

2024-2025

# Clinical Handbook – RCP

*The policies and procedures described herein pertain to the students participating in the clinical internship component of the RCP program during the 2024-2025 year..*



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## **Introduction**

Welcome to the clinical internship component of the Respiratory Care Program at the University of Hartford.

The purpose of this manual is to provide the student, clinical instructors and clinical affiliates with the policies and procedures required for a successful clinical experience. The manual provides relevant resource information and describes the structure and function of the clinical program.

All faculty and students enrolled in the Respiratory Care Program at the University of Hartford must adhere to established academic policies and procedures as delineated in this manual. Students entering the program are required to review and sign an agreement indicating that they are aware of and understand the program's academic policies and procedures.

## **Respiratory Program**

The program in Respiratory Care leads to the Bachelor of Science and eligibility to take the National Board for Respiratory Care (NBRC) entry level exam. Clinical study begins during the second year and is integrated throughout the second, third, and fourth years.

Upon graduation, the student is eligible to sit for the TMC (Therapist Multiple Choice) Examination, administered through the National Board for Respiratory Care (NBRC). The Therapist Multiple-Choice Examination is designed to objectively measure essential knowledge, skills, and abilities required of entry-level respiratory therapists, as well as determine eligibility for the Clinical Simulation Examination. There are two established cut scores for the Therapist Multiple-Choice Examination. If a candidate achieves the lower cut score, they will earn the CRT credential. If a candidate achieves the higher cut score, they will earn the CRT credential AND become eligible for the Clinical Simulation Examination (provided that those eligibility requirements are met and the candidate is eligible to earn the RRT credential).

The respiratory care clinical curriculum is competency based. The competencies as well as the clinical evaluations serve as primary tools for quantitative assessment of individual student progress throughout the program's clinical internship experiences. The clinical internship experiences are designated as RCP 252, RCP 353, RCP 354, RCP 355, RCP 460 and RCP 461. These clinical experience internships account for 17 credits of the respiratory care professional component curriculum.

University of Hartford  
Respiratory Care  
Program Technical Standards

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

1. A reasonable amount of strength and mobility are required for but not limited to the following:
  - a. Lift, (up to 50 lbs) move or push heavy equipment, specifically ventilators, therapy equipment, stretchers and/ or wheelchairs with patients in them
  - b. Assist in lifting (up to 50 lbs) or repositioning patients who may be paralyzed, comatose or otherwise incapacitated, from patient beds and stretchers or wheelchairs
  - c. Provide physical assistance and care for patients in a timely manner in all circumstances which may involve the activities of sitting and standing in one place for 60-90 minutes
  - d. Reach overhead (stretching) and below waist level (bending) to manipulate equipment
  - e. Administer CPR without assistance
2. Manual dexterity, effective motor skills and eye-hand coordination are required for but not limited to the following:
  - a. Manipulate and calibrate equipment
  - b. Don surgical gloves
  - c. Fill syringes
  - d. Set up equipment
  - e. Perform routine therapies, i.e. aerosol treatments, suctioning and manual ventilation
  - f. Document patient assessment and outcome of therapy
  - g. Draw blood
3. Sensory function in at least one upper limb is required for but not limited to the following:
  - a. Palpate vessels for blood sampling
  - b. Palpate pulses
  - c. Assess skin surface texture and temperature
4. The auditory ability (corrected as necessary) to recognize and respond to faint or muffled sounds is required for but not limited to the following:
  - a. Assess breath sounds
  - b. Respond to patient needs since ventilator alarms may be muffled due to ICU noise

