may be used ONLY during a scheduled break and not during 'down time'. Pants must cover the entire leg and be short enough that they do not touch the floor.
- Clothing should cover the torso and have wide shoulder straps.
- Shorts, skorts, tank tops, T-shirts, tube tops, sweatshirts, sweatpants, or running suits are not acceptable attire.
- Clothing with commercial slogans or pictures is not acceptable attire.
- A solid, neutral colored shirt can be worn underneath uniform tops for warmth.
- Name badges with "Badge Buddy" identify that you are a Respiratory Student to the patients, families, and visitors. These should be easily visible and worn above the waist.
- Long hair should be pulled back and secured when providing direct patient care.
- Facial hair must not interfere with personal protective equipment (PPE).
- Students are to be clean and well-groomed at all times.
- Clean, soft-soled shoes are preferred. Open-toed shoes, Crocs, and sandals are not permitted in patient care areas or where they present a safety hazard.
- Socks are to be worn.
- Hand jewelry is limited to a single ring without stones and with a smooth surface.
- Very small, single, stud-type earrings may be worn.
- No other jewelry is permissible.
- Fingernails should be clean and neatly manicured. Artificial nails cannot be worn by staff providing direct patient care or working with patient care products. Natural fingernails should be clean and short, with nails no longer than ¼ inch in order to ensure proper hand hygiene.
- Gum chewing is not permitted in clinical areas.
- Colognes and perfumes should not be used due to allergies and reactions they may cause. If you can smell it, it can irritate the lungs.
- The odor of cigarettes is not allowed nor tolerated.
- Students may not wear clothes or display tattoos that are obscene, sectarian or discriminatory.
- A stethoscope, pen, and a clinical handbook are required.

When attending clinical rotations at alternate sites:

- When casual clothing is required instead of scrubs, the dress policy for clinical rotations at hospitals applies except the requirement to wear scrubs.

Performance Evaluation**Self-Evaluations**

As part of clinical experiences, respiratory therapy students will be expected to complete self-evaluations three times during a semester. In completing the self-evaluation form, students are to consider the following:

- Summary Report of Daily Evaluations
- Number of Instructor Evaluations Performed
- Number of Required Clinical Competencies Completed
- Number of Daily Logs Completed
- Clinical Attendance
- Clinical Site Evaluations

Self-evaluations provide an opportunity for the student to analyze individual behaviors and receive feedback and validation from the Director of Clinical Education. Individual communication about clinical objectives is facilitated when the student and the Director of Clinical Education review the student's progress as the semester proceeds. Evaluations will reflect clinical expectations at each semester level.

Daily Evaluations

The clinical preceptor will complete daily evaluations at the end of each clinical shift. The student may state disagreement with the clinical preceptor's evaluation, either verbally or in writing to the Director of Clinical Education.

Students will summarize the results of current Daily Evaluations on Self-Evaluations that occur three times each semester.

Clinical Competencies

Competencies have been defined as the behavior expected of beginning respiratory therapists, that includes psychomotor skills, knowledge of fundamental concepts, problem solving, and the ability to communicate to patients and other health care providers. The behavior must be performed at or above a satisfactory level defined by standards and accomplished without assistance.

Professionalism

Students in the respiratory therapy program are expected to assume and maintain an ethical and professional responsibility and respect for themselves, their patients, colleagues and the faculty. These personal qualities are essential for students to meet expected curricular obligations. Daily student behaviors that reflect these attributes include, but are not limited to:

- Appears neat and well-groomed in appropriate attire.
- Arrives to clinical prepared and on-time.
- Dependable and skillful completion of assigned tasks.
- Effectively, communicates, consults, integrates, and shares information with members of the health care team.
- Friendly, helpful, loyal and speaks with good purpose.
- Seeks constructive feedback, accepts guidance, and changes behavior for personal improvement.
- Demonstrates respect, sensitivity and consideration for others while anticipating and attending to patient's and family's needs for comfort and help.
- Exhibits concern for the dignity and welfare of patients and other health care practitioners; prevents conflict of interest; takes measures to deal with conflict effectively.
- Communicates in a concise manner relating appropriate and complete information; maintains confidentiality.
- Plans ahead, works efficiently, and manages time wisely.
- Self-directed and manages work responsibility.
- Self-confident, seeks assistance when appropriate, respects professional boundaries and remains calm in stressful situations.
- Readily initiates learning activities and participates willingly in learning activities.

