

Kalamazoo**VALLEY**<sup>™</sup>

# Health Careers Student Handbook 2024-2025



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## CONGRATULATIONS AND WELCOME

Congratulations on your acceptance to the Health Careers Programs at Kalamazoo Valley Community College. We applaud your academic efforts and value the personal attributes, sacrifice and dedication that brought you to this point. We are fortunate to share your educational experience. We ask that you continue to commit to achieving academic excellence during your time here at Kalamazoo Valley Community College.

Kalamazoo Valley Community College Health Careers Programs have an important vision. “Kalamazoo Valley Community College Health Careers Programs will be a diverse community of learners that are engaged and where learning is intentional, and learners are surrounded by a personalized network of financial, academic and social support.”

This handbook includes information you need to be successful. The documents have been prepared with safety in mind for everyone: you, our faculty, clinical and community partners, and the individuals for whom you provide care.

Your academic journey will not be easy or predictable; however, we are here to support your personal and academic successes. Together, we will work with intention, purpose and passion and do what is necessary for you to achieve your goal.

Our faculty and graduates are exemplary, and we ask you to commit to the same standards. Together we will advance health and wellness initiatives and remain an influential and sustainable resource for members of our community.

Continued success!  
Mark Dunneback, Ed.D.  
Dean of Instruction



# DISCLAIMER STATEMENTS

## NON-DISCRIMINATION POLICY

It is the policy of Kalamazoo Valley Community College not to discriminate on the basis of race (including traits associated with race such as hair texture and protective hairstyles), religion, color, national origin/ethnicity, sex, sexual orientation, gender identity, gender expression, pregnancy, disability, genetic information, age, height, weight, familial status, veteran status, marital status, citizenship, or any other status or characteristic protected by law, in its programs, services, employment or activities. The Vice President for Campus Planning and Operations has been designated to handle inquiries regarding the non-discrimination statement.

## HEALTH CAREERS STUDENT HANDBOOK DISCLAIMER

This handbook is a supplement to the [Kalamazoo Valley Community College's Student Handbook](#). The Kalamazoo Valley Student Handbook should be referenced as the first source of information. If any provision or application of this handbook is found contrary to the law, such provision or application shall not be deemed valid and subsisting, except to the extent permitted by law, but all other provisions or applications shall continue in full-force effect. Additional information about topics addressed in this handbook, as well as more information about college programs, departments, curriculum, facilities, and services are available on the [Kalamazoo Valley Website](#).

Handbook Revised: July 10, 2024

## HEALTH CAREERS PROGRAMS POLICY STATEMENT

Kalamazoo Valley Community College's policies and the Health Careers Programs' academic and clinical policies apply to all students and faculty, regardless of site of instruction.

All activities associated with the Health Careers Programs, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

## ACADEMIC INFORMATION

### ENROLLMENT & RETENTION STATUS

Students must be registered to attend class. Students who fail to attend the first class or who fail attendance requirements may be administratively removed from a program. Federal reporting of attendance and participation is required for financial aid recipients. This is reported through Banner for all enrolled students, so the instructor is not informed who receives aid and who does not. An enrollment report reflecting absence or

non-participation could negatively impact your future financial aid award.

If you sense an academic, financial, or other problem developing that may cause barriers toward successful completion of your program of study, please contact a faculty member. When faculty see you struggling with academic, attendance or other issues they may file a "early alert" with the Student Success Center. In that case a counselor will reach out to you. Counseling can help with a variety of issues such as time management skills, participation in the Valley Food Share program, transportation assistance, and more.

## WITHDRAWAL PROCESS

Due to course sequencing and limited seat availability, students in Health Careers Programs are encouraged to talk with the Program Director before deciding to withdraw from any course within their program of study. Withdrawing from a course may make it difficult or impossible to complete your Health Career Program.

When considering whether to withdraw, the student should understand that withdrawing from a course may have financial implications. Students who are receiving financial aid, scholarships, or loans, should contact the financial aid office before withdrawing courses. Withdrawing from a course does not affect student's GPA, however tuition charges may apply. For more information, please see the [Kalamazoo Valley Withdrawal Policy](#).

