

Section III

Respiratory Care Policies

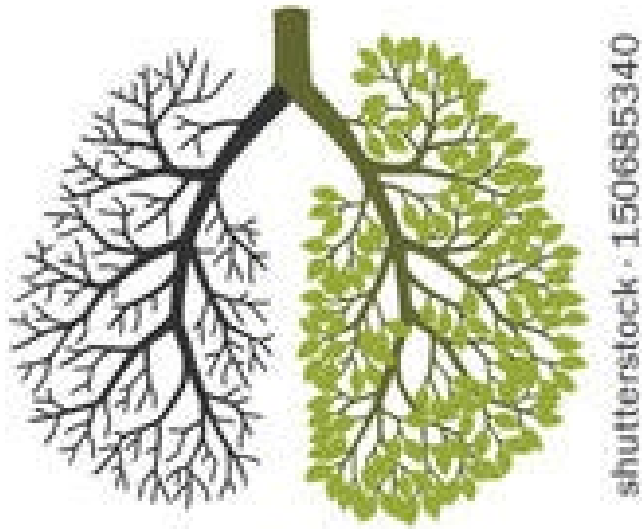


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Philosophy

The philosophy of the educational approach of this program is one of professional development. The respiratory therapist fills the role of professional health care provider in a growing and rapidly changing health care environment. Growth and commitment to optimum respiratory care is the foremost goal. The other primary objective of this program is to fill the need for respiratory therapists and to build and maintain a progressive respiratory care profession for the members of the community.

Program Goals

Piedmont Technical College offers a two-year associate degree program in respiratory care. The first semester students spend one-half of the semester in classroom instruction prior to actual clinical practice. In succeeding semesters, clinical training runs concurrent with classroom courses.

The program trains the student to varying degrees of competencies in critical care, pediatrics, pulmonary functions, gas analysis, medical gas therapy, breathing treatments, and ventilator management. Students are also cross trained in the clinical setting in EKG, bronchoscopy, and sleep lab. Clinical rotations are evaluated on an ongoing basis and changes in rotations are made to reflect changes in the area job markets. It is the goal of this program to prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by registered respiratory therapists (RRTs).

Students completing this program are eligible to take the Therapist multiple choice exam administered by the National Board for Respiratory Care. Graduates passing this exam would earn the credential CRT-Certified Respiratory Therapist. Graduates passing this exam at the high cut level will be eligible to take the Clinical Simulation Exam. Graduates passing this exam would earn the credential RRT-Registered Respiratory Therapist.

Graduates of the respiratory therapy program are health science professionals who assist in the diagnosis and treatment of cardiopulmonary diseases and related disorders in a professional and competent manner. Respiratory Care is involved in patient and family education in the hospital and community setting, assessment of patient status, and the recommendation of appropriate intervention based on patient assessment.

Job opportunities exist in hospitals, sub-acute and transitional care facilities, home care, sleep labs, physician offices, and community health centers.

TECHNICAL COMPETENCIES

Upon completion of the Associate Degree Respiratory Care program, the graduate will:

1. Assume responsibility for practicing within the ethical and legal parameters of Respiratory Care.
2. Apply principles and theories from related disciplines into Respiratory Care.
3. Collaborate with other health disciplines to provide holistic care to individuals, families, and communities.
4. Utilize critical thinking to apply Respiratory Care to individuals, families and communities within diverse settings.
5. Develop and implement teaching plans that will assist individuals, families, and communities to achieve their optimum levels of health.
6. Recognize the responsibility for continuing personal and professional growth through life-long learning experiences.
7. Develop a caring attitude.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE (AARC)

The AARC is the professional organization for respiratory therapy personnel. It was founded in 1947 as the Inhalation Therapy Association by a small group of dedicated professionals from Chicago and New York. Since the association's inception, education has been one of its primary goals. In addition, the AARC strives to facilitate cooperation between respiratory therapy personnel and the medical profession, hospitals, service companies, government organizations and others. (aarc.org)

The AARC serves as a focal point for guidance and assistance to its members in the practice of respiratory therapy. The association acts as the center for communication and development of programs with other health science professions, institutions, and state and federal agencies. Individuals who wish to have a representative voice should seek out the AARC, as it provides the means to exchange the latest concepts of patient care, technology, administration and education on a national level.