Re-Admission After Clinical Dismissal

- Any student who has been dismissed for clinical failure and would like to request readmission to the Vermont State University respiratory therapy program, will submit this request in writing to the Program Director. Such a letter should discuss action taken by the student to alleviate or correct the problem which led to the clinical failure. All students' petitions will be presented to the Program Director for consideration. The Program Director will discuss the issue and

recommend admission or not-readmission to the Dean of Academic Affairs. The student will be notified of this recommendation by letter.

- All applicants who have been out of the Respiratory Therapy Program for less than one academic year (9 months) must meet with the Respiratory Therapy Program Director to discuss skills updating including the possibility of remediation. This may require the applicant to repeat respiratory courses and purchase new supplies and or textbooks.
- All applicants who have been out of the Respiratory Therapy Program for one academic year (9 months) or more must repeat all the Respiratory Therapy courses without exception. In addition, the purchase of new supplies and textbooks will most likely be necessary.
- No student will be readmitted to the program more than once.
- No student who has been administratively dismissed from the respiratory therapy program will be readmitted into the respiratory therapy program.

Other Clinical Guidelines

- Respiratory therapy students have a legal and moral obligation to hold in confidence any information pertaining to the client. Violation of the client's right to privacy will result in disciplinary actions by the program administrators and may result in dismissal from program and/or legal action.
- Vermont State University respiratory therapy students must not visit friends, relatives, or other patients when they are in the clinical area functioning under the supervision of a clinical instructor. Student visits during visiting hours must conform to behaviors as any other lay visitor. Vermont State University is not responsible for student action or behaviors in these circumstances. Avoid visiting when in uniform.

Academic Progression in the Respiratory Therapy Program

Respiratory Therapy Program Academic Progression

- Students must complete all RSP and BIO courses with a grade of "C" or higher to continue in the program. Any grade lower than 75% (the equivalent of a "C") will be considered a failing grade in that course. Students may not progress from one semester to another without successful completion of all preceding courses.
- Grades lower than the required 75% will be reflected on the transcript with the corresponding letter grade, so credits may be awarded for any grade above an "F", but students will not continue to progress or graduate from Vermont State University's Respiratory Therapy program unless their grades conform with the standards stated here.

- Assignments and exam grades will be calculated to the nearest “one hundredth”, and the final course grade will be calculated to the nearest whole number.

Grading Scale for Respiratory Therapy Courses

A+	97 – 100
A	92 – 96
A-	90 – 91
B+	87 – 89
B	85 – 86
B-	80 – 84
C+	77 – 79
C	75 – 76
C-	70 – 74
D+	67 – 69
D	65 – 66
D-	60 – 64
F	below 60

Withdrawal or Academic Dismissal and Re-Admission Policy

- A student requesting re-admission should understand that changes in courses and/or prerequisites might have occurred since the date of withdrawal, therefore the requested date of re-admission will take precedence over an earlier catalog enrollment date.
- A student who exits the Respiratory Therapy Program for any reason is not guaranteed re-admission.
- All re-admissions are on a space available basis and are reviewed outside of the standard candidate selection process.
- At the time of withdrawal from the Respiratory Therapy Program, the student must have an exit interview with the Respiratory Therapy Program Director within 10 days of leaving the program to discuss a plan for re-entering the program at a later date. Applicants without an early exit interview on file with the department will not be allowed re-admission to the program.
- The applicant must contact the admissions office and request that application to the respiratory therapy program be reactivated and submit current transcripts.
- The applicant must submit a written request for re-admission to the Admissions Office at least 60 days prior to the requested date of readmission. This request will include a summary of work, educational or other life experience obtained since leaving the respiratory therapy program.
- The Vermont State University’s Admissions Office will review the re-activated application packet, along with the plan for re-entering the program to determine

whether re-admission will be granted or denied. All applicants will be notified in writing as to their application status.