## SUSPENSION & DISMISSAL

Kalamazoo Valley prides itself on the quality of graduates it produces; after all, you reflect the program and Kalamazoo Valley as a whole. The clinical aspect is essential to your success in the program and your future career. When you are attending a clinic, you are acting not only as a representative of Kalamazoo Valley but of that clinical agency as well; therefore, you have a duty to these affiliates to be professional in your appearance, conduct and individual responsibility. In addition to the Kalamazoo Valley Student Code of Conduct or Handbook, you must also abide by any policies or procedures set by your clinical institution. Failing to meet these obligations may be grounds for suspension and even dismissal from the clinical program. You may be suspended from the clinical for any inappropriate actions in addition to the criteria outlined in these policies. Suspension and/or dismissal may be the recommendation of the Preceptor, Clinical Affiliate, Program Director, or Dean of Instruction. Inappropriate actions are defined as any act of omission or commission that has the potential to or causes harm to a patient or co-worker. If such an act is performed the following steps shall be taken.

1. The student will be informed of the action and if warranted asked to leave the patient care areas as soon as reasonable. Kalamazoo Valley staff will make reasonable effort to avoid reprimanding the student in front of the patient or other bystanders.

2. Should the preceptor or clinical affiliate desire the complaint or allegation may be forwarded to the Program Director. A single complaint shall not jeopardize the students standing in the program unless the behavior warrants immediate dismissal. The first complaint will be documented as a verbal complaint using the program specific communication form and placed in the student's file. The receipt of a second complaint will produce a written complaint on the program specific communication form which should be reviewed to determine if probation or dismissal is appropriate.

3. Some actions may be egregious enough to warrant immediate suspension of clinical privileges pending a review of the complaint.

4. The action will be documented within 5 business days:

- a. From the clinical faculty or preceptor's
- b. From the student's perspective

5. The Program Director will review the documentation and decide if the student may return to the clinical areas or if dismissal is appropriate. The Program Director may decide that a probationary period is warranted. A probationary period is in effect for the remainder of the semester.

6. A follow up meeting with the preceptor or affiliate representative, the student and the Program Director may take place to let the student know of their status with the program.

7. Reasons for immediate dismissal

- a. Unsatisfactory clinical performance
- b. Unsatisfactory attendance or punctuality
- c. Inability to maintain physical and mental health for the essential functions of the program.
- d. Unethical, unprofessional behavior; behavior which compromises relations with clinical partners.
- e. Refusal to participate in procedures.
- f. Unsafe practices that compromise patient safety
- g. HIPAA, patient confidentiality violations
- h. Violation of social media policy
- i. Academic dishonesty violations
- j. Violation of the standards of conduct as outlined in the student handbook.
- k. Violation of the college's sexual harassment policies
- l. Failure to report or disclose changes in criminal background status.

If an instructor recommends dismissing a student from the program, the recommendation must be reviewed and approved by the Program Director and Student Relations Coordinator. The Director and Student

Relations Coordinator will meet with the student and provide the reasons for dismissal in writing and provide an opportunity for response. Suspension of didactic lecture, standard lab, and clinical privileges remains in effect until the appeal is resolved. Suspension, or revocation of clinical privileges by a clinical affiliate may result in removal from a class or program, delay of on time graduation, or end a student's progress in the program entirely and permanently. Affiliate suspension or revocation of privileges is not under the control of Kalamazoo Valley nor its faculty and is not open to appeal.

## REINSTATEMENT PROCEDURE

All Health Careers Programs ensure that every graduate has the necessary knowledge, technical skills, and affective behavior skills to pass required exams for credentialing and provide safe patient care. The reinstatement process is designed to help students meet these objectives and to provide a plan for success.

Reinstatement is a provision of allowing a health careers student who has successfully completed the first semester but has stopped out of the program in a later semester an opportunity to petition the program for re-entry. Stopping out is defined as:

Academic: not being able to progress in the course sequence due to academic dishonesty, a course drop, a course withdrawal, or a final course grade less than 2.0.

Behavioral: not being able to progress in the course sequence due to a failed drug screen, failure to maintain clinical compliance, or a professional behavioral issue (affective).

