Southcentral Kentucky Community and Technical College

Respiratory Care Program

Clinical Education Handbook
### ADMINISTRATION, FACULTY AND CLINICAL AFFILIATES

**SKY Community and Technical College**  
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Pulmonologist &  
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### CLINICAL AFFILIATES

**Medical Center at Bowling Green**  
Bowling Green, KY 42101  
250 Park st.  
270-745-1630  
Director: Justin Srygler, RRT

**Southern Kentucky Rehabilitation Hospital**  
1300 Campbell Lane  
Bowling Green, KY 42104  
270-782-6900  
Director: Missy Tuck, CRT

**T.J. Samson Hospital**  
North Jackson Highway  
Glasgow, KY 42749  
270-651-4434 RT / 270-651-4435 Dir.  
Director: Jodie Holgate, RRT

**TJ Samson Hospital Sleep Center**  
270-651-1888 Sleep Center  
Coordinator: Lisa Pierce, RPSGT, CRT

**TJ Samson Hospital Discharge Planner**  
270-651-4755  
POC: Teresa A. Firkins

**Greenvue Regional Hospital**  
1801 Ashley Circle  
Bowling Green, KY 4214  
270-793-3037  
Coordinator: Tuyen Trinh, RRT

**Medical Center at Franklin**  
1100 Brookhaven Rd.  
Franklin, KY  
RC Dept: 270-598-4864  
Director: Dwight Austin, RRT  
270-598-4885

**Medical Center at Scottsville**  
456 Burnley Rd.  
Scottsville, KY  
270-622-2800  
Director: Justin Srygler, RRT  
Coordinator: Cheryl Best, RRT

**Commonwealth Regional Specialty Hospital**  
250 Park St.  
Bowling Green, KY 42101  
270-796-6200 / RT: 270-796-6284  
Coordinator: Jeff Webster, RRT

**Logan Memorial Hospital**  
1625 South Nashville Road  
Russellville, KY 42276  
270-781-8298 / RT: 270-726-4803  
Director: Shirley Blick, RN, RRT  
Coordinator: Elaine Flemming, CRT

**Twin Lakes Hospital**  
910 Wallace Avenue,  
Leitchfield KY 42754  
270-259-9531  
Director: Stacey White, CRT

**The Medical Center Sleep Center**  
270-796-6559 / 800-700-4070

**The Medical Center OT/PT/SLP**  
270-745-1632  
POC: Marianne Wilson

**MedEquip**  
825 E 2nd Ave, Bowling Green, KY 42101  
270-780-2655  
POC: Mike Lovan, CRT

**Vanderbilt Children’s Hospital**  
pager 615-835-5953  
Supervisor cell 615-715-9014  
Coordinator: Christa Sala, RRT-NPS

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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. Actively maintain and continually improve their professional competence, and represent it accurately.

Perform only those procedures or functions in which they are individually competent and which are within the scope of accepted and responsible practice.

Respect and protect the legal and personal rights of patients they care for, including the right to informed consent and refusal of treatment.

Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, 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, and refuse to conceal illegal, unethical 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 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.

Refrain from indiscriminate and unnecessary use of resources.
INTRODUCTION AND PURPOSE OF THE HANDBOOK

This handbook outlines the clinical education of the SKY Community & Technical College Respiratory Care Program. The student is required to bring this handbook to every clinical rotation.

The student is responsible for following the content outlined within this handbook. An acknowledgement stating that the information within this handbook has been read and understood will be signed by the student.

This handbook is divided into 3 sections; the first section explains the clinical education process and requirements, the second section has forms and Rotational assignments to be completed, the third section has the Clinical Competency and Verbal Forms required for the fall and spring semesters. Other forms included should be copied as needed, (e.g., Clinical Involvement Form, Clinical Evaluation Form, Clinical Absence Form and Physician Interaction Record). Copies of all forms are located on the programs website: www.bgrcp.net in the appropriate RCP clinical.
Overview of Clinical Education

Clinical education helps to integrate the classroom or theory aspect with the performance aspect of the Respiratory Care Program and is a required portion of the total education process. Clinical education involves three phases: observation, practice, and performance. Completion of the Respiratory Care program requires the student to complete all the clinical competencies listed in this manual.

