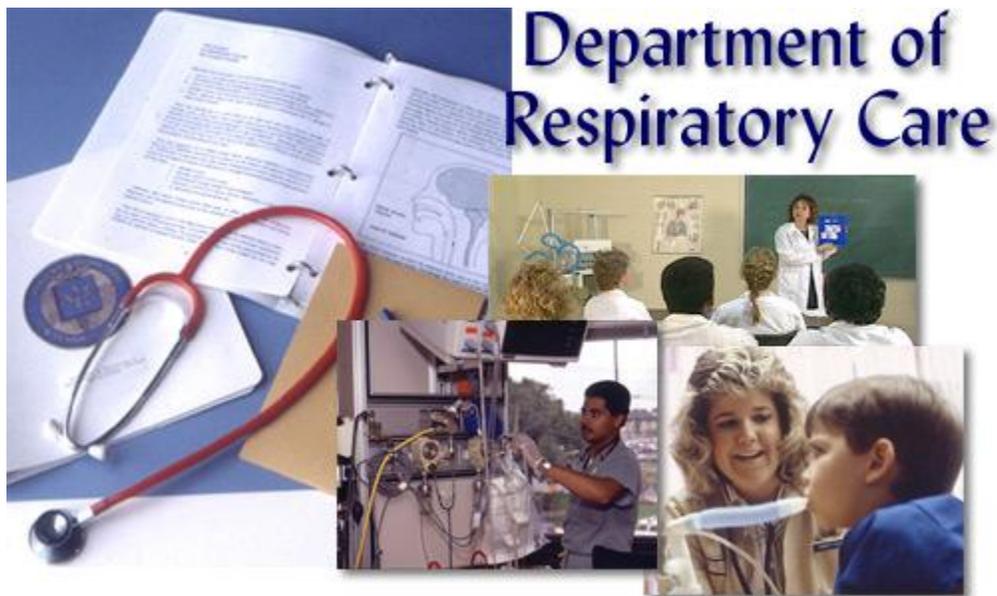


# Hinds Community College Clinical Faculty Handbook



*Revised Fall 2008*

This Handbook is made available to all HCC Clinical Site Therapists during Hospital Orientation.

**HINDS COMMUNITY COLLEGE  
RESPIRATORY CARE PROGRAM  
CLINICAL ADJUNCT FACULTY MANUAL**

## **CLINICAL FACILITIES**

### ***GENERAL GOALS OF CLINICAL SITES***

- Provide a clinical environment in which students may learn to listen, to think, to reason and to communicate effectively.
- Provide a clinical environment where students can develop intellectually, socially, physically, morally, and spiritually.
- Provide guidance, counseling, and learning experiences which will enable students to develop skills in respiratory care.

## **CLINICAL AFFILIATES**

- Students shall receive the majority of their clinical experiences at Mississippi Baptist Medical Center, St. Dominic Health Services, University of Mississippi Medical Center, and Central Mississippi Medical Center. Other selected rotations may be assigned to enhance the student's clinical experience.

## **CLINICAL FACULTY**

- **Clinical Coordinator** – coordinates all Clinical schedules and activities.
- **Site Instructors** – provided by Hinds Community College Respiratory Care Program, who will supervise and facilitate clinical activities for student groups.
- **Therapist Preceptors (aka *Adjunct Faculty*)** - staff therapists assigned as mentors to individual students.

