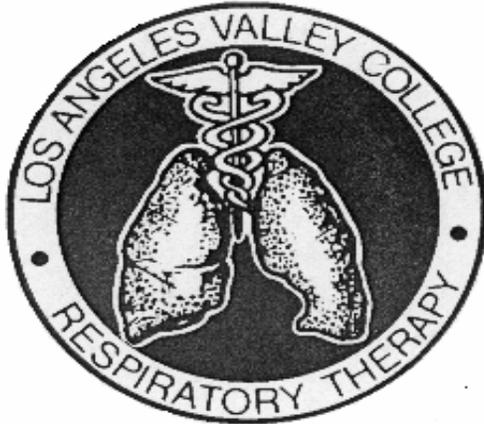


Los Angeles Valley College  
Health Science Department

## RESPIRATORY THERAPIST PROGRAM



## STUDENT HANDBOOK

2018-2019

**Goal:** To provide necessary information, guidelines, and policies for all students enrolled in the Respiratory Therapist Program, Phase II Internship.

**PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR THE DATA**

**IN THIS STUDENT HANDBOOK AND THE ACADEMIC POLICIES**

**IN THE COLLEGE CATALOG**

**EFFECTIVE: March 26 2018**

**LOS ANGELES VALLEY COLLEGE  
RESPIRATORY THERAPIST PROGRAM**

**ACCEPTABLE STANDARDS FOR RESPIRATORY THERAPY STUDENTS**

**INTRODUCTION:**

Welcome to the program, Class of 2018! Your high level of achievement thus far has resulted in your entry into the second year, which includes clinical training.

Beginning with Respiratory Therapy 15, and continuing with subsequent courses, the students enrolled in this program will be obtaining clinical experience in various hospitals in the surrounding area. This affiliation between the college and hospitals will require adherence to certain standards by the participating students. These standards are necessary to ensure that the policies and limitations set forth by the various institutions will be observed. Students must follow the policies and procedures of each clinical facility attended. Failure to do so will result in the student not being permitted to continue hospital-based training and would, therefore, result in his or her dismissal from the program. A few of the standards may seem somewhat restrictive to the college student of today; however, the patient-oriented, highly professional nature of the clinical affiliation requires that these guidelines be followed.

Please be assured that your success in this program means as much to us as it does to you. Together we will work toward that goal.

Professor Greg Morrison RRT  
Director, Respiratory Therapist Program

Professor Cheryl Pearson RRT  
Director, Clinical Education

LAVC Adjunct Instructors

Professor Salvadore Santana

Dr Alan Rothfeld  
LAVC Medical Director

Bernadette Dizon – BS RRT  
Professor Patrick Kelly- BS RRT  
Edwin Khatchetourian – BS RRT

## **MISSION STATEMENT**

The Respiratory Therapy Program will provide Associate of Science degree in Respiratory Therapy training using a combination of commitment to excellence, collaboration, state of the art laboratory equipment, and clinical simulation skills assessment. The respiratory therapy program's resources will be used in partnership to meet the needs of our community, students, Medical Centers, and college by providing the following:

### **Students:**

RT students will receive Associate of Science Degree level RT training that will enable them to pass all state required NBRC exams to obtain a license and to obtain employment in a medical center. The students will be trained and evaluated in competency, critical thinking skills, communication skills, and professionalism in both the classroom and hospital setting.

### **Community:**

The program will provide the community with a vocational opportunity for its students and well trained healthcare personnel working in the local hospitals.

### **Medical Centers:**

The program will provide hospitals with a supply of well-trained Associate of Science Degree level RCP's to meet their employment needs.

### **College:**

The RT program will augment the enrollment and matriculation of science and vocational minded students.

**RT Program Goals and Objectives** – These goals and objectives are aligned with the college's Wide Educational Master Plan and SLO's which include Communication skills, Information Competency, Historical Perspectives and Cultural Diversity, Reasoning skills, Civic Responsibilities, and Health and Wellness. The expected growth of the RT program is in direct alignment with the L.A.C.C.D master plan objective to increase student access to technology and vocational programs. The L.A.C.C.D specifically identified Respiratory Therapy as one of the technology and vocational programs that needs to expand to meet the rapidly growing student interest and job market.

### **RT Program Goal – CoARC Standard 3.01**

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

## **Respiratory Therapist Technical Standards** **From the AARC Position Statement, Effective 12/99**

*“Respiratory Care is the health care discipline that specializes in the promotion of optimum cardiopulmonary function and health. Respiratory Therapists apply scientific principles to prevent, identify, and treat acute or chronic dysfunction of the cardiopulmonary system. Knowledge of the scientific principles underlying cardiopulmonary physiology and pathophysiology, as well as biomedical engineering and technology, enable respiratory therapists to effectively assess, educate, and treat patients.*

*As a health care profession, Respiratory Care is practiced under medical direction across the health care continuum. Respiratory Care is specifically focused on the assessment, treatment, management, control, diagnostic evaluation, education, and care of patients with deficiencies and abnormalities of the cardiopulmonary system as well as on the prevention of the development of these deficiencies.*

*Critical thinking, patient/environment assessment skills, and evidence-based clinical practice guidelines enable respiratory therapists to develop and implement effective care plans, patient-driven protocols, disease-based clinical pathways, and disease management programs. A variety of venues serve as the practice site for this health care profession including, but not limited to: acute care hospitals, diagnostic laboratories, rehabilitation and skilled nursing facilities, patients' homes, patient transport systems, physician offices, convalescent and retirement centers, educational institutions, and wellness centers. “*

**The following Job description is based on typical Medical Center Job descriptions from our current clinical sites and reflects the typical technical requirements of the profession.**

**General Respiratory Therapy Job Description:** A respiratory therapist and respiratory therapy student utilizes the application of scientific principles for the identification, prevention, remediation, research, and rehabilitation of acute or chronic cardiopulmonary dysfunction. They frequently obtain and review data to evaluate the cardiopulmonary status of patients, establish a patient care plan and determine the appropriateness of the prescribed therapy. Therapists and respiratory therapy students initiate, conduct, and modify prescribed therapeutic and diagnostic procedures such as administering medical gases, humidification and aerosols, aerosol medications, postural drainage, bronchopulmonary hygiene, cardiopulmonary resuscitation. Additionally, they provide support services to mechanically ventilated patients; maintain artificial and natural airways; perform pulmonary function testing, hemodynamic monitoring and other physiologic monitoring and collect specimens of blood and other materials for analysis. Therapists and respiratory therapy students document necessary information in the patient's medical record and communicate that information to other members of the health care team. They obtain, assemble and calibrate equipment. Therapists and respiratory therapy students use problem solving to identify and correct malfunctions of respiratory care equipment. They require appropriate interpersonal skills to work

productively with patients, families, staff and co-workers and must at all times maintain patient confidentiality and uphold the ethical standards of the profession.

**Based on the description above, all applicants and current students enrolled in the Respiratory Therapy Program at Los Angeles Valley College must be able to perform the following specific and essential functions in the laboratory and clinical settings. While reasonable accommodations may be possible in the classroom, an ability to meet these technical standards while performing patient care would pose a potential safety risk to patients, staff, and students.**

**Hearing:** Able to hear and understand patients and staff; assess and monitor patient or equipment sounds.

- Communicate and interact with patients, staff and families from a variety of cultural backgrounds.
- Hear and relay verbal orders or patient assessment results.
- Follow verbal instructions in an emergency resuscitation team scenario
- Use a stethoscope to hear heart and breath sounds.
- Detect and discriminate between sounds of normal conversation.
- Hear percussion sounds during patient assessment.
- Hear equipment alarms.

**Mobility:** Physical endurance and ability to work effectively in a clinical setting for eight (8) to twelve (12) hours per day performing physical tasks requiring physical energy without jeopardizing patient safety.

- Mobile and strong enough to support and move patients. Examples: the ability to lift up to 50 pounds, the ability to walk for extended periods of time to all areas of a hospital including up and down stairs.
- Support and transfer patients safely from bed to wheelchair, and modify patient position in bed.
- Transport patients while providing oxygen & ventilation.(walking forwards or backwards)
- Respond to emergency situations & locations in a timely manner.
- Reach equipment and parts of patient's body.
- Reach above shoulder height to manipulate equipment.
- Reach below waist level to manipulate equipment.
- Reach equipment r supplies that are on the floor.
- Able to move quickly from place to place by walking and using the stairs to perform patient care.

**Visual:** Able to monitor and assess patient and equipment function; to provide safe and effective respiratory care.

- Read written or electronic medical record orders, reports, data & notes.
- Read fine print, monitors, and gauges.
- Differentiate analyze color/character of sputum and other specimen.
- Document (written or electronic) procedures and observations legibly in a permanent medical record.
- Ability to see and discriminate between a variety of visual alarms for different pieces of equipment.
- Ability to observe patient appearance, posture and other outward physical signs that would indicate patient well-being.

**Motor Skills:** Be able to perform fine and gross motor skills sufficient to handle equipment and provide safe and effective patient care.

- Assemble, operate and manipulate equipment.
- Prepare blood collection syringes; draw venous and arterial blood samples.
- Manipulate a syringe and needle to prepare medications.
- Palpate arterial pulses for HR monitoring and Arterial Blood Gas puncture.
- Administer aerosols, suction patients, and adjust pressure gauges.
- Lift and transport oxygen cylinders; attach regulators; move in and out of treatment areas.
- Push/pull hospital beds; transport patients.
- Lift and move patients safely.
- Assist with intubation.
- Perform chest compressions during CPR at a rate of 100 – 125 per minute and manually ventilate a patient for at least 30 minutes during resuscitation.
- Ability to exert 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently.
- Ability to push equipment or transport over 100 lbs.

**Tactile:**

- Able to assess patient's response to therapy tactilely.

- Distinguish textures, degrees of firmness, temperature differences, pulse rate, vibrations and strength.

### **Communication:**

- Applicants and current students must be able to communicate in English effectively and sensitively with patients.
- In addition, candidates must be able to communicate in English in oral, written, & electronic form with faculty, allied personnel, patients, and peers in the classroom clinic, and laboratory.

**Intellectual and Cognitive Abilities:** Applicants and current students must have the ability to measure, calculate and analyze data.

- They must be able to make proper assessments, use sound judgment, appropriately prioritize therapeutic interventions, and measure and record patient care outcomes.
- Must able to operate computerized equipment.
- Must be able to document and review using a computerized medical record.

### **Behavioral/Social Skills and Professionalism:**

- Applicants and current students must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and motivation.
- They must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent to clinical practice.
- They must show strong work ethic and teamwork skills.

### ***Accommodation / Access***

If you are a student with a disability requiring classroom accommodations, and have not contacted SSD, do so in a timely manner. SSD is located in the Student Services Annex, Room 175 or call SSD at (818) 947-2681 or TTD (818) 947-2680 to meet with a SSD counselor. If SSD has already sent the memo to instructor confirming accommodations required by student for this class, please meet with me to discuss arrangements. <http://www.lavc.edu/ssd/index.aspx>

## AARC Statement of Ethics and Professional Conduct

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

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

### **CHEATING:**

Cheating will not be tolerated. Any behavior during a test which the instructor could interpret as questionable may be classified as cheating, i.e. copying answers, possession of notes, talking to another student, using cell phone or texting, writing on desks, taking an exam from the classroom, or failing to return an exam after testing or exam review etc., will result in the instructor giving the student a **Zero score** on that exam and may result in a grade of "F" in the course and/or exclusion from the program. If a student leaves the room during the exam they must turn in their exam and not return to complete it later. The instructor may also file disciplinary action against any student caught cheating or violating any other student code of conduct in the classroom or in the clinical setting. Students may be required to turn in writing exam answer sheets and Scantron sheets to their instructor before major exams. Essay answers for all exams will be written in ink.

### **Examples of Academic Dishonesty (non-inclusive)**

- Copying answers from another student during in-class or online exams and handing them in as one's own.
- The use of notes, books, dictionaries, or other references during an in-class or online exam that are not authorized by the instructor.
- Signing one's name to an official college document for another not present in class, in a lab, or for any other reason.
- Unauthorized use of electronic devices to communicate such as text messaging, cell phone, or emailing any other person during an in-class or online exam.
- Unauthorized talking during in-class exams.

### **Consequences of Cheating**

At the time of the violation, penalties for academic dishonesty, determined by the instructor, can result in a zero score for the exam or work in question. In addition, the Vice President of Student Services, or designee, may impose other penalties for violations of the Student Code of Conduct. Student discipline charges resulting in warning, reprimand, restitution, disciplinary probation, suspension, or expulsion become part of a student's academic record and may affect transfer and/or gainful employment opportunities.

Violations of the Standards of Student Conduct are as follows:

- *9803.10 Willful Disobedience:* Willful disobedience to directions of college officials acting in the performance of their duties.
- *9803.11 Violation of College Rules and Regulations:* Violation of college rules and regulations, including those concerning student organizations, the use of college facilities, or the time, place, and manner of public expression or distribution of materials.
- *9803.12 Dishonesty:* Dishonesty, such as cheating, or knowingly furnishing false information to colleges.
- *9803.13 Unauthorized Entry:* Unauthorized entry to or use of the college facilities.
- *9803.14 College Documents:* Forgery, alteration, or misuse of college documents, records, or identification.
- *9803.15 Disruption of Classes:* Obstruction or disruption of classes, administration, disciplinary procedures, or authorized college activities.
- *9803.16 Theft of or Damage to Property:* Theft of or damage to property belonging to the college, a member of the college community or a campus visitor.
- *9803.17 Interference with Peace of College:* The malicious or willful disturbance of the peace or quiet of any of the Los Angeles Community Colleges by loud or unusual noise, or any threat, challenge to fight, fight, or violation of any rules of conduct as set forth in this Article.

## **PROFESSIONAL APPEARANCE**

### **DRESS AND GROOMING:**

The dress code will be discussed at the beginning of Phase II. All students are expected to comply with these regulations. If a student's uniform and/or personal grooming poses a threat to patient safety or violates hospital policy, the student may be excluded from the clinical area.