- c. Monitor equipment operation or dysfunction which may be indicated by low sounding bells or buzzers
  - d. Function when the use of surgical masks are required for protection of the patient or hospital personnel
  - e. Respond to pages and emergency calls from the hospital public address system and cell phone/ pager system
5. Visual acuity (corrected as necessary) is required for but not limited to the following:
- a. Read patient monitor values and ventilator values in dimly lit surroundings
  - b. Read waveform graphic monitors
  - c. Recognize and interpret facial expressions and body language
  - d. Identify normal and abnormal patterns of movement and breathing
  - e. Discriminate color changes
  - f. Interpret and assess the environment
6. The ability to effectively communicate orally and in writing in the English language is required but not limited to the following:
- a. Ascertain and record patient histories
  - b. Monitor and document patient progress
  - c. Provide clear and audible directions to patients face-to-face
  - d. Provide accurate information when discussing patient management with physicians and other support staff
  - e. Assess information and to communicate and document effectively via a computer
  - f. Collect, interpret, and analyze information
7. Possess acceptable mental/attitudinal standards are required for but not limited to:
- a. Function safely, effectively, and calmly in stressful situations
  - b. Maintain composure while managing multiple tasks simultaneously
  - c. Prioritize multiple tasks
  - d. Exhibit social skills necessary to interact effectively with patients, families, supervisors, classmates, instructors and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, and discretion
  - e. Display attitudes/actions consistent with the ethical standards of the profession

These standards reflect reasonable expectations of the Respiratory Care student for the performance of common functions of the Respiratory Therapist. The University of Hartford complies with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. A prospective student who is otherwise qualified, but requires reasonable accommodation, should contact Access-Ability Services at in Auerbach Hall, Room 209 860.768.4312. They will determine what accommodations are necessary and appropriate. All information and documentation is confidential. All technical standards must be met with either reasonable accommodation or without accommodation.

## **American Association of Respiratory Care Statement of Ethics and Professional Care**

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. Disregard for the effects of one's actions on others, bullying, harassment, intimidation, manipulation, threats, or violence are always unacceptable behaviors. It is the position of the American Association for Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.**

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Revised: 04/15

Revised: 10/21

## **Clinical Affiliations and Clinical Supervisors**

### Hartford Hospital

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Hartford, CT 06102  
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860 972 4137  
Clinical Resource  
860-972-2012

### University of Connecticut Health Center

263 Farmington Ave  
Farmington, CT 06030  
Janet Annesi  
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860 679 3716

### Danbury Hospital

24 Hospital Ave  
Danbury, CT 06810  
Sue Albino  
[susan.albino@wchn.org](mailto:susan.albino@wchn.org)  
203 739 7878

### Baystate Medical Center

759 Chestnut St.  
Springfield, MA 01199  
Mohamed Gharnit  
[Mohamed.Gharnit@baystatehealth.org](mailto:Mohamed.Gharnit@baystatehealth.org)  
413 794 4438

### Hospital of Central Connecticut

100 Grand St.  
New Britain, CT 06052  
Kimberly Chambers  
[Kimberly.chambers@hhchealth.org](mailto:Kimberly.chambers@hhchealth.org)  
203 694 8233

### Connecticut Children's Medical Center

282 Washington Street  
Hartford, CT 06102  
Chantelle Beach  
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Yale New Haven Hospital  
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New Haven, CT 06510  
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201 Chestnut Hill Rd  
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Brigham and Women's Hospital  
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860 714 4066

## **Overview of Clinical Curriculum**

RCP 252: Clinical Experience I (2 credits): Includes laboratory and clinical experiences. The student learns how to provide oxygen therapy, aerosol therapy and airway clearance. Before starting the clinical, the student will become certified in BLS, complete the clinical orientation (background check, health forms, drug screening, flu shot) and attend clinical site orientations. Clinical and laboratory days will be on Fridays from 7:00am to 3:30pm (Unless otherwise noted) for an approximate total of 120 hours.

RCP 353: Clinical Experience II (3 credits): Includes laboratory and clinical experiences. Students will continue to provide oxygen therapy, aerosol therapy and airway clearance. In addition, students will draw/ interpret arterial blood samples. Clinical and laboratory days will be on Tuesdays and Thursdays from 7:00am to 3:30pm (Unless otherwise noted) for an approximate total of 240 hours.

RCP 354: Clinical Experience III (3 credits): Includes laboratory and clinical experiences. The student will continue to expand on the techniques learned in RCP 252 and RCP 353. Students will begin intensive care units rotations with ventilator management. Clinical days will be on Tuesdays and Thursdays from 7:00am to 3:30pm (Unless otherwise noted) for an approximate total of 240 hours.

RCP 355: Clinical Experience IV (3 credits): Includes clinical experience that allow students to function as independent practitioners in the acute care setting. The student will continue to expand the techniques learned in the previous clinicals with a focus on hemodynamic monitoring. Clinical days will be Monday – Friday during the first summer session from 7:00am-3:30pm (Unless otherwise noted) for an approximate total time of 192 hours.