Students will observe all procedures and obtain laboratory peer and instructor evaluation (check off) on each Clinical Competency (procedure) prior to practicing that specific procedure on a patient in the clinical setting. The student will then observe a Clinical Instructor performing the ordered procedure on a patient prior to attempting to practice the procedure. Practice requires direct supervision by a clinical instructor while the student performs that procedure on a patient in the clinical setting. Performance implies that the student has completed both the observation and the practice phases of that specific procedure and has completed a performance check off as well as the verbal check off outlined by the AARC’s Clinical Practice Guidelines for that specific procedure. During the performance phase the student is supervised as required (deemed by the clinical instructor).

Exposure to patients in the clinical setting poses obvious health risks to students. To minimize these risks the student is responsible for practicing safety techniques at all times, including Universal Precautions recommended by the Center of Disease Control. The Hepatitis B Immunizations are another precautionary measure available for the student on a voluntary basis. The student is responsible for maintaining that all records of vaccinations or testing are current and submitted to the program faculty. These records are a necessary part of the student’s clinical record for all of the clinical facilities. Uncertainty regarding any of these measures should be directed to an instructor prior to clinical exposure.

Clinical Assignments:

A rotation matrix covering each semester of scheduled clinical rotational assignments will be distributed. The assignments may be changed by program faculty due to student requirements, but for the most part will be followed as posted. Clinical assignments (rotations) are not always even, but are scheduled to be as equal as possible. Each student will be assigned required rotational assignments that many times can only be fulfilled at one facility. Changing/switching clinical sites without the approval of the faculty is prohibited.

Clinical Counseling:

Clinical counseling will take place at the end of each semester and as the faculty deem necessary. At the end of each semester the student will be counseled and sign the clinical grade report that will have comments made by the Clinical Instructors. These comments are about the students’ performance over the semester. Comments are not required by the clinical instructor but are encouraged. The comments the clinical instructors make are confidential, the instructors name does not display with the comment. A student may view their clinical folder for progress or comments at anytime during the semester.
**Hospital Orientation:**

It is a requirement to attend each hospital orientation during the first few weeks of the first semester. Each facility has different requirements and each student is responsible for these requirements while in that facility during clinical rotations. Every student must attend each orientation prior to performing any clinical rotation at that facility.

**Absences:**

All absences must be directed to the Director of Clinical Education as well as notifying that facility 30 minutes prior to the assigned report time. This is to be accomplished by leaving a message on the voice mail at the school and calling the facility. This must be done for each absence or if you are going to be late. Failure to do so will result in infraction points being assessed. If more than two clinical rotations are missed for illness a Physician’s excuse must be given. This will excuse any additional infraction points being assessed. **Missed clinicals, failure to turn in a physician’s excuse on the second missed clinical rotation, failure to call the Director of Clinical Education and facility 30 minutes prior to an absence all constitute an infraction of 1 point to be assessed on the final clinical grade.** All missed clinical rotations will be made up. **If more than 15% of clinical practice is missed the college’s work ethics agreement takes effect and the student will be dropped from the course and program (see the class syllabus).** The program faculty will schedule make-up clinical rotations for non-class days that may include a Saturday at one of the clinical sites. Missing one of the critical rotation assignments (e.g., ECG, Home Care, etc…) will be made-up at the end of the semester or as the schedule permits. If the required clinical time is not met by the end of the semester an incomplete will be assigned until those hours are completed.

**Snow Days:**

The College President will decide SKY Community & Technical College inclement weather closing for all campuses. Local media will be informed of campus closing, therefore students and employees should listen to local TV and radio stations for information relating to a specific campus (WDNS/WKCT, WUHU, WKLX, WGGC, WKYU, WCVK, WBVR, WBGN radio stations and WBKO-TV). SNAP Alerts will be sent by text, email and phone message. Your safety is the most important issue. If the roads are hazardous and too dangerous to be driven on, then STAY HOME! Leave a voice mail message for the Director of Clinical Education at 270-901-1127, 60 minutes prior to your assigned time. Call the facility as well and notify them. Snow days will be made up, but as long as you follow the instructions of calling 60 minutes prior, then no infraction points will be assessed.

