



INAYA

INAYA MEDICAL COLLEGES
كليات العناية الطبية الأهلية



RESPIRATORY THERAPY
INAYA MEDICAL COLLEGES

Inaya Medical Collages Respiratory Therapy Department Students Handbook

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INTRODUCTION

The Respiratory Therapy Specialist helps in the initiation, monitoring and weaning of patients in mechanical ventilation, carries out various diagnostic and therapeutic procedures and techniques that are aimed at the evaluation and treatment of patients with respiratory disorders. He/ She provides respiratory therapy to patients ranging from the premature infants to the elderly, and is parts of the multi-disciplinary treatment team in ICU for managing critically ill patients.

Respiratory Therapy Specialist ensures operation of equipment by completing preventive maintenance requirements, following manufacturer's instructions, troubleshooting malfunctions, calling for repairs, helps patient accomplish treatment plan and supports life by administering inhalants.

MESSAGE FROM THE CHAIRMAN

Dear All:

It gives me great pleasure to welcome you to the Respiratory Therapy Program at Inaya Medical College. Our promise to you would be excellence in teaching, outstanding research opportunities and exceptional community service in line with the college's mission and vision.

The department has high caliber faculty with graduate and undergraduate degrees with a wealth of academic and clinical experience. The department's labs are state of the art with one of a kind simulation facility that mimics real working conditions in the hospital. We are honored by our partnership with the leading medical cities and hospitals within the kingdom for clinical and internship training.

Once again, allow me to welcome you to our department and I hope that you will be our colleague and alumnus.

Warm regards,

Khaled Al Awam, Ph. D., MPH, CHES, RRT, CPFT, CCT, RRT-NPS

PROGRAM VISION, MISSION & OBJECTIVES

Vision:

The vision of the Department of Respiratory Therapy is to meet the expectations of the community, to establish and maintain an excellent national reputation, and to be a leader in innovative educational endeavors in the profession.

Mission:

The mission of the Respiratory Therapy Program at Inaya Medical College is to provide high quality education and resources that will enable students to develop the knowledge, skills, and attitude to be competent respiratory therapists, and to promote research, community engagement and a commitment to lifelong learning.

Objectives:

Prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory therapy practice.

Offer the highest quality clinical education in respiratory therapy in a learning environment that fosters critical thinking, encourages professional leadership, inspires research, and instills a strong appreciation of ethical values and human diversity.

Promote a basic understanding and abilities to conduct research in respiratory therapy.

To provide the community with responsible respiratory therapy therapists who interact appropriately with the changing health care system.

PROGRAM LAYOUT & STUDY PLAN

The Respiratory Therapy Program is a five-year program. Four years are for the didactic courses which include foundation year, the first year, and three years of respiratory therapy courses that includes three clinical course where you will go to clinical sites to practice and conduct specific basic clinical respiratory therapy competencies. The fifth year is for the internship.

Curriculum Study Plan Table / Foundation Year Courses

Level	Course Code	Course Title	Required Or Elective	* Pre-Requisite Courses	Credit Hours	College or Department
Level 1	101 BIOS	Biostatistics	Required		2	FY
	101 COMP	Computer for Health Sciences	Required		2	FY
	101 ENGL	English Language (1)	Required		8	FY
	101 ISLM	Introduction to Islamic culture	Required		2	FY
	101 ARAB	Arabic Language (1)	Required		2	FY
	101 COMM	Communication Skills	Required		1	FY
Level 2	101 BIOL	Biology	Required		3	FY
	101 PHYS	General Physics	Required		3	FY
	101 ETH	Ethics in Health Care	Required		1	FY
	102 ENGL	English Language (2)	Required	101 ENGL	4	FY
	105 ENGL	Medical Terminology	Required		3	FY
	101 CHEM	Introduction to Chemistry	Required		3	FY

Respiratory Therapy & General Medical Sciences

Level	Course Code	Course Title	Required Or Elective	* Pre-Requisite Courses	Credit Hours	College or Department
Level 3	231 BMS	Anatomy, Embryology & Histology	Required	101 BIOL	4	BMS
	232 BMS	Physiology	Required	101 BIOL	3	BMS
	233 BMS	Biochemistry	Required	101 CHEM	3	BMS
	102 ISLM	Islamic and Construction of Society	Required		2	FY
	103 ARAB	Writing in Arabic Language	Required		2	FY
	231 RTS	Introduction to Respiratory Therapy	Required	102 ENGL	3	RTS
	232 RTS	Cardiopulmonary Resuscitation & First Aids	Required	102 ENGL	3	RTS
Level 4	241 BMS	Microbiology	Required	BMS BMS	2	BMS
	242 BMS	Pharmacology	Required	BMS BMS	2	BMS
	241 RTS	Anatomy of Respiratory System	Required	231 BMS 242 RTS	3	RTS
	242 RTS	Physiology of Respiratory System	Required	232 BMS 241 RTS	3	RTS
	243 RTS	Respiratory Pathophysiology - I	Required	232 BMS	3	RTS
	244 RTS	Fundamentals of Respiratory Therapy - I	Required	RTS RTS	4	RTS
	103 ISLM	The Islamic Economic System	Required		2	FY

Level 5	351 RTS	Respiratory Pathophysiology - II	Required	243 RTS	4	RTS
	352 RTS	Fundamentals of Respiratory Therapy - II	Required	244 RTS	5	RTS
	353 RTS	Patients Assessment	Required	241 RTS 242 RTS	3	RTS
	354 RTS	Cardiopulmonary Diagnostic & Monitoring	Required	241 RTS 242 RTS	3	RTS
Level 6	104 ISLM	Fundamental of Islamic Political System	Required		2	FY
	361 RTS	Respiratory Pharmacology	Required	244 RTS	2	RTS
	362 RTS	Arterial Blood Gases	Required	353 RTS	2	RTS
	363 RTS	Mechanical Ventilation	Required	352 RTS	4	RTS
	364 RTS	Lung Expansion / Bronchial Hygiene Therapy	Required	244 RTS	3	RTS
	365 RTS	Clinical Respiratory Therapy Practice - I	Required	352 RTS 353 RTS 354 RTS	3	RTS
Level 7	471 RTS	Psychological Rehabilitation Science	Required	352 RTS	2	RTS
	472 RTS	Adult Pathophysiology/Geriatrics/ and Trauma Care	Required	351 RTS 363 RTS	4	RTS
	473 RTS	Neonatal, Pediatric Respiratory Therapy	Required	363 RTS	3	RTS
	474 RTS	Advanced Pulmonary Function Testing	Required	362 RTS	2	RTS
	475 RTS	Research Methodology	Required	364 RTS 363 RTS	2	RTS
	476 RTS	Clinical Respiratory Therapy/Practice (II)	Required	363 RTS 365 RTS	3	RTS
Level 8	481 RTS	Independent Study	Required	475 RTS	2	RTS
	482 RTS	Management of Critically III Patients	Required	362 RTS 363 RTS	3	RTS
	483 RTS	Pulmonary Rehabilitation	Required	365 RTS 474 RTS	3	RTS
	484 RTS	Radiological Images	Required	354 RTS 365 RTS	3	RTS
	485 RTS	Clinical Respiratory Therapy Practice - III	Required	473 RTS 476 RTS	3	RTS

BASIC COURSE DESCRIPTION

Course Code	Course Title & Description
101 BIOS	<p>Biostatistics: Introduction to Biostatistics provides an introduction to selected important topics in biostatistical concepts and reasoning. This course represents an introduction to the field and provides a survey of data and data types. Specific topics include tools for describing central tendency and variability in data; methods for performing inference on population means and proportions via sample data; statistical hypothesis testing and its application to group comparisons; issues of power and sample size in study designs; and random sample and other study types. While there are some formulae and computational elements to the course, the emphasis is on interpretation and concepts.</p>
101 COMP	<p>Computer for Health Sciences: This course provides computer literacy and productivity training. The course will provide a familiarization with various operating systems and file management capabilities related to health science. It will also show how to leverage open source software to increase work efficiency. The course will cover basic computer applications in health organizations & medical information management. Network security issues related to legal, privacy and ethical issues in computer security will be discussed.</p>
101 ENGL	<p>English Language (1) This initial stage of the course is designed to give the students a strong foundation in the language, improving their command of English as well as improving their vocabulary, reading, writing and communication skills. In the process of improving these skills, students will also develop their confidence in the language and also their presentation skills. These all contribute to the life skills of the student and help to prepare them for their future studies and careers beyond IMC. As the course progresses, and students reach a higher level of English, the focus will switch to the academic side of the language. This will involve preparing students for the style of language they will need for their future studies</p>
101 ISLM	<p>Introduction to Islamic culture: The purpose of this course is to highlight the values of Islamic culture and its impact on other cultures. The course introduces connotative and literal meaning of cultures, relationship between different cultures and relation of culture with science and civilizations. This course introduces the students to the different aspects of Islam and introduces the students to the pillars of Islam. It also introduces the students to the points which are contradictory to Islam.</p>
101 ARAB	<p>Arabic Language (1) تعليم الطالب/الطالبة قواعد اللغة العربية وتنمية مهاراته الموجودة بالفعل بحيث يستطيع أداء عبارة سليمة من الأخطاء الإملائية النحوية والصرفية والأسلوبية واللغوية بشكل عام. رفع القدرات التعبيرية للطالب/الطالبة، وزيادة ثروته اللغوية، ومساعدته على استخدام العبارة المناسبة بشكل دلالي واضح. تدريب الطالب/الطالبة على التحدث، والتنظيم المنطقي للأفكار، مع الحرص على التمسك باللغة العربية الفصحى. رفع الأداء اللغوي العام لدى الطالب /الطالبة.</p>
101 COMM	<p>Communication Skills Exploration of the fundamental elements, characteristics, and processes of communication, including communicating in a multicultural society, interpersonal, intrapersonal, as well as small group of contexts. Oral presentation experiences are heavily integrated throughout the course with a focus on public speaking design and delivery.</p>