RCP 460 and RCP 461: Clinical Experience V and VI (3 credits each): Includes clinical experience in specialty areas (pediatric/ neonatal care, adult critical care, emergency medicine, pulmonary function laboratory, pulmonary rehabilitation, education). Students must complete two advanced clinical practice courses for graduation. The dates and times of the clinical will vary depending on the specific rotation. The student must complete 120 hours of clinical during each of these rotations.

### **Grading Policies**

A syllabus for clinical courses will be distributed on the first day of each class. Each individual syllabus will contain the specific information regarding the required competencies, daily clinical evaluations and any other assignments and examinations that will be part of the clinical grade.

*Students must maintain a “C+” in all RCP courses in order to continue within the respiratory care professional component curriculum.*

### **Daily Clinical Evaluations**

Daily evaluations for each clinical will be provided by the clinical instructor or preceptor. The evaluations will be entered into Trajecsys.

### **Trajecsys**

Trajecsys is an education database service provider that is used to track students' activities at clinical sites. Competency evaluations as well as daily evaluations will be entered into the database by the clinical preceptor/ instructor. Students are responsible for reviewing daily evaluations and making professional comments when appropriate.

### **Clinical Competency Evaluations**

The competencies that will be required for each clinical will be included in the syllabus provided on the first day of class. It is the responsibility of the student to notify the clinical instructor or preceptor when they would like to perform a clinical competency. This should only occur after the student has achieved an appropriate level of experience in a clinical procedure. Each student must complete the required clinical competencies by the end of the semester.

## **Eligibility Requirements for the Clinical Internship Experience**

### **BLS Certification**

All students are required to be AHA BLS certified. The University of Hartford Respiratory Care Program will provide initial training for all students who do not have the AHA BLS certification. The certification will be completed during the fall semester prior to the first clinical. AHA BLS certification lasts two years. If students need additional certification during the program, it is the responsibility of the student to contact the program director or clinical director and attend the scheduled fall training. If the student does not attend the scheduled training, they must complete AHA BLS training on their own. Students are not permitted to attend clinical without certification.

### **Health Requirements**

All students must arrange to have a physical examination performed by an independent licensed practitioner. The physical must be completed before any clinical experience may begin. Health care forms will be provided to the students. PDF copies of the forms must be uploaded to the Immunization Tracker component of the student's CastleBranch.com account. You should be aware that all health care providers involved in direct patient care activities, which includes respiratory therapists, are at increased risk of contracting Hepatitis B as well as other communicable diseases. Hepatitis B infections are spread through direct contact with an infected person's blood, body fluids or saliva. While the likelihood of you actually contracting the disease is minimized by the use of proper medical techniques (Universal Precautions), you should consult your family physician regarding your individual need for the Hepatitis B vaccination. Rubella/measles and varicella vaccines are mandatory. A blood titer may be performed to establish the student's immunity for rubella/ measles and varicella. Tuberculosis (TB) testing must be performed on an annual basis, and results presented to the Director of Clinical Education in September of each clinical year. The the COVID and flu (influenza) vaccines are mandatory for all students. Students have the option to decline the influenza vaccine due to health or other personal reasons. However, declination of the influenza vaccine may limit the student's eligibility to rotate at certain clinical affiliates, and may require that the student wear a surgical mask during their clinical experience. A student may seek an exemption for the COVID vaccine, however many clinical sites are not accepting exemptions and eligibility at clinical sites will be limited or unavailable. A student will not be able to complete programmatic requirements if we are unable to place at clinical sites. A secure, web based tracking system is utilized to upload and manage all immunization and health documentation.

### **Orientation for Clinical Sites**

Most clinical sites require site specific orientation before the start of clinical. This will be arranged by the Director of Clinical Education before the start of the clinical internship.

### **Identification Badges**

Each student must arrive at the clinical affiliate site wearing his or her clinical ID badges.

## **PROFESSIONAL LIABILITY INSURANCE**

All students are required to have professional liability insurance coverage prior to commencing their clinical experience. This liability coverage will be obtained by the University of Hartford.