## **ABSENTEEISM**

The faculty believes that avoidable absence from clinical lab reflects a lack of responsibility or reliability and should be thus evaluated. Therefore, any student who is absent from or tardy to a clinical lab for any reason will be required to explain the reason for any absence to the clinical instructor and coordinator. Each case will be decided on its own merits, but job conflicts, business or pleasure trips, and demands of other course work are **NOT** valid reasons. Students must be on time for their assignments and no early dismissals will be allowed. Each student **must arrange any appointments and work schedules around the school schedule.**

- Students are to report to the clinical instructor or site supervisor prior to reporting to their assigned clinical area. Students must also report back to the clinical instructor or site supervisor prior to leaving.
- All clinical absences must be made up. Responsibility for scheduling the make-up time belongs to the student with approval of the Clinical Coordinator. If he/she fails to arrange scheduling of make-up time, clinical privileges will be denied when the make-up deadline has passed:

All make-up time must be accomplished within 14 days of the absence in the Fall and Spring semesters and within 7 days in the Summer semester.

If a student is absent for a rescheduled clinical day, this is counted as an additional absence. In accordance with School policy, absences will be limited as follows:

Fall and Spring Semester - The student must attend 80% of scheduled clinical meetings.

Summer Semester - **MAXIMUM** of 4 absences

If a student meets maximum absences within a semester, he/she will meet with the Faculty Hearing Committee for possible disciplinary action. The Faculty will gather data and take a retention vote considering the following parameters:

1. Student's academic performance
2. Student's clinical performance
3. Reason for absence
4. Time available for make-up

**In the event of a clinical absence, the student MUST NOTIFY THE CLINICAL SITE AT LEAST TWO HOURS IN ADVANCE OF THE TIME THE STUDENT IS SCHEDULED TO REPORT.**

The student is to notify the supervisor and state the reason that he/she will not be at clinical and give information where he/she may be reached by the clinical instructor. The student should ask for the name of the person taking the message. **FAILURE TO APPROPRIATELY NOTIFY THE CLINICAL SITE WILL RESULT IN THE STUDENT RECEIVING A GRADE OF ZERO FOR THE DAY AND WILL RESULT IN THE STUDENT BEING PLACED ON PROBATION.**

Clinical assignments are made prior to each shift and any tardies disrupt the smooth operation of the Department. If an emergency (Loss of electricity, car trouble, bad weather, illness in family, or any other situation the Instructor deems valid) should arise after the two-hour notification period, the Respiratory Care Department of the hospital must be notified no later than 30 minutes before the start of the shift.

Clinical tardies will be handled in the following manner:

**Three tardies equal 1 Clinical absence.** In the event of the third tardy, the student will be sent home, and must make arrangements for a make-up Clinical day.

Students who arrive late (15 minutes or later without notification or valid excuse) will be sent home resulting in a Clinical absence which must be made up.

**Any student reporting for the wrong shift or to the wrong clinical site shall be sent home and marked absent for the day.**

**Changes in the clinical schedules are to be made only by the Clinical Coordinator.**

## **PERSONAL APPEARANCE AND PROFESSIONALISM**

Patients and visitors frequently are unfamiliar with medical procedures and therefore, are prone to judge the hospital by what they see and hear. Attire, grooming and manner can serve to reassure patients, their families and visitors that students are competent and careful in the performance of their clinical duties.

Attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, the following personal appearance and hygiene requirements have been established.

***Students will report to scheduled clinical sites clean and well groomed and in complete uniform.***

The uniform consists of a **navy blue** scrub suit (without color trim), **clean white** nursing or leather tennis shoes, neutral hosiery or white socks, a white lab jacket with the **HCC Respiratory Care patch** (on the upper left sleeve 3 inches from shoulder), Hinds student identification tag, double-bell stethoscope, a digital watch or watch with a second hand and black and red pens. **Uniforms must be clean and pressed when worn to the clinical site.** *Scrub tops are to be worn inside of the scrub pants unless they are of the tunic type.* Proper undergarments are to be worn by all students. If needed, the student may wear a clean white crew-neck style undershirt, the sleeves of which **cannot show below the sleeves of the scrub top.** If the student is not in complete uniform he/she will be sent home and marked absent for that clinical day.

When visiting Clinical sites to prepare for Case Presentations, the student should wear clothing that is casual but professional in appearance (No jeans, shorts, or revealing outfits). He/she must also wear a Lab coat with a Hinds student identification tag. Hats/caps may not be worn at Clinical sites.