- Each student will be expected to purchase, maintain and wear teal green scrubs and a matching lab coat of a specified material and style. No other type or color of scrubs or lab coat is acceptable.

- MEN:** Shoes must be durable, with closed toe and heel. Canvas sneakers are not permitted but neat leather or leather/synthetic sport shoes are acceptable. Mostly white in color

- WOMEN:** Shoes must be durable, with closed toe and heel. High heels, clogs, sandals, or canvas sneakers are not acceptable. Mostly white neat leather or leather/synthetic sport shoes are acceptable.

The preceding is the only acceptable dress code while in clinic. This dress code will be enforced. Students attending seminars and fields trips on clinic days as representatives of Los Angeles Valley College are required to dress neatly but may not be required to wear hospital attire.

Name badges with picture I.D., must be worn at all times in the clinic. The following format will be followed. The LAVC student ID card may substitute for a hospital ID badge.

A watch with a second hand or digital read-out and a stethoscope are also required on the first day of clinic.

Regarding grooming and personal appearance, the professional ethics of health care delivery require that good personal hygiene be maintained at all times. Each student is expected to keep his/her grooming habits in line with this criterion. Special attention to hair, hands (especially fingernails), footwear, and clothing must be observed.

**Hygiene:** Use a reliable deodorant and make sure your teeth are clean and your breath fresh. Uniforms should be washed frequently since dirty uniforms carry body odor and also harbor bacteria. Artificial nails are not allowed in the clinical area.

**General Student appearance** – Students are expected to be in uniform **with their LAVC ID present every day.** In addition the following

**Hair** – Clean and off the shoulders and pulled back- this is an infection control and safety issue.

**Scent** – Uniform and skin clean without body odor or any scents from hair products, lotions or perfumes. These may trigger an allergic reaction or asthmatic attack.

**Tattoos** – All tattoos must be covered with either a patch, covering or long white sleeves.

## HEALTH REQUIREMENTS

The Clinical Affiliates require a student be examined by a licensed physician and to have laboratory tests, as needed, to determine physical and mental fitness. The Program Director is authorized to require that records of any such examination be released to the clinic. Such records may be used only to determine fitness for the program, and, except for such use, the confidentiality of such records shall be maintained. The student must be free from communicable diseases, infection, psychological disorders, and other conditions that would prevent the successful performance of the responsibilities and tasks required in the education and training program of the college. Any condition described above which is developed by the student after admission to the program may be considered sufficient cause for suspension or dismissal from the program.

**NOTE: Students must turn in an original LAVC RT Health Record with all other health records and documents, during the first week of RT 15.**

OSHA Bloodborne Pathogen (BBP) Standards: Although medical training students are not addressed in these mandatory standards, since respiratory care practitioners (RCPs) are at-risk employees, student RCPs would have the same designation and must follow these procedures:

1. Hospital attire: It is strongly recommended that work clothes (possibly contaminated) be changed before leaving the hospital: i.e. students would wear to clinic clean scrubs under a clean scrub jacket, bring a simple change of street clothes and place work clothes in a biohazard bag for transport home. Please follow each hospital's policy—some hospitals may require students to change into scrubs at shift start.
2. Gross contamination: OSHA Standards mandate changing grossly contaminated work clothes immediately. Should students' work clothes become grossly contaminated, despite wearing personal protective equipment (PPE), before leaving the work area, they must put on a cover gown and/or change to a clean uniform provided by the clinic and bag the contaminated uniform for transport home or to the hospital laundry, which does not guarantee its return.
3. Student training: Since OSHA Standards mandate training, initial student BBP instruction of at least one hour will take place on campus, with a sign-off sheet filed and notice to the clinics. Training will include lecture, OSHA requirements video and an exam (Pass = 80%).
4. Hepatitis B Virus (HBV) vaccination: Since RCPs are at-risk employees (probable exposure), student RCPs have the same designation. In this regard, the following statements apply:
  - (a) All students must sign a statement, either consenting to the HBV vaccination series or declining it.
  - (b) The HBV vaccine is expensive and may not always be available free of charge.
  - (c) Hospitals must offer it free to at-risk employees.
  - (d) At present, the LAVC Student Health Services Center offers the HBV vaccine to LAVC respiratory therapy and nursing students. The Health Center is located in the Women's Gym, phone number (818) 947-2922, with summer hours to be announced. Since the process requires a series of three injections over a period of months, students must return on their own time, as scheduled, for the remainder of the injections.

**Pregnancy:** As soon as a student suspects she is pregnant, she should be examined by a physician. If pregnancy is confirmed, the following is required:

A signed statement from the obstetrician stating that it is safe for the student to do the work required in the clinic. This is to be presented to the Director of Clinical Education (DCE) and placed in the student's file. In addition, the student will take every precaution to avoid exposure to radiation during clinic rotations.

**LAVC RESPIRATORY THERAPY PROGRAM HEALTH and BACKGROUND RECORD INSTRUCTIONS.**

**(MUST BE COMPLETED 1 week BEFORE THE 1<sup>st</sup> CLINICAL DAY of RT 15)**

**Negative TB testing – Initial Back to Back -2 TB tests with 7-14 days- Required for all initial TB testing if TB test is negative.**  
then a repeat TB testing Valid every 6 months for negative TB results.

**QuantIFERON®-TB Gold In-Tube (QFT-G)** is a blood test that you can get to verify a negative TB result.

**If you have a Positive TB Test, TB (BCG) Immunization, or history of positive results**

**You must provide one documented positive TB test with results.** (Valid 1 time – no expiration for positive TB test) – letters from MD will not be accepted instead of a documented positive TB test.

**Chest X-ray report** that shows a negative result for active TB. (Valid for 12 months)

**Vaccinations and Titers** (titer is a blood test that documents immunity or exposure). (Within last 7 years)

**Required – Vaccination record and Positive Titer** – *Vaccination records are not required if you have a Positive titer result.*

**(Student must sign waiver if refusing any required immunizations or titers)**

Students wishing to Train at Children’s Hospital LA (CHLA) must have all titers completed.

\_\_ MMR - Measles, Mumps, and Rubella (German measles)

\_\_ Chicken Pox (Varicella)

\_\_ Tdap Vaccination

**Recommended:** (\* **Hep B vaccine and Seasonal Influenza Vaccine is a REQUIRED for CHLA clinicals**)

\_\_ Hepatitis A

\_\_ \*Hepatitis B – (3 doses total over 6 months) Must start 1<sup>st</sup> dose before starting clinic – 2<sup>nd</sup> and 3<sup>rd</sup> doses may be completed during the year after starting clinic.

\_\_ \* Seasonal Influenza Vaccine

**Drug Screen (Valid for 12 months)**

The following Lab tests are now required by the hospitals for all students and employees. These Must be performed by a CLIA approved lab.

**Integrity Checks**

Creatinine                      Oxidizing Adulterants

**Substance Abuse Panel**

Amphetamines    Marijuana Metabolites

Barbiturates                      Opiates                      Methadone

Benzodiazepines    Propoxyphene

Cocaine metabolites    Phencyclidines

**Physical Exam – (Valid for 12 months)** must be cleared by a physician or NP or PA for clinic duties. LAVC RT Director must be informed of any special restrictions, disabilities, or risks (such as pregnancy) to duties to determine if the clinics can reasonably accommodate the student’s special needs.

**BACKGROUND CHECK** – Must be completed prior to first clinic day. Go to <http://www.castlebranch.com>

**Order Code:** LF71 – (valid for 12months - may need to renew before end of program)

Please include the National Criminal search items for:

1. SSN address locator

2. Sex offender registry search

3. OIG/GSA

**Background checks are not required for entrance in any LAVC course or program. However, a cleared background check is required by the Medical Centers for clinical training to ensure patient safety and all JCAHO, SSd, and department of health and safety accreditation rules, regulations and requirements are met. A cleared background check will also be required to get an approved RCB license after graduation.**

**Cardiopulmonary Resuscitation (Valid for 24 months)** for healthcare providers – Must be American Heart Association Basic Life Support for Health Care Providers – (*Red Cross CPR Cards are not recognized*)

Mike Payorala (818) 694-7427 [mike@americanheartclasses.com](mailto:mike@americanheartclasses.com) or [cpr3g@yahoo.com](mailto:cpr3g@yahoo.com)

**Fire Safety Certification – (valid for 4 years)** required by LA Fire code – Fire class will be held @ LAVC in 1<sup>st</sup> 2 weeks of RT 15 course scheduled (\$20.00)

**FIT Testing** – HEPA mask fit test – performed @ LAVC during 1<sup>st</sup> week of RT 15 Cost \$ 10.00 to be paid through the business office.

## **TRANSPORTATION:**

All programs within the Health Science Department are dependent on utilization of community resources for your clinical experience and assignments. It is your responsibility to arrange for transportation to the clinical area. Clinic assignments must be followed as to hours and duties performed.

## **PARKING:**

At least one parking permit per clinical facility is usually available for student use. Since one permit may be shared by all students in the rotation, car pooling is expected. Parking varies from clinic to clinic. UCLA does not provide parking permits – fee\$ 12.00 per day. CHLA charges \$25.00 per month parking fee.

## **ATTENDANCE POLICY:**

According to the college academic policy, you are expected to attend every meeting of all classes for which you are registered. If absent from class for reason of emergency or illness, you must call or email prior to the class start time, if possible, to inform the instructor of the reason. This is mandatory if the absence coincides with the date of a quiz or examination. Students who are absent on a test day without a legitimate excuse will receive a score of "0". In addition, there will be strict adherence to the Los Angeles Community College District Attendance Regulations, published in the class schedule, as follows:

"...Whenever absences in hours exceed the number of hours the class meets per week...the instructor may exclude the student from the class..."

## **CLINICAL ATTENDANCE POLICY:**

Phase II clinical instruction is conducted during four of the five weeks of summer session and during four one-half semester rotations.

1. If you are going to be more than 10 minutes late or absent from the clinic, you are required to **call the Respiratory therapy department and speak to the Lead RT or Shift supervisor**, using the numbers listed in your handbook, **at least one-half hour before the shift starts**, assuming a telephone is available. You may also text or email the LAVC RT instructor but this does not replace calling the RT Department directly. Students may not call in for another RT student unless that student is physically unable to call in.

2. Arriving late to clinic three (3) times is equal to one (1) absence. Please be aware that a single late arrival of over one-half hour may require the use of one non-penalty day off. (See #4)

3. Leaving clinic early, unless all students are released by the clinical instructor, is unacceptable and may result in the student being excluded from the program. Arriving late and staying late to make up lost time is equally unacceptable.

4. For emergency reasons, you may be absent from one (1) to three (3) clinic days or 24 hours during the entire program without being given an incomplete in the course evaluation. In the fall 16 additional clinical hours must be schedule TBA with each clinic. In the spring semester 24 hours additional TBA clinical hours must be scheduled spring semester. If the student does not missy any clinic hours then they can be applied to the 24 TBA hours in the spring semester.

\* These 24 should be made up at the clinic(s) where they were taken. The make updates must be approved by the clinical instructor and RT department director.

5. If more than three (3 hr or 2 12 hr = 24 hr total clinic hours are missed during the entire 2<sup>nd</sup> phase of the program fall through spring semester:
1. You must make up the additional days missed at the clinic where the time was missed. You must have a minimum number of clinical days in order to meet program requirements.
  2. The clinical instructor must document makeup time in writing to the LAVC Director of Clinical Education. (\*also required for summer session).
  3. Missing more than 24 hours in one clinical rotation will result in an incomplete in that course. More than one incomplete will result in expulsion from the program.
  4. You must make special arrangements to make up the time with the clinical instructors at the clinic involved and inform college faculty. An LAVC clinical instructor should be present or available during the shift you are using as a makeup period.
  5. The time must be made up by the end of the rotation in which the absence took place, or you will be given an incomplete and may not be able to continue.
  6. **Breaks:** Students are permitted one 30-minute break for lunch each clinic day for 8 hr shifts and another 30 minute dinner break during 12 hour shifts to be coordinated with clinic assignments. Time spent in excess of 30 minutes may be considered unexcused time from class. The students are also permitted two 10-minute breaks, one in the morning and one in the afternoon. Students are not permitted to leave the clinic premises during breaks. A clinical instructor and/or RCP to whom the student is assigned must know the student's **whereabouts at all times**. The students can take an additional 30 minutes from patient care to work on patient profiles and care plans.
  7. If you leave your designated clinical area, you must notify your clinical instructor or preceptor.
  8. **Accidents in the Clinical Area:** If you have an accident in the clinical area, notify your clinical instructor as soon as possible. He/she will help you with the required forms for the hospital and the Emergency Room. Within 24 hours, or as soon as possible, go to the LAVC Security Office (Campus Police) on campus and report the accident. Unless this is done, you will be responsible for paying all Emergency Room bills.

## **PATIENT PROFILES and CARE PLANS**

The student will be required to complete 10 patient profiles & care plans per rotation. The first rotation RT 15 the students will complete 6 patient profiles. These are required to be based on a primary pulmonary disease process or a medical/surgical condition requiring some form of respiratory care on patients the student actually assessed and treated. Additional daily clinical report sheets and clinical flow sheets will also be required. Students should be given at least 30 minutes per shift to research the medical record to complete these profiles

## **MEDICAL CENTER LIBRARIES**

The clinic is not to be used as a study hall for lecture or lab material. Library time will not be given to study for exams or work on term papers unless there is no clinical assignment possible, or other special conditions exist. All library time must be approved by Clinical Instructor or the Department Director.

An excellent medical library is available at each clinical facility for student use. Students are expected to use the library at the site of their current clinical rotation. Exceptions are rarely made and must be approved by the Program Director.