Students also may purchase additional professional liability insurance through the American Association for Respiratory Care. For more information, you can contact:

Proliability powered by Mercer  
<http://www.proliability.com>  
1 800 375-2764

## **Attendance Requirements**

The rotation of students through a clinical facility enables the student to obtain the practical experience necessary to learn the skills of an entry-level respiratory therapist. The student has the obligation to their clinical affiliate to attend his/her regularly scheduled days of clinical experience. Students are permitted one excused absence per semester. Documentation may be required. **Please be aware that lab days are considered clinical days as far as the attendance policy.**

One program official (The program director or director of clinical education) and the clinical facility supervisor (or specified clinical contact) must be notified when illness or extenuating circumstances cause the student to be absent from their clinical internship. Notification to both parties must be made no later than 90 minutes prior to the start of the clinical rotation. Ex., if a student's scheduled clinical is expected to start at 7:00am, notification must be made by 5:30am. If the student neglects to notify the clinical site and the Director of Clinical Education of the absence the final clinical experience grade may be lowered by 5 points.

A second clinical absence beyond the one excused absence (with documentation) will result in 5 points being deducted from the final grade. A third absence will result in 10 points being deducted from the final grade. A 4<sup>th</sup> absence will result in the need to repeat the clinical. Extenuating circumstances, may be discussed with the Director of Clinical Education or the Program Director.

## **Jury Duty**

The University of Hartford Respiratory Care Program believes in fulfilling the obligations of jury duty and will support students who are called and serve. Upon receiving a summons for jury duty, the student must notify the Director of Clinical Education of the days of obligation. Jury duty does not count against personal time. Students must document the required jury duty by bringing in a letter from the court documenting the dates of their service upon returning to school.

### **Bereavement Leave**

A student is granted up to three funeral days for the death of a parent, sibling, spouse, child, grandparent or equivalent in law. Request for additional time off can be made based on extenuating circumstances.

### **Military Leave**

The Respiratory Therapy Program follows all state and federal regulations concerning reservist and guard military active duty. The Program Director and Director of Clinical Education should be notified prior to clinical internship regarding the status of military active duty.

### **Holiday and Religious Observances**

Holidays will be observed according to the university calendar. The program recognizes that some students may have special needs in the scheduling of clinical duties because of religious beliefs and practices. Therefore, students who anticipate conflicts with regularly scheduled clinical rotations must notify the Director of Clinical Education in advance of the conflicting date. The student will be able to make up the time during the semester break or at the discretion of the Director of Clinical Education.

### **Tardiness and Early Dismissal**

Each student is required to be punctual for clinical. If for any reason: weather, transportation, illness, etc., a student is unable to be present at the scheduled starting time, the clinical facility/ clinical supervisor and the Director of Clinical Education should be notified as soon as possible. Tardiness is assessed as not being at the designated area of the clinical rotation at the start time of the clinical. The clinical instructor/ clinical site may elect to send a student home if the student is more than 30 minutes late. If a student is sent home due to tardiness it will count as an absence.

Students are expected to remain at the clinical site for the entire duration of the scheduled clinical shift. The student's outside job responsibilities, doctor's appointments, etc., are not adequate reasons for obtaining permission to leave the clinical facility early. If there is an extenuating circumstance, permission of the clinical instructor/ preceptor is required if the student requests to leave the clinical rotation early. The director of clinical education must be notified by the student within 24 hours, if a student requests and is permitted to leave a clinical site prior to the scheduled end time of the clinical rotation.

## **Professional Behavior**

Students are expected to abide by the policies and procedures of their assigned clinical affiliate. Students may be dismissed from the professional component courses (clinical rotations) in respiratory therapy for behaviors deemed unprofessional at the clinical affiliate. These behaviors are presented at each affiliate's clinical orientation session. A dismissal from a professional component course will result in a course grade of "F" and either programmatic dismissal or delayed programmatic progression. Refer to program dismissal policy on page 20.

Hospital computers may only be used for database entry. Personal use is prohibited. Students may not bring personal computers of any type to clinical.

Personal cell phones, tablets or electronic devices (i.e. Apple Watch) are not to be used in the clinical environment unless approved by clinical site. If approved by clinical site, devices are only to be used for educational purposes related to clinical rotation.

## **Harassment**

Students will be held to the University's policy on harassment and will be dealt with in compliance with that policy as detailed in The Source, the University's student handbook.