Students may not exceed two stop outs in one category: academic or behavioral. After two stop outs a student will not be eligible for re-entry into any health careers program at Kalamazoo Valley. Reinstatement considerations for students who stop out for professional behavior issues will be evaluated on a case-by-case basis; severity of the professional behavior may prevent re-entry. Students who incur two stop outs will be advised to meet with an academic counselor to explore another career direction. If the student continues to have the goal to continue in a health careers program, the student will have the option to pursue education at another college or university.

Students who have not successfully completed all first semester courses need to reapply to the program and retake all the first semester courses upon reinstatement. The Reinstatement Committee considers several factors in the decision to reinstate. Reinstatement is never guaranteed.

Reinstatement Criteria:

1. Students seeking reinstatement must initiate the process by:

- 1.1 Obtaining Reinstatement Request Form from the Program Director

1.2 Submitting the Reinstatement Request Form to the Program Director no later than 25 business days after stopping out of the program.

1.3 Carefully reading the reinstatement procedure and asking questions if needed.

## 2. Reinstatement Committee

2.1 After the program director receives the Reinstatement Request form from the student, a reinstatement committee will convene to review:

2.1.1 Reinstatement Request Form responses

2.1.2 Faculty Input Form responses

2.1.3 Attendance records

2.1.4 Tutoring records

2.1.5 Professional conduct records

2.1.6 Academic history

2.1.7 Extenuating circumstances

2.1.8 Available seats

2.2 The committee will develop a draft reinstatement plan for success based on the outcomes from items listed 2.1.

2.3 The committee will meet face-to-face with the student and discuss the draft reinstatement plan for success.

2.3.1 Feedback from the student may be incorporated into the final reinstatement plan for success.

2.3.2 Students will sign the reinstatement plan for success indicating they agree to comply with the plan.

## 3. Permission to reinstate is dependent on:

3.1 Submitting the Reinstatement Request form by the deadline

3.2 Reinstatement Committee approves the request to reinstate.

3.3 Completion of required refresher courses, retaking of existing course(s), or other remediation activities.

3.4 Seat availability for the course(s) seeking reinstatement.

3.5 Seat available in the following clinical semester

3.5.1 A student may be given provisional permission to reinstate in pre-clinical courses pending open clinical seats in the following semester.

3.5.2 Students in the current cohort will be given clinic seats prior to reinstated students.

4. Prior to returning to the program, the student will need to document that they have met all the entry requirements that are applied to the next cohort of

students seeking program admission. These may include but are not limited to:

4.1 Drug Test Authorization Form and Affidavit Regarding Criminal History

4.2 Students will need to complete a drug screen(s) that is acceptable to the program.

4.3 Students will need to complete Live Scan Fingerprinting and the results must be acceptable to the program prior to re-entering any clinical course.

4.4 All of the items on the Kalamazoo Valley Community College Immunization and Diagnostic form must be current. The date of the provider signature on the form must be within 6 months of re-entry to the program.

4.5 Returning students must have a minimum cumulative grade point average of 2.0.

4.6 Students must document and demonstrate understanding of previously learned content in theory, lab, and clinical courses. The reinstatement plan for success and the remediation courses or activities will detail how the student can meet this requirement.

5. A student who has withdrawn due to an issue not related to academic performance, clinical performance, affective or professional behavior, and/or clinical policy issues, and has exceeded the maximum retake of two (2) different courses will be expected to meet with the Program Director to further discuss the matter. Any decision to reinstate the student in this circumstance will be by consensus of the Reinstatement Committee. The student will need to provide evidence that the issue leading to the withdrawal has been overcome. Students will generally be required to provide evidence that they have support systems in place to overcome the challenges associated with the issue leading to the withdrawal. If a student is reinstated under these circumstances and then drops, withdraws, or fails a course, they will no longer be eligible for reinstatement into any health careers program at Kalamazoo Valley.

6. Students must reinstate within one calendar year of stopping out, regardless of reason.

7. Students that have been out of the program more than one year will generally be required to complete all previous courses.