**Hair** is an important part of a student's appearance. It must be clean and well groomed in a conservative style and color appropriate to a health care environment. **Students with medium or long hair should secure their hair to the back so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment.** The use of hair coloring in natural shades is appropriate for the health care setting.

**Make-up** can contribute to the professional look when used in moderation. Dramatic or flashy colors, sequins, and theatrical application of make-up are not appropriate to the clinical setting. **Long nails and sculptured or artificial nails are not to be worn.** Only clear fingernail polish may be worn while performing duties.

Patients with Respiratory difficulties are sensitive to strong odors. **Therefore, the use of perfume, aftershave, or cologne is prohibited while at Clinical.**

**Personal hygiene is essential:** Bathe daily; use mild soaps and deodorants. While **gum chewing is not allowed during Clinical**, the use of breath mints is permitted in non-patient care areas.

Toothpicks, dental floss, or toothbrushes may be used in the privacy of a restroom.

**Jewelry and accessories:** In patient contact areas, earrings can be of the **SMALL** stud variety. Necklaces or bracelets pose a safety hazard, and may not be worn. Rings are against infection control standards in some areas and should be limited to plain wedding bands only.

Smoking can be an irritant as well as a health and safety hazard. Students may smoke only in designated smoking areas during scheduled clinical breaks, and never in the presence of patients. Students are not to have cigarettes or smoking materials in their possession while in patient care areas. **SEVERAL OF OUR CLINICAL SITES HAVE INSTITUTED A NO SMOKING POLICY THROUGHOUT THE HOSPITAL.** Smokeless tobacco (including snuff, chewing tobacco, etc.) may not be used while on duty.

**It is expected that each student act in a professional manner while on clinical duty and continue to promote the field of Respiratory Care to the public and to other hospital personnel.**

**Professional courtesy must be maintained with patients, physicians, department co-workers, and other department workers. Failure to comply with policies regarding courtesy will be documented with an anecdote and the incident will be reflected on the student's Summative Evaluation score. PROFANITY, threatening or inappropriate behavior will result in the student being sent home from Clinical. This will result in a Clinical absence and a grade of "0" for the day. When deemed necessary, the student will appear before the Faculty Hearing Committee.**

### **COMMUNICATION DEVICES**

The use of cell phones and personal pagers is **strictly prohibited** at the clinical sites. Students violating this policy will face immediate disciplinary action by the faculty hearing committee.

### **LEAVING THE BUILDING DURING CLINICAL HOURS**

A student is not to leave the hospital building at any time during their scheduled clinical shift except in an emergency and then only with the permission of the clinical instructor or site supervisor. Disciplinary action by the Faculty Hearing Committee will be taken against any student leaving the building without permission. Such occurrence may result in student being placed on probation or being referred to the Faculty Hearing Committee for further disciplinary action.

### **DEPARTMENT CLEANLINESS**

It is the responsibility of each student to do their part to maintain the departmental work areas, Conference/Classrooms, and lounge in a neat and orderly fashion.

### **CLINICAL ASSIGNMENTS**

#### **CLINICAL CLEARANCE EVALUATION**

Clinical clearance will be approved by the **laboratory course faculty** after successful student demonstration of the skill by the designated check-off date.

At the clinical site,

- Students will be assigned to a clinical instructor or therapist preceptor for observation of procedures. Following the laboratory check-off and clinical observation of a particular procedure; the student will be assigned to a clinical instructor to perform the procedure under the direct supervision of a clinical instructor or staff. When the instructor/preceptor feels that the student has sufficiently refined his/her technique to clinically practice unobserved, he/she will indicate verbally or on the clinical evaluation form that the student is ready for his/her clinical check-off.

#### **Check-Off Procedure**

Demonstration of the skill will be based on the current procedure guides and starred critical items. A student will be allowed **three attempts** to demonstrate proficiency in each skill component.