## **Substance Abuse**

Students will be held accountable to the University's policy on drug abuse as detailed in The Source, the University's student handbook. The use of illicit drugs can be detrimental to the safety of you, the people that you are with, the health care site you are at and the patients that you are interacting with. Students are reminded that drug screening is required prior to the start of clinical experience in sophomore year. A second drug screen may be performed before subsequent clinical rotations.

## **Background Checks and Drug Screening**

All students of the RCP program are required to undergo a criminal background check (including fingerprinting) and drug screening prior to the start of clinical experience. **This is due by Oct. 31 of the first semester of the professional phase. In addition, an additional background check is required annually by August 31 throughout the program.** The student is responsible for clearing any eligibility issues identified during the screening process. Students who are unable to resolve said items may be denied clinical placement and will not be able to complete the requirements of the RCP program. The program utilizes a nationwide background check (including fingerprinting) and drug testing service, *Castle Branch*, to facilitate the screening process. The process for obtaining a documented background check, fingerprinting and drug screen through *Castle Branch* is described to

students during an orientation meeting that occurs prior to the start of clinical experience and is also emailed during the summer prior to the start of the professional phase of the program. Costs associated with the background check and drug screening are paid by the University with funds collected from RCP course fees.

### **Inclement Weather Policy.**

In the event of inclement weather, which results in University of Hartford starting classes late or closing, the student is not to report for clinical. Clinical hours missed due to announced University late openings or closings are deducted from the clinical required hours for the semester. Therefore, students are not penalized for, nor do they need to make up time due to official closings for inclement weather. It is the students' responsibility to notify the clinical site/ instructor if there is a school closing or delay to inform the site that they will not be attending. The clinical sites may not be aware of a school closing or delay. If a student does not notify the clinical site/ instructor of the school closing, the missed clinical may be counted as an absence.

### **Lunch Break**

The student is allowed one half-hour break for lunch for every eight-hour clinical rotation. Lunch assignments are the responsibility of the clinical preceptor/ instructor. In addition, students should be allowed one fifteen minute break, either in the morning or in the afternoon, for each eight hour clinical rotation. The clinical education setting's preceptor/ instructor should also schedule breaks.

### **Transportation to Clinical Education Settings**

All clinical facilities are a 30-70 minute travel distance from the main campus of the University. The university does not provide transportation to these affiliates. Each student must have their own car registered on campus, be a commuter student, use the public transportation facilities located on campus, or pay for a taxi or Uber to their assigned clinical education setting.

### **Parking**

Parking fees may apply at some of the clinical sites. Parking fees are the responsibility of the student.



## Dress Code

Students will wear the designated uniforms during their clinical experience assignments, adhering to the following dress code:

- Tops** Solid red top with University of Hartford logo embroidered over the front pocket. Uniforms are available for purchase at the University bookstore.
- Pants** Slate grey scrub pants. Uniforms are available for purchase at the University bookstore.
- Footwear** White, grey or black socks with white, grey or black shoes/ sneakers.
- Other** Stethoscope, black ink pen, a working watch with a second hand or digital timer, and calculator are also considered part of the clinical uniform.
- Hair** The student's hair should be neat and clean. Hair longer than shoulder length will be pulled back over the face.

### Personal Hygiene

All students are required to be clean and maintain appropriate personal hygiene with regard to their body, hair and nails.

### Perfume, aftershave and scented lotions

Due to patient sensitivity from medication or medical conditions, students may not wear any type of scent while in clinical. Hand and skin lotion should be labeled unscented if it is to be worn in clinical.

- Fingernails** Artificial fingernails are not to be worn in clinical. Fingernails should be short (no longer than 1/4" above fingertip) with only clear or neutral polish that is in good shape (not chipped) Research has shown that chipped nail polish can harbor as many germs as artificial nails. Students are not allowed to wear any nail polish when doing a clinical rotation at Connecticut Children's Hospital.

- Tattoos** All tattoos must be covered during clinical hours.

Uniforms must be clean and wrinkle free. Students are responsible for the cost of the uniforms.

### **Student or Patient Accidents**

A student injured as a result of their direct participation of their assigned duties during their clinical experience may receive treatment through the emergency services provided at their affiliate or their personal physician. Payment for such services is the student's responsibility, as students are not the hospital's employees. In addition, an incident report regarding the nature of the accident must be completed by the student and forwarded to the department manager. An additional copy must be forwarded to the Respiratory Care Program Director.