## 8. Clinical Course placement:

8.1 Students must complete all current program required pre-clinical training modules.

8.2 Students must complete any requirement mandated by the clinical affiliates prior to reinstatement.

9. Students will be notified as to their reinstatement status as soon as possible prior to the beginning of the course.

10. Once reinstatement is granted, students are expected to contact the program director before the beginning of courses to discuss expectations.

11. Students must notify the program director of their intent to accept a seat in the program according to the timelines specified by the reinstatement plan.

12. Once students have accepted the seat, failure to utilize their seat will be considered a stop out and may jeopardize any future application for reinstatement.

Note: Per accreditation standards, some programs are required to include a 3rd party medical director to partake in the reinstatement process. See Program Specific Sections for further details.

## PHYSICAL STANDARDS & ESSENTIAL FUNCTIONS

Health care students are training for careers in health care fields. The typical demands placed on the health career student in training are therefore similar to those of entry-level health careers, and subject to similar limitations with regard to accommodations. Below are the typical physical demands that are considered essential for this training:

**Strength:** Frequently and repetitively perform physical activities requiring the ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

**Manual Dexterity:** Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as insertion of IV lines, calibration of equipment, drawing blood, cleaning teeth, endotracheal intubation, etc.

**Coordination:** Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking blood pressures, calibrating tools, and equipment, holding retractors, probing periodontal spaces, etc.

**Mobility:** Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

**Visual Discrimination:** Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

**Hearing:** Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

**Concentration:** Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephone ringing, beepers, conversations, etc.

**Attention Span:** Frequently attend to tasks/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned in Concentration.

**Conceptualization:** Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

**Memory:** Remember tasks/assignments given to self and others over both short and long periods of time as well as significant amounts of patient data with interruptions and distractions.

**Critical Thinking:** Critical thinking skills sufficient for clinical judgment; making generalizations, evaluations, or decisions.

**Communication:** Interact with others in non-verbal, verbal, and written forms and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written and spoken English.

**Stress:** Performs all the above skills and makes clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

Students who cannot perform to the technical standards will have to request accommodations from the Office for Student Access (OSA). The OSA will determine reasonable accommodations, if applicable, and in consultation with the Program Director. Accommodations are not reasonable if they compromise patient safety in the lab or clinical setting. If reasonable accommodation cannot be made students may be withdrawn from the program.

Students who experience a health issue that compromises their ability to perform the technical standards must inform the program director and provide physician documentation of restrictions. A determination of reasonable accommodation or stop out will be made in consultation with OSA. Students must provide a physician release to be able to return to the lab and clinic.

***See Program Specific Section for Additional Information and Program Specific Details***

## DRESS CODE

Health Careers students are highly visible and are expected to project professionalism through their appearance. Appearance plays a crucial role in building rapport and establishing working relationships with patients, families, healthcare team, and instructors. Additionally, the established clinical dress code promotes safety in the workplace and ensures appearance does not detract from the care being provided.

Each program has its own specific requirements which are listed in their program specific sections.

**General Expectations:** Students are expected to wear program-defined student uniforms during all standard labs, clinicals, and patient care activities unless a different policy is specifically defined by the clinical site or agency. Students are expected to wear properly fitting, solid-colored shirts with no text, solid-colored pants with no



rips, and closed toed shoes during all didactic lectures for safety in case of physical activities conducted for training purposes. During meetings and volunteer events, students are expected to wear business casual clothing, unless given specific direction for the event by the program. Students may not wear denim, t-shirts, form fitting or overly baggy pants or tops.

Students must abide by any uniform or dress codes set by the clinical site at which they are training. The programs and their affiliates have the right to change dress or uniform requirements, and the student must comply, even at their own expense. Kalamazoo Valley will make every attempt to provide a timely notification to students when a change is communicated by the program affiliate. Refer to individual program guidelines and class syllabi for more specific dress code and uniform policies.

Students are expected to project an image of good hygiene and cleanliness. This includes ensuring there are no inappropriate odors and wearing clean, wrinkle free, and appropriately fitting clothing. Student identification badges should be worn at all times while in clinical, lab, and some classroom settings. The Kalamazoo Valley identification/name badge must be visible and prominently displayed, at the lapel area. No alterations should be made to the face of the identification/name badge. Agency ID, if provided, should be visible and worn at all times required by the program affiliate.