**Excuses:**

All Physician excuses must be hand signed by the Physician you are seeing. Nurses or other staff will not be acceptable. Stamped signatures are not acceptable. **DO NOT TRY TO TURN THEM IN.** These must be turned in the first day you are in class following an absence. There will be no exceptions. Attendance during clinical hours is monitored by the Clinical instructor and the Clinical Involvement Record.
Infractions Assessed:
Missed clinicals, failure to submit clinical feedback prior to next class, failure to turn in any clinical assignment as instructed, failure to turn in a physician’s excuse on the second missed clinical rotation and failure to call the Director of Clinical Education and facility 30 minutes prior to an absence all constitute an infraction of 1 point to be assessed on the final clinical grade. For example: if the clinical grade is 93% “A” and the student has 5 infractions then the final grade will be 88% “B”. This can greatly affect the final grade if the policy of attendance and required tasks are not followed.

Incomplete Course Work:
Incomplete course work is defined as all missed clinical hours, missing Clinical Involvement Records, or failure to turn in mandatory rotational assignments after completion of that rotation.

Clinical Standards of Appearance and Attire:
Patients and facility employees see the Respiratory Student as a member of a professional health-care team. They expect the student to look professional. If, in the patient’s eye the student does not look professional, it may affect the student’s ability to interact with the patient. Standards of clinical appearance and attire are set and enforced by the respiratory staff at each hospital and the faculty of the Respiratory Care Program. Failure to abide by these standards will result in the student receiving fewer points on their evaluation or they may be asked to leave the clinical site.

All students are expected to follow these standards of dress and grooming.

1. Uniforms are supplied and laundered by the student and worn at all times while attending clinical education. This means that from the time the student enters the facility until they exit the facility for the day. Uniforms are selected by the program faculty with no deviation allowed. A school patch must be sewn on the left sleeve of the Lab Coat positioned at the level of the deltoid.

2. Hair must be neat and clean. If hair hangs below the shoulders, then it must be pulled up. Hair must be kept above eyebrows and from falling in face. No headgear will be worn in the clinical setting other than personal protective equipment.

3. Fingernails: This policy has been adapted by the CDC. For those healthcare workers who provide direct medical care to patients: wearing of artificial finger nails, nail extenders, acrylic overlays are prohibited. Natural fingernails are to be no longer than ¼ inch + they should be clean and unpolished.

4. Jewelry: No facial (i.e., eyebrow, nose, tongue, lip, etc…) or visible body piercing allowed other than the ear. Wedding bands may be worn. Wristwatches may be worn. Any other types of jewelry that can injure a patient or yourself are not to be worn. All exposed body art must be covered.

5. Uniform shoes must be mostly white tennis/running style shoe. Shoes must be kept clean with white laces. No open toes.
6. Beards and mustaches must be of reasonable length and trimmed neatly. This is a self-protection issue. As a Respiratory Therapist you are required to enter and treat patients in respiratory isolation. The beard, goatee, or large mustache can interfere with the seal of the HEPA mask and it may be necessary to be trimmed for personal safety.

7. Perfume, cologne, and after-shave are not to be used on clinical rotations; patient’s having respiratory conditions often can not tolerate exposure to fragrances.

8. The student must be in program uniform at all times during clinical rotations with the exception of rotating through surgery (Airway management /Intubation Training). The student must wear a lab coat over scrubs.

9. Student ID’s must be worn in clear view at all times during clinical rotations. If the student ID is not present with the student, the student will be asked to go get it and return. This is a JCAHO requirement and the hospital can be fined if ID is not worn.

10. Safety goggles are required to be carried by all students and required to be worn during the following procedures: Intubation, NT Suctioning, Mechanical Ventilation, Large Bore Tubing Management, Code Blues and anytime there is a chance that accidental eye splash may occur. The purpose of this policy is to protect the student from possible infection by placing a barrier to protect the student from an eye splash.

11. Student appearance during Hospital Orientations is expected to be neat and professional. Think of every orientation as your first job interview, you’ll be meeting the Department Directors and usually the Human Resource representatives.