Active participation by an individual in the AARC contributes measurably to the overall profession of respiratory therapy, as well as to the individual's education, professional achievement, and recognition.

Students will be required to join the AARC. Membership at reduced fees allows the student to receive all of the AARC journals and bulletins and reduced seminar registration fees plus all

other benefits regular members are entitled to. Student will be assessed \$25 their first semester and another \$25 their fourth semester for their second year.

NATIONAL BOARD FOR RESPIRATORY CARE (NBRC)

The NBRC is the official credentialing board of the profession. The NBRC sets standards for entry into the credentialing process, administers examinations, and ensures the integrity of the examination process. The CRT credential is used by South Carolina for licensing practitioners in Respiratory Care. (nbrc.org)

AMERICAN ASSOCIATION FOR RESPIRATORY CARE CODE OF ETHICS

- As health science professionals engaged in the performance of respiratory therapy, we realize we must individually and collectively strive to maintain the highest obtainable level of ethical standards.
- The principles set forth define the ethical and moral standards to which each member of the AARC should conform. This code of ethics should be subject to monitoring interpretation, and timely revision by the association's board of directors, with the advice of the board of medical advisors.
- Each member of the association should conduct himself in such a manner as to gain the respect and confidence of other health care personnel, as well as respecting the human dignity of each of his superiors, subordinates, and other associates.
- Each member shall be responsible for the competent and efficient execution of this assigned duties, being always guided by this concern for the welfare of the patient.
- Each member shall be familiar with, and comply with, existing state and/or federal law governing the practice of respiratory care.
- Each member shall keep in confidence any and all privileged information concerning the patient.
- No member shall endeavor to extend his province beyond his competence and the authority invested to him by a physician.
- No member shall accept gratuities or tips for preferential consideration of the patient, or to supplement professional income. The member must carefully guard against conflicts of professional interest.
- Each member shall accept responsibility for exposing incompetence and illegal or unethical conduct to the proper authorities and/or the judicial committee of this association. Only through the integrity of each member can the highest purpose of the profession be served.
- Each member shall adhere to the bylaws of the association and support the objectives and purposes contained therein.

A Patient's Bill of Rights

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action.
4. The patient has the right to have an advance directive (such as living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.
5. The patient has the right to every consideration of privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases which as suspected abuse and public health hazards when reporting is permitted or required by law.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity, and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services.
9. The patient has the right to ask and be informed to the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities.

American Hospital Association. (1992). A patient's bill of rights.

STATE LICENSING

South Carolina will not certify an individual in respiratory care unless they are:

1. scheduled to graduate within 40 days from a Respiratory Care Program
- or*
2. a graduate of an accredited respiratory therapy program.
- or*
3. a CRT or RRT
- and*
4. of good moral character

Personal data requested by the South Carolina State Board of Medical Examiners for licensure include:

Have you ever been arrested, indicted, or convicted, pled guilty, or pled Nolo contendere for violation of any federal, state, or local law. (other than a minor traffic violation)?

Are you presently (or in the last ten years) suffering from any disability or illness (mental, emotional, or physical) that might impair your ability to perform Respiratory Care Therapy?

Have you ever been discharged involuntarily from employment?

In South Carolina, as a student, you may apply for a Limited License 40 days prior to graduation. This is valid for a 6-month period. This allows the student to work in Respiratory Care and to successfully complete the CRT exam. Other states have similar requirements.
(www.llronline.com Apply for a License under Medical Examiners)

Accreditation

The Piedmont Technical College Respiratory Care Program is accredited by the Committee on the Accreditation for Respiratory Care (CoARC). CoARC utilizes an outcome-based assessment program to ensure that programs develop sound curriculum and clinical programs in order to develop competent respiratory care practitioners.