#### **Hair:**

The expectation is to maintain clean, well-groomed hair and facial hair. Long hair should be appropriately secured, and beards trimmed to ensure safety around patients or equipment and to ensure no inference with patient care. Coverings and accessories must be washable to comply with infection control practices.

#### **Facial Hair:**

Students unable to fit test due to facial hair must shave or be required to complete Powered Air Purifying Respirator (PAPR) training and provide PAPR at their own expense.

#### **Nails:**

Nails should be trimmed to the fingertip and the cuticle should be clean. Clean, neutral, intact polish is acceptable in most clinical environments. All artificial nails or nail enhancements, including but not limited to overlays, wraps or tips are prohibited because they are infection control hazards. Certain clinical affiliates prohibit all nail polish or multiple colors, and students must comply with their policies.

#### **Fragrances:**

Some students, preceptors, administrators, and patients in classrooms or clinicals areas may have strong reactions to scents and fragrances. If someone expresses concerns of this nature, please take them seriously and work with them toward a reasonable resolution. Most often, these situations can be resolved simply by letting others know of the sensitivity. Once others are aware

of the sensitivities, they will voluntarily respond to reasonable requests to minimize or eliminate the use of substances that trigger a reaction. In all clinical settings, including those at KVCC, due to allergies and other sensitivities, students must refrain from using scented lotions, perfumes, colognes, essential oils, and all forms of tobacco. Students who smell of tobacco or other prohibited substances will be removed from clinical and will be subject to disciplinary action. Refer to the Tobacco Policy in this handbook.

#### **Jewelry:**

Jewelry that poses a safety or health risk to employees or patients including dangling earrings and necklaces, loose bracelets or excessive amounts of jewelry is prohibited. Some affiliates may have stricter policies or not allow any jewelry and students are required to comply with the affiliates request. The best practice is to not wear jewelry as it must often be removed for handwashing or tucked out of sight for safety purposes.

#### **Tattoos:**

Visible tattoos must not contain profane, discriminatory, sexually explicit, or other content which would violate Kalamazoo Valley policy. Tattoos containing such content must be appropriately concealed by clothing. For infection control purposes, newly inked tattoos may be required to be concealed by adhesive bandages during the healing process.

***This Dress Code Policy applies to all Health Careers Students and may be modified by the Program Specific Section. See Program Specific Section for expected uniform and attire and Program Specific Details.***

## **CLINICAL INFORMATION & REQUIREMENTS**

### **CLINICAL & WORK BALANCE**

Many students are employed while enrolled in their Health Careers Program. Faculty and clinical affiliates recommend that full time health careers students limit outside work to no more than 24 hours per week. Fatigue: Fatigue contributes to errors and puts patients, staff, and students at risk. It is recommended that students work no more than 12 hours in a 24-hour period, including their Kalamazoo Valley clinical shift. If the faculty determines that the student has exceeded this limit or is too fatigued to critically think and provide safe care, the faculty may send the student home. Clinical Coursework: Students are prohibited from receiving any form of remuneration in exchange for patient care they provide during programmatic clinical coursework unless there is a written agreement between the clinical affiliate and Kalamazoo Valley.

***See Program Specific Section for additional information and Program Specific Details.***



## CLINICAL PLACEMENT

Student placement is determined by the availability and flexibility of the clinical affiliate; therefore, placement at specific clinical agencies is not guaranteed. Due to limited space, students may be placed with other students within their cohort.

## INCLEMENT WEATHER

Should the college close due to inclement weather clinical/field shift will be cancelled for that day. If a clinical/field shift is cancelled, or you leave before the conclusion of your planned shift, you may be required to make up that clinical at a later date, dependent on the clinical affiliate's availability. Please use your discretion about traveling if there is a mid-shift cancellation, include road conditions and the distance you need to travel. You may decide to obtain lodging in the area. If you do so, the expenses associated with it are your responsibility.