## **SMOKING and CHEWING**

Smoking, vaping, or chewing (gum or tobacco) is not permitted in college classrooms or in other areas on campus specified by the current college catalog section on academic policy. At clinical sites, smokers must follow hospital policy. Most hospitals do not permit smoking or permit smoking in designated areas only. All the medical centers are designated as non-smoking. Smoking areas are outside the facility. Any student smelling of smoke in the hospital will be sent home. No chewing in any clinical or patient care units.

## **RT EXAM Rules**

The exam starts on time – **TURN OFF ALL CELL PHONES, LAP TOPS, OR MOBILE DEVICES.**

You may only have 2 writing implements (pen or pencils)

You may NOT have any other items such as erasers, calculators, food or drink, paper, etc.

Please place all belongings on the far counter by the windows.

Please sit in every other seat starting with the seat against the right wall

Cheating is not tolerated:

After the exam begins you may only speak to the professor. If you speak to anyone else both students' exams will be confiscated and you will both receive a zero (0) for a grade.

If you look at another student or their exam for any reason, your exam will be confiscated and you will receive a zero (0) for a grade

**You may not wear a hat or hood of any kind.**

**You may not wear dark glasses.**

**You may not take anything out of your pockets or go to your belongings during the exam.**

You may not leave the room until the exam is completed for any reason.

If, in the opinion of the professor, you appear to be cheating or demonstrate any of the above behaviors, your exam will be confiscated and you will receive a zero for the exam.

## **GRADES:**

The final grades you will receive will reflect achievement on written and oral tests, practical examinations, and assigned reports. The test scores will be the evaluation of your understanding of the theoretical presentations; the practical examinations will be the evaluation of your correct application of the equipment, as well as the general evaluation of your attitudes and your ability to work alone and with others. The assigned reports will test your investigative procedures, your neatness, legibility, and accuracy of written work, and your understanding of the assigned topic.

Final grades for each course of Phase II of the Respiratory Therapist Program will be assigned as follows:

A = 90-100

B = 80-89

C = 75-79

F = 74 or below

Clinical Objectives and Lab objectives must be met and completed for all RT Lab classes. Failure to successfully complete Lab manuals, lab objectives, or Clinical evaluations will result in an incomplete grade given in the associated lab class. The students must complete these objectives in the next course to receive a letter grade. Failure to complete any incomplete course within 12 months will result in an automatic "F" for that course.

## **CLINICAL PERFORMANCE EVALUATIONS: \***

Clinical performance in each clinical applications course will be evaluated acceptable or unacceptable by the clinical instructors at each hospital (see example, RT 15 Syllabus). In addition, an overall evaluation and competency forms for each student (see, RT 15 Syllabus) will be completed in collaboration with the LAVC clinical instructor, Hospitals based clinical instructors, and hospital clinical preceptors. These will also be reviewed by the Director of Clinical Education. Failure to meet the clinical evaluation objectives means an incomplete in the course, regardless of the grade in theory and Lab. Clinical objectives include technical knowledge and ability as well as professional behavior towards patients, their families, Hospital Staff and fellow students and instructors. Professional behavior also includes attendance, Attendance at all scheduled respiratory therapy classes and clinics is expected. and if absences from clinic in any one semester exceed 36hours, or exceed, in hours, the number of hours the class meets per week, the student may be given an incomplete in that course. An incomplete in more than one clinical course would result in exclusion from the Respiratory Therapist Program. The Health Science Department reserves the right to refuse continuation in the program if a grade of "C" or better, as indicated above, is not maintained, if the student is unable to perform safely or professionally in the clinical area, or if the overall clinical evaluation does not meet expectations. In this regard, thee points merit special attention:

Oral exams: At the end of each clinical rotation the students will participate in an oral exam with the LAVC and hospital based clinical instructor so the student can be evaluated and practice their critical thinking and communication skills. The purpose is to prepare the student for oral job interviews. These exams will be used and the course Student Learning Outcomes (SLO's) for each clinical course. The oral exam is not part of the course grade.

**\*NOTE: Each rotation, students are responsible for providing their clinical instructors with three records: their clinical attendance record, daily blank clinical competency forms, physician interaction forms and patient profiles. It is recommended that the students use the extra These forms are provided for download during each class on the web enhanced site.**

1. Clinical evaluations are an ongoing process; therefore a student may be evaluated mid rotation if a serious, "unsafe", or persistent issue occurs before the rotation is completed. "Unsafe" means exhibiting actions or patterns of clinical behavior which endanger a patient's well-being.
2. The ability to utilize theory in the clinical area is a safety factor, and this ability must be demonstrated in order to pass the clinical portion of the program.
3. Students will be evaluated on technical knowledge, bedside assessment, clinical competency, critical thinking skills, and professional behavior, teamwork, and communication skills.

**Key Personnel & Clinical Instructors** – there are categories of staff involved in the supervision and evaluation of students in the clinical setting. Every clinical setting is different with different staffing resources. The goal is to provide fair, effective and safe supervision and clinical assessment of the students with strong inter-rater reliability using the resources available ate each facility every day.

### **RT Program Director**

CoARC - 2.3 The Program Director (PD) must be responsible for all aspects of the program, both administrative and educational. Administrative aspects include: fiscal planning, continuous review and analysis, planning and development, and the overall effectiveness of the program. Educational responsibilities include: teaching, curriculum development and review, etc. There must be evidence that sufficient time is devoted to the program by the PD so that his or her educational and administrative responsibilities can be met.

**Director of Clinical Education:**

**CoARC 2.7** The Director of Clinical Education (DCE) must be responsible for all aspects of the clinical experiences of students enrolled in the program, including organization, administration, continuous review and revision, planning for and development of locations (with appropriate supervision) for evolving practice skills, and the general effectiveness of the clinical experience. There must be evidence that sufficient time is devoted to the program by the DCE so that his or her educational and administrative responsibilities can be met.

**Medical Director**

**CoARC 2.11** A Medical Director (MD) must be appointed to provide competent medical guidance, and to assist the PD and DCE in ensuring that both didactic and supervised clinical instruction meets current practice guidelines. The MD must be a licensed physician and Board certified as recognized by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) in a specialty relevant to respiratory care.

**LAVC clinical instructor** – This is a full time or adjunct instructor employed and assigned by the college to oversee the students clinical performance at each facility. Each LAVC instructor will work directly with the Hospital based instructors and staff. In addition to orienting the students to clinic they will meet & observe the students weekly to assist and assess with their progress in bedside care and assessment. They will collaborate with the Hospital based clinical instructor in the overall clinical evaluation of the student. These instructor are members of the LAVC RT advisory Board and participate in required preceptor training.

**Hospital based clinical instructor** – The goal is to have at least one or two hospital staff RT's supervisors, education coordinators, or directors. They are responsible for the orientation to the medical center, assignment, and overall clinical competency evaluation of the students at the medical center. These instructors must meet all CoARC requirements (RRT with more than 2 years full time Critical care experience) and the college will keep a copy of their resumes on file as well as employ and assign them a LAVC faculty ID with a semester assignment. These instructors are also members of the LAVC RT advisory board. They will collaborate the progress and evaluation of the student throughout the clinical rotation. They will observe the students directly and collect feedback from the RT department staff to assess the students overall clinical competency. They will be the primary resource for the students while they are in clinic. These instructor must also participate required preceptor training.

**Hospital RT preceptors** – These are staff RT's or supervisors who are assigned to directly supervise and evaluate students at the bedside. These RT's meet all CoARC standards and can participate in the formal as well as daily overall clinical competency of the student in collaboration with or in lieu of a hospital based clinical instructors. LAVC will keep copies of these preceptors on file. Preceptor provide day to day teaching, supervisor and guidance for the students as well as active participation in the overall clinical evaluation. These preceptors will participate in any required LAVC preceptor training.

**Hospital Proctors** – It is not realistic that every student will spend every day with a designated preceptor because of fluctuations in staffing at each medical center. However, all RT students must be directly supervised when performing patient care. They may be assigned to license RCP's who do not meet the CoARC standards for formal hospital preceptors (such as CRT's or RT's with minimal critical care experience). The RT's will ensure the students are performing patient care in a safe manner and assist the student in gaining clinical experience in treatment and patient assessment. They can provide feedback to the Hospital based clinical instructors or preceptors to assist in the evaluation of the students; clinical competency.

## **EXCLUSION/SUSPENSION AND READMISSION:**

LAVC Student Code of Conduct – Policy

<https://www.lavc.edu/policies/index.html#studentconduct>

1. A student who receives a Respiratory Therapist program course grade below a "C" (see p. 6) may not continue in the program during the current year.
2. A student who is excluded or withdraws from the program due to failing grades, excessive absences, or unacceptable clinical performance may petition in writing for readmission in a following year.
3. Readmission to the program will be on the basis of seat availability and permission of the Program Director. Reapplication does not imply that acceptance is guaranteed.
4. The student who reenters the 2<sup>nd</sup> phase of the RT Program must repeat the entire course failed or not completed, and may do so only once for the entire Phase 2 RT program, with the Program Director's permission.
5. Students must meet with the RT program director and complete a remediation plan which will include:
  - a. A List and plan of all courses or objectives to be repeated
  - b. A meeting with the LAVC Counselor to discuss any options, courses, or LAVC resources that are available to help the student improve his chances for success in the TR program
  - c. List of any classes to be audited.
  - d. Summary evaluation with the RT program director when repeated courses are completed
6. Students who withdraw should consult the current college catalog for procedure.
7. An alternative to exclusion, at the discretion of the Program Director and the Director of Clinical Education, may be suspension or probation, which means a period of testing a student's ability to meet specific requirements in order to remain in the program. A grade of Incomplete, "I", may be given to allow a specified time for remediation.

### **DISMISSAL FOR UNSAFE or UNACCEPTABLE PRACTICE:**

A student may be dismissed from the program for any one of the following reasons:

1. A pattern of unsafe clinical performance which significantly endangers the patient's physical or mental health and/or disrupts staff care on the hospital unit.
2. The occurrence of a major medical error committed by the student.
3. Failure to adhere to the hospital's or the program's requirements for affiliating students.
4. A hospital requesting that a student be removed from their facility

### **NOTE:**

1. All incidents must be documented in writing and signed by both instructor and student.
2. If dismissal was based on a documented pattern of unsafe behavior, the program **may deny readmission**.

## **STUDENT PROGRAM COMPLAINTS:**

To facilitate resolution of student complaints/conflicts within the program/department, it is recommended that the student:

1. Discuss the issue with the person/s involved and try to resolve the issue.
2. If not satisfied, request an appointment with the Health Science Department Chairperson to discuss the issue and ways of achieving a resolution. This should be done as a problem arises so that the Chairperson may facilitate a resolution before the problem escalates.
3. If still unsatisfied, make an appointment with the Dean of Career & Technical Education, (818) 947-2327. If the Dean is unable to affect a resolution, the student will be referred to the college ombudsperson.

## **GRIEVANCES:**

Formal grievances are heard only at the college level.

A student may submit a grievance regarding:

1. Anything which, in the opinion of the student, abridges his or her rights as set forth in the Statement of Student Responsibilities, and Grievance Procedures, Los Angeles Valley College.
2. An alleged absence of explicit criteria, or disagreement with the application of said criteria, on which a final grade has been determined by a faculty member.
3. Procedure:
  - a. Obtain a copy of the LACCD Administrative Regulation E55 from Department Chairperson or Dean. This outlines the District grievance procedure.
  - b. Follow the E55 Guidelines for submit grievance in writing to the ombudsperson. A hearing panel will be established to determine if there is a basis for a grievance hearing.
4. Discrimination grievances are investigated by the College Compliance Officer appointed by the President of the college.

See College Catalog regarding college policy and procedure.

LAVC Student Code of Conduct – Policy

<https://www.lavc.edu/policies/index.html#studentconduct>

**Digital Literacy** – All students are required to acquire and maintain a student email address and have computer access to download or print any course information or files from any web enhanced or online class.

### **Financial Aid**

Financial Aid is available! Call (818) 947-2412. Go to the Financial Aid Office in the Student Services Center, first floor. For more info: <http://www.lavc.edu/financialaid/index.htmlindex.html>.

### ***Academic Dishonesty / Plagiarism and Student Conduct***

<http://www.lavc.edu/policies/index.aspx#studentconduct>

Plagiarism is the use of others' words and/or ideas without clearly acknowledging their source. When you incorporate those words and ideas into your own work, you must give credit where credit is due. Plagiarism, intentional or unintentional, is considered academic dishonesty and is not tolerated. Anyone found to be plagiarizing or cheating on assignments (e.g., copying or giving answers, using 'crib' sheets, etc.) will (1) receive a zero (fail) on the assignment, and (2) be referred to the Vice President of Student Services for further disciplinary action, following due process. For further information on plagiarism, go to the Writing Center website (<http://www.lavc.edu/writingcenter/handouts/plagiarism.html>) and refer to the STANDARDS OF STUDENT CONDUCT AND DISCIPLINARY ACTION in the current Schedule of Classes and Catalog.

Office Hours – Professor Morrison – 3:00 -5:00 Mondays & Tuesdays AHS 309

[morrisgs@lavc.edu](mailto:morrisgs@lavc.edu) – 818 947-2845 cell 805 320 5804 OR WEN THURSDAY AFTER 2:00 BY APPOINTMENT

Cheryl Pearson – 1:300 Mondays & Tuesdays [pearsoch@lavc.edu](mailto:pearsoch@lavc.edu) 818 778-5887  
Or by appointment.

### **LAVC student and academic policies**

<http://www.lavc.edu/policies/index.aspx>

It is the LAVC students' responsibility to know the academic policies and procedures that effect their access to and performance of services. All students have the right to feel safe and free of harassment or discrimination in classroom and clinical setting. Please do not hesitate to report any activity that you feel could be harassment, discriminatory, or unsafe to the RT PD, DCE, or hospital clinical instructor ASAP.