Piedmont Technical College received reaccreditation in 2021. The education and health professions cooperate to establish and maintain standards of appropriate quality for educational programs in the field of respiratory care. Piedmont Technical College uses a system of ongoing program assessment by employers, graduates, students, and faculty to maintain a quality program that produces competent graduates.

CoARC
264 Precision Blvd
Telford, TN 37690
817-283-2835
www.coarc.com

COURSE OUTLINE

RESPIRATORY CARE PROGRAM

Phase I courses

First semester		
Course number	Course name	Credit
BIO 210	Anatomy & physiology	4
ENG 101	English	3
MAT 102 or MAT 120	College algebra or probability & statistics	3
COL 103	College Skills	3
Total		13
Second semester		
BIO 211	Anatomy & physiology	4
Humanities elective	See catalog for choices	3
PSY 201	Gen Psychology	3
Total		10

Phase II courses

FALL		
RES 101	Intro to Resp Care	3
RES 123	Cardiopulmonary Physiology	3
RES 121	Resp skills I	4
RES 160	Clinical I	1
Total		11
SPRING		
RES 131	Resp skills II	4
RES 111	Pathophysiology	2
RES 246	Respiratory Pharmacology	2
RES 151	Clinical II	5
Total		16
SUMMER		
RES 141	Resp Skills III	3
RES 204	Neonatal/Pediatric Care	3
RES 206	Resp Care of Gerontological Patient	2
RES 152	Clinical Applications I	3
Total		10
FALL		
RES 244	Advanced Resp skills I	4
RES 245	Advanced Resp. Skills II	2
RES 232	Respiratory Therapeutics	2
RES 255	Advanced Clinical Practice	5
Total		13
SPRING		
RES 207	Management in Resp Care	2
RES 249	Comprehensive Applications	2
RES 251	Advanced Clinical Practice II	8
Total		12

Program total		85
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FACULTY

This program began in 1971 and now employs the following full-time faculty:

Lauren Good Harris, BSRT, RRT, RCP
Program Coordinator

Office – 117H
Good.l@ptc.edu
 864-941-8432

Norma Pineda, RRT, RCP, BS
Director of Clinical Education

Office- 114H
Pineda.n@ptc.edu
 864-941-8326

Adjunct Clinical Faculty

Bri Long, RRT

Melinda Fix, BSRT

Michele Bird, BSRT

Bridgett Garret, RRT

Long.e@ptc.edu

Fix.m@ptc.edu

Bird.m@ptc.edu

Garret.b@ptc.edu

This program also employs adjunct faculty at different clinical settings. Students are encouraged to ask for assistance at any time. Each faculty will have their schedules posted on their office door. Our faculty have an “open door” policy, if our doors are open, feel free to come in and see us. We are also available through email and phone. Clinical instructors will have their cell phone numbers listed on each clinical schedule.

ADVISORY COMMITTEE

An advisory committee exists to assist in evaluation and development of the program. The advisory committee shall have two concerned health professionals not associated with the program and at least one non-health member who is not associated with the sponsoring agency. Student members may be appointed to represent the classes. This committee shall meet on a regular basis to provide continual feedback to the program on effectiveness and community needs.