101 BIOL	<p>Biology</p> <p>This course introduces the principles and concepts of biology. Emphasis is on basic biological chemistry, cell structure and function, metabolism and energy transformation, genetics, evolution, classification, and other related topics. Upon completion, students should be able to demonstrate understanding of life at the molecular and cellular levels. Laboratory exercises reinforce lecture topics and include microscope techniques.</p>
101 PHYS	<p>General Physics</p> <p>This course provides a conceptually-based exposure to the fundamental principles and processes of the physical world. Topics include basic concepts of motion, forces, energy, heat, electricity, magnetism, and the structure of matter and the universe. Upon completion, students should be able to describe examples and applications of the principles studied. Laboratory experiments and computer-based exercises enhance and consolidate the understanding of basic physical principles and applications.</p>
101 ETH	<p>Ethics in Health Care</p> <p>This course will explore the major ethical issues confronting the practices of medicine and biomedical science. Student will become familiar with legal and institutional positions, consider and debate opposing arguments on the various topics, and examine relevant case studies. Inquiry and exploration into the problems of modern health care using ethical theories and reflection to articulate a range of possible solutions</p>
102 ENGL	<p>English Language (2)</p> <p>English 102 builds upon the critical thinking, reading, and writing capabilities that students developed in English 101. Students learn the processes necessary for collecting and incorporating research material in writing. They learn how to evaluate, cite, and document primary and secondary research sources, and how to develop arguments to support them with sound evidence.</p>
105 ENGL	<p>Medical Terminology</p> <p>This basic medical terminology course will provide the framework needed before advancing to a more comprehensive medical terminology course designed for those seeking to become a coder. This course will focus on the many components of a medical term and how to break down a medical term by simply knowing the meaning of the prefix or suffix. By learning the individual parts of a medical word, you will not need to memorize hundreds of complex medical terms and their definitions</p>
101 CHEM	<p>Introduction to Chemistry</p> <p>This course will examine the basic principles of chemistry conceptually and specifically. The course will apply chemical concepts to address relevant issues ranging from atomic structure and chemical reactions to organic and biological chemistry. The course topics include matter and energy, chemical bonding, intermolecular forces, chemical equilibrium, and nuclear, organic, and biological chemistry. Students will apply these concepts using practical examples, facilitated discussions, and experiments conducted through a virtual laboratory.</p>
231 BMS	<p>Anatomy, Embryology & Histology</p> <p>The course provides a developmental and anatomical study of the soft tissues & human body as well as a study of embryonic growth and development of human body structures, tissue histology, soft tissue anatomy and the relationship of these structures to the body's major organ systems.</p>
232 BMS	<p>Physiology</p> <p>This course will enable to understand the complexities of the cells, tissues, and major organs and systems of the human body. Study a different system each week, concentrating on basic mechanisms underlying human life processes and important diseases affecting normal human function.</p>
233 BMS	<p>Biochemistry</p> <p>This course will cover Fundamental concepts in biochemistry and molecular biology: structure function relationships, reactivity, thermodynamics, gene expression.</p>

102 ISLM	<p>Islamic and Construction of Society</p> <p>This course studies the following: The concept of the Muslim society; its basics, its method and characteristics, means of consolidating its social ties; the most important social problems, the Islamic philosophy of family affairs, marriage: its introductory formalities, aims and effects. It also deals with ways of strengthening the family bonds.</p>
103 ARAB	<p>Writing in Arabic Language</p> <p>Applications in reading and speaking skills, the adverb of time and the adverb of place, accusative of explanation (specification), Punctuations, computer-based writing, dictionaries and E-dictionaries, applications to reading and writing skills, accusative of cause or reason, denotative of state (circumstantial accusative or accusative of the state or condition), writing a paragraph and essay, application to reading and writing skills, appositions (adjective/ corroboration/ substitute/ explanatory apposition and syndetic explicative, diminutive (numen diminutive), applications in reading and writing skills, relation quiescence (pause), completion fifth text's exercises, and writing formal and informal letters.</p>
231 RTS	<p>Introduction to Respiratory Therapy</p> <p>This course is an introduction to the respiratory therapy profession and the organization of the service in the actual hospital setting. The development of the respiratory therapy profession will be presented followed by learning about the practice of the respiratory therapist. Legal and ethical principles will be discussed. Workplace skills and medical terminology will be emphasized. The course provides an introductory tour of the basic equipment and instrumentations used in respiratory therapy (respiratory therapy).</p>
232 RTS	<p>Cardiopulmonary Resuscitation & First Aids</p> <p>The main aim of this course is to provide basic principles of cardiopulmonary resuscitation (CPR) and first aid in specific clinical situations. It will focus attention on the essential to identify emergency situation needing immediate intervention and management including assessment of the patient.</p>
241 BMS	<p>Microbiology</p> <p>This course conveys the general concepts, methods, and applications of general microbiology for the health sciences. Topics include immunology, bacteriology, virology, and mycology. The course also covers the morphology, biochemistry, and physiology of microorganisms including bacteria, viruses, and fungi; the diseases caused by these microorganisms and their treatments; and the immunologic, pathologic, and epidemiological factors associated with diseases.</p>
242 BMS	<p>Pharmacology</p> <p>This course is designed to develop an understanding of the theoretical concepts surrounding pharmacology, such as the pharmacokinetics and pharmacodynamics of drugs, and the concepts surrounding pharmacotherapy. It gives specific information concerning cardiopulmonary, vascular, central and peripheral nervous system, and antimicrobial drug classifications as well as common examples in each category. With each classification of drugs covered, their mode of action, their clinical effects and side effects will be emphasized</p>
241 RTS	<p>Anatomy of Respiratory System</p> <p>This course will familiarize the student with the anatomy of the cardiopulmonary system. The student who studies the pulmonary system will function at a higher level of competency and knowledge when treating patients with cardiopulmonary diseases. In addition, an understanding of cardiopulmonary anatomy is the basis for treatment of the patient with cardiopulmonary disease. A sound grasp of the fundamentals are important to produce a knowledgeable and effective practitioner.</p>
242 RTS	<p>Physiology of Respiratory System</p> <p>This course will familiarize the learner with the physiology of the cardiopulmonary system. The learner who studies the pulmonary system will function at a higher level of competency and knowledge when treating patients with cardiopulmonary diseases. In addition, an understanding of cardiopulmonary physiology is the basis for treatment of the patient in the emergency medical care system. A sound grasp of the fundamentals are important to produce a knowledgeable, effective practitioner. The format used to learn cardiopulmonary physiology will include lectures, discussion and reading assignments. Internet access is required.</p>

243 RTS	<p>Respiratory Pathophysiology – I</p> <p>This course is an introduction to the study of disease with an emphasis on respiratory disorders, their etiology, pathophysiology, diagnosis, and treatment. The course is designed as a two-part series to teach the student through lecture, discussion, reading, homework and case presentations about the pathological changes, clinical findings, and treatment of choice for major pulmonary diseases.</p>
244 RTS	<p>Fundamentals of Respiratory Therapy – I</p> <p>Fundamentals of Respiratory Therapy I is a class intended to present to the student the basic principles of Respiratory therapy, as related to: gas physics; medical gas storage and therapy; administration of humidity, aerosol and airway pressure therapies; airway pharmacology. Emphasis will be placed on the methods of administration of the therapy, with special attention placed on the equipment used, as well as the application of this information to the clinical setting.</p>
103 ISLM	<p>The Islamic Economic System</p> <p>This course depicts the Islamic concept of life, the nature of man, the basic constituents of the Islamic economics and its objectives; it studies as well the legal evidences of these topics. It also explains the opinion of Islam toward finance, ownership, production, maintenance, conception, distribution of wealth, and the exchange in the Islamic Economic system.</p>
351 RTS	<p>Respiratory Pathophysiology – II</p> <p>This course is an introduction to the study of disease with an emphasis on respiratory disorders, their etiology, pathophysiology, diagnosis, and treatment. The course is designed as the second of a two part series to teach the student through lecture, discussion, reading, homework and case presentations about the pathological changes, clinical findings, and treatment of choice for major pulmonary diseases.</p>
352 RTS	<p>Fundamentals of Respiratory Therapy – II</p> <p>Fundamentals of Respiratory Therapy – II (continuing from Fundamentals of Respiratory Therapy – I) is a class with a lab that is intended to present to the student the principles of Respiratory Therapy, as related to: artificial airways and resuscitation devices, their care and complications, introduction to mechanical ventilation limited to ventilator structure, basic classification, and non-invasive ventilation including CPAP/BiPAP. Emphasis will be placed on the methods of administration of the therapy, with special attention placed on the equipment used, as well as the application of this information to the lab and/or clinical setting.</p>
353 RTS	<p>Patient Assessment</p> <p>Patient assessment is the core function of patient-centered respiratory therapy. This course will provide relevant information related to developing the knowledge and skills needed for the respiratory therapists to be competent in patient assessment. Through this course the student will be introduced to essential knowledge and skills which serve as a foundation skill in providing optimal patient care.</p>
354 RTS	<p>Cardiopulmonary Diagnostics & Monitoring</p> <p>This course is designed to teach diagnostic procedures in the field of Respiratory therapy. The emphasis is placed on evaluation of chest radiographs, monitoring hemodynamics and the interpretation of the ECG.</p>
104 ISLM	<p>Fundamental of Islamic Political System</p> <p>This subject contains the following: Introduction to the Political System and its fundamentals; the Islamic Political System is the best system for human societies to follow and apply; the rise up of Islamic State during the Prophet’s lifetime, Caliphate, and the fundamentals of State.</p>
361 RTS	<p>Respiratory Pharmacology</p> <p>This course will provide a foundation of the drugs presently used in the field of Respiratory therapy, study of pharmacological principles, practices, indications, pharmacology, mode of action, adverse effects, doses, specific agents, and use of respiratory related drug categories, as well as proper standardized patient assessment, use of pharmacology administration equipment, correct documentation of aerosol medication treatment, and competency in patient assessment while conducting aerosolized medication administration.</p>

362 RTS	<p>Arterial Blood Gases An introduction to the collection, analysis and interpretation of arterial blood gases. Includes detailed study of the pathophysiology of oxygenation and ventilation and associated disorders</p>
363 RTS	<p>Mechanical Ventilation The Mechanical Ventilation course is intended to cover the physiological and clinical applications of mechanical ventilation with emphasis on indications, complications, and physiologic effects of mechanical ventilation. Emphasizes initiation, monitoring, management, and weaning. The course consists of class presentations and lab activities. The class presentations will cover the theoretical aspects whereas the lab activities are intended to cover the clinical application of mechanical ventilation skills and strategies. Classification, components/features, and operation of major critical care and transport ventilators will be part of the lab activities.</p>
364 RTS	<p>Lung Expansion / Bronchial Hygiene Therapy In this course, students will be familiar with a number of recent techniques and devices that have become available to assist in lung expansion and bronchial hygiene. In addition, students will learn different modalities available to prevent or resolve atelectasis. After completing the course, the students should be able to: Planning, implementation and evaluation of lung expansion therapy. Physiology of airway clearance, goals, indications, and need for bronchial hygiene therapy. Methods and selection of appropriate method of bronchial hygiene therapy. Planning, implementation and evaluation of bronchial hygiene therapy.</p>
365 RTS	<p>Clinical Respiratory Therapy Practice – I Clinical Respiratory Therapy Practice I is a clinical practice of general care procedures within a hospital setting. Clinical practice in the application of infection control practices, oxygen administration, aerosol and humidity therapy, hyperinflation therapy & bronchial hygiene, aerosol drug administration, therapeutic evaluation, arterial puncture, noninvasive positive pressure ventilation, basic airway management and communication skills with patient and staff.</p>
471 RTS	<p>Psychological Rehabilitation Science The Psychological Rehabilitation Science course offers comprehensive, integrated coverage of psychosocial aspects involving clients (patient), families, and other caregivers affected by pathology, chronic illness, impairment, functional limitation, and/or disability. The course includes the social psychology of disability and rehabilitation; chronic illness and rehabilitation psychology; and covers communication, relationships, characteristics of illness and disability, adaptation to impairment and disability, client behavior, grieving, stress and support, and attitudinal and cultural differences.</p>
472 RTS	<p>Adult Pathophysiology/Geriatrics/ and Trauma Care The main purpose of this course is to provide students the theoretical knowledge and practical skills of Adult Pathophysiology as well as geriatric care. After completing the course, students should be able to understand: Anatomy and physiology of the aging process, obstructive and restrictive pulmonary diseases in geriatric patients, respiratory therapy plans and medical monitoring, clinical data collection and evaluation of geriatric patients, and factors affecting the modification of the care plan in geriatric patients</p>
473 RTS	<p>Neonatal, Pediatric Respiratory Therapy This course will describe perinatal/neonatal/pediatric Respiratory and Circulatory Physiology and maternal risk factors. Special emphasis will be on neonatal and pediatric Respiratory therapy assessment. Included will be descriptions of the etiology, pathophysiology, clinical findings and management of cardiopulmonary diseases as they relate to problems in pediatric and neonatal patients. Diagnostics, monitoring of clinical indices, and treatments used in perinatal/pediatric</p>