Until the student successfully completes the **clinical check off**, he/she will not be allowed to perform that skill unobserved in the clinical setting. If unsuccessful on the first demonstration, an additional opportunity to be successful in return demonstration will be scheduled (not to exceed 10 school days from the first demonstration). The student is responsible for scheduling documented remediation with a lab instructor prior to second attempt. It is the student's responsibility to schedule a time for return demonstration in collaboration with their clinical

instructor. Should the student fail to successfully demonstrate a skill on the **third attempt**, the student will receive a grade of “F” for the course.

1. The student will be counseled by the Program Chairperson and instructor.
  2. The student will be terminated from the currently enrolled Respiratory Care course with a grade of **F**.
  3. The terminal evaluation form will be presented and signed by the student, instructor, and Program Chairperson.
  4. The student has the right to appeal the decision regarding unsuccessful clinical progress to the Faculty Hearing Committee.
  5. The student has the right to appeal his/her termination from the Respiratory Care course to the local student appeals committee.
- The student shall abide by the Policies and Procedures of the Clinical Affiliation in which they are assigned.
  - In the absence of the instructor, if a student is presenting a problem in the clinical site, i.e.; presents a safety hazard, is inordinately late in giving therapy, etc., he/she may be referred to the supervisor to be sent home. A clinical anecdote will be made at this time and the student will be dealt with accordingly.  
The student shall fulfill all applicable OSHA requirements as required by the clinical affiliation.
  - **Denial of clinical privileges at ANY clinical site results in the student being dismissed from the program.**
  - When scheduled in a critical care area, a student is allowed to perform patient care procedures (i.e. ventilator checks, treatments, suctioning, invasive procedures, etc.) **ONLY IF A STAFF THERAPIST PRECEPTOR OR INSTRUCTOR IS PRESENT IN THE UNIT.** There are **NO** exceptions to this policy. A student failing to comply with this policy will be sent home; given a grade of "0" on the daily evaluation; and placed on probation.
  - The student shall assume responsibility for cost of emergency medical care.

## **CLINICAL SETTING CONDUCT**

The student is required to wear a lab coat, dress appropriately (see uniform policy), and name tag. Also the HCC I.D. card should be on person when going to the hospitals for assignments. The student is responsible for adhering to specific clinical agency regulations as far as appropriate time to see patients, charts and collect data.

Students are not allowed to take minor children to the clinical setting during assessment time or clinical lab.

The student is to wear school uniform during assigned clinical lab period. Visiting patients socially in uniform is not condoned. Wearing the uniform in any other situation is prohibited and is cause for disciplinary action.

**STUDENTS ARE BOUND BY THE SAME CODE OF ETHICS AS EMPLOYEES** and must respect the patient's right to privacy, by not discussing the patient or patient cases in public areas of the hospital (cafeteria, hallways, elevators, etc.) Patients' names should not appear on a case presentation.

Students are encouraged to review patient charts for information, but they are to confine their review to assigned patients only. Students should **NEVER** review a chart of an acquaintance or family member. If the student is assigned to treat an acquaintance or family member, the clinical instructor will reassign the student upon notification.

### **Daily Clinical Evaluation**

#### **A. Purpose**

To provide feedback for student learning.

#### **B. Process**

1. Daily Clinical Evaluations are done by the clinical instructor or assigned therapist preceptor and reviewed with the student to provide feedback to the student regarding his/her progress toward achievement of expected clinical outcomes. Patient Assessments and actual clinical performance as well as completion of procedural check-offs are considered as evidence of the student's progress.
2. Continued lack of progress in the clinical area is considered to be evidence of established behavior which may threaten patient safety. (See D. Established/Unethical Behavior.)