EXEMPTION CREDIT FOR TRANSFER STUDENTS

Admission of transfer students requires transfer exemption by individual department heads for each subject. These arrangements should be made two weeks prior to course registration with department heads or individual instructors. STUDENTS will be responsible for obtaining transcripts and following up with student records. A grade of "C" or better is required for all course work transferred in. Students transferring in Respiratory Therapy credits may be required to audit the classes if they are less than two years old. Respiratory classes more than two years old will not be transferred in. They must also pass a clinical competency test. Attempts at other colleges will counted as an attempt in the Respiratory Program

RESPIRATORY STUDENT INFORMATION

COST:

Tuition:	per semester based on county and credit hours
Books and Supplies:	per semester, \$400 - \$600
Equipment Bag:	approx.. \$150-\$200 from bookstore
Uniforms:	approx.. \$175 – 2 sets of uniforms, shoes, PTC lab coat
Stethoscope:	approx.. \$50
Watch with second hand	variable \$20
Physical Exam:	due by first day of class
Hepatitis B Vaccine:	\$125 - \$150
Flu vaccine	\$20
SLED background / Drug Screen	\$120 (CastleBranch immunization records)
Malpractice insurance:	approx. \$45 per year (assessed each semester)
AARC membership:	\$25 assessed each fall
NRP Testing	\$35 one time. Assessed with RES 204
ACLS cards	\$25 one time. Assessed with RES 244
PALS cards	\$25 one time. Assessed with RES 244
NBRC SAE TMCE:	\$100 last semester, assessed in RES 249
NBRC SAE	
Clinical Simulations:	\$140 last semester, assessed with RES 249
Review seminar	\$335 last semester, assessed in RES 255
NBRC TMCE	\$190 voucher for test, assessed in RES 251

JOBBS

Due to academic workload, students are strongly encouraged not to try to work full-time especially during the week.

If a student already has a job, or acquires a job, in any health care field, they may not use their time at work to substitute for program clinical experience. They are not allowed to record any procedures done while they are at work to count as program practices or check offs. Students are not allowed to be paid for any clinical time associated with the program.

PROGRAM ACTIVITIES

All students will be required to attend local seminars and meetings. This may include state or regional society meetings. Student fees are nominal and transportation can be shared.

The Respiratory program will also include the following plans of action:

1. Personal electronic devices (cell phones, iPads, laptops, etc.) must be off in all education locations and faculty offices unless being used for educational purposes. Cell phones should be put up, out of laps, off desks and tables during class/lab time. If a student's cell phone goes off (rings or beeps) during class or lab, the student will be dismissed from that class for disturbing the educational process. All personal electronic devices will be placed on instructor's desk during tests, either off or in airplane mode.
2. **Make up Testing:** Only 1 make-up test is allowed per course per semester and will be given at the end of the semester or at the discretion of the instructor. Any additional missed tests will result in a zero for those tests. Make-up tests/exams may not be the same test/exam, or formats test/exam given in class. It is the responsibility of the student to remember test/exam dates and take all test/exams as scheduled. If a student fails to report to a scheduled make-up test/exam, a zero will be recorded for that test/exam and no further make-up will be scheduled. Please see Health Care Handbook for complete testing policy.
3. **Tardies:** Tardies and early departures are not professional attributes. A tardy is five minutes late. After the first tardy the student will receive a documented verbal warning. For any subsequent tardies, the student will not be permitted to remain in clinical/laboratory for that day and an absence(s) will be recorded. In addition, if a student arrives more than 15 minutes after the onset of the clinical/laboratory, the student will not be permitted to remain in clinical/laboratory for that day and an absence will be recorded.
4. **Early Departures:** Early departure is leaving prior to the end of the scheduled clinical/laboratory day. No student is allowed to leave clinical/laboratory early without

the instructor's permission. After the first early departure, the student will receive a documented verbal warning. For any subsequent early departure(s), the student will not receive credit for the day and an absence(s) will be recorded.