	respiratory therapy are also included in this course. Advanced information on mechanical ventilation, surfactant, and special gases will also be covered.
474 RTS	Advanced Pulmonary Function Testing This course is designed to discuss and develop theoretical and practical applications for advanced pulmonary function testing. Emphasis will be on indications for pulmonary function and lung volumes testing & gas distribution, the procedures for testing, equipment, specialized testing regimens, cardiopulmonary exercise testing and the evaluation of test results.
475 RTS	Research Methodology The course will present the purpose and characteristics of research, the definition of the problem, the use of a library or internet for obtaining information and the art of critical reading. The course will also introduce the student to basic research tools such as hypothesis development and testing. Topics such as variables, subjects, designs and methods of research, reliability, informed consent, questionnaire construction and data organization will also be addressed. The course will also review descriptive statistics and how to write scientific reports.
476 RTS	Clinical Respiratory Therapy/Practice (II) Clinical Respiratory Therapy Practice II is a clinical practice of respiratory therapy procedures in adult critical care units and emergency rooms within a hospital setting. Clinical practice in the application of infection control practices, physical examination & patient data, aerosol drug administration for ventilated patients suction procedures, airway management, ventilatory care, and weaning from mechanical ventilation.
481 RTS	Independent Study The course will present the purpose and characteristics of a research project. Furthermore, the course will enable learners to develop valuable experience in scientific laboratory or field research in respiratory therapy.
482 RTS	Management of Critically Ill Patients This course is designed to continue learning the advanced therapeutic techniques in critical care areas. Along with the advanced mode of ventilation and non-conventional modes of ventilation. The special procedures and the advance management of ventilation in some specific conditions and management of difficult airways will be presented.
483 RTS	Pulmonary Rehabilitation This course covers the guidelines for pulmonary rehabilitation programs. The course includes the evaluation of disability management along with aging, philosophy of disability management, program structure for pulmonary rehabilitation, guidelines to develop the plan of care for patients with pulmonary disorders and educational programs for the patient and family. The course will discuss the role of medication and diet in pulmonary disorders, ethical consideration in respiratory failure, death and other difficult situations. This course aims to introduce the student to pulmonary rehabilitation and respiratory home care. The student should be aware of various assessment, treatment and therapeutic techniques that the pulmonary rehabilitation team provides.
484 RTS	Radiological Images This course focuses on reading and critique of chest imaging modalities including X-ray, CT, MRI, PET scan, and point-of-care-ultrasound(US). Emphasis will be on image interpretations of the chest wall, pleura, lungs and mediastinum. The focus will be to prepare respiratory therapy students to be able to screen medical images in the management of cardiopulmonary disease.
485 RTS	Clinical Respiratory Therapy Practice – III Clinical Respiratory Therapy Practice III is a clinical practice of respiratory therapy procedures in neonatal and/or pediatric critical care units and emergency rooms within a hospital setting. Clinical practice in the application of infection control practices, physical examination & patient data, aerosol drug administration for ventilated patients suction procedures, airway management, and ventilatory care.

PROGRAM LEARNING OUTCOMES

Upon successfully completing the program you will be able to

1.0	Knowledge
1.1	Acquire the knowledge and professional abilities necessary to provide appropriate, safe and quality respiratory therapy.
1.2	Develop the foundation abilities of the respiratory therapist to be capable of continued learning as clinical specialists, clinical managers and clinical case managers.
1.3	Comprehend the process of peer-reviewed journal review and evidence based practice.
2.0	Cognitive Skills
2.1	Evaluate, gather, and recommend diagnostic procedures to gather clinical data and information relevant to the role of respiratory therapy.
2.2	Apply the clinical and technical proficiency necessary with all skills to fulfil the role as a respiratory therapist including: troubleshooting, quality control of equipment, and infection control
2.3	Assess and quantify patient's cardiopulmonary status to recommend, initiate, and/or modify therapeutic, and supportive respiratory interventions
2.4	Safely manage respiratory therapy plans and protocols for neonatal, pediatric, and adult populations.
3.0	Interpersonal Skills & Responsibility
3.1	Act according to the respiratory therapy code of ethics and ethical and professional conduct.
3.2	Demonstrate the responsibility for self-learning through finding new information data, or techniques of analysis.
3.3	Function effectively in the health care setting as a member of the healthcare team and exercise leadership in the areas of management, supervision, education and research when appropriate.
4.0	Communication, Information Technology, Numerical
4.1	Communicate effectively in oral, written and visual forms.
4.2	Use basic mathematical and statistical techniques.
4.3	Use information and communications technology for all the functions related to respiratory therapy including but not limited to: - Applications for assignments and presentations - Charting
5.0	Psychomotor
5.1	Demonstrate clinical skills required in the entry level scope of respiratory therapy practice.

STUDENT ACADEMIC GUIDE

Inaya Medical College Academic Program implement the Credit Hours System. The student achieves his Academic Requirements through:

The Student's Academic System (e-Register):

Registration of courses required by the student, starts at the beginning of each semester, using online registration system. Students are advised to follow the approved study plan for the programs to ensure graduation on time. The student's Academic Information website medgate@inaya.edu.sa can help the student to record and adjust his academic schedule by adding and dropping courses or changing sections in accordance with his actual academic situation. It helps a student get his academic record since the time he joined the college. The site can also help student print the school timetable and review courses' exams grades for the registered courses, as well as in repeating courses.

Academic Advisor:

The academic advisor is responsible for providing educational guidance and assistance for students by planning schedules, recommending courses and determining appropriate education solutions for different types of students. He must also provide students with information about alternatives, limitations and possible consequences of academic decisions (e.g. adding, dropping and withdrawing from courses; change of program, editing major, editing timetable.... etc.). The student advisor is known through the student's Academic Information website medgate@inaya.edu.sa. If a student feels that he / she does not have a productive relationship with his or her College Advisor, it is possible to request an advisor change. To do this, the student must complete an appeal to the Dean of the College or the Head of the Department and schedule an appointment to meet with one of them in person.

Student Affairs:

The Directorate of Admissions and registration through the Students Affairs Office provides the following academic administrative support to the students:

- Provides detailed information on policies and academic regulations.
- Verifies, processes and approves documents related to admissions, registration, graduation and submission of grades.
- Coordinates activities related to admissions, examinations, registration and graduation.
- Informs students and resolves problems in relation to their file.
- Produces and coordinates distribution of documents. Therefore, students should not hesitate to communicate with the office for any services needed or inquiry about anything related to their academic matters.

Students' Rights:

Inaya Medical College (IMC) students have the same rights and protections under Ministry of Education (MOE) and the regulation of Kingdom of Saudi Arabia (KSA). As members of IMC community, students have the right to express their own views, within the country regulations but must also take responsibility of observing the rights of others. Students have the rights to be treated fairly and with dignity regardless of race, color, national origin, age, marital status, gender, disability, religion, height or weight. IMC encourages free inquiry and free expression within the recognized boundaries of Islam. To ensure maximum realization of teaching and learning and professional educational environment, IMC approves the following rights for its students:

- Within the limits of its resources and facilities, every student has the right to use, fairly, all available resources in the college that had been setup for students' services. This includes, but not limited to, library, medical unit, photocopy machine, cafeteria, facilities in the indoor and outdoor stadiums etc. in accordance with the applicable regulations of IMC. The handicap students have

the right to obtain the appropriate service for their needs in accordance with the regulations and rules.

- Academic Guidelines must be maintained by IMC. Every student has the right to obtain all academic information including academic calendar (before the beginning of the academic year) degree plans, syllabus and other documents related to the academic programs in which the student is enrolled in.
- Every student has the right to withdraw or add any course or semester, or postpone the entire semester according to the Ministry of Education (MOE) and College study system and regulations in the predefined dates according to the academic calendar.
- All students' records are maintained in a secured area and only authorized IMC's staff can access these records. Students records are maintained in confidential area, Access to these records by other individuals requires the student's explicit written consent, with the exception of the student's parents or his/her legal guardian if & only if the request is submitted by the student himself/herself.
- Every student has the right to be objectively graded on academic performance and to be protected by established procedures against prejudice or unreasonable evaluation. This includes the right to request a re- evaluation of those factors used to determine the grade, in accordance with College procedures. The student has the right to question and/or appeal within the defined rules and regulations of the College, if he believes that a discriminatory situation had occurred. The student has the right to request for appeal or to review of his/her academic achievements including answers of the exams as regulated by the college.
- The student has the right to file complaint or grievance of any harm suffered due to relationship with faculty members, students, staff or any unit in the college.
- The student has the right to defend himself before any entity in the College in any disciplinary case raised against him, and not to decide a punishment until after the hearing, unless his absence appeared to be due to an unacceptable excuse after being called for the second time and then his right of defense is forfeited in this case.
- Students are free to join student clubs and encouraged to suggest or organize student clubs and to promote their common interests, as long as they do not disrupt the College, or violate its rules and regulations, after the approval from the College. Every student has the right to participate in cultural activities and community service activities and all voluntary works.
- Every student has the right to receive rational academic assessment, take into consideration the balanced and rational distribution of grades so as to achieve fair assessment of the capabilities of the student. The student has the right to obtain one's marks/transcripts/credentials within the deadlines and procedures established by the College.

Exceptions

The College Council reserves the right to decide on any situation/circumstances other than the conditions stated in this policy.