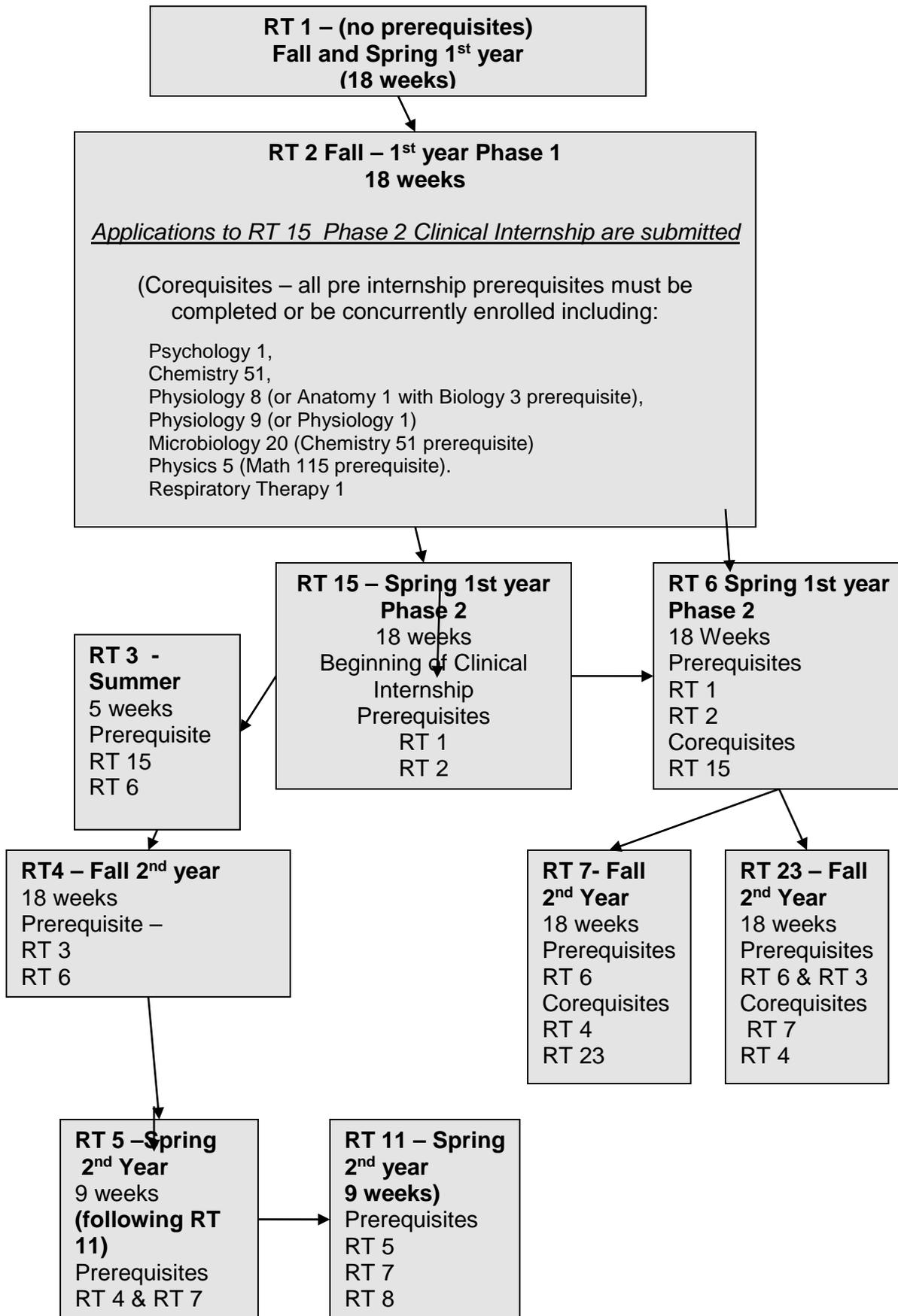
**RT employment while enrolled.** In the event any enrolled RT students are scheduled for clinical training at a medical center they are employed at :

- Any paid worked hours cannot be included in the students' scheduled clinical preceptor training hours.
- No paid worked hours can be counted as clinical training hours
- The students' may not be on paid time as an employee during their clinical training shifts.

## RESPIRATORY THERAPIST PROGRAM ESTIMATED EXPENSES

	Estimated Expenses
<b>FIRST YEAR RT STUDENT</b>	
Internship pre requisites and AS degree courses (41 units)	\$ 850
Books (includes prerequisites)	\$500
<b>SECOND YEAR RT STUDENT</b>	
Respiratory Internship Courses (32 Units) \$46.00 per unit – residents only	\$ 1,470
Books	\$400
CPR Certification (AHA BLS for Healthcare Providers)	\$35– 80
LAVC student ID card – 1 <sup>st</sup> time free - \$10.00 for replacement	\$0.00
Fire Safety Class	\$40.00
Parking – LAVC \$7.00 winter & summer \$20.00 Fall & spring	\$75.00
Hospital parking 5 rotations Varies , \$4.00 - \$14.00 per day (UCLA)	\$100 - \$200
Fit Testing – ( required by hospitals for Protection from airborne diseases)	\$7.00
Stethoscope	\$50
Watch (seconds/minutes)	\$25
2 Uniforms, Shoes	\$120- 160
Immunization and Titers for MMR, DTAP, Rubella, Hepatitis B	\$100- 200
Physical Exam/Immunizations (depends on insurance)	\$200 – 400
Liability Insurance	\$30
<b>Background Check – Federal requirement for all hospital personnel</b>	<b>\$60 - 100</b>
TB (2 back to back TB tests are required)	\$35 - 75
Chest X-ray (If TB test is positive) & documented positive TB test required	\$200
<b>Drug Screen – Federal Requirement for all hospital personnel</b>	<b>\$50 - 100</b>
NBRC Self Assessment (SAE) practice exams – 2 exam 2 TMC & RRT \$40.00ea	\$80.00
Neonatal Resuscitation online exam & certification	\$23.00
<b>Total Program expenses</b>	<b>\$5200.00</b>
<b>GRADUATION EXPENSES</b>	
ACLS & PALS certification (optional)	\$200
NBRC License Application/Exam/Transcript Review Fees	\$400
Ca. Respiratory Care Board License Fee (after passing Exam)	\$240
Live Scan finger printing 60.00 & ID photo & \$14.00	\$74
CSRC – RCB Ethics course	\$60
Kettering Exam Seminar for CRT and RRT ( Optional)	\$ 350
Graduation Cap and Gown ( Optional)	\$ 60
<b>Total after graduation Costs</b>	<b>\$1,400</b>

Note: Expenses are based on current fees; however, enrollment fees, book rates, license fees, as well as others, may increase.



## LAVC RT Student Clinical Schedule 2018 – 2019

<b>Spring 2018</b>		
<b>1<sup>st</sup> Year students</b>	<b>RT 15 = 1<sup>st</sup> rotation 4 weeks – May 3 – May 26<sup>th</sup></b> Two 12 hour shifts Wednesdays and Thursdays ( UCLA may be Thursdays and Fridays) ---- No 1 <sup>st</sup> year students will attend CHLA or Barlow Clinics (Total hours are 96.)	
<b>Summer 2018</b>		
<b>2<sup>nd</sup> year students</b>	<b>RT 3 Second Rotation – 4 weeks Mid July – August – 7/18-8/11</b> Four 8 hour shifts – Tuesday through Friday (UCLA, Barlow , St Joe's, St John's 3 days 2 12 hrs and one 8 hour Tues – Thursday & UCLA Wen – Friday (Total hours are 128)	
<b>Fall 2018</b>		
<b>2<sup>nd</sup> year students</b>	<b>RT 4 = 3<sup>rd</sup> Rotation – 11 weeks 9/27 – 12-7</b> Two 8 hour shifts per week & 16 hours TBA – Wens and Thursday ( total hours are 192) – UCLA thurs & friday	
<b>Winter – Spring 2019</b>	<b>Starts early – after 3 week winter break</b>	
<b>2<sup>nd</sup> Year students</b>	<b>RT 5 = 4<sup>th</sup> Rotation 8 weeks Jan – March</b> Wens and Thurs 12 hour shifts except (UCLA Thur Friday) CHLA students will attend 3 8 hour shifts Tues – Thursday (Total hours are 192)	<b>RT 11 = 5<sup>th</sup> Rotation 7 weeks March – April</b> Wens and Thursday 12 hour shifts except & 24 hrs TBA CHLA students will attend 3 8hour shifts Tues – Thursday (total hours are 192)

## RT– 2018-2019 Phase 2 Schedule of Classes

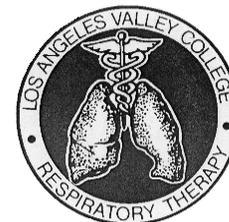
Springm2018 Feb – March	Course	Monday	Tuesday	Wens	Thursday	Friday
	<b>RT 15</b>	Lab 4-7:15				Lab 9- 1:30) 1 <sup>st</sup> 11 weeks)
	<b>RT 6</b>		Lecture 8-12:30 Lab 1:30 – 3:30			
<b>Spring March – April</b>						
	<b>RT 15</b>	Lab 4-7:00				
	<b>RT 6</b>		8:00 – 3:30			
<b>Spring May</b>	<b>RT 15</b>	Lab 4-7:00		Clinic 12hrs	Clinic 12 hours	Clinic 12 hrs UCLA
	<b>RT 6</b>		8:00 – 3:30			
<b>Summer – Mid July – August 5 weeks</b>	<b>RT 3</b>	Lab 8-12 Break 1-3:00	1 <sup>st</sup> week Lab 8-3:30 4 weeks Clinic 8 Hrs UCLA, St J 12 h	1 <sup>st</sup> week Lab 8-3 4 weeks Clinic 8 Hrs UCLA 12 hr	1 <sup>st</sup> week lab 4 weeks Clinic 8 hours	1 <sup>st</sup> week lab 4 weeks Clinic 8 hours No clinic UCLA
<b>Fall - Sep 1<sup>st</sup> 4 weeks</b>	<b>RT 4</b>	Lab 9-12:30 & 1:30 – 5:30 ( 4 wks)				
	<b>RT 8</b>	8 – 9 lec				
	<b>RT 7&amp;23</b>		Lecture/ lab 8-12:30 & 1:30 -3:30			
<b>Fall Oct - Dec</b>	<b>RT 4</b>	Lab 8-12		Clinic 8 hours	Clinic 8 hours	
	<b>RT 7&amp; 23</b>	Lecture/ lab 8-3:30				
	<b>RT 8</b>	11:30 – 12:30				
<b>Spring / winter 2019 Jan - May</b>	<b>RT 5 / RT11 8 weeks each</b>	Lab 8-12:30 1-3	Clinic 8 hours if CHLA or GMH tues - thurs	Clinic 12 hours	Clinic 12 hours	

**Los Angeles Valley College Respiratory Therapist Program**

**Clinical Rotation Goals**

**Clinical Site: Children's Hospital Los Angeles**

**4650 Sunset Blvd. Los Angeles Ca 90027 323-669-2444**



**Location** – Respiratory Care Department – 2<sup>nd</sup> Floor across from Giraffe elevator

**LAVC Clinical Instructors** – Kathy Derlighter, Peggy Hegenhart, Edwin Katchetourian

Shift Hours 7:00 – 3:30 **Department Director** – Edward Guerrero & Russelle Cazzaras

**1st Day Instructions** Dept phone 323 669-2444-. Lead RT Phone 323 361-0968

All students will arrive with completed Student uniform, ID , CPR & TB & health screening, & background check

Health & drug screening must include immunization & titers for MMR & chicken pox\*

**Students must bring in driver license with SS #, green cards & visa (non US citizen's only)**

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Human Resources & employee health obtain authorization for ID badge

Parking Office across Sunset – pay \$15.00 refundable fee to obtain ID access badge –\$25.00 per month parking fee in staff lot across

Sunset next to Kaiser Sunset medical Center – **1<sup>st</sup> day park in visitor lot & check in at security desk in lobby to obtain temporary**

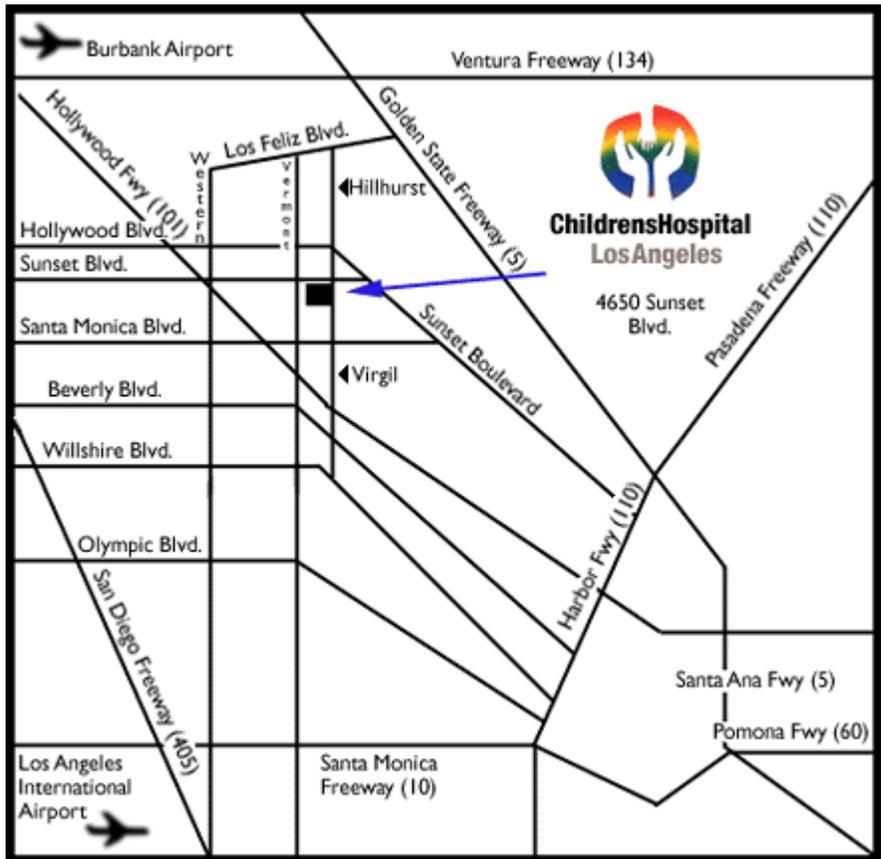
**ID badge – Free off site Parking with shuttle at LACC – CHLA is next to Metro Sunset and Vermont**