5. **Absences:** from clinical and laboratory experiences are unacceptable and all students are required to attend all scheduled clinicals and labs. If a student must miss clinical or laboratory due to extenuating circumstances, the student **MUST** call the clinical unit and call/email the primary instructor 30 minutes prior to the starting time. Failure to notify the clinical unit and the primary instructor with an explanation of the absence 30 minutes prior to the start of the clinical day demonstrates unprofessional clinical behavior and will be documented. The student will then have 2 instructional days from the missed clinical date to email the instructor via D2L BRIGHTSPACE to provide documentation verifying the absence and to request the make-up clinical experience. Failure to request the make-up experience per the above policy will result in forfeit of those clinical hours and no-makeup experience will be scheduled. **Failure to arrive at clinical/laboratory with appropriate ID badge(s), login credentials, and equipment will result in dismissal from the clinical site that day and an absence will be recorded.**
6. **Make-up Clinical Experience:** Only 2 make-up clinical experiences or labs will be allowed per course. Make-up clinical experiences will be required to be at the location of the missed clinical site and will be scheduled. At the end of the semester, if the student does not have the set number of clinical hours per the original clinical schedule, the student will receive an "F" for the clinical course.
7. Remediation Forms and safeties may be used to address any deficiencies in student work. It is the responsibility of the student to follow recommendations to be successful. Every opportunity will be offered to address any areas of weakness so student can be successful.
8. Students may be required to withdraw for any absences following a conference or for noncompliance with the agreed plan of action.
9. Refer to Clinical Manual for more information on attendance and tardiness in clinical courses.

***Please keep in mind that the two absences allowed are clinical and laboratory. Laboratory hours count as clinical experiences.

Clinical Safety and Professional Standards

The Respiratory Care Program upholds rigorous standards for clinical safety and professionalism to ensure the highest quality of care and accountability. As part of this commitment, students may be issued a Safety or Remediation Form if standards are not met. Students are permitted to accrue no more than three Safety Forms throughout the duration of the program. Accumulation of a third Safety Form will result in a failing grade for the clinical course and dismissal from the program.

Remediation Forms are issued when a student is unprepared for clinical procedures that have been assessed in the lab but not yet evaluated in the clinical setting. These forms are assigned at the discretion of the instructor if they determine that the student was inadequately prepared to perform the procedures safely and competently.

Demonstration of Clinical Competency

- **Expectations:** Students must demonstrate clinical competency on skills they have been previously assessed and approved ("checked off") on in the clinical setting.
- **Procedure for Non-Compliance:**
 - **First Instance:** The student will be immediately removed from the clinical area to ensure patient safety. The instructor or preceptor will document the incident and notify the clinical coordinator.
 - **Remediation:** The student must complete a formal remediation plan, which may include additional practice sessions, competency reassessment, or simulation exercises, before returning to the clinical site.
 - **Repeated instances:** Student will continue to complete formal remediation plan, which may include additional practice sessions, competency reassessment or simulation exercises before returning to the clinical sites. Once the student accumulates 3 safety forms in total, the student will be given the grade of F for the clinical class and removed from the program.

Professional Conduct

- **Expectations:** Students must adhere to professional standards of behavior, including respect, communication, and adherence to facility policies.
- **Procedure for Unprofessional Behavior:**
 - The preceptor or clinical instructor will document the unprofessional behavior and notify the clinical coordinator.
 - **First Instance:** The student will meet with the clinical coordinator to discuss the behavior and develop a corrective action plan.
 - **Repeated Instances:** Further unprofessional conduct may lead to dismissal from the program.

Required Equipment

- **Expectations:** Students must arrive at clinical rotations with all required equipment (e.g., stethoscope, ID, charting credentials, protective eyewear, appropriate clinical attire).
- **Procedure for Non-Compliance:**
 - **First Instance:** The student will be sent home, and the time missed will count as a clinical absence and must be made up according to program policies.

Repeated Instances: Repeated failure to bring required equipment may result in multiple clinical absences. At the end of the semester, if the student does not have the set number of clinical hours per the original clinical schedule, the student will receive an "F" for the clinical course.