NOTE:

For Students' Code of Conduct & Academic Rules and Procedures, please refer to the IMC Student Handbook



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**RESPIRATORY THERAPY PROGRAM
STUDENT CLINICAL & INTERNSHIP
HANDBOOK**

INTRODUCTION:

The Clinical Policies and Procedures Manual is designed to provide the students & clinical faculty with information needed to successfully complete the clinical coursework in the Respiratory Therapy Program, Inaya Medical College. The Clinical Policies and Procedures Manual is not, however, a substitute for the Respiratory Therapy Clinical Practice/Practicums course specification/Syllabi and should be used as a reference guide.

Moreover, this manual gives the interns all the regulations governing the internship year and guidelines and requirements for successful completion of their internship. On the other hand, it provides the clinical sites, clinical educators and all clinical staff involved in interns' clinical training complete and comprehensive information on areas for clinical rotation, internship regulations & roles, training plan, internship performance objectives & competencies, and the overall intended learning outcomes of the internship year.

It will be the student's responsibility to read, understand and retain the policies & procedures delineated in this manual. Upon completing the review of this manual the student will sign a form (STATEMENT OF UNDERSTANDING) stating his/her understanding of the policies and procedures outlined in this manual and submitted it to the Associate Director for Clinical Education prior to the first clinical day of the first clinical rotation. These statements will become part of the student's permanent clinical file. In case of any update or modification to this manual content, the students will be informed as needed.

It will be the clinical faculty's responsibility to read, retain and apply the information enclosed. Upon completing the review of this manual, the clinical faculty will sign a form (STATEMENT OF UNDERSTANDING) stating his/her understanding of the policies and procedures outlined in this manual and return to the Associate Director for Clinical Education for one time after assignment to clinical courses. In addition, Clinical Instructor/Preceptor Manual will also be provided to clinical faculty. In case of any update or modification to this manual content, the change will be circulated to all clinical instructors and clinical affiliates.

Note: Compliance with the Respiratory Therapy Program, Inaya Medical College Clinical Affiliates Sites policies & procedures will be the responsibility of both program students and clinical faculty.

FACULTY

The faculty responsible for clinical portion of the Respiratory Therapy Program are as following:

Program Faculty:

Individuals who are primary responsibility for the education of respiratory therapy professionals enrolled in the respiratory therapy program. These responsibilities will often include the clinical instruction of students.

The Program Director is primarily responsible for the overall administration of the respiratory therapy program, while clinical faculty primary responsibility is for the clinical portion of the program. In most cases, the student should communicate with the clinical faculty regarding clinical courses. In the absence of the clinical faculty, the student should communicate with the Program Director. In some cases, a designated program faculty will be assigned for this purpose

Clinical Faculty:

Individuals who are responsible for assisting the program in coordinating appropriate clinical instruction of respiratory therapy students assigned to the institution they represent. Clinical faculty are affiliate respiratory therapists who have earned professional credentials and who have experience in the assigned affiliate. Students may be assigned to work at the bedside and in other patient care environments with clinical faculty or they may be assigned to clinical preceptors by the clinical faculty. Close communication with clinical faculty is required for safe and effective patient care as well as the facilitation of optimal clinical rotations.

Clinical Preceptors:

Clinical preceptors are affiliate staff respiratory therapists who have earned professional credentials and who have experience and expertise in a particular patient care environment. Clinical preceptors are "partnered" with students during Clinical Rotation. They assist students in developing and meeting learning objectives and they have a role in the overall evaluation of the student. Clinical preceptors are asked to evaluate students at the conclusion of each clinical day or week. A student's progress in their competence in patient care skills, clinical preceptors will allow students to work more independently, but will remain nearby in the event assistance is needed.

CLINICAL RESPIRATORY THERAPY/PRACTICE COURSES ENROLLMENT REQUIREMENTS
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Purpose:

To outline the requirement for clinical enrollment for all Clinical RT/Practice courses.

Policy:

All students are required to fulfil the following requirements prior to start their clinical rotation:

- Student has passed all clinic prerequisite courses.
- Student submitted his/her current BLS (CPR) Certificate. (ACLS is recommended for Clinic II, & III)
- Physical Examination Report and Immunization Record. (as per IMMUNIZATION REQUIREMENTS)
- Data Arc active access.
- Signed STATEMENT OF UNDERSTANDING for program clinical policies & procedures.
- Signed PRIVACY AND CONFIDENTIALITY agreement.
- Receive Clinical RT/Practice course Syllabus.

If a student fails to adhere to the above he/she will be subject to:

- He / She will not be permitted to reenter the Clinical Practicum until a counseling session has been held with the clinical faculty and associate director for clinical education.
- A formal clinical contract may be initiated.
- Dismissal of clinical rotation and may lead to dismissal of the program

ATTENDANCE POLICIES

Purpose:

To outline the management of students' attendance scheduled clinical day to affiliate clinical sites during Respiratory Therapy Clinical Practice/Practicum rotation.

Relevant Definitions: Released Absence: an absence for documentable illness or injury, documentable dependent illness, leave for a death in the immediate family, declared bad weather days, school-related injuries, and school-related absences in which the appropriate procedure was followed for notification of the affiliate clinical instructor, program clinical instructor and the associate director of clinical education or designee prior to the beginning of the clinical shift.

Unexcused Absence: absence for any other reason other than those described above as a "released" absence and/or any "released" absence for which the appropriate procedure was not followed for notification prior to the beginning of the clinical shift.

Unauthorized Absence: (no call/no show) Failure of the student to provide any notification before he/she fails to report to clinic on his/her scheduled clinical day.

Tardy: when a student is not present for any part of a regularly scheduled shift without the appropriate approval.

Occurrence: An occurrence results from an episode or incident of absenteeism which may include one day or consecutive days off which are related to the same event or illness.

Policy:

Attendance:

- Students are expected to attend every scheduled clinical day on time.
- Student must not leave the assigned clinical affiliate site without "clocking-out".
- Student is responsible to have the clinical faculty or preceptor note the time of arrival or departure at the assigned clinical affiliate site on the Clinical Time Sheet contained in the Respiratory Therapy Clinical Practice/Practicums course specification/Syllabi.
- Student is entitled to have two 10 mins break (if possible), lunch break and pray times.

Absence:

- When a student is absent on a clinical day, the absence is considered either EXCUSED or UNEXCUSED (see definitions above).
- Students who arrive at a clinical affiliate may report an "excused" absence, when the clinical preceptor determines the student will be unable to participate fully in the clinical experience (i.e. communicable illness), a permission from the program clinical Instructor or designee must be obtained by the student prior to leaving the affiliate, failure to obtain this permission will result in an "unexcused" absence.
- If an absence (excused or unexcused) occur the student is responsible to notifying the appropriate personnel and entry Clinical Time Sheet must be made.
- Clinical absences will begin accumulating from the first schedule in-campus clinical rotation orientation day of each semester.
- If a student misses a scheduled clinical day because of late registration, the absence will count as a full day of excused clinical absence subject to makeup.
- Absences are cumulative and are therefore not related to the enrolled semester. Excessive absences may result in an unsatisfactory grade in the clinical course.
- The first "unexcused" clinical absence will result in a counseling session with the Associate Director for Clinical Education. A second occurrence of "unexcused" absence will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.
- If the student accumulates three (3) occurrences of clinical absence (excused and/or unexcused) in a semester, the student will be scheduled for an Advisory/Counseling Session with the associate director for Clinical Education and he/she may be placed on formal clinical contract.

Once placed on contract, the student may be subject to disciplinary action for further absences.

Required notification steps for an Excused Absence:

1. Contact RC department at the assigned clinical affiliate site prior to the beginning of the shift.
 2. Contact the Clinical Instructor (program Faculty).
 3. Submit documentation of the illness, etc. to the Associate Director of Clinical Education on the first day back in class or clinical.
 4. Schedule make-up for the clinical day(s) missed with the Clinical Instructor or Associate Director of Clinical Education.
- Failure to follow the required notification and follow-up steps will result in a counseling session with the Associate Director of Clinical Education and the absence will be considered "unexcused". A second occurrence of failure to follow the required steps will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in disciplinary action that may include dismissal from the program.
 - Unauthorized Absences are failure to provide appropriate notification to the affiliate department and clinical instructor or designee prior to missing a scheduled clinical day is unacceptable. Any occurrence of unauthorized absence (no call / no show) on any clinical day will require a formal clinical contract between the student and the associate director for clinical education. A second occurrence of unauthorized absence will cause the student to be dismissed from the clinical portion of the program.

Tardiness:

- Students are expected to arrive at clinical on time for the designated shift.
- Student will not be allowed to leave clinical early for any reason unless approved by the clinical instructor and informing the clinical preceptor in the affiliate site.
- Students are expected to be in the assigned area for the entire shift with the exception of breaks which are authorized by the clinical faculty/preceptor.
- A student is considered tardy when he/she arrives late (10 minutes).
- Student is considered tardy when he/she departs early (15 minutes) from a scheduled clinical day.
- Student is considered tardy if he/she takes an unauthorized extended meal period or break. Extended meal periods or break is noted in Clinical Time Sheet by the clinical preceptor and over signed by the clinical instructor.
- Decision regarding make-up of the missed time will be at the discretion of the associate director for clinical education.
- When a student is tardy, he/she will be scheduled for a counseling session with the Associate Director for Clinical Education. A second occurrence of tardiness will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in clinical contract and may result in a disciplinary action.

Illness or Emergency Leave:

- Students should never leave the clinical site early for any reason other than illness or emergency.
- Illness or Emergency occur the student must obtain permission to leave early from the program clinical faculty/instructor and preceptor representing the affiliate clinical affiliate.
- Program clinical faculty/instructor should inform the associate director for clinical education and record the leave in the Clinical Time Sheet.
- Required steps for illness or emergency leave:
 1. Have an illness or emergency.
 2. Receive permission from the program clinical faculty/instructor and preceptor representing the clinical site affiliate.
 3. Receive permission from the associate director for clinical education or other designee.
 4. Schedule make-up for the clinical time missed with the Director of Clinical Education on the first day back in class or clinical.

- When a student fails to follow the required notification and follow-up steps, he/she will be scheduled for a counseling session with the associate director for clinical education. A second occurrence will result in a written warning that will be placed in the student's clinical file. A third occurrence will result in clinical contract and may result in a disciplinary action.

Injury:

- A student who is injured in the clinical setting should immediately notify program clinical faculty/instructor align with your clinical affiliate's injury policy.
- Associate director for clinical education and Program Director should be informed.
- A written summary of the incident and care rendered will be submitted as a hard copy and placed in the student's permanent file.
- The associate director for clinical education and Program Director may excuse any clinical time missed and made the discussion if make-up is needed.