**Hand washing:**
Hand washing is required before entering a patient’s room and after patient contact. It is important to protect yourself and every patient you care for. Use alcohol pads to clean your pulse oximetry probe and stethoscope between patients. This will help enforce strong habits you will carry on throughout your respiratory career.

**Clinical Patient Care:**
2. Correct patient ID must be made prior to performing any therapy on any patient.
3. Always ID yourself to the patient as a Respiratory Care Student and the location of your instructor.
4. Address patients by their proper title (Mr., Mrs., or Ms.), not by endearments like honey, or their first name unless they request it.
5. Always assist patients when positioning them for therapy to prevent harm.
6. Report all incidents or accidents, regardless of how minor to the clinical instructor.

**Clinical Behavior:**
1. Each student reads, and agrees to abide to the rules, regulations policy and procedures as noted in the statement of understanding (see Appendix) for each clinical facility and respiratory department. It is a privilege to be able to care for patients at each
hospital/facility. The clinical facility, department, and or program faculty may suspend clinical practice based on the students’ lack of presence (attention to detail or mannerisms) or suspect the student is under the influence of alcohol or drugs. The college, program faculty, and clinical facilities reserve the right to request additional drug or alcohol testing at the student’s expense before the student will be allowed to continue clinical practice. The student is expected to behave and conduct themselves in a professional manner at all times. This requires the student to be well rested prior to clinical rotations and demonstrate a clear presence.

2. The student is expected to adhere to the standards of ethical professional behavior as described in the AARC’s Code of Ethics for a Respiratory Therapist. (see introduction)

3. Breaks will be taken with the clinical instructor’s approval and when the therapy/work is completed.

4. Each facility has smoking policies the student is required to follow the same as an employee.

5. Unless there is an emergency, students are not permitted to receive or make personal phone calls in the clinical affiliates. **CELL PHONE USAGE:** Students are not allowed to carry a cell phone with them during patient care. Cell phones can be used on approved breaks with the clinical instructor’s approval. Do not answer a telephone in the department because you will be held responsible for the information or the required task related to the call.

6. In the event of a “CODE BLUE” follow your clinical instructor quickly to the area the CODE was called. Stay outside the room until told to go in by the Clinical Instructor. Follow the guidance of the instructor/Physician during the Code.

7. Studying is permitted during clinicals if all therapy/work is complete. Under no circumstances is studying an excuse to not observe, practice or perform therapy and follow your Clinical Instructor.

8. Students are responsible to their assigned Clinical Instructor at all times.

9. Students will ensure that their Clinical Instructor knows their whereabouts at all times.

10. Students will assist their assigned Clinical Instructor with all required duties.

**Clinical Evaluations:**

Clinical education and student performance is continually evaluated and recorded by the clinical instructors using a Clinical Evaluation Sheet (see appendix). The student is evaluated on specific areas, which are: Punctuality, Appearance, Responsibility, Initiative, Communication, Composure, Time Management, Knowledge, Equipment, and Documentation. It is the students’ responsibility to ensure that the Clinical Instructor for that day is given the form with the students’ name and date filled out. The Clinical instructors then will complete the form and return it to the Program Faculty. The student does not see this form after completion but will see the results and comments recorded in
their student file. The clinical evaluation form constitutes a % of the overall semester clinical grade.

Clinical Involvement Record:
(See appendix) An integral part of the clinical education system is accurate record keeping and performance of assigned activities. It is the COMPLETE responsibility of the student to complete all records. Failure to do this will result in having a missed clinical day assessed, which will require a make-up clinical plus an infraction point (see infractions) being assessed which will affect the final grade for that semester. No clinical involvement record, NO GRADE + an “incomplete” will be recorded. The clinical involvement record must be correctly completed with procedures observed and practiced/performed, and requires a clinical instructors signature (See appendix).

All clinical forms are due the next class period after that clinical was performed. The forms (if applicable) are to be placed in the student’s clinical file box located in the classroom. NO Exceptions, failure will result in an infraction point being assessed (see infractions assessed). The clinical involvement records constitute a percent of the final clinical grade each semester.