REQUIREMENTS TO PROGRESS IN PROGRAM

1. A grade of “B” or better in all Respiratory courses, science, and core courses. This is necessary to provide minimally safe respiratory care practitioners.
2. Only two attempts are permitted within the Respiratory program. Readmission will be based on space availability on 2nd attempt. If a student has been out of the program for more than 2 years, they will be required to retake any RES courses.
3. A GPA of 3.0.
4. Acceptable health status including documentation of yearly tuberculosis Screening and Flu immunization.
5. Current American Heart Association BLS CPR completion card.
6. Documentation of yearly hospital orientation.

TERMINATION POLICY

A student will be terminated from this program if he/she fails to:

1. Abide by the rules and regulations of the program.
2. Employ proper conduct and judgment in the clinical area.
3. Maintain a satisfactory grade in all lab/clinical components of the program.
4. Maintain a grade of “B” or above in all Respiratory, science, and core courses.
5. Act professional under any and all circumstances as a representation of Piedmont Technical College.

A second attempt is permissible under the readmission policy.

READMISSION POLICY

Students enrolled in any health science program who do not progress in the curriculum sequence for any reason (academic or personal), must seek readmission in order to repeat the course or progress to another clinical course. Students must complete and submit the online Health Science Readmission Application by the published deadline and may be asked to meet with the Dean of Health Sciences and/or Program Coordinator.

Eligibility for readmission is based on meeting the criteria below, course availability, and space availability. A student must:

1. Be in good academic standing (a cumulative PTC GPA of at least 3.0)
2. Have no more than one unsuccessful attempt in the program re-applying for. An Unsuccessful attempt is defined as receiving a D, F or W in a program course.
3. Meet the following additional conditions of eligibility:
 - a. Update health requirements according to current criteria, proof of current CPR certification and hospital orientation.
 - b. Maintain professional malpractice insurance issued through the college.
 - c. Complete an updated criminal background check and drug screen.
 - d. Audit designated classes as assigned by the Program Coordinator to maintain competency.
 - Students that are auditing a class must follow the same syllabus requirements (guidelines, attendance and testing) as enrolled students and must demonstrate competency in all areas of the class.
 - Auditing students are not required to attend clinical unless special arrangements have been secured by the Dean of H.S.
 - Auditing students are responsible for all lab/class time and work.

*Successful completion of a class is defined as earning a final grade of 'B' or better. Students will be required to sign a readmission agreement indicating they understand the specific requirements of their readmission and agree to complete the items noted.

If unsuccessful in validating competencies of previous course work, (through passing of final exams and/or passing of procedure evaluations) the student would not be able to be readmitted.

CLINICAL INFORMATION

UNIFORMS

The purpose of dressing in uniform is to present a professional appearance to patients and hospital personnel and to identify you as a student. Professional behavior and grooming are necessary at ALL times.

Uniforms will be needed in the first semester. A stethoscope and watch with a second hand, and safety glasses are also a part of the required clinical uniform and must be brought to clinical every day. Students will be expected to be in full uniform by date of first lab procedure check offs.

A PTC student ID with a picture **MUST** be worn at all times in any clinical setting.

A picture Self Regional and Prisma ID Badge must be obtained and worn at eye level any time a student is in clinical at their site. This badge also allows entrance through secured doors at Self Regional (except Nurseries and Pediatric Med. Rooms)

Uniform Specifications

Female and Male

Navy blue scrubs or uniform pants and top, a long sleeve white cuffed lab coat (if wanted, not required), and white, navy or black shoes. White or black socks, or tan hose must be worn. Shoes cannot be open toe. Lab coat must be embroidered per Division of Health Science policy. Must have PTC Picture ID.