Make-Up:

- Except in extraordinary circumstances, all clinical days must be made up during finals week if the student's total clinical hours does not meet the minimum required hours as per the course requirements.
- If days to be made up exceed the number of days available during finals week, the student will receive a grade of 'Incomplete' for the course.
- In this event, all clinical days must be made up during a time set by the associate director for clinical education and as available clinical site affiliation in order to progress into the next semester or to graduate.
- The associate director for clinical education will arrange make-up days in advance with the clinical faculty and provide the student with a schedule of the assigned days

Occurrence:

- In very unusual circumstances such as a lengthy infectious illness, broken bones, etc., the student will be given special consideration of the attendance policy.
- Documentation explaining the circumstances of the absences and evidence that reasonable progress in the course is possible or not will be considered when making the determination of whether the student can continue in the clinical course by the clinical training committee.

Safety Training:

- Before starting your clinical rotations, your clinical instructor will arrange safety training, which complies with each clinical affiliate's safety policy. You are required to attend this training, failure to attend will delay the start of your clinical rotation.

FORMAL CLINICAL CONTRACT

Purpose:

The formal clinical contract is developed for corrective, progressive discipline of the student who has exhibited a pattern of attendance problems or who has exhibited a pattern of failure to follow other established policies and procedures of the program.

Policy:

- Attendance problem and/or failure to follow program established policies and procedure is noted and documented by program clinical faculty/instructor and/or preceptor presenting the program clinical site affiliate.
- Associate director for clinical education informed of the student and the existing problem.

- Student have then to redirect an email through Data Arc to the associate director for the clinical education explaining his/her position of the problem in hand with cc to the reporting program clinical faculty/instructor and/or preceptor presenting the program clinical site affiliate.
- The student behavior and/or problem then is discussed in a department meeting/clinical education committee to decide to develop a formal clinical contract or not. If to place the student in s formal clinical contract then:
 1. A Formal Clinical Contact Form to be completed.
 2. The student is required to submit in writing a remediation plan addressing how he/she plans to correct or prevent future problems.
 3. A Formal Clinical Contract will then be developed for and with the student to directly address the specific problem(s) that is/are occurring.
 4. Program Director, associate director for clinical education and the student will sign the formal clinical contract.
- The formal clinical contract then will be send to the college dean office for signing.
- After the clinical contract, has been established and signed, the following general disciplinary guidelines will be used:
 1. The next incidence will result in a written warning.
 2. The 2nd incidence will result in further disciplinary action up to and including dismissal from the program.

DRESS CODE

Purpose:

This to outline the acceptable dress code in affiliate clinical sites by the program students. This policy is not to replace the affiliate clinical site student/interns dress code.

Policy:

The clinical uniform consists of the following:

- Dress code is to comply with Islamic requirements & clinical affiliate sites regulations.
- Clean white (knee length) lab coat that is free of wrinkles. (Lab jackets are unacceptable.)
- Scrub suit uniform of good fit (not too tight and not too baggy) and color blue (unless clinical affiliate site have a specific scrub color requirements) will be worn for all affiliated clinical sites.
- All scrubs should fit properly and be clean, neat and without missing buttons, loose hems, rips or tears.
- Clothing should not appear too tight, to baggy, faded, or in need of repair.
- A solid white (male & female) or black (female) crew neck or V-neck undershirt is permitted under scrub tops. Colored t-shirts or polo neck are not appropriate.
- Undershirts should be only minimally visible at the neckline and should not extend past the scrub top hem.
- Female are to cover head and face (if they chose to) both covers should neat and not loose with attention to safety or infection-control issue.
- Shoes must be all white or black leather or imitation leather with enclosed heel and toe. All white or black athletic shoes are acceptable
- Shoes should be clean, polished and in good condition. Socks are required at all times.
- College student ID and clinical site ID (if provided) badge must always be worn on the outer-most layer of clothing and above the waist. Remove your badge when outside the campus or your assigned clinical affiliate

The personal appearance and hygiene in clinical activities:

- The hair style chosen must be neat and well groomed.
- Unless hair is cut short enough to remain close to the head and off the collar, it must be pulled

away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face.

- Mustaches, beards, goatees and other styles of facial hair are acceptable as long as they are neatly trimmed and do not present an unpolished appearance.
- If makeup is worn, it should be applied in a smooth, blended manner. Over use of makeup is not acceptable.
- Fingernails should not exceed one-fourth of an inch beyond the tip of the finger. Artificial nails and tips are not allowed. Nail polish if worn should be clear, as colored polish may obscure the area underneath the tip of nail, reducing the likelihood of careful cleaning.
- Jewelry should not be worn if it interferes with equipment or job function or is an infection-control issue. Wedding rings may be worn.
- Eyeglasses that prevent your eyes from being seen hamper interpersonal communication are not allowed unless a documented medical exception is obtained. Sunglasses are not allowed at all times inside clinical sites.
- Students must maintain good personal hygiene, including but not limited to good oral hygiene.
- Students are asked to use an antiperspirant or deodorant. The use of heavily scented products is not permitted.
- Students should not smell of offensive odors, including cigarette smoke.
- Colognes, after-shave, perfumes, etc. should not be worn in the clinical setting. It is strongly recommended that other personal care products such as antiperspirant and hairspray be unscented.

Failure to comply will result in:

- Students not in compliance with the Dress Code will be dismissed from clinical until discrepancies have been corrected.
- Dismissal exceeds 30 mins, it constitutes an unexcused absence and will be treated as outlined in the clinical attendance policy.

EQUIPMENT/SUPPLIES POLICY

Purpose:

To outline equipment/supplies required to have for all Respiratory Therapy students to have for every clinical day.

Policy:

The following equipment/supplies will be required of all Respiratory Therapy students:

- A watch with second hand or digital watch with stop watch capabilities or display mode for seconds
- Respiratory Therapy Practice/Clinical Practicum Syllabus.
- Black ink pen for charting purposes and a notepad for observational notes.
- Pocket Calculator.
- Stethoscope
- Clinical Practitioners Pocket Guide to Respiratory Therapy by Dana Oates (not required but recommended)
- AARC Clinical Practice Guidelines (if needed or requested by clinical instructor)

PRIVACY AND CONFIDENTIALITY

Purpose:

To outline the program student and faculty responsibilities concerning privacy & confidentiality of

patients and clinical affiliate sites

Policy:

- Program students & faculty are committed to protecting the privacy of our patients' information.
- In case of clinical assignment such as case presentation, SOAP, and/or patient data collection, patient's name should not be used.
- Events related to clinical affiliate sites and their patients should not be discussed in public or through social media.
- Taking pictures of or with patients is not allowed under any circumstances or for any reason.

If a student is fail to adhere to the above, he/she will be subject to:

- He/She will not be permitted to reenter the Clinical Practicum until a counseling session has been held with the clinical faculty and associate director for clinical education.
- A formal clinical contract may be initiated.
- Dismissal of clinical rotation and may lead to dismissal of the program.

IMMUNIZATION REQUIREMENTS

Purpose:

To outline the required immunization for program students before the start of their first clinical rotation:

Policy:

All students are required to submit the following medical record before their first clinical rotation and/or when requested by the program or clinical affiliates:

- Physical examination signed by physician or authorized personnel
- TB skin test (tuberculosis screening) (update required)
- HIV test
- Hepatitis Vaccine
- Annual Influenza Vaccination (update required)

Student who do not submit on time and/or refuse to submit may be subject to:

- Delayed start clinical rotation, missed day(s) will be conceded as unexcused absent and will be treated as outlined in the clinical attendance policy.
- Dismissal of clinical rotation and may lead to dismissal of the program.

GENERAL CODE OF CONDUCT

Purpose:

To outline expected general code of conduct, actions that may result in dismissal from clinical affiliate sites, and disciplinary consequences.

Policy:

- Students are expected to show initiative in seeking learning opportunities.
- Comments or criticisms regarding hospital policy, procedure, or personnel are to be discussed in confidence with the associate director for clinical education and/or program clinical faculty.
- The student is expected to respect the rights of the patient. Any behavior against this respect leads to removal from the clinical setting that day. This will be treated as an unexcused absence.

- Each student in each clinical affiliate is expected to adhere to special hospital or departmental policies regarding the behavior and activity of students.
- Students should not use hospital telephones in clinical areas for personal use.
- Students are expected to conduct themselves in a professional manner at all times.
- Unprofessional conduct lead to dismissal from the clinical site and may result in dismissal from the program (for example, including but not limited to: unauthorized use of legal or illegal pharmaceuticals, smoking, verbal abuse, and negligence)
- Food and drink are permitted in designated areas only.
- Use of tobacco, in any form, is not permitted in the clinical affiliate. Students who use tobacco will not carry these materials into their clinical affiliates.
- Use of personal communication devices, (such as pagers, cellular phones and personal digital assistants) in any clinical affiliate while in patient care areas, including hallways and elevators, is strictly prohibited. Personal wireless ear pieces and Bluetooth devices should not be worn or used in patient care areas.
- Students and faculty engaged in clinical activities in the Respiratory Therapy Program are guests in the clinical affiliates of the Program.
- Students found in violation of this conduct code are subject to immediate disciplinary action.

Students are expected to display maturity and professional manner while in the clinical affiliate. Students may be dismissed from the Clinical Affiliate for any of the following reasons:

- Failure to comply with affiliate policy or program policy.
- Disrespect displayed toward program faculty, staff, clinical faculty/preceptors, fellow students, patients, and/or visitors.
- Use of inappropriate language (verbal, non-verbal, or written).

If a student is dismissed from clinical affiliate site for any of the above reasons:

- He/she will not be permitted to reenter the Clinical Practicum until a counseling session has been held with the clinical faculty and associate director for clinical education.
- A formal clinical contract may be initiated.
- Dismissal and subsequent absences due to dismissal constitute an unexcused absence from clinical and will be treated according to the Attendance Policy, Makeup Policy, and grading effects as outlined in each clinical course syllabus.

GRADING & TESTING POLICY

Purpose:

To outline the grading system for Clinical Respiratory Therapy Practice I, II, & III and definition of the letter grade regarding related score.

Policy:

For Clinical RT Practice I, II, and III the total grade of 100% is divided into two parts:

- Clinical Performance 60%
- Final Clinical Exam40%

Clinical Performance is assessed based on point system that accumulate during the progress of the enrolled clinical rotation.