In the event that a student is involved in a situation where a patient is injured or exposed to unsafe clinical practice, the student must inform the clinical preceptor/ instructor of their conduct during the situation. An incident report must be completed by the student to properly reflect the situation which led to the injury or unsafe practice. A copy of the incident report must be forwarded to the department manager of the affiliate as well as the Respiratory Care Program Director. Examples of unsafe clinical practice include but are not limited to:

- An incorrect procedure
- Incorrect patient being treated
- Medication error
- False documentation

The student may be asked by the clinical faculty/ preceptor or hospital department manager to leave the clinical area and may only return after a discussion or conference with the Program Director or Director of Clinical Education. The clinical faculty, preceptor or hospital program manager may also complete a critical incident report.

### **Student Health Insurance Verification**

The University of Hartford requires all students enrolled in the professional component courses to be covered by their own health insurance policy, either through outside coverage or through coverage provided by a University approved carrier. Students must demonstrate proof of medical insurance coverage, a copy of their medical insurance card, prior to the commencement of their first clinical internship rotation. Students who do not comply with this policy will be prohibited from participating in clinical internship rotations.

## **Employment**

No excused absences, lateness or early dismissal will be allowed for employment conflicts. It is strongly recommended that students not work a night shift prior to a clinical day.

If the student is employed by a hospital that is used as a clinical affiliate, the student should be aware that the nature of those responsibilities should in no way conflict or be related to responsibilities as a student. The employing facility takes full responsibility for the student employee's actions while working, and neither the school's faculty or University of Hartford will be responsible for any student's activities while at work.

## **Health Insurance Portability and Accountability ACT (HIPAA)**

Students must have access to medical information regarding the patient's clinical history in order to effectively evaluate patients in their care. According to HIPAA guidelines students are limited to information only necessary for the performance of their direct duties. Students must not discuss patient conditions by identifying their names in public areas of the medical facility, for example cafeterias or elevators, as this violates the patient's medical privacy.

Students must also be aware of HIPAA for compliance in addressing issues related to patient identification in oral and written reports presented as a component of an academic course. Students are advised that when they provide case reports they may not reveal any information about patients such as the specific birth date, patient name, location of treatment or any information that could be used to identify a particular patient.

Failure to comply with these guidelines may result in dismissal from the program.

## **Clinical Remediation**

When a student's clinical performance does not meet expectations and/or learning outcomes, a clinical remediation plan is developed by a faculty member and shared with the student. The plan is time limited and is designed to promote the student's successful achievement in the course objectives. The faculty must document that the student has successfully completed the objectives of the remediation plan.

The student must meet and review the plan with the director of clinical education notify both the Director of Clinical Education. Within two days of initiating a remediation plan the faculty or Director of Clinical Education must notify the Program Director. The Program Director may request to meet with the student to discuss the remediation plan. Students with two concurrent remediation plans (i.e. academic and clinical) are placed on program probation. Students who do not meet the objectives outlined in the remediation plan are subject to program probation and may receive a failing grade for the course. Students with more than one remediation in any one course may be subject to program probation.

## **Program Probation**

A student is placed on program probation when the student fails to meet the requirements of a remediation plan or commits a serious single violation of program policy such as a patient confidentiality breach or academic dishonesty or a serious patient safety error. If a student is placed on a programmatic probation, the student will automatically have the course grade decreased by a minimum of 10 points. Programmatic progression will be delayed if a student is placed on probation.

## **Dismissal**

The faculty reserves the right to remove a student from the program if the policies and procedures are not followed or when the student is found to be clinically unsafe at any point in the program. Respiratory Care skills are comprehensive, and the student is responsible for all technical material and information up to and including the last day of the semester, or the last day of the curriculum. A student may be dismissed if in the judgment of the Program Director and/ or Director of Clinical Education the individual is not emotionally, physically, or intellectually equipped to function effectively and sensitively per program's technical standards.

The Respiratory Therapy program adheres to all of the student conduct regulations outlined in The Source. Please review this publication for information regarding sanctions and/or dismissal for academic dishonesty, sexual harassment and assault, and various acts of student misconduct.