**General Expectations for all Rotations**

- RT must be on the unit & immediately available when any student is performing any patient care
- RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.
- All student documentation must be reviewed cosigned by the assigned RT.
- Student should behave with the same professional standards as the licensed RCP's.
- Students must call in to the RT department if they are going to be absent or tardy.
- Students will take responsibility to ensure assigned RT is aware of where they are at all times
- Students should attend multidisciplinary Critical Care rounds when assigned to Units
- Students will attend CHLA Ventilator Class before allowed access to critical care units

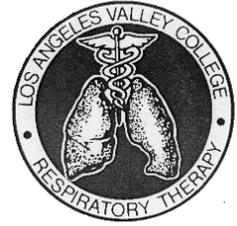
<p><b>2<sup>nd</sup> rotation</b> – Summer 4 weeks Tues – Friday 8 hours</p>	<p><b>Course topics</b> RT 6 – Cardiopulmonary Physiology RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies – esp CF pt's &amp; CPT  Observe ventilator care ( at least one day) CHLA Vent class - Assist one day with equipment tech One day in each NICU, PICU, &amp; CT ICU</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Wens &amp; Thursday 8 hours &amp; 16 hrs TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 &amp; 8 – Cardiopulmonary Patho Physiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days CHLA Vent class Assist one day with equipment tech</p>
<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Tues – thurs 8 hours</p>	<p><b>Course Topics</b>  Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management  NICU ventilator management  Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation Assist one day with equipment tech CHLA Vent class  Assigned at least one day to ER  Student assigned 2- patients on floor</p>

			care
<b>5th Rotation</b> Spring 7 weeks April – May Tues – Thursday 8 hrs + 24 hrs TBA	<b>Course Topics</b> RT 11 – diagnostic testing & assessment PFT’s ABG analysis & ECG’s.	<b>Clinical Objectives</b> Ventilator & Critical assessment & management  NICU ventilator management  Complete 10 patient profiles  Obtain & interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis & QC	<b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care (80% full load)  Assigned to Critical Care the majority(>50%) of the rotation Assist one day with equipment tech  CHLA Vent class



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**

**Clinical Site: Glendale Adventist Medical Center**  
1509 Wilson Terrace, Glendale, CA 91206



**Location** – Respiratory Care Department – 1st floor South Tower Phone 818 409 8167

Clinical Instructors – Jean Anderson

Shift Hours 6:30 – 15:00 Department Director – Michael O’Connor –

**1st Day Instructions**

All students will arrive with completed Student uniform, ID , CPR & health eval., TB, & background check including SSN address locator, Sex offender clearance, and OIG/GSA clearance. Also completed Volunteer application information.

LAVC will provide a letter to GAMC HR dept. containing a list & schedule of all RT students attending GAMC

Walking tour of medical Center after obtaining ID badges from HR dept.

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Report to Human Resources for ID access badge for Critical care & parking access

Parking 1<sup>st</sup> day – open lot behind hospital on corner of Wilson Terrace and Vallejo or park on street –

Parking in employee lots behind hospital off of Merrill or 1<sup>st</sup> day lot after obtaining ID badge

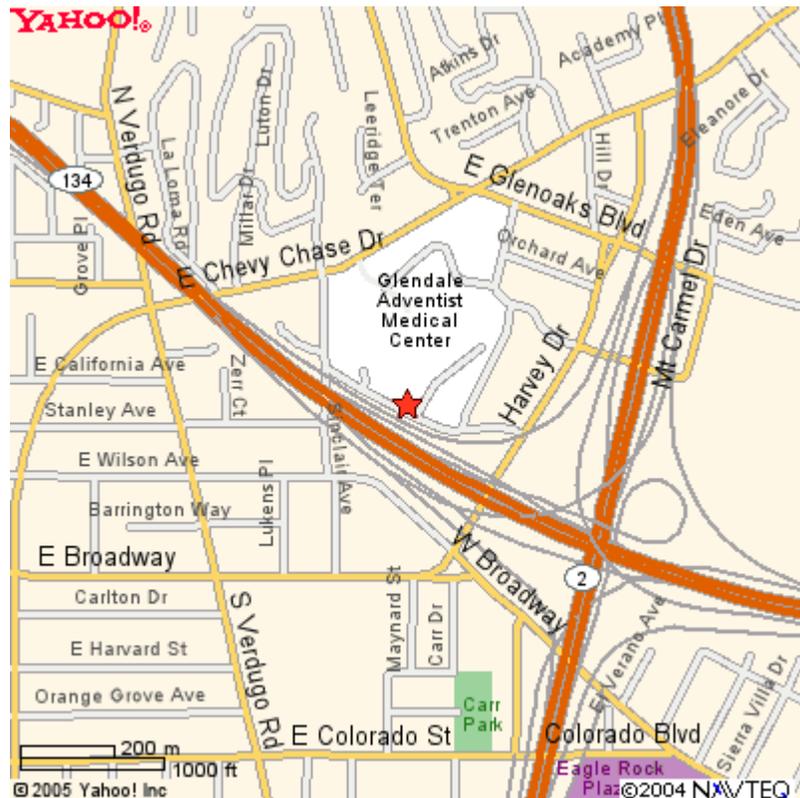
**General Expectations for all Rotations**

- **RT must be on the unit & immediately available when any student is performing any patient care**
- **RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.**
- **All student documentation must be reviewed cosigned by the assigned RT.**
- **Student should behave with the same professional standards as the licensed RCP’s.**
- **Students must call in to the RT department if they are going to be absent or tardy.**
- **Students will take responsibility to ensure assigned RT is aware of where they are at all times**
- **Students should attend multidisciplinary Critical Care rounds when assigned to Units**

<p><b>1<sup>st</sup> rotation –</b> Spring – May 4 weeks Wens &amp; Thursday 8 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u><b>Observation only</b></u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u><b>RT must directly supervise @ bedside all student / patient assessment, contact or tx’s.</b></u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2nd rotation –</b> Summer 4 weeks July - August Tues – Friday 8 hours</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy,PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Wens – Thurs 8 hours &amp; 16 hr TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy,PFT, one day in NICU, L+D &amp; ER</p>

<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management NICU ventilator management L+D – resuscitation Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
<p><b>5<sup>th</sup> Rotation</b> Spring 7 weeks April – May Wens – Thursday 12 hours &amp; 24 hours TBA</p>	<p><b>Course Topics</b> RT – diagnostic testing &amp; assessment PFT's ABG analysis &amp; ECG's.</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain &amp; interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis &amp; QC</p>	<p><b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week in NICU &amp; Attend one delivery &amp; C-section  Assigned at least one day to ER &amp; Observe at least one Bronchoscopy, &amp; PFT</p>

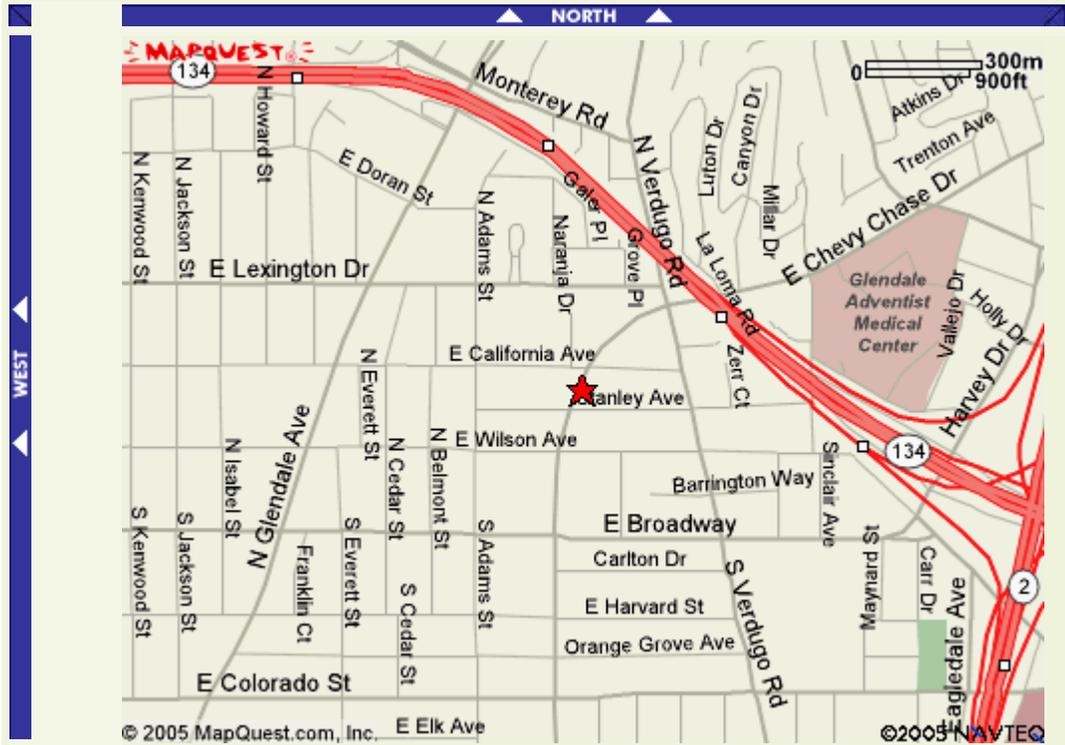
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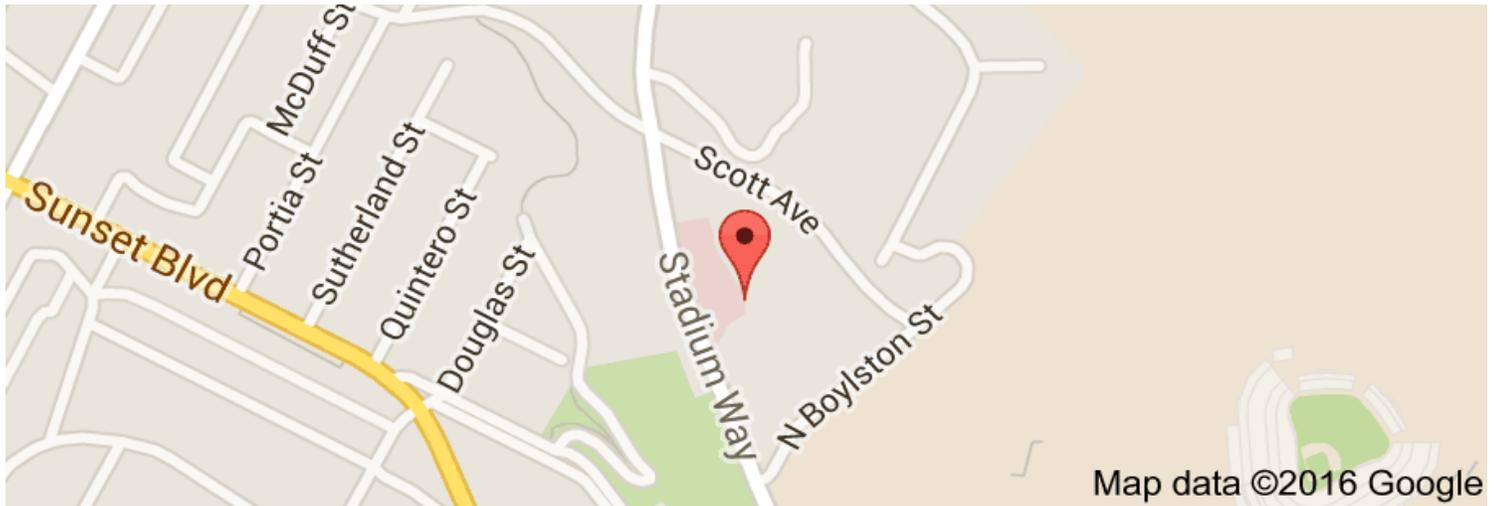


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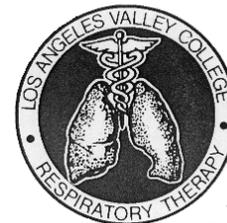


<b>5th Rotation</b>	<b>Course Topics</b>	<b>Clinical Objectives</b>	<b>Assignments &amp; expectations</b>
Spring 8 weeks April – May Wens – Thursday 12 hours + 24 hrs TBA	RT – diagnostic testing & assessment PFT’s ABG analysis & ECG’s.	Ventilator & Critical assessment & management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain & interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis & QC	Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(>50%) of the rotation  Assigned at least one week in NICU & Attend one delivery & C-section  Assigned at least one day to ER & Observe at least one Bronchoscopy, & PFT

<http://www.barlowhospital.org/about/contact.html>



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**



**Clinical Site: St John's Regional Medical Center**

1600 N. Rose Ave. Oxnard, CA 93030

**Location** – Respiratory Care Department – 2nd floor – Phone: 805-988-2500 RT department 805 988 2897

Clinical Instructors –Lead RT phone – Vocera # 805-988-7070

Shift Hours 06:30-15:00 or 19:00

Department Manager– George Torres

**1st Day Instructions**

All students will arrive with completed Student uniform, ID, CPR & TB x 2,MMR,Varicella, Hep B waiver, health screening, & background check – All info must be submitted by DCE 3 days before start of clinical rotation.