Clinical Feedback Form:
This is an online form to complete after all clinical interactions. The Student will complete this form after every clinical rotation or assignment. Once the student submits this form one copy will be e-mailed to the Director of Clinical Education and one copy will be e-mailed to the student, to the e-mail the student provides.

Physician Interaction Record:
Every student is responsible for completing a physician interaction record (see appendix) for every physician rotation with Dr. Hansbrough or other Physicians. The student is required to summarize while protecting patient confidentiality the types of procedures observed, unusual patient history’s tests, office visits, etc and the total number of hours as they accompany him throughout the day. A student who is absent from a physician rotation must still turn in a record for that day indicating the location, time and person notified of absence.

While all students will rotate with Dr. Hansbrough throughout the year, it is also advised that students seek other opportunities to accumulate points each semester such as in-services or special procedures with other physicians as allowable.

Physician Interaction Records will be available to the student in a designated place in the classroom. It is the student’s responsibility to take a record to the rotation each time.

Physician Interaction Point System:
Patient Focused interaction can be described as relating to the management of a particular patient. Included are actual procedures with a patient (i.e. code blue, bronchoscopy, etc.) Also included are such activities as evaluations, diagnosis, treatment plan, and prognosis of a patient. Interaction includes discussion of indications, contraindications and hazards associated with prescribed therapeutic procedures and medications. These interaction hours are valued at 25 points per hour.
Tutorial interaction can be described as one-on-one instruction related to clinical medicine and include activities such as formal or informal discussions, review of research or recent advances in respiratory care, and practical demonstration of procedures or equipment without patient interaction. These interaction hours are valued at 25 points per hour.

Small Group interaction is formal or informal presentations such as an in-service, seminar, continuing education meetings, case presentations, physician’s rounds etc. This is a small enough group the physician is aware of each person in attendance. These interaction hours are valued at 10 points per hour.

Large Group interaction is formal educational experiences such as lectures or papers presented at professional meetings, conferences, seminars etc. These interaction hours are valued at 5 points per hour. Physician interaction is 20% of the final grade for the course.

Clinical Competency System:
Steps to Achieving Competency:
1. Laboratory Practice
2. Laboratory Check-off (peer)
3. Laboratory Check-off (instructor)
4. Clinical Observation
5. Clinical Practice
6. Clinical Performance Check off (hands on portion)
7. CPG (Clinical Practice Guidelines) written check off
8. Performance of procedure with minimal supervision.

*** Clinical Practice Guidelines (CPG) are written check offs. These are all or none when taken (they are required to be completed). Each is worth respective points. If you complete the first time points will be earned. If you fail then zero points are earned. The CPG must be completed or an incomplete will be given until complete. These check offs will be taken during RCP120, 180, 190 and 212 class time. Written check offs are a part of the clinical grade.

Once all steps have been completed the student will notify program faculty. The student is totally responsible for turning in assignments once completed.

This process will be used on every Clinical Competency (procedure). A check off matrix is maintained on the class as a whole as a reference for the program faculty. An individual matrix form is provided (see appendix). It is the students’ responsibility to ensure that all procedures are completed within the required time frame.

Failure to successfully complete a competency or complete rotational assignments will be recorded as incomplete until it can be made up at the end of the semester. When the opportunity presents itself, the student needs to be ready to perform the task and not procrastinate.
Clinical Competency schedule:
In order to become a competent Respiratory Care Practitioner (RCP) one must master certain tasks. Although these tasks are actually psychomotor in nature, they also demand the integration of theory in order to deliver safe and effective therapy.

The following is a list of the clinical competencies required for the respiratory care program and the semester in which completion will be required. Part of the clinical grade will be based on completion of these competencies. This list may change as the curriculum changes.

1st Year

RCP 150 RESPIRATORY CARE CLINICAL I
Students will observe and assist with chest physical assessment, medical gas administration, humidity and aerosol therapy and bronchial hygiene in the assigned setting.