- All applicants who have been out of the Respiratory Therapy Program for less than one academic year (9 months) must meet with the Program Director to discuss skills updating including the possibility of remediation. This may require the applicant to repeat respiratory therapy courses and purchase new supplies and/or textbooks.
- All applicants who have been out of the Respiratory Therapy Program for one academic year (9 months) or more must repeat all the respiratory therapy courses without exception. In addition, the purchase of new supplies and textbooks will most likely be necessary.

Additional Policies

Working as a Student Respiratory Therapist in Vermont

- Students employed to perform respiratory care services under supervision and not as part of their clinical program shall apply for a student temporary license prior to performing respiratory care services. A student may apply for a student temporary license after beginning their third semester of study. The application will be made on forms provided by the Vermont Director of Professional Regulation and will include the designation of a Vermont licensed supervisor of record willing to take responsibility for the student therapist.
- After obtaining a student temporary license, a student may render respiratory care services under the direct supervision of a Vermont licensed respiratory care practitioner. The student's scope of practice is limited to those activities for which the employment supervisor has documented the student's competency.
- All "employee work" hours must be done outside of scheduled lab, lecture, and clinical hours.
- Students shall not complete any clinical coursework during "employee work" hours.

Cell Phone Policy

Cell phones may not be used in class, lab or clinical unless directed by the instructor. Students must follow clinical agency policies, including use of cell phones and the Vermont State University [Social Media Policy](#).

Closing (School)

Closing and delays stemming from inclement weather have historically been very rare in the respiratory therapy program. Because hospitals do not close, our respiratory therapy students must become accustomed to planning ahead for inclement weather. However, if weather is such that closing or delayed opening is advisable, a decision will be made

by 6:00 a.m. and will be carried as soon as possible in the school delay announcements of the radio stations posted on the school bulletin board, communicated by telephone tree, or placed on the clinical course web site. Closings may vary by site; not all sites may be closed on any given day.

Fire/Evacuation Procedure

Students will be apprised of the procedure for the evacuation of the college or clinical environments at each agency. This information will be imparted during orientation, in the Fire/Evacuation Procedure on each clinical unit and on each site bulletin board.

Substance Abuse Policy

In conjunction with the Vermont State University [Code of Conduct and Substance Abuse statements](#), the following Respiratory Therapy Program policy has been adopted.

- Students will not report to the classroom, lab, or clinical area while under the influence of drugs and/or alcohol.
- If a respiratory therapy student is suspected of being impaired (i.e. slurred speech, bloodshot eyes, ambulatory problems, inability to comprehend or follow oral or written direction, or other such indications) in a clinical or other college setting, the student's course instructor, clinical instructor or other college or clinical official should, whenever possible, seek verification of such suspicion by another college instructor or official or clinical instructor or clinical official.
- If, after evaluation, the clinical instructors or other appropriate officials believe the student is impaired, the student shall be required to safely leave the clinical or academic setting immediately.
- The course or clinical instructor will document the reason(s) for suspecting that a student is impaired, and this documentation will be signed by the course or clinical instructor who suspected student impairment, a witness to the student's behavior at the time, and the student.
- The instructor or other appropriate official will immediately inform the Program Director, Director of Clinical Education or Clinical Education Coordinator when a student has exhibited signs of impairment that warrant dismissal from a class or clinical setting
- A student who is dismissed from a class or clinical setting for impairment due to alcohol or drugs will be required to meet with the Director of Clinical Education before the student is allowed to return to class or the clinical setting. The student will sign and receive a copy of a document that specifies that he or she agrees to meet performance standards regarding professional conduct and the consequences of reporting to class or clinical while impaired. The student's

failure to comply with the conditions of this document will be grounds for disciplinary action, including dismissal from the college and the student will be reported to the Dean of Academic Affairs and The Dean of Student Affairs for appropriate disciplinary and/or academic process and action.

Social Media Policy

The respiratory therapy faculty, in consultation with the Program Director, will enforce and adhere to and will follow the recommended process as outlined in the [Vermont State University and System Polices](#).

Cheating and Plagiarism

The respiratory therapy faculty, in consultation with the Program Director, will enforce and adhere to the Vermont State University Academic Policies as described in the [Academic Policies](#) of the University.

Honesty

It is an expectation that all members of the Vermont State University community will be honest and forthcoming in their dealings with others, and truthfully answer questions put to them by Administrators of the University in the [Academic Policies](#).