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Human Resources - Hospital ID

Parking – Near Emergency room to enter through main entrance

HR dept requires letter from LAVC as to all student names and verification of drug screen , TB x 2 Varicella,, MMR, & background check – Fire safety Class required

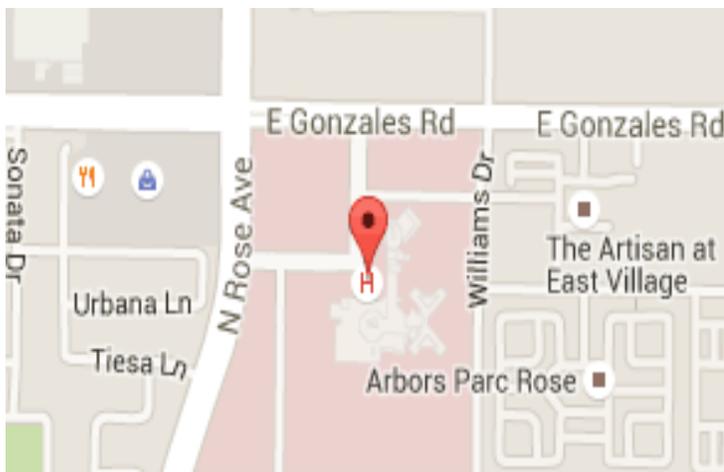
**General Expectations for all Rotations**

- **RT must be on the unit & immediately available when any student is performing any patient care**
- **RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.**
- **All student documentation must be reviewed cosigned by the assigned RT.**
- **Student should behave with the same professional standards as the licensed RCP's.**
- **Students must call in to the RT department if they are going to be absent or tardy.**
- **Students will take responsibility to ensure assigned RT is aware of where they are at all times**
- **Students should attend medical director Critical Care rounds Thursday 11:00.**

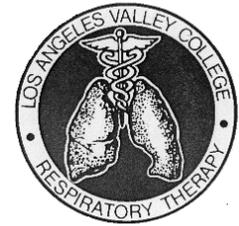
<p><b>1<sup>st</sup> rotation –</b> May Spring – last 4 weeks W &amp; Thursday 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2nd rotation –</b> Summer 4 weeks July - August Tues – Thursday 2 12 hrs &amp; 1 8 hour</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Wens – Thurs 8 hours + 16 hrs TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<b>4<sup>th</sup> Rotation</b> Spring/ winter 8 weeks Jan – March wens – Thursday 12 hours	<b>Course Topics</b> Neonatal Care & CPR PALS, ACLS, & NRP Fundamentals in PALS & ACLS Certification in NRP ECG Fundamentals	<b>Clinical Objectives</b> Ventilator & Critical assessment & management NICU ventilator management L+D – resuscitation Complete 10 patient profiles	<b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(>50%) of the rotation  Assigned at least one week to NICU Attend one delivery & C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, & PFT,  Student assigned 2- 4 patients on floor care
<b>5<sup>th</sup> Rotation</b> Spring 7 weeks April – May Wens – Thursday 12 hours + 24 hrs TBA	<b>Course Topics</b> RT – diagnostic testing & assessment PFT’s ABG analysis, & ECG’s.	<b>Clinical Objectives</b> Ventilator & Critical assessment & management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain & interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis & QC	<b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(>50%) of the rotation  Assigned at least one week in NICU & Attend one delivery & C-section  Assigned at least one day to ER & Observe at least one Bronchoscopy, & PFT

[https://www.google.com/maps/place/st+john's+regional+medical+center/@34.2168617,-119.1560113,15z/data=!4m2!3m1!1s0x0:0x6582768fe0fce526?sa=X&ved=0ahUKewilhoLGksjKAhVB\\_GMKHXnIAwYQ\\_BIlejAL](https://www.google.com/maps/place/st+john's+regional+medical+center/@34.2168617,-119.1560113,15z/data=!4m2!3m1!1s0x0:0x6582768fe0fce526?sa=X&ved=0ahUKewilhoLGksjKAhVB_GMKHXnIAwYQ_BIlejAL)



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**



**Clinical Site: St John's Pleasant Valley Hospital**  
2309 Antonio Ave, Camarillo, CA 93010

**Location** – Respiratory Care Department – 1st floor – door code 24-3 Phone: 805-389-5800  
**Shift Hours** 06:30-15:00 or 1900 Department Manager– Mark Denham

**1st Day Instructions**

All students will arrive with completed Student uniform, ID, CPR & TB x 2,MMR,Varicella, Hep B waiver, health screening, & background check – All info must be submitted by DCE 3 days before start of clinical rotation.

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Human Resources – LAVC student ID

Parking – plenty of street parking available

HR dept requires letter from LAVC as to all student names and verification of drug screen , TB x 2 Varicella,, MMR, & background check – Fire safety Class required

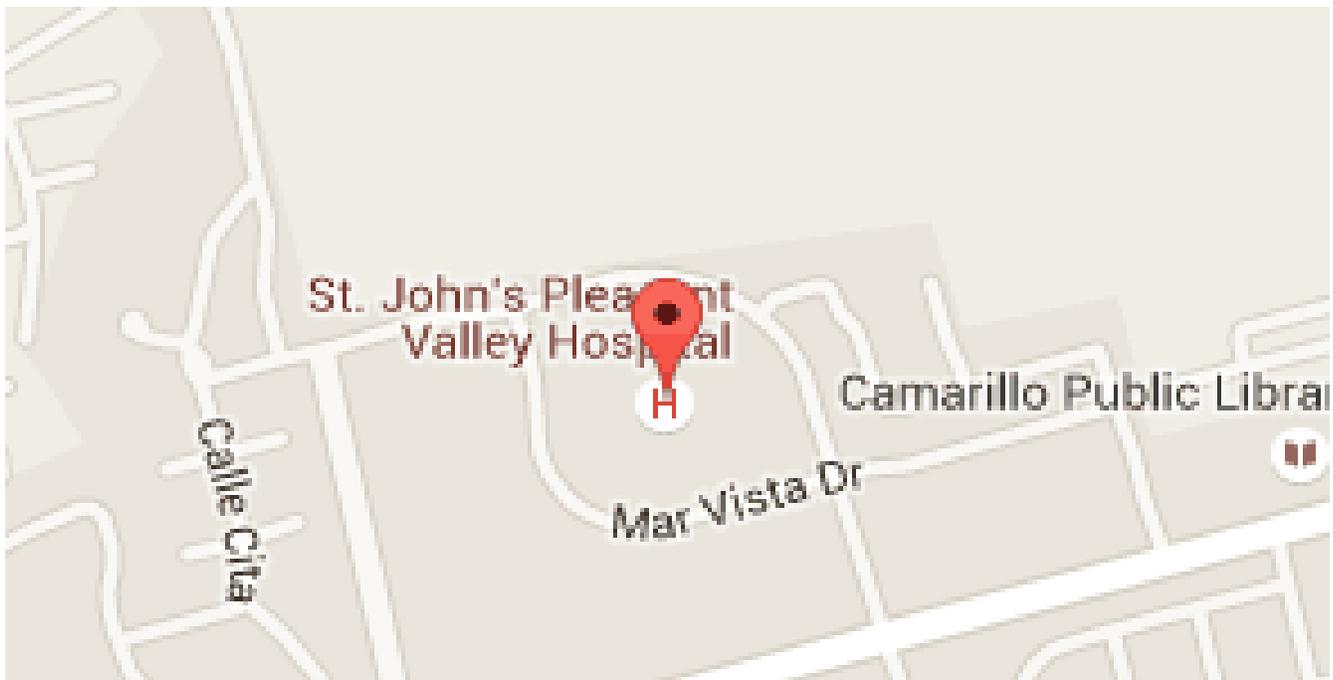
**General Expectations for all Rotations**

- **RT must be on the unit & immediately available when any student is performing any patient care**
- **RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.**
- **All student documentation must be reviewed cosigned by the assigned RT.**
- **Student should behave with the same professional standards as the licensed RCP's.**
- **Students must call in to the RT department if they are going to be absent or tardy.**
- **Students will take responsibility to ensure assigned RT is aware of where they are at all times**
- **Students should attend medical director Critical Care rounds Thursday 11:00.**

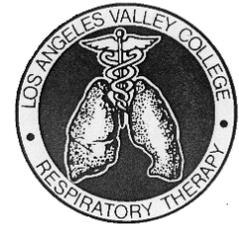
<p><b>1<sup>st</sup> rotation</b> – Spring – May Last 4 weeks W &amp; Thurs 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u><b>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</b></u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2<sup>nd</sup> rotation</b> – Summer 4 weeks July - August Tues – thursday 2 12 rs &amp; one 8 hours</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 12 weeks Oct – Dec Wens – Thurs 8 hours</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies Sub Acute Ventilator management Ventilator &amp; Critical Care management &amp; assessment 10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management  Sub Acute Ventilator Management Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
<p><b>5<sup>th</sup> Rotation</b> Spring 8 weeks April – May Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> RT – diagnostic testing &amp; assessment PFT’s ABG analysis, &amp; ECG’s.</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management Sub Acute Ventilator Management  Complete 10 patient profiles  Obtain &amp; interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis &amp; QC</p>	<p><b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week in NICU &amp; Attend one delivery &amp; C-section  Assigned at least one day to ER &amp; Observe at least one Bronchoscopy, &amp; PFT</p>

<https://www.google.com/maps/place/St.+John's+Pleasant+Valley+Hospital/@34.243587,-119.019918,15z/data=!4m2!3m1!1s0x0:0xaa055600df3214bc>



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**



**Clinical Site: Cedars Sinai Medical Center**  
8700 N Beverly Drive Los Angeles Ca 90048

**Location – Respiratory Care Department – Plaza level Sapperstien Tower (310) 423-6175**

Clinical Instructors – Brian Richards RRT, and Debby Rothwell RRT

Shift Hours 6:30 – 3:00

Department Director – Gabe Guterrez

**1st Day Instructions**

All students will arrive with completed Student uniform, ID , CPR & health eval, TB, & background check

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Scavenger Hunt & Department & Infection control exams

Security (12:30 – 14:00) obtain Hospital ID badge driver license and LAVC ID required

Parking Office – pay \$25.00 fee to obtain parking pass – allows parking in visitor Lot 4 (Shearborne)

Students must park in Visitor section of Parking Lot 4 – enter off of San Vincente or Shearborne – after parking take North , South or Advanced Health Sciences Tower elevators to plaza level. RT department is in plaza level in Sapperstein Tower – 1<sup>st</sup> door on left as you enter the tower

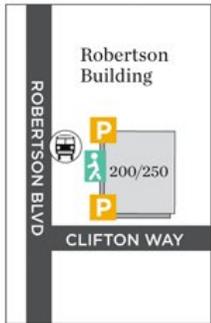
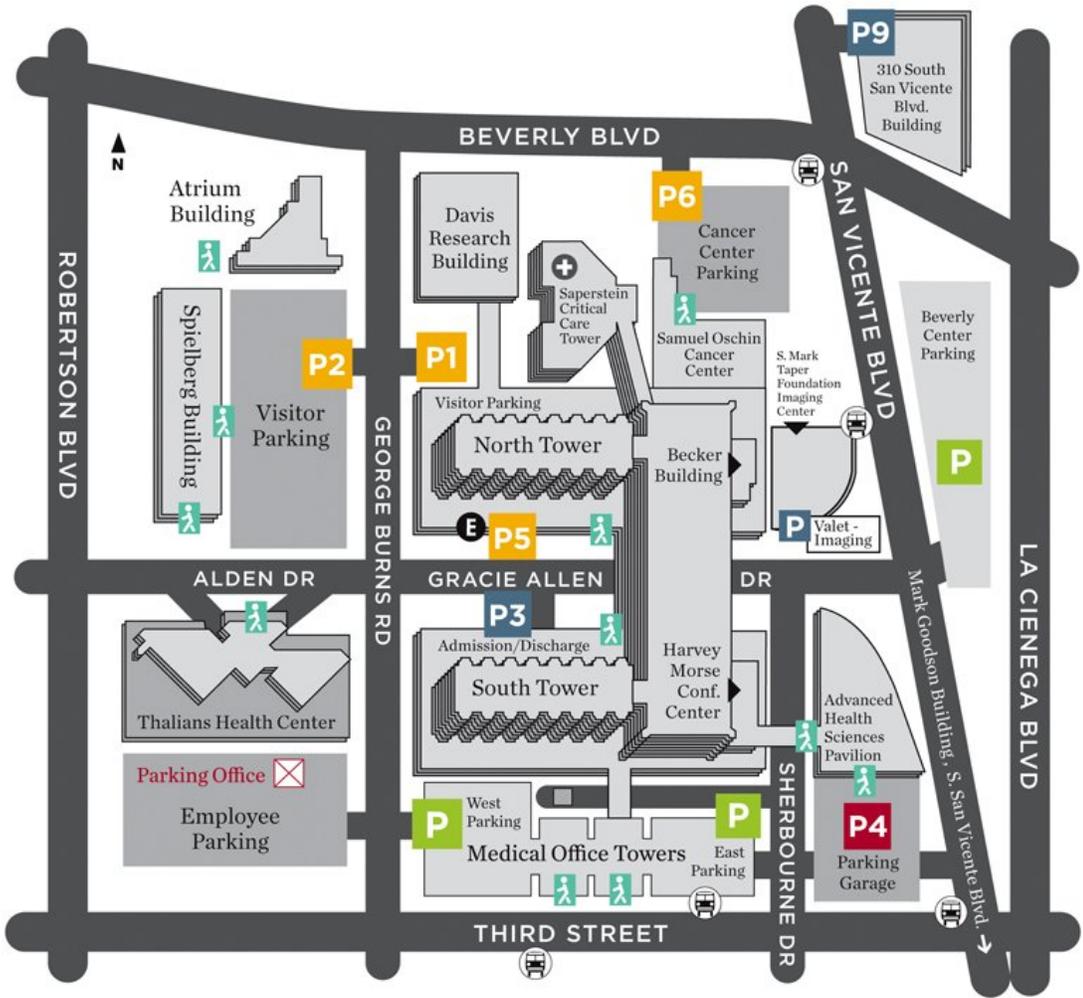
**General Expectations for all Rotations**