Embroidery Policy: College Logo

Embroidered left chest in white thread:

“Piedmont Technical College
Division of Health Care
Student”

GENERAL CLINICAL REQUIREMENTS

- Individuals with long hair must wear it pulled back at all times.
- Nails should be kept clean, short and unpolished (clear polish is acceptable). **No fake nails or gels allowed.**
- No perfumes or scented lotions/aftershaves should be worn since respiratory patients may be especially susceptible to odors.
- No jewelry should be worn except watch and wedding band and small pair of stud earrings. One in each ear only.
- Plan to arrive at the clinical site 10 minutes prior to scheduled time. If you are late, plan to make up the time that day.
- If you will be late or absent from clinical, you must call the clinical site prior to the start of your shift. Failure to notify the site may be grounds for dismissal from the program. All absences, regardless of the reason, result in a “O” for all daily work.
- Maximum allowed absence for any clinical course is two days, except RES 160. RES 160 is a L term course so only one absence allowed. Exceeding this number will result in withdrawal from the course, which will ultimately result in removal from the program.
- You must come to the clinical site in proper uniform with a stethoscope, PTC ID, notebook, and watch with a second hand. Failure of any of these points will result in dismissal from the clinical site and the day will count as an absence, with “O” given for that day.

You will be given a clinical manual with your first clinical course. This will outline clinical policies and procedures in more details for the entire program. This manual needs to be available to you while you are in clinic. It will address what to avoid and how to be successful in your clinical courses. “Safeties” can be given to students for unsafe or unprofessional behavior in a

class, lab and clinical settings. These are outlined in the clinical manual. If a student receives three safeties in one semester they will be given a failing grade for that clinical course and immediately withdrawn from the program.

CLINICAL ROTATIONS

Clinical work hours will vary. Afternoon (1:00 p.m. – 7:00 p.m.) shift will be included during some semesters.

Clinical rotations include:

Self Regional Health Care	Edgefield Hospital
Abbeville Hospital	Home Health
Anderson Area Medical Center (AnMed)	Newberry County Memorial Hospital
St Francis Hospitals in Greenville	
Laurens County Hospital	

Other clinical rotations will be used as deemed necessary to keep up with the rapid changes in health care. Clinical schedules will be available by the first day of each semester. The majority of clinicals will be 6:45 a.m. – 2:30 p.m., however, some may be 8:00 a.m. – 4:00 p.m. All students will rotate through all clinical facilities and clinical areas. Schedules are created to provide equal opportunities for all students whenever possible.

ASSIGNMENT GUIDELINES AND TEST TIPS

Written Assignment Guidelines

All written assignments will be graded on the correct use of grammar, punctuation, syntax, and spelling. This will account for 10-20% of the grade. All written assignments must be turned in on the date due. No assignments will be taken after the due date and the student may receive a “0”. If tests are missed for a documented reason, the student may be allowed to make up one missed test per course. It is up to the instructor on a case-by-case basis. Missed tests can be taken in the Testing Center within 1 week of original due date. Refer to the course syllabi and course information sheet for more detail.

Clinical Assignments

All clinical assignments must be turned in on posted due dates. No clinical assignments will be accepted after the date due and the student may receive a “0” for the rotation. *There are no exceptions to this.*

College and program academic policies apply to all students and faculty whether assignments and /or tests are in traditional classroom, lab, any clinical settings or online. Refer to College Student Handbook under Student Conduct Regulations.

Test Taking Guidelines in Health Care

1. Be positive - bring to the test a positive attitude. Your instructor is not out to get you with trick questions. Be prepared and be positive.
2. Manage your time - know how much time you have to complete the exam. Scan the test and the number of questions and estimate the time for each question. Frequently check your watch. Answer the questions you know initially, then come back to the more difficult ones later. Know the point value of each question and plan accordingly. For example, on a lab exam, a procedure may be worth 20 points, therefore, you should concentrate your efforts in that direction.
3. Follow the directions - read ALL directions completely.
4. Recognize qualifying words - such as “all, some, most, always, usually, rarely, never, is, is not”.
5. Write where we can read your handwriting. Handwriting that is very difficult to read may not be given credit for the answer.
6. Bring necessary supplies – pen, pencil, calculators.