#### **C. Clinical Anecdotes**

1. During each clinical learning experience the student is expected to exhibit the following behaviors:

- a. Administer medications without potential/actual harm to the assigned client(s).
- b. Implement procedures without potential/actual harm to the assigned client(s).
- c. Make Respiratory Care decisions without potential/actual harm to the assigned client(s).

When in the judgement of the faculty a student fails to meet expectations, and therefore negatively impacts patient care, a *Clinical Anecdote* will be completed. A copy will be given to the student and the original will be maintained in the student's file.

The Clinical Anecdote is a safeguard for the client, student, and school. Faculty will utilize the report to alert the student to behaviors, which could significantly jeopardize patient safety and therefore should not be repeated.

2. Continued failure to meet expectations in the clinical area is considered to be evidence of established behavior, which may threaten patient safety. (See D. Established/Unethical Behavior.)

3. **Definition of Terms Relevant to Evaluation Process**

**Harm** - detrimental effect (actual or potential)

**Clinical Process** - the decision-making, problem-solving process utilized by Respiratory Care Practitioners in the provision of respiratory care. It includes the steps of assessment, respiratory diagnosis identification, planning, implementation and evaluation (SOAP).

#### **D. Established/Unethical Behavior will result in the following:**

The following behaviors will result in the initiation of the Established Unethical/Threatening Behavior Procedure as described in the HCC Respiratory Care Program Manual:

- Failure to show progression in the clinical application of theory.
  - Failure to demonstrate preparation for lab.
  - Failure to safely implement assigned procedures in the clinical lab.
  - Failure to adhere to expectations of the discipline of Respiratory Care.
  - Any other behavior which is unethical or significantly jeopardizes patient safety.
1. When in the judgment of the Respiratory faculty a student is deemed to have established Behavior, which is unethical, or significantly jeopardizes (threatens) patient's well-being, the faculty will document the behavior on an incident report form. Established behavior may be one occurrence or multiple occurrences, which prove to the faculty, involved that the student must be counseled regarding the documented behavior and informed that this situation will come before a faculty hearing committee for consideration in a timely manner.

**If the behavior is so severe, that patient safety is compromised, the student will be removed from the clinical learning experience until the situation is resolved.**

2. The Faculty Hearing Committee will consist of the Respiratory Care faculty. The hearing session will be presided over by the Respiratory Care Program Chairperson.
3. The student has three school days after being informed of the faculty's decision to notify the Program Chairperson in writing that he/she wishes to appeal the Faculty Hearing Committee's decision to the Center Dean and the local student appeals committee. Should the student choose to appeal, he/she may continue in classroom and learning laboratory experiences but will not be allowed to continue in clinical learning experiences until the outcome of the appeal is known.

These policies extend to all students while at the clinical sites whether they are there for clinical, official functions, seminars, committee meeting, make-up clinical, etc.

## **ACCOUNTABILITY**

Students enrolled in the Hinds Community College Respiratory Care program are expected to exhibit individual responsibility and accountability in their personal, clinical, and academic performance. Failure to observe these standards of conduct will result in the implementation of the following policies and procedures.

The following behaviors will result in the initiation of disciplinary procedures as described in the HCC Student Handbook:

- a. Cheating (including copying all or any portion of another student's paperwork and presenting it as one's own for class assignment or clinical assignment in actual reproduction or plagiarized format).
- b. Lying.
- c. Behaviors which disrupt teaching with detrimental effects upon students and agency personnel.
- d. Use of patient's medication for self or others.
- e. Illegally gaining and distributing drugs.
- f. Being under the influence of mind altering substances, i.e., narcotics, hallucinogens, or alcohol during class or clinical learning activities.
- g. Failure to respect policies of health agencies used for clinical learning. {As well as HCC Clinical Policies}
- h. Illegal attainment of patient possessions or patient care items.

- i. Possession of test questions outside of a testing situation, unless supervised by a Respiratory Care faculty member.
- j. All other violations as stated in the HCC Student Handbook.