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- RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.
- All student documentation must be reviewed cosigned by the assigned RT.
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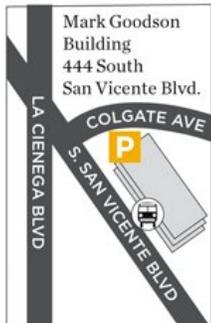
<p><b>1<sup>st</sup> rotation –</b> Spring – May Last 4 weeks W &amp; Thurs 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2nd rotation –</b> Summer 5 weeks July - August Tues – Friday 8 hours</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 12 weeks Oct – Dec Wens – Thurs 8 hours</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management NICU ventilator management L+D – resuscitation Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
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Link to Parking map <http://www.cedars-sinai.edu/Patients/Patient-and-Visitor-Resources/Getting-Here/Campus-Map.aspx>

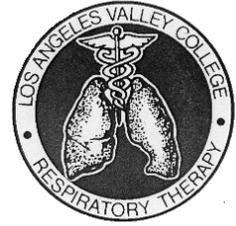


KEY	
	Visitor Parking
	Valet Parking
	Visitor & Valet Parking
	Non-Cedars-Sinai Parking
	Emergency Parking
	Pedestrian Entrance
	Bus Stop



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**

**Clinical Site: Northridge Medical Center**  
18300 Roscoe Blvd., Northridge, Ca 91328  
818 885-8500 – ext. 5720 (Lead RT)



**Location** – Respiratory Care Department – 3rd floor

Clinical Instructors – Sharon Venezia RRT, Paul Solovay RRT, Greg Cousin (Director of Education)

Shift Hours 6:15 – 14:45 Department Director – Jose or Greg ext. 2775

**1st Day Instructions**

All students will arrive with completed Student uniform, ID, CPR & TB & health screening, & background check

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Security (12:30 – 14:00) obtain Hospital ID badge

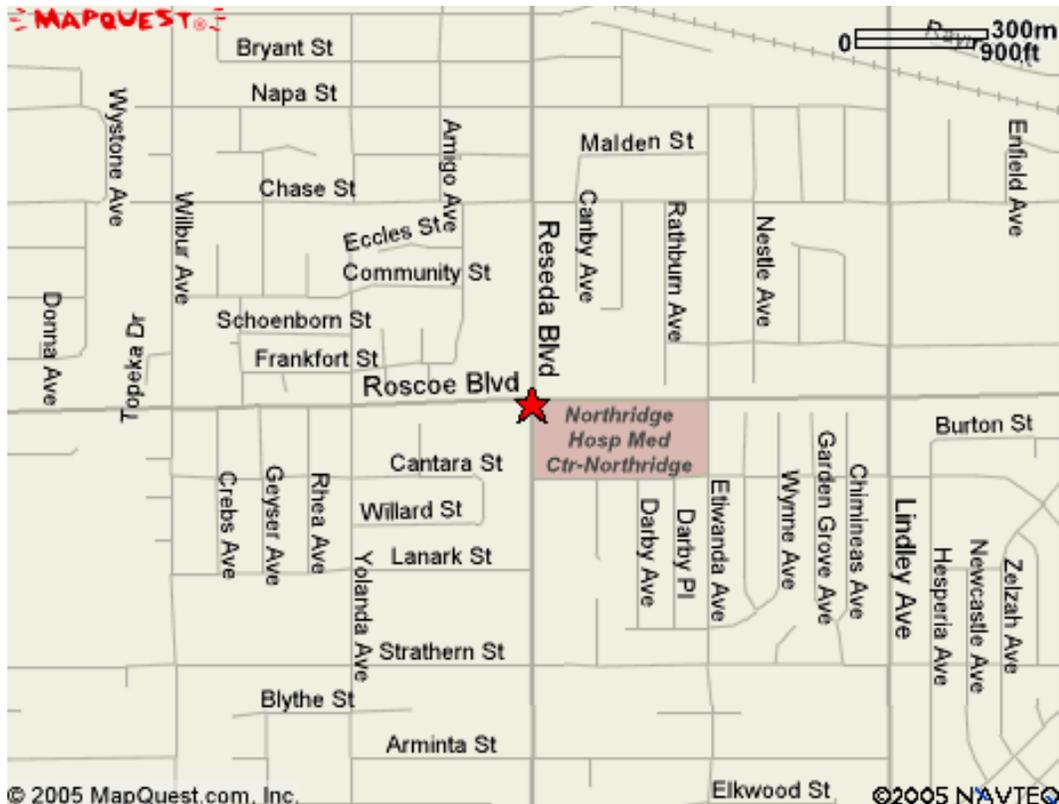
Parking – enter Lot off Etiwanda

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<p><b>1<sup>st</sup> rotation</b> – Spring – May Last 4 weeks W &amp; Thursday 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2<sup>nd</sup> rotation</b> – Summer 5 weeks July - August Tues – Friday 8 hours</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Wens – Thurs 8 hours +16HRS TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

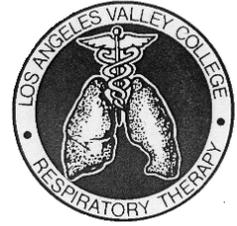
<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management NICU ventilator management L+D – resuscitation Complete 21 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
<p><b>5<sup>th</sup> Rotation</b> Spring 7 weeks April – May Wens – Thursday 12 hours &amp; 24 hrs TBA</p>	<p><b>Course Topics</b> RT – diagnostic testing &amp; assessment PFT’s ABG analysis, &amp; ECG’s.</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain &amp; interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis &amp; QC</p>	<p><b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week in NICU &amp; Attend one delivery &amp; C-section  Assigned at least one day to ER &amp; Observe at least one Bronchoscopy, &amp; PFT</p>



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**

**Clinical Site: St Joseph's Medical Center**

501 S Buena Vista Street, Burbank, CA 91505 818 847-4444



**Location** – Respiratory Care Department – basement floor

Clinical Instructors – Christopher Petalver

Shift Hours 6:00 – 14:30

Department Manager – Rowena Gandionco,

All students will arrive with completed Student uniform, ID, CPR & TB & health screening, & background check

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance

Security obtain Hospital ID badge

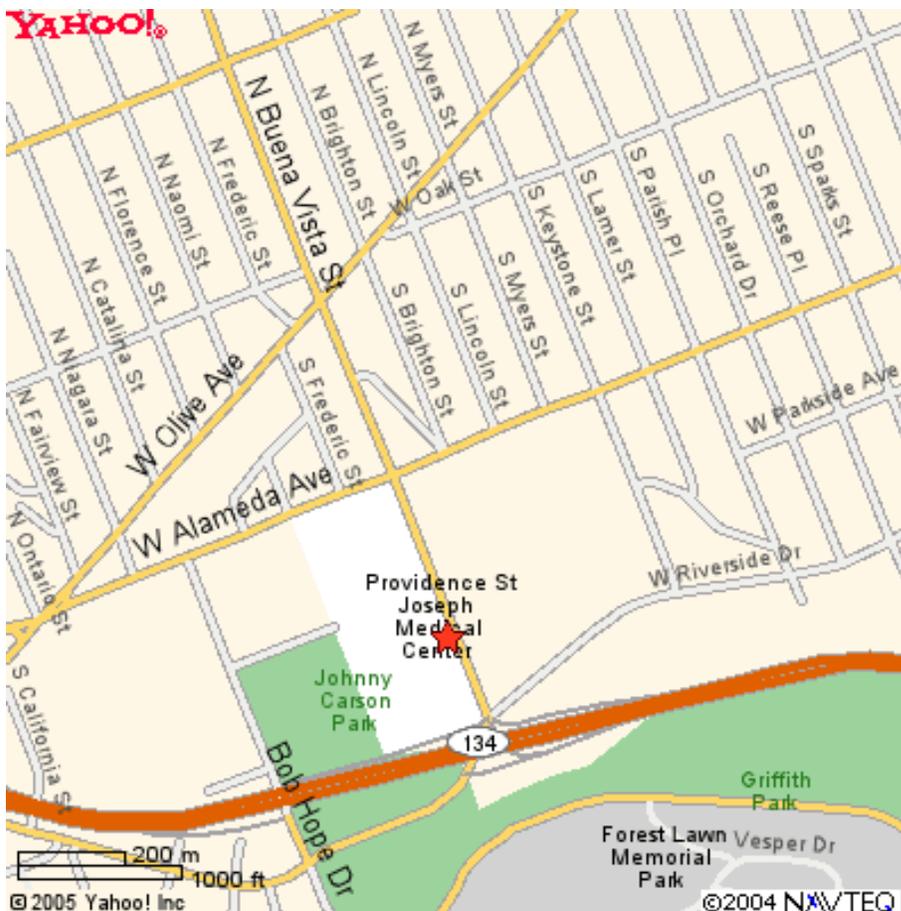
Parking Office — parking is off Buena Vista – gate is open @ 6:30 Hospital ID badge will open gate

**General Expectations for all Rotations**

- **RT must be on the unit & immediately available when any student is performing any patient care**
- **RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.**
- **All student documentation must be reviewed cosigned by the assigned RT.**
- **Student should behave with the same professional standards as the licensed RCP's.**
- **Students must call in to the RT department if they are going to be absent or tardy.**
- **Students will take responsibility to ensure assigned RT is aware of where they are at all times**
- **Students should attend multidisciplinary Critical Care rounds when assigned to Units**

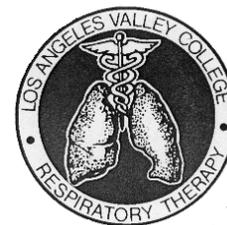
<p><b>1<sup>st</sup> rotation</b> – Spring – May Last weeks</p> <p>W &amp; Thurs 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality</p> <p>Oxygen administration</p> <p>Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies</p> <p>Documentation &amp; medical record review</p> <p>O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)</p> <p><u>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2<sup>nd</sup> rotation</b> – Summer 5 weeks July - August Tues – thurs 2 12 hrs &amp; one 8 hr</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication</p> <p>Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp IPPB &amp; CPT</p> <p>Document &amp; review medical record</p> <p>10 patient Profiles</p> <p>Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies</p> <p>Observe ventilator care ( at least one day)</p> <p>Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 12 weeks Oct – Dec Wens – Thurs 8 hours</p>	<p><b>Course Topics</b> RT 4 – Ventilator management</p> <p>RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies</p> <p>Ventilator &amp; Critical Care management &amp; assessment</p> <p>10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days</p> <p>Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management NICU ventilator management L+D – resuscitation Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
<p><b>5th Rotation</b> Spring 7 weeks April – May Wens – Thursday 12 hours +24 hrs TBA</p>	<p><b>Course Topics</b> RT – diagnostic testing &amp; assessment PFT’s ABG analysis, &amp; ECG’s.</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain &amp; interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis &amp; QC</p>	<p><b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week in NICU &amp; Attend one delivery &amp; C-section  Assigned at least one day to ER &amp; Observe at least one Bronchoscopy, &amp; PFT</p>



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**

Ronald Reagan Medical Center, 757 Westwood Plaza  
Los Angeles, CA 90095  
(310) 825-8611



**Location** – Respiratory Care Department – basement in main tower –  
Clinical Instructors – **Bernadette Dizon RRT Director – Jeff Davis**  
Shift Hours 0700 – 1530 (Summer only), Fall and Spring (0700-1930)

**Department Director –**

**1st Day Instructions**

All students will arrive with completed Student uniform, ID, CPR

Walking tour of medical Center

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA) & compliance done online in advance

Parking – pay \$12.00 each day in visitor parking lots (Structure 8 or 9). Parking structure 8 has self-service pay stations located on level four. Parking structures 8 and 9 can be accessed by driving five to six blocks on Westwood blvd. straight through Charles E.

Young. Parking structure 8 is on your left, structure 9 is on your right. To park in structure 9 purchase daily permit at parking information kiosk.