In addition to these policies, a student may be subject to dismissal from the Respiratory Therapy program for any of the following:

1. Failure to achieve a C+ grade in a repeated RCP course
2. Failure to achieve a C+ grade in more than two (2) RCP courses throughout the program.
3. Failure to comply with clinical policies as outlined in the program Clinical Handbook and Policy and Procedure Manual
4. A single patient safety error or policy violation that is of a severe nature.
5. Violation of the American Association for Respiratory Code of Ethics
6. Failure to adhere to a remediation plan.
7. Failure to complete onboarding documents resulting in inability of placement at clinical sites.
8. Inability to place at clinical sites because of sites refusal due to student's performance issues.
9. Faculty initiated dismissal for reasons of health, safety, performance or other reasonable cause.

## **Clinical Grievance Policy**

Appeals relating to a respiratory therapy program's faculty members' decisions in the implementation of a clinical policy can be made only on the grounds of discriminatory, unjust or capricious action.

In the event that a student feels that an appeal is warranted, it is the student's responsibility to initiate the appeals procedure. The appeals procedure shall normally be as follows:

1. The student shall discuss the matter with the faculty member assigned to the clinical course. This meeting must take place within 10 academic days of the occurrence.
2. If the situation cannot be resolved in such a conference, the student may request in writing a meeting with the Respiratory Program Director. This meeting must take place before an additional 10 academic days have elapsed.
3. If the situation cannot be resolved in such a conference, the student may request in writing a meeting with the Chair of the Department Health Sciences. This meeting must take place before an additional 10 academic days have elapsed.
4. If the situation is not resolved at this meeting, the student may take the appeal in writing to the Dean of the College of Education, Nursing, and Health Professions (ENHP). The Dean shall screen the evidence presented by the student and determine whether the appeal warrants further investigation. If so, the appeal and the evidence shall go to the Chair of the academic standing committee of ENHP.
5. The Chair shall call a meeting of the academic standing committee, and the committee shall review the appeal by hearing all the evidence presented by student and faculty member. Both the student and the faculty member will be invited to meet with the Academic Standing Committee to respond to questions concerning written material that either party has presented. The academic standing committee meeting(s) shall be convened within 20 days of receiving the charge and evidence.
6. After investigating the appeal, the committee shall submit a detailed report and recommendation(s) to the Dean of the College of ENHP. The committee shall make the final determination of the case.
7. The Dean of the College of ENHP shall inform the concerned parties of the decision(s) of the committee. There shall be no further appeal.

# APPENDIX

**University of Hartford  
Respiratory Care  
Clinical Remediation Form**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Course: \_\_\_\_\_

**Objectives Not Being Met or Areas of Concern:**  
*(Please reference clinical evaluation form)*

**As Evidenced By:**  
*(Cite specific performance example(s).)*

**Instructor/ preceptor recommendations:**

*(Include date for completion of an action plan and follow up evaluation)*

**Student comments:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor/ Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Clinical Education: \_\_\_\_\_ Date: \_\_\_\_\_



**University of Hartford  
Respiratory Care  
Critical Incident Report**

A critical incident is a positive or negative report that reflects any action or behavior that the student exhibits which can be exemplary, an infraction of clinical policies, or is harmful or potentially harmful to patient care. Student may comment on the back of this form.

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Student \_\_\_\_\_ Date of incident \_\_\_\_\_

Report submitted by \_\_\_\_\_

Incident

Nature and consequence of incident

Action taken

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

## **STUDENT RESPONSIBILITIES**

I have read and I understand the Clinical Practice Policies of the Respiratory Care Program at the University of Hartford.

Additionally, I understand that I am responsible to:

1. Maintain all academic and non-academic standards
2. Adhere to the course requirements in the program
3. Report any name, address or phone number changes immediately
4. Maintain satisfactory attendance for all classes, labs and clinical rotations
5. Maintain open and ongoing communication with the program director and director of clinical education
6. Understand that there will be a free exchange of program related information between the University of Hartford Faculty and the clinical faculty, preceptors and hospital managers.
7. Observe all rules and procedures for all clinical affiliates

Detach this sheet and return to your Director of Clinical Education within 1 week of receipt.

Student Signature: \_\_\_\_\_

Date \_\_\_\_\_