Clinical Performance assessment for Clinical RT Practice I (RTS 365) include the following:

Area of Assessment	Description	Max. Points
Complete Clinical Records	Student fulfil all requirements of clinical day as outlined in the complete clinical day policy.	95

Clinical Competencies	Minimum of 8 required competencies, 20 points each, evaluator to follow the clinical evaluation policy.	160
Patient Assessment Form (SOAP) Assignments	One SOAP assignment/Week	50
Patient data collection/reporting Assignments	Three assignments 15 points each. First due at 4 th week of clinic Second due at 7 th week of clinic Third due at 10 th week of clinic	45
Physician Interaction	As per clinical evaluation policy (5 X 10)	50
Affective Evaluation	Two affective evaluation is required, evaluator to follow clinical evaluation policy. First due at 5 th week of clinic Second due at 10 th week of clinic	120
Daily Student evaluation	Evaluator to fill the daily student evaluation in Data Arc and to follow clinical evaluation policy.	100
Instructor and clinical site evaluation	Three clinical instructor evaluation and one clinical site evaluation by the student is required to be filled in Data Arc by the student as per clinical evaluation policy.	30
Total Maximum Points		650

Clinical Performance assessment for Clinical RT Practice II (RTS 476) include the following:

Area of Assessment	Description	Max. Points
Complete Clinical Day	Student fulfil all requirements of clinical day as outlined in the complete clinical day policy.	100
Clinical Competencies	Minimum of 8 required competencies, 20 points each, evaluator to follow the clinical evaluation policy.	160
Patient Assessment Form (SOAP) Assignments	One SOAP assignment/Week	50
Case Presentation	One clinical case presentation is required during practical exam week	100
Patient data collection/reporting Assignments	Three assignments 20 points each. First due at 4 th week of clinic Second due at 7 th week of clinic Third due at 10 th week of clinic	60
Physician Interaction	As per clinical evaluation policy (3 X 20)	60
Affective Evaluation	Two affective evaluation is required, evaluator to follow clinical evaluation policy. First due at 5 th week of clinic Second due at 10 th week of clinic	120
Daily Student evaluation	Evaluator to fill the daily student evaluation in Data Arc and to follow clinical evaluation policy.	100
Instructor and clinical site evaluation	Three clinical instructor evaluation and one clinical site evaluation by the student is required to be filled in Data Arc by the student as per clinical evaluation policy.	50
Total Maximum Points		800

Clinical Performance assessment for Clinical RT Practice III (RTS 485) include the following:

Area of Assessment	Description	Max. Points
Complete Clinical Day	Student fulfil all requirements of clinical day as outlined in the complete clinical day policy.	120
Clinical Competencies	Minimum of 10 required competencies, 20 points each, evaluator to follow the clinical evaluation policy.	200
Patient Assessment Form (SOAP) Assignments	One SOAP assignment/Week	50
Case Presentation	One clinical case presentation is required during practical exam week	100

Patient data collection/reporting Assignments	Three assignments 20 points each. First due at 4 th week of clinic Second due at 7 th week of clinic Third due at 10 th week of clinic	60
Physician Interaction	As per clinical evaluation policy (2 X 35)	70
Affective Evaluation	Two affective evaluation is required, evaluator to follow clinical evaluation policy. First due at 5 th week of clinic Second due at 10 th week of clinic	120
Daily Student evaluation	Evaluator to fill the daily student evaluation in Data Arc and to follow clinical evaluation policy.	100
Instructor and clinical site evaluation	Three clinical instructor evaluation and one clinical site evaluation by the student is required to be filled in Data Arc by the student as per clinical evaluation policy.	50
Total Maximum Points		870

- Calculating Clinical Performance score out of 60% as following: Total Student Points/Maximum Possible Points X 60 = Student Score
- Example if student enrolled in Clinical Rotation for RTS 476 accumulate 690 points score will be as following: 690/800 X 60 = 52 so student score will be 49 out of 60 for clinical performance
- Clinical Performance to be complete at or before last day of clinics.
- Final Clinical Exam to cover only subjects and tasks included in the required competencies for the current enrolled clinical policy and related AARC Clinical Practice Guidelines.
- Final Clinical Exam to be conducted during the Finals Week or Practical Exams Week as schedule allows.
- Final Clinical Exam questions to include Multiple Choice Questions, Short Answer Questions and/or Case Study Questions.
- Final Clinical Exam maybe substituted by professional clinical case report or project upon the discussion of the course instructor, approval of associate director for clinical education and program director is required.
- Total student score out of 100 then will correspond to a letter grade as following in compliance with the college grading policy

Grading Scale of Inaya Medical College

Score	Grade	Course Grade
95 - 100	A+	Excellent Plus
90 - less than 95	A	Excellent
85 - less than 90	B+	Very Good Plus
80 - less than 85	B	Very Good
75 - less than 80	C+	Good Plus
70 - less than 75	C	Good
65 - less than 70	D+	Pass Plus
60 - less than 65	D	Pass
Less than 60	F	Fail
	IC	Incomplete
	DN	Deprived
	W	Withdrawn

CLINICAL EVALUATION POLICIES

Purpose:

To outline the student clinical performance evaluation process for Clinical Respiratory Therapy Practice I, II, & III in all clinical sites and the student evaluation of clinical instructor/preceptor and affiliate clinical sites.

Policy:

Student Time Clock (attendance):

- Clinical attendance/absences must be documented daily in the student log sheet.
- It is the responsibility of the student to see that the time is properly noted by the clinical faculty/preceptor.
- The student must adhere to ATTENDANCE POLICY in order to receive a final grade of 'D' or higher in all clinical courses.

Clinical Competencies:

- Students will be evaluated by the use of clinical competencies for each clinical rotation which will be listed in the rotation syllabi.
- The clinical competencies required by the respiratory therapy program are provided to the student in the student clinical handbook.
- Each clinical competency is conducted within the time limit planned in the clinical rotation syllabi or at the request of the student when he/she is ready to perform the procedure.
- The student should perform the procedure a prescribed number of times under the supervision of a program faculty, clinical faculty or clinical preceptor prior to requesting the clinical competency.
- The student will be evaluated in 6 areas of performance for each clinical competency as following:
 - Equipment and Patient Preparation.
 - Patient Evaluation: This section will require the student to evaluate patient's breath sounds, signs & symptoms, and chest radiograph.
 - Implementation of Procedure: This section will require the student to assemble and confirm proper function of equipment, monitor appropriate patient parameters, signs and symptoms, perform specific procedural steps following institutional policy or protocol, evaluate the patient's clinical response in relation to desired therapeutic outcome, and respond to hazards or complications as appropriate
 - Follow-up: This section will require the student to assess indications for follow-up care, equipment/material management, records relevant data in patient chart, and provides suggestions for modification of the patient care plan.
 - Demonstrates Knowledge of Fundamental Concepts: This section will require the student to demonstrate knowledge of concepts (i.e. indications, potential complications).
 - Clinical Competency Performance Criteria: This section will require the student to display rational judgment and explain the relationship between theory and clinical practice, perform the procedure in a reasonable time frame and with attention to appropriate detail, maintain aseptic technique and take appropriate safety precautions and communicate clearly.
- Each clinical competency has Summary Performance Evaluation which summarizes the overall performance of the student.
- The clinical competency is evaluated with following criteria:
 - Satisfactory - ready for clinical application with minimal supervision. Performed procedure accurately, or was able to correct performance without injury to the patient or decreasing effect of therapy being given.
 - Unsatisfactory performance - not ready for clinical application. Requires remediation

- under one of the following categories:
 - Minor - Unsatisfactory: Needs to review fundamental concepts or requires re-evaluation of minor deficiency(s) (ex. forgets to wash hands during the Follow-up stage. Must be re-evaluated on this step not the whole procedure).
 - Major - Unsatisfactory: Requires additional supervised clinical practice and complete re-evaluation of the procedure
- When a clinical competency is evaluated as “satisfactory” the student should ensure that the evaluator signs and dates the appropriate clinical competency, as well as, initials the completion record page in the Clinical Handbook.
- Completed clinical competencies must be submitted to the appropriate program faculty or their designee.

Clinical Log Forms:

- The student is responsible for submitting daily log forms in student’s clinical handbook.
- The Clinical Log Forms are to be completed at the end of each clinical day to insure accuracy and to document procedures and experiences the student encountered, as well as physician interaction in student’s clinical handbook.
- If internet access is not available, the student should document clinical experiences for that day on a hard copy of the clinical log form in student’s clinical handbook.
- It is the responsibility of the student to complete the clinical records file.
- If log forms are completed on a date other than the date that procedures were completed, the student must enter the appropriate date and write a comment.

Note: for detailed instruction for Clinical Log Forms see Clinical Manuals

Student Physician Interaction:

- Students must document the physician interaction that is received during their clinical rotation. This interaction can be of a variety of types, but it is generally felt that the best type is that in which the student can interact with the physician and ask questions. Physician interaction is necessary to increase the student’s ability to communicate effectively with physicians and to increase the student’s medical knowledge.
- Using the point system described below, each student must document a minimum number of points for physician interaction during the each clinical rotations.
- The type of physician interaction will be categorized as follows:
 - Patient Focused: This type of interaction is designed specifically for the respiratory therapy student. The student is included in discussions and has the opportunity to ask questions. For example: group lectures; patient rounds; case presentations (either by the student to a physician, or vice versa); defense of Respiratory Therapy Plans; informal discussions regarding patient management; bronchoscopy assist; or the intubation rotation. (4 points/hour).
 - Tutorial: This type of interaction is generally not designed just for the student’s benefit, but the student can interact with the physician and ask questions as needed. For example: observation of surgeries or special procedures such as chest tube placement, thoracentesis, or intubation. (3 points/hour).
 - Small Group: This is the type of interaction in which the student observes or even participates, but in which there is no opportunity for the student to interact with the physician or ask questions. For example: following along on patient rounds designed for another group such as residents; observation in surgery where discussion is not permitted or group lectures designed for a group other than students; or attending Chest Conference at Baptist Health in which the student does not interact with the physician. (2 points/hour).
 - Large Group: Anything not included above which includes physician input can be

considered here. For example: students will receive 1 unit for attending Cases class when not presenting. (1 point/hour).

- At the end of Respiratory Therapy Clinical Practice I, the student should have documented a minimum of 10 points of physician interaction.
- At the end of Respiratory Therapy Clinical Practice II, the student should have documented a minimum of 20 points of physician interaction.
- At the end of Respiratory Therapy Clinical Practice III, the student should have documented a minimum of 35 points of physician interaction.
- At the end of Respiratory Therapy Clinical Internship, the student should have documented a minimum of 180 points of physician interaction.
- The student shall document all physician contact daily. The physician's name, the time spent and the purpose of the contact must be clearly described.
- The Associate Director of Clinical Education will review the total number of points the student has earned periodically.
- Students must submit appropriate documentation to receive the appropriate number of points during each semester to meet minimum course requirements. Students failing to meet this requirement in Respiratory Therapy Clinical Practice I, II, III or the Clinical Internship will conference with the Director of Clinical Education and he/she will be placed on formal contract.

Note: for detailed instruction for Student Physician Interaction Clinical Manuals

Student Daily Evaluations:

- Daily Evaluations are utilized to document students' attitudes, motivations, and their satisfactory progression in developing desirable professional behaviors.
- The Daily Evaluation should be completed at the end of each clinical day by the clinical faculty or preceptor.
- It is the responsibility of the student to see that the clinical preceptor completes the Daily Evaluation.
- The Daily Evaluation will be performed a minimum of 6 times during the course and will be used as a formative evaluation.
- If the summary score for any item on the Daily Evaluation is less than a rating of 3 the student will be counseled to help correct the deficiencies.
- Repeated deficiencies in any one semester will result in the student being placed on formal clinical contract.
- During the contract period the student will be supervised one on one for three consecutive clinical days to ensure the deficiency has been remediated.
- If the problem is still occurring after the contract period, the student will receive an unsatisfactory grade in clinical course.