**General Expectations for all Rotations**

- **RT must be on the unit & immediately available when any student is performing any patient care**
- **RT should observe each student directly perform each procedure @ bedside at least once before allowing any patient care. Even after a student has completed competency for that procedure.**
- **All student documentation must be reviewed cosigned by the assigned RT.**
- **Student should behave with the same professional standards as the licensed RCP's.**
- **Students must call in to the RT department if they are going to be absent or tardy.**
- **Students will take responsibility to ensure assigned RT is aware of where they are at all times**
- **Students should attend multidisciplinary Critical Care rounds when assigned to Units**

**Clinical Site: UCLA Medical Center**

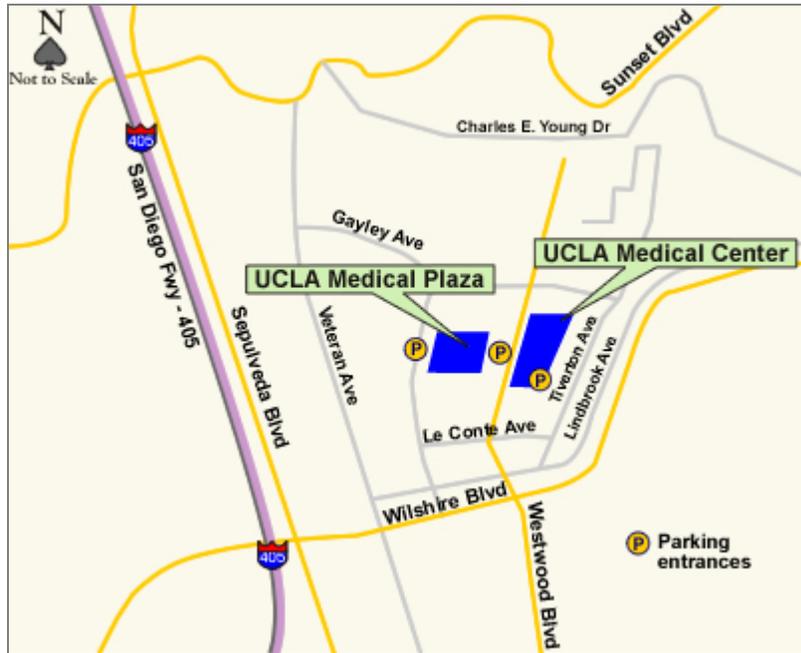
<p><b>1<sup>st</sup> rotation –</b> Spring – May Last 4 weeks Thurs &amp; Fridays 12 hours</p>	<p><b>Course Topics</b> RT 15 Infection control HIPAA &amp; patient confidentiality  Oxygen administration  Introduction to aerosolized medications Medical Terminology RT 6 – Cardiopulmonary Physiology</p>	<p><b>Clinical Objectives &amp; Priorities</b> Introduction to: Floor RT Therapies  Documentation &amp; medical record review  O2 administration &amp; RT equipment assembly 1 patient Profile per week Bedside Clinical Assessment</p>	<p><b>Assignments &amp; expectations</b> <u>Observation only</u> – Assigned to observe primarily floor therapies (may observe in ICU if appropriate)  <u><b>RT must directly supervise @ bedside all student / patient assessment, contact or tx's.</b></u> Participate in BLS CPR with direct bedside supervision</p>
<p><b>2<sup>nd</sup> rotation –</b> Summer 4 weeks July - August Tues – Friday 2 12 hrs &amp; 1 8 hr</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Thurs &amp; Friday 8 hours +16hrs TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Thurs & Friday 12 hours	<b>Course Topics</b> Neonatal Care & CPR PALS, ACLS, & NRP Fundamentals in PALS & ACLS Certification in NRP ECG Fundamentals	<b>Clinical Objectives</b> Ventilator & Critical assessment & management NICU ventilator management L+D – resuscitation Complete 10 patient profiles	<b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(>50%) of the rotation  Assigned at least one week to NICU Attend one delivery & C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, & PFT,  Student assigned 2- 4 patients on floor care
<b>5<sup>th</sup> Rotation</b> Spring 8 weeks April – May Thurs & Friday 12 hours + 24 hrs TBA	<b>Course Topics</b> RT – diagnostic testing & assessment PFT’s ABG analysis, & ECG’s.	<b>Clinical Objectives</b> Ventilator & Critical assessment & management  NICU ventilator management  L+D – resuscitation  Complete 10 patient profiles  Obtain & interpret 1 patient ECG with abnormal rhythm. Observe PFT  ABG Analysis & QC	<b>Assignments &amp; expectations</b> Last Week student assigned 4-6 patients on floor care or 2-3 ventilator patients in Critical Care ( 80% full load)  Assigned to Critical Care the majority(>50%) of the rotation  Assigned at least one week in NICU & Attend one delivery & C-section  Assigned at least one day to ER & Observe at least one Bronchoscopy, & PFT

**Driving Directions From the San Diego Freeway (405):**

Take Wilshire Boulevard offramp east. At the third traffic light, turn left onto Westwood Boulevard. Turn right at Le Conte Ave. At the first light, Tiverton Ave., turn left and proceed to the parking attendant's booth.

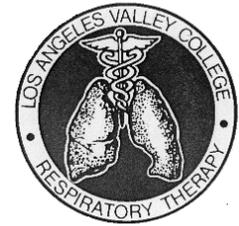
**Map from 405 Freeway**



**Los Angeles Valley College Respiratory Therapist Program  
Clinical Rotation Goals**

**Clinical Site: Valley Presbyterian Medical Center**

1501 Vanowen Street, Van Nuys CA 91409



**Location** – Respiratory Care Department – Basement end of hall Phone 818 902-2940  
 Clinical Instructors: Mario Arias RRT Supervisor: Charles Gaos Lead Rt phone 818 902-5197  
 Shift Hours 6:30 – 15:00 Department Director –John Woodard ext 2743, RN VP Roberta Valore-

**1st Day Instructions – Nursing Ed – Sonya Kaldjian – collects all Student background information**

All students will arrive with completed Student uniform, ID, CPR & TB & health screening, & background check

Walking tour of medical Center LAVC ID badge required & used for hospital ID

Completion of RT department orientation forms – including all Patient confidentiality (HIPAA)

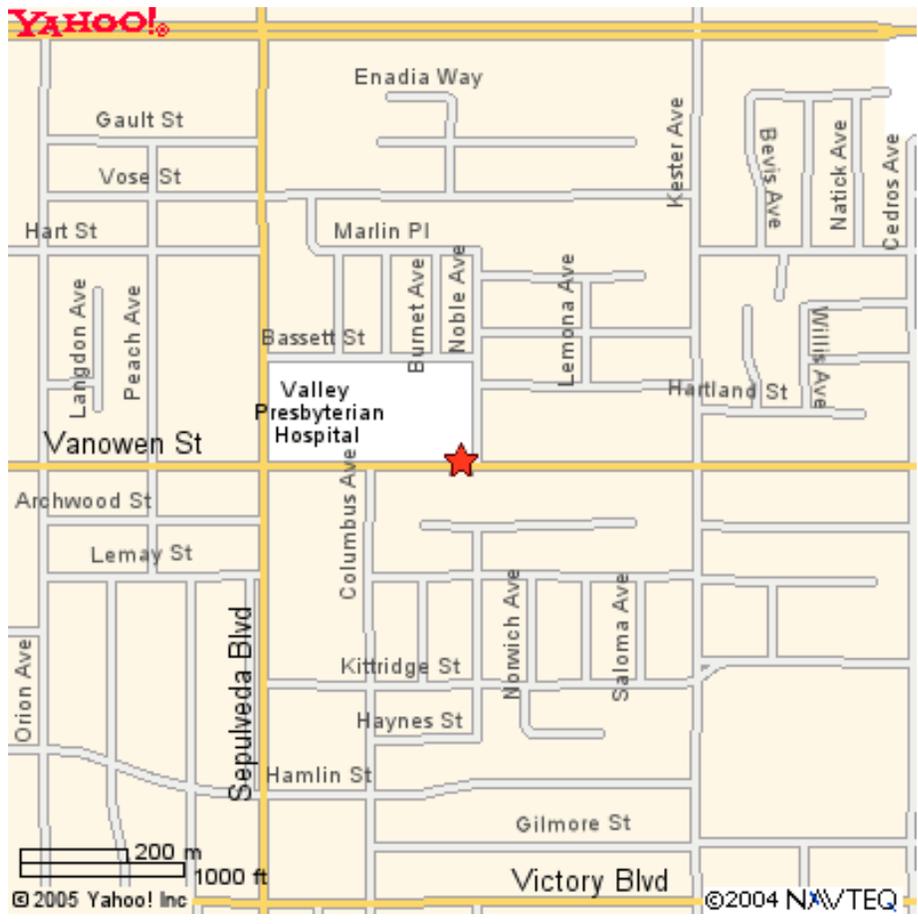
Parking – enter lot off of Vanowen- same as visitors parking. Parking validation \$5.00 per month. Ask the shift supervisor for parking validation prior to leaving home.

**General Expectations for all Rotations**

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<p><b>2<sup>nd</sup> rotation</b> – Summer 4 weeks July - August Tues – Friday 8 hours</p>	<p><b>Course topics</b> RT 3 – Floor Therapies O2, Airway, Suction, Bronchial hygiene, lung expansion, IS, IPPB Aerosolized medication  Patient Assessment</p>	<p><b>Clinical Objectives &amp; Priorities</b> <b>Floor Therapy</b> – esp. IPPB &amp; CPT  Document &amp; review medical record  10 patient Profiles  Perform IPPB on a student &amp; a patient</p>	<p><b>Assignments &amp; expectations</b> Practice &amp; demonstrate competency in routine Floor therapies  Observe ventilator care ( at least one day)  Observe at least one Bronchoscopy, PFT, one day in NICU &amp; L+D</p>
<p><b>3<sup>rd</sup> Rotation</b> Fall 11 weeks Oct – Dec Wens – Thurs 8 hours +16 hrs TBA</p>	<p><b>Course Topics</b> RT 4 – Ventilator management  RT 7 + 8 – Respiratory Pathophysiology</p>	<p><b>Clinical Objectives:</b> Complete competency in RT Floor Therapies  Ventilator &amp; Critical Care management &amp; assessment  10 patient Profiles</p>	<p><b>Assignments &amp; expectations</b> Students assigned to Critical Care the majority (&gt;50%) of their clinical days  Observe at least one Bronchoscopy, PFT, one day in NICU, L+D &amp; ER</p>

<p><b>4<sup>th</sup> Rotation</b> Spring 8 weeks Jan – March Wens – Thursday 12 hours</p>	<p><b>Course Topics</b> Neonatal Care &amp; CPR PALS, ACLS, &amp; NRP Fundamentals in PALS &amp; ACLS Certification in NRP ECG Fundamentals</p>	<p><b>Clinical Objectives</b> Ventilator &amp; Critical assessment &amp; management NICU ventilator management L+D – resuscitation Complete 10 patient profiles</p>	<p><b>Assignments &amp; expectations</b> Assigned to Critical Care the majority(&gt;50%) of the rotation  Assigned at least one week to NICU Attend one delivery &amp; C-section Assigned at least one day to ER  Observe at least one Bronchoscopy, &amp; PFT,  Student assigned 2- 4 patients on floor care</p>
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## Services for Students with Disabilities Statement

If you are a student with a disability requiring classroom accommodations, and have not contacted SSD, do so in a timely manner. SSD is located in the Student Services Annex, Room 175 or call SSD at (818) 947-2681 or TTD (818) 947-2680 to meet with a SSD counselor. If SSD has already sent the memo to instructor confirming accommodations required by student for this class, please meet with the instructor to discuss arrangements.<sup>2</sup>

<http://www.lavc.edu/ssd/index.aspx>

## RT Course Reference List

We Pages

NIH ARDS Network. Program and abstracts of the 2004 American Thoracic Society

Amato MB, Barbas CSV, Medeiros DM, et al. Effect of a protective ventilation strategy on mortality in ARDS. N Engl J Med. 1998;338:347-354. [Abstract](#)

NIH ARDS Network. Ventilation with lower tidal volumes as compared with traditional tidal volumes for acute lung injury and the acute respiratory distress syndrome. N Engl J Med. 2000;342:1301-1308.

Advanced Modes of Mechanical Ventilation: Implications for Practice

Louise Rose MN

Adult Ed Cert, BN, ICU Cert, Dip Nurs

<http://www.nih.gov/>



<http://www.nci.nih.gov/cancertopics/pdq/prevention/control-of-tobacco-use/patient/allpages>



CURES | CLEAN AIR | SMOKEFREE KIDS <http://www.lungusa.org>



State of Tobacco Control: 2007

[/www.stateoftobaccocontrol.org/](http://www.stateoftobaccocontrol.org/)

CDC Centers for Disease Control and Prevention

[www.cdc.gov/tobacco/](http://www.cdc.gov/tobacco/)



CURES | CLEAN AIR | SMOKEFREE KIDS

AMERICAN LUNG ASSOCIATION

EPIDEMIOLOGY & STATISTICS UNIT

RESEARCH AND PROGRAM SERVICES

July 2006

Freedom From Smoking® Online

[www.ffsonline.org](http://www.ffsonline.org)

Cardiac Arrest: Frequently Asked Questions

Brian Olshansky, M.D., Professor of Internal Medicine,

Division of Cardiology

University of Iowa Hospitals and Clinics

Creation Date: May 2001

Last Revision Date: May 2001

Peer Review Status: Internally Peer Reviewed

Basics of EKG Interpretation: A Programmed Study by Barbara Ritter, EdD,FNP-BC,CS,CEN,PHN

998 - Muma, L. & Ritter, B. (1998). Ekg interpretation.

<http://www.usfca.edu/fac-staff/ritter>

Dubin, D. (1996). Rapid Interpretation of EKG's. Tampa Florida: Cover Publishing Co.

Evans, T. (1996). ECG Interpretation Cribshets. 3rd ed. San Francisco, CA: Ring Mountain Press.

Recommended Web Site:

<http://www.ce5.com/ekg.htm>

[Surviving Sepsis — Practice Guidelines, Marketing Campaigns, and Eli Lilly](#)

Eichacker P. Q., Natanson C., Danner R. L.

N Engl J Med 2006; 355:1640-1642, Oct 19, 2006. Perspective

ACLS ASHI Resource Guide CD (2005 Guidelines), CDACLS-05

Advanced Cardiovascular Life Support Provider Manual (American Heart Association, ACLS Provider Manual) (Paperback)

by [American Heart Association](#) (Author)

LOS ANGELES VALLEY COLLEGE

HEALTH SCIENCE DEPARTMENT  
RESPIRATORY THERAPIST PROGRAM

I, \_\_\_\_\_,  
have received a copy of the STUDENT HANDBOOK for the Los Angeles Valley College  
Respiratory Therapist Program.

I am responsible for knowing and understanding all the information in the Respiratory  
Therapist Program Student Handbook, and for knowing and understanding the academic  
policies stated in the Los Angeles Valley College catalog and the schedule of classes. These  
policies include, but are not limited to: admission, retention, readmission, transfer,  
challenge, petition, repeat, and grievance policies.

I am responsible for knowing the college and RT program graduation requirements, obtaining  
timely counseling related to meeting those requirements, and submitting necessary petitions  
and applications for graduation and licensure in a timely manner.

I am responsible for timely registration, completion of a certified CPR class, universal  
precautions, health and malpractice insurance requirements, and for maintenance of school  
uniform, attendance, and behavior standards.

I am responsible for submitting complete and appropriate class and clinical written  
assignments, including evaluations as stated in the course syllabi and as provided by my  
instructors.

I am responsible for complete client care preparation prior to clinical assignment in order to  
assure safe, client-centered care. In the event of illness or other legitimate absence, I am  
responsible for notifying both the clinical instructor and the unit to which I am assigned, prior  
to the time of assigned care.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Semester