Required Competencies
Medical asepsis
Chest assessment & vital signs
Small volume nebulizer therapy
Metered dose inhaler or Dry powder inhaler
Incentive spirometry
Oxygen therapy (high or low flow)
Non-invasive oxygenation measurement
Cultural Competency Assignment
Professionalism Assignment
Ethics Assignment
Communication Assignment

RCP 175 RESPIRATORY CARE CLINICAL II
Students will participate in the health care team while practicing techniques of respiratory care including airway management and bronchial hygiene in the assigned setting.

Required Competencies
Chest Physiotherapy
Bronchial hygiene adjunct therapies, PEP, Flutter, EzPAP
IPPB
Suctioning
Positive expiratory pressure therapy; CPAP, Bi-level

NOTE: If ready the student may check off on a procedure before the semester required. This will aid in meeting all the requirements in a timely method.
**Clinical Rotational Assignments:**
The following Clinical Rotational Assignments will be completed as they are assigned according to the clinical schedules.

1. Home Care Rotational Assignment
2. ECG Rotational Assignment
3. Pulmonary Function Rotational Assignment
4. Special Procedures Rotational Assignment
5. Pediatrics Rotational Assignment
6. Tracheostomy Care Assignment
7. Discharge Planning Rotational Assignment
8. Chest and Neck Imaging Studies Assignment
9. Physician Assignment Paper
10. EEG Rotational Assignment
11. Polysomnography Rotational Assignment
12. Neonatal Rotational Assignment

Rotational Assignment forms are due when all the tasks on the form are complete. Clinical Competencies and Rotational assignments are a percentage of the final grade.

**2nd YEAR**

**RCP 200 RESPIRATORY CARE CLINICAL III RCP225 CLINICAL IV**
In addition to previously learned competencies, students will practice adult mechanical ventilation procedures and airway management in the critical care setting while continuing to perform other respiratory care skills.

**Required Competencies**
Arterial Blood Gas
Non-invasive oxygenation measurement
Bedside Pulmonary Mechanics (with M/P or ET)
Pulmonary Function Assignment
CPAP/BiPAP/NIPPV
Ventilator Check
Ventilator Setup

**RCP 225 RESPIRATORY CARE CLINICAL IV**
In addition to previously learned competencies, students will observe and practice advanced cardiopulmonary evaluation techniques while improving efficiency in the ventilatory management of adult patients. Students may also practice pediatric and neonatal mechanical ventilation techniques in the assigned setting.

**Required Competencies**
Arterial Blood Gas
Non-invasive oxygenation measurement
Bedside Pulmonary Mechanics (with M/P or ET)
Pulmonary Function Assignment
CPAP/BiPAP/NIPPV
Ventilator Check
Ventilator Setup
RCP 250 RESPIRATORY CARE CLINICAL V
In addition to previously learned competencies, emphasis is on preparing the student to participate in effective and efficient planning, managing and delivering respiratory care to diverse client population in various settings.

Required Competencies
V60 assignment and check off.
Discharge Planning Rotational Assignment
Chest and Neck Imaging Studies Rotational Assignment
Physician Assignment Paper
Stress Testing Rotational Assignment
Polysomnography Rotational Assignment
Neonatal Rotational Assignment
RT Board Review TMC Self-Assessment Exam
AMP TMC Self-Assessment Exam

Clinical Rotational Assignments:
The following Clinical Rotational Assignments will be completed as they are assigned according to the clinical schedules.

1. Home Health Assignment
2. ECG Rotational Assignment
3. Pulmonary Function Rotational Assignment
4. Special Procedures Rotational Assignment
5. Pediatrics Rotational Assignment
6. Tracheostomy Care Assignment
7. Discharge Planning Rotational Assignment
8. Chest and Neck Imaging Studies Assignment
9. Physician Assignment Paper
10. Stress Testing Assignment
11. Polysomnography Rotational Assignment
12. Neonatal Rotational Assignment
13. EEG/Neurodiagnostics

Rotational Assignment forms are due when all the tasks on the form are complete. Clinical Competencies and Rotational Assignments are a percentage of the final grade.

RT BOARD REVIEW PROGRAM
It is required that all second year students participate in Dr. Scanlan’s RT Board Review online program. It is considered part of the clinical rotational assignment and constitutes a % of the clinical grade for RCP 200, 225 & 250. Acceptable scores will be noted on each of the noted course syllabus.