Note: for detailed instruction for Student Daily Evaluations Clinical Manuals

Student Affective Evaluations:

- Affective Evaluations are utilized to document students' attitudes, motivations, and their satisfactory progression in developing desirable professional behaviors.
- The Affective Evaluation will be performed a minimum of twice each semester during weeks 4 to 6 and weeks 10 to 12.
- The Affective Evaluation is done by the program clinical faculty.
- If the summary score for any item on the Affective Evaluation is less than a rating of 3 the student will be counseled to help correct the deficiencies. Deficiencies in any one semester will result in the student being placed on formal clinical contract.
- If the problem is still occurring after the contract period, the student will receive an unsatisfactory

grade in clinical course.

Note: for detailed instruction for Student Affective Evaluations Clinical and Internship Manuals

Student Evaluation of Clinical Instructor:

- This evaluation allows the program faculty, clinical faculty, preceptors and the program seniors to receive input from students on their clinical teaching effectiveness and allows the faculty, as well as preceptors, to make critically responsive changes to student needs in the clinical environment.
- The Clinical Instructor Evaluation must be completed by the student at the end of every clinical rotation at each clinical site.
- The evaluation should be completed in a thorough, honest manner.
- Students must submit one evaluation for each clinical or program faculty they interact with during their clinical rotation.

Student Evaluation of Clinical Rotation:

- This evaluation allows the program to receive input from students on their clinical experiences and allows the faculty to make critically responsive changes to student needs in the clinical environment.
- The Clinical Site Evaluation must be completed by the student at the end of every clinical rotation at each clinical site.
- It should be completed in a thorough, honest manner.

Note: for detailed instruction for Clinical Site & Clinical Instructor Evaluations Clinical and Internship Manuals

COMPLETE CLINICAL RECORD POLICY

Purpose:

To outline the required clinical records required to complete a clinical rotation. All clinical records are available in the student clinical and internship handbook.

Policy:

- The following general procedures are minimum requirements for completed clinical records:
- Complete time log reflecting the minimum required clinical hours for each clinical rotation.
- Complete all required clinical competencies for each clinical rotation.
- Submit validated clinical daily log forms with entries covering each clinical day (i.e., procedures performed, physician contact, comments, etc.).
- Request a Daily Evaluation be completed and submitted by the clinical instructor/preceptor daily.
- Complete one (1) Respiratory Therapy Program Patient Assessment Form (SOAP) on an assigned patient for each clinical day in specified adult, neonatal and pediatric rotations. It is the student's responsibility to have a copy available at the clinical site when it is needed. (Minimum of 10/clinical rotation)
- Submit the Clinical Site Evaluation at the end of each rotation.
- Submit a Clinical Instructor/Preceptor Evaluation at the end of each clinical day.
- Request that an Affective Evaluation be completed by the appropriate program faculty at week 5 and week of each rotation.

STUDENT INTERACTION POLICY

Purpose:

To set the professional standards for student interaction during their clinical rotation as a representative of Inaya Medical College and its Respiratory Therapy Program.

Policy:

Student/Patient Interaction:

- The student will consistently show a professional and positive attitude in all interactions with patients.
 - The student will always identify himself/herself to patients.
 - The student will explain the purpose of his/her presence to the patient.
 - The student will display courteous behavior towards the patient regardless of race, religion, color, creed, or sex.
- The student will maintain confidentiality of all patient records and information
 - The student will record all information accurately in the patient's chart.
 - The student will discuss patient information only with other medical personnel involved in the care of the patient in non-public areas.
 - The student will display patient anonymity when removing information from the chart for program related projects.
 - The student will discuss with the patient, only information already known to the patient.
 - The student will discuss the patient's condition only when out of the audible range of the patient and/or family and not in public areas.
- The student will display respect for the patient's right to privacy.
 - The student will arrange clothing and bedding to maintain patient's modesty.
 - The student will knock on the patient's door before entering room.
 - The student will perform a physical examination of the patient only when indicated, and with the assistance of a member of the same sex as the patient.
- The student will demonstrate concern for the protection of the patient from injury during all procedures.
 - The student will perform only those procedures in which he or she has been considered competent by the instructor.
 - The student will adhere to site policies & procedures and clinical competency guideline when performing any procedure.
 - The student will assess the patient's condition.
 - The student will perform only procedures as written by the physician prescription. Any question concerning a specific prescription must be referred to the program faculty or clinical instructor, or designee, before any action on the part of the student is taken.
 - The student, upon completion of therapy, will return patient's side rail to an upright position.

Student/Student Interaction:

- **The student will consistently show a professional and positive attitude in all interactions with fellow students.**
 - The student should always respect other student and deal with others in a professional manor.
 - The student will complete, without the aid of another student, all assignments that he or she is expected to complete alone.
 - The student will perform cooperatively when working in assigned areas with other students.

Student/Instructor Interaction:

- The student will consistently show a professional and positive attitude in all interactions with his or her instructor.
 - The student will demonstrate respect for the instructor at all times.
 - The student will work to the best of his or her ability to complete all assignments.
 - The student will use established procedures in mediating any differences between him or herself and the instructor.

Student/Clinic Personnel Interaction:

- The student will consistently show a professional and positive attitude in all interactions with clinic personnel.
 - The student shall identify himself/herself by wearing proper uniform and picture ID badge.
 - The student will display respect for all hospital personnel regardless of race, religion, color, creed, or sex.
 - The student will read and practice all rules, regulations, and procedures that are established for the department to which he or she is assigned.
- The student will demonstrate respect for the clinic by careful and responsible use of the clinic facilities and equipment.
- The student will first discuss with the program faculty or clinical instructor any established clinical procedures or any techniques observed in the clinic with which he or she does not agree. The student will not discuss or debate any clinic procedure in the presence of a patient and/or family member.

INTERNSHIP PROGRAM POLICIES**Purpose:**

To set the professional standards for student internship related to the following aspects:

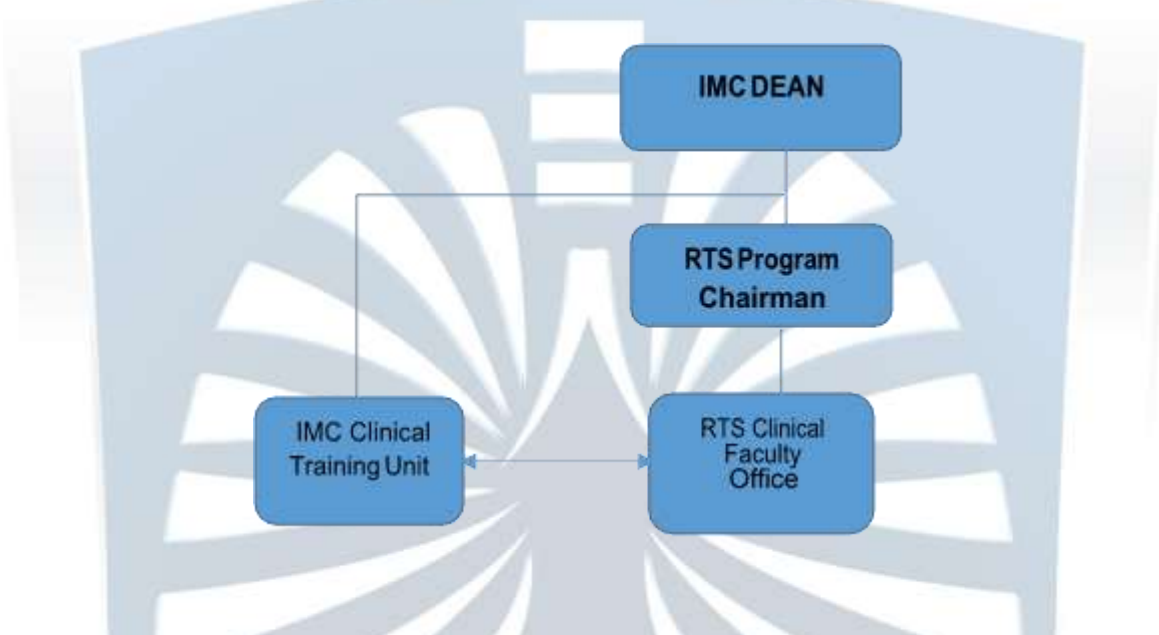
- Objective & Aim
- Intended learning Outcomes.
- IMC Internship Organization & Administrative Structure.
- Clinical Sites Requirements for Internship.
- Arranging for Internship.
- Prerequisites for Internship.
- Internship Duration & Rotation Plan.
- Internship Attendance, Leaves & Vacations.
- Clinical Performance Objectives, Competencies, & Evaluation.
- Exit Exam.

General Statements:

- Objective & Aim:
 - The internship program is designed to provide the ground for our students to incorporate their gained theoretical knowledge and concepts of respiratory therapy into practice in a clinical environment and under direct supervision, observation and guidance of well qualified clinical practitioners. Shaping their self-confidence & professional conduct through a well-organized clinical experience.
- Intended learning Outcomes: upon successful completion of the internship program the graduates will be able to:
 - Employ and integrate his/her fundamental knowledge of respiratory therapy therapeutic and diagnostic modalities into clinical practice.

- Perform respiratory therapy task with acceptable level of clinical competence and professionalism to the level outlined in the internship program competency list.
- Demonstrate competent & safe clinical practice and patient care for all different patients' populations & in all areas where respiratory therapy services are provided.
- Show a comprehensive understanding of respiratory therapy department and hospital organization structure.
- Show a comprehensive understanding of role & responsibilities of respiratory therapy practitioners and the national laws and regulations governing their clinical practice.

IMC Internship Organization & Administrative Structure:



- The IMC Dean is the respected representative for IMC in all clinical affiliation agreements, and he gives the final college level approval for internship candidates and targeted clinical sites for internship.
- The RTS Program Chairman gives the approval for internship candidates and targeted clinical sites for internship on the program level in order to proceed to get the IMC Dean approval. RTS program Chairman direct and oversees the work of the RTS associate director for clinical education and the overall process of the internship program for all RTS interns.
- The RTS Clinical Education Office represented by the Associate Director for Clinical Education arranges and communicates with RT clinical educators in all clinical sites regarding internship program's plan and RTS intern performance, clinical rotations, and evaluation.
- IMC Clinical Training Unit is responsible for the administrative and financial aspect of the internship program.

Clinical Sites Requirements for Internship.

- The clinical site must have a Respiratory Therapy (Care) department.
- The RT department must have a clinical educator or appointed representative senior staff responsible about internship program.
- RT services covers general care, critical care, PFT and ER. Diagnostic labs such as Sleep Lab, and bronchoscopy are preferred.

Arranging for Internship.

- The internship can be arranged directly by the student and/or by the college.
- The following table outline the internship arrangement process:

Step 1	The RTS department represented by the associate director for clinical education conduct a meeting with level 8 students not later than week 8 of their last semester to discuss internship requirements, policy, and available clinical sites.	
	Arranged by Student	Arranged by College
Step 2	Student complete the internship request form selecting not more than 3 letters for 3 clinical sites or appointing the RTS department to select and arrange his/her internship in any available clinical site. See Appendix J (Internship Request Form)	
Step 3	Internship request form then is signed by the RTS associate director for clinical education then approved by RTS Program Director.	
Step 4	Approved internship request form then will be sent to IMC Clinical Training Unit to get College Deans approval	
Step 5	Internship letter signed by the Dean will be given to student (not more than 3 letters)	Internship letter with students' list signed by the Dean will be sent to clinical sites.
Step 6	Student will submit the letters to the clinical site	Clinical site then will communicate with the student they select for interview if required.
Step 7	Student then will submit letter of acceptance to IMC Clinical Training Unit.	Clinical Site will inform the RTS department of the student(s) they accepted.
Step 8	IMC Clinical Training Unit will complete administrative and financial requirements as per college policy	RTS clinical education office will inform the accepted student via official email.
Step 9	The student then is required to make sure that a letter from the clinical site clarifying internship starting date is sent to RTS clinical education office and IMC Clinical Training Unit.	IMC Clinical Training Unit will complete administrative and financial requirements as per college policy
Step 10		Clinical site will send a letter from the clinical site clarifying internship starting date.

Prerequisites for Internship.

- Successful completion of all theoretical & clinical courses.
- Sign the Statement of Acknowledgement and collect RTS Internship Program Student Handbook.
- Current BLS certificate. ACLS is recommended.
- All students are required to submit the following medical record before their first clinical rotation and/or when requested by the program or clinical affiliates:
 - Physical examination signed by physician or authorized personnel
 - TB skin test (tuberculosis screening) (update required)
 - HIV test
 - Hepatitis Vaccine
 - Annual Influenza Vaccination (update required)

Internship Duration & Rotation Plan.

- The internship duration is 54 weeks for regular students and 34 for bridging students.
- the following plan outlines the proposed clinical rotation which can be modified based on the clinical site training policy.

Area/Unit	No. of Weeks Regular Student	No. of Weeks Bridging Student
Orientation	1	1
Respiratory Therapy Equipment & CSSD	4	2
General Care (Adult & Pediatric)	10	5
Emergency Room	4	2
Adult Critical Care	14	8
Pediatrics & Neonatal Critical Care	14	10
Diagnostic Labs (PFT Lab, Sleep Lab, ABG Lab, & Bronchoscopy)	3	2
Operating Room	2	2
Total	52	32

- Each of the clinical rotation period listed above has four proposed phases unless the clinical site policies & regulation has different plan. The three phases are:
 - Phase One: count for 10% of the time given, for observation only
 - Phase Two: count for 20% of the time given, intern will handle 2 patients with close supervision
 - Phase Three: count for 20% of the time given, intern will handle full load with supervision
 - Phase Four: count for 50% of the time given, intern will handle full load with minimal supervision

Internship Attendance, Leaves & Vacations.

- The intern attendance is monitored by RT department in the clinical site.
- The RT department in the clinical site is required to inform the RTS clinical education office if intern misses 3 clinical days in row. Makeup days to be arranged by RT department in the clinical site.
- If intern misses 6 clinical days in row, will result in dismissal from the internship program. A new internship arrangement will then be the student. All resulted financial requirements will be covered by the student.
- The intern is entitled of two weeks' vacation during the internship period.
- The intern is entitled of 5 working days' emergency leave, the clinical site, RTS program director and college Dean's approval are required.
- Maternity & marriage vacation will be arranged in compliance with the college policy and clinical site policy.

Clinical Competencies, & Evaluation.

- The required competencies and evaluation system are structured based on the following references and compliance with the college policy:
 - Orientation & Competency Assurance Manual, 2nd Edition, 2011
- The clinical evaluation will be conducted at the end of each clinical area listed in the clinical rotation plan as following:
 - Orientation Checklist Form
 - Competency Evaluation Summary Form

The competencies list:

Competency list

<p>Respiratory Therapy Department Safety and Infection Prevention</p> <ol style="list-style-type: none"> 1) Form B-1 Safety Orientation Checklist 2) Form B-2 Infection Prevention Orientation Checklist <p>Respiratory Therapy Department Orientation</p> <ol style="list-style-type: none"> 3) Form C-1 Documentation of Department Orientation 4) Form C-3 Age Specific Competencies 5) Form C-4 Respiratory Therapy Information Management <p>General Medical Surgical Care</p> <ol style="list-style-type: none"> 6) Form D-1 General Medicine/Surgical Care Orientation Check List 7) Form D-2 Patient Assessment 8) Form D-3 Pulse Oximetry 9) Form D-4 Supplemental Oxygen Therapy: System Set-Up 10) Form D-5 Aerosol Administration: System Set-Up 11) Form D-6 Hand-Held Nebulizer 12) Form D-7 Chest Physiotherapy 13) Form D-8 Incentive Spirometry 14) Form D-10 Nasotracheal Suctioning 15) Form D-11 High Flow Humidified Oxygen 16) Form D-12 High Frequency Chest Wall Oscillation 17) Form D-13 Hyperinflation Therapy 18) Form D-14 Positive Expiratory Pressure (PEP) Therapy 19) Form D-17 Adult CPAP 	<ol style="list-style-type: none"> 48) Form F-5 Nasal/ET CPAP System Set-Up 49) Form F-6 Capillary Blood Gas Sampling for Neonatal Patients 50) Form F-7 Suctioning of Neonatal/Pediatric Artificial Airway 51) Form F-8 Neonatal/Pediatric Patient Assessment 52) Form F-9 Surfactant Administration 53) Form F-10 Transcutaneous Monitoring System Set-Up 54) Form F-11 Small Particle Aerosol Therapy (SPAG) System Set-Up 55) Form F-12 Supplemental Oxygen Therapy – Oxygen Tent System Set-Up 56) Form F-13 Aerosol Drug Administration 57) Form F-14 Nitric Oxide Administration 58) Form F-15 NeoPuff™ T-Piece Resuscitation Device 59) Form F-16 High Frequency Oscillatory Ventilation – Neonatal/Pediatric 60) Form F-17 Neonatal/Pediatric Competency Evaluation summary <p>Diagnostic Testing</p> <ol style="list-style-type: none"> 61) Form G-1 Diagnostic Testing Orientation Checklist 62) Form G-2 Electrocardiogram 63) Form G-3 Bronchoscopy Assisting 64) Form G-4 Blood Gas Analysis: Fully Automated 65) Form G-5 Bedside Spirometry 66) Form G-6 Pulmonary Functioning Testing
<ol style="list-style-type: none"> 20) Form D-18 Non-Invasive Positive Pressure Ventilation (BiPAP) 21) Form D-19 General Medical/Surgical Care Competency Evaluation Summary <p>Adult Critical Care</p> <ol style="list-style-type: none"> 22) Form E-1 Adult Critical Care Orientation Checklist 23) Form E-2 Mechanical Ventilation System Set-Up 24) Form E-3 Oral Endotracheal Intubation 25) Form E-4 Extubation of Artificial Airway 26) Form E-5 Ventilator Circuit Change 27) Form E-6 Mechanical Ventilation Setting Adjustments 28) Form E-7 Adult Ventilator Monitoring: Patient/System Check 29) Form E-8 Artificial Airway Care 30) Form E-9 Spontaneous Mechanics 31) Form E-10 Arterial Line Set-up 32) Form E-11 Suctioning of Artificial Airway 33) Form E-12 Tracheostomy Tube Replacement 34) Form E-15 Continuous Nebulization 35) Form E-16 Assisting Percutaneous Tracheotomy 36) Form E-17 Ventilator Management 37) Form E-19 Artificial Airway Stabilization Device 38) Form E-20 Heliox Administration 39) Form E-21 Ventilator Mode Modification 40) Form E-22 Transport Ventilator Set-Up 41) Form E-24 Adult Critical Care Competency Evaluation Summary 42) Form H-20 RC Role in Ventilator Bundle: Spontaneous Breathing Trial (SBT) and Weaning 43) Form H-18 Early Mobilization of Ventilator Patient <p>Neonatal/Pediatric Respiratory Therapy</p> <ol style="list-style-type: none"> 44) Form F-1 Neonatal/Pediatric Orientation Checklist 45) Form F-2 Supplemental Oxygen Therapy – Oxygen Hood System Set-Up 46) Form F-3 Neonatal/Pediatric Patient/Ventilator System Check 	<ol style="list-style-type: none"> 67) Form G-7 Arterial Puncture for Blood Gas Analysis 68) Form G-8 Blood Gas Sampling: Arterial line 69) Form G-10 Radial Arterial Line Insertion 70) Form H-1 Polysomnography 71) Form G-13 Diagnostic Testing Competency Evaluation Summary <p>Electives</p> <ol style="list-style-type: none"> 1) Form G-9 Metabolic Testing 2) Form G-12 ABG Machine Maintenance 3) Form H-2 Polysomnography with CPAP Titration 4) Form H-3 Auto-Titrating CPAP 5) Form H-4 Multiple Sleep Latency Test 6) Form H-5 Overnight Pulse Oximetry Study 7) Form H-8 Pulmonary Rehab Development of Individualized Treatment Plan 8) Form H-9 Pulmonary Rehab Individual Exercise Session 9) Form H-10 Pulmonary Rehab Breathing Retraining and Patient Education 10) Form H-11 Pulmonary Rehab Group Exercise Session 11) Form H-12 Pulmonary Rehab Program operation of Equipment and Supplies 12) Form H-13 Pulmonary Rehab Program Patient Outcomes Assessment 13) Form H-14 COPD Disease Navigator: Acute Care 14) Form H-15 COPD Disease Navigator: Initial Assessment of COPD Patient 15) Form H-16 Asthma Education 16) Form H-17 Allergy Skin Testing 17) Form H-19 Rapid Response Team 18) Form H-22 Exercise Treadmill Stress Testing 19) Form H-23 Exercise Treadmill Stress Test 20) Form H-24 Vascular Ultrasound for Arterial Puncture 21) Form H-25 Medication Storage Machine

Internship Completion Requirements:

- The intern is required to complete minimum of 80% of the listed competencies for each clinical area.
- The intern is required to have ACLS certificate during or by the end of internship period.
- The intern is required to complete the program field experience survey.
- The intern to attend the license preparation course conducted by the RTS program.
- The intern is required to submit a letter(s) of completion from clinical site(s).