**See Program Specific Section for Additional Information and Program Specific Details**

## CLINICAL COMPLIANCE

To attend clinical students must complete the orientation modules, immunizations, criminal background, and drug screening, and fit testing. Each affiliate may also require specific orientation or education to attend clinicals at that specific facility. You are required to complete these obligations in full. Students not in compliance with the requirements will not be scheduled for clinical activity.

Additionally, some requirements, such as annual TB testing, may need to be renewed during the course of your studies. It is your responsibility to remain in compliance and to ensure that your requirements do not lapse. This includes monitoring your email and responding promptly to communication from the program regarding any missing or expired documentation. Students who fall out of compliance will be suspended from clinical activities with all affiliates. Consortium and affiliate schedules may not allow for rescheduling opportunities therefore there is no guarantee that the program can reinstate your clinical schedule. This may result in a delay or inability to complete graduation requirements.

## CRIMINAL BACKGROUND CHECK

Kalamazoo Valley Community College Health Careers Programs are compliant with criminal history checks as required by [Public Health Code, Act 368 of 1978](#) as revised. [Section 333.20173a](#) requires that "a covered entity shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility..." if they have certain criminal convictions. This provision reflects contract language which requires Kalamazoo Valley to complete

a criminal history on students prior to allowing clinical attendance. Therefore, Kalamazoo Valley requires that all Health Careers students enrolled in a clinical course obtain an annual Live Scan fingerprinting Criminal Background Check (CBC) through Kalamazoo Valley's Public Safety Department.

The cost of the CBC will be charged to the student's account. Students who refuse a CBC are not eligible for clinical placement. Students who knowingly report false information regarding criminal history will be denied placement or be removed. A positive CBC will compare the conviction code with the penal codes outlined in section 333.20173a. to determine eligibility for clinical placement. Exclusion criteria, and length of exclusion depend on misdemeanor versus felony, and the specific penal code conviction; therefore, the decisions to exclude students are made on an individual basis, as determined by the Public Health Code. Some criminal convictions may not exclude a student from clinical placement and education but may prevent the student from obtaining subsequent licensure or employment. Students are required to notify the college should their status of arrest or criminal conviction change while enrolled. Failure to notify the college of a change in status will result in the student's removal from the program, even if the student has previously taken and passed a drug or alcohol test, or CBC. The specifics of the CBC are outlined in the Criminal Background Check Affidavit that each student is required to sign prior to admission into the Health Careers Programs. All positive CBC results will be submitted to the designated College Administrator for review with the student. Determination of student status will be made by the Dean of Instruction.

## HEALTH SCREENING REQUIREMENTS

All health screening documentation will be due after acceptance into the Health Careers Program and prior to the first day of class. To secure clinical placement, all Kalamazoo Valley Students are required to adhere to the health screening requirements of each Clinical Affiliate. The following is a list of standard health screening requirements:

1. TB Skin Testing are valid for one year: the following are acceptable baseline measures.
  - a. Two (2) PPD TB tests performed within seven (7) to twenty-one (21) days apart.
  - b. Subsequent 1-step TB tests are required annually.
2. A current physical exam completed within one (1) year of application.
3. MMR (Measles (Rubeola), Mumps, Rubella):
  - a. If born before January 1, 1957, documentation of measles, mumps and rubella titers showing immunity. If non-immune, two MMR vaccinations.
  - b. If born on or after January 1, 1957, documentation of two (2) MMR vaccinations.

4. Flu (Influenza) vaccination for the season of the rotation
5. Chicken Pox (Varicella) written attestation of having had the chicken pox or varicella titer as showing immunity; or documentation of 2 varivax vaccinations.
6. Tdap (Tetanus, diphtheria, pertussis) must be completed within the last ten (10) years prior to the start date.
7. Hepatitis B vaccination or proof of immunity to Hepatitis B, (or written refusal of Hepatitis B vaccination signed by the student that expressly holds the Facility harmless for any Hepatitis B exposure or infection that may result from the student's education experience at Facility) and/or such other immunization and health-related testing as may be required by the applicable state level health department or the Occupation Health and Safety Administration for each student assigned to Facility, as these requirements may change from time to time; for purposes of this Agreement, a student shall be considered to be vaccinated against Hepatitis B if they have received at least one (1) injection of the vaccine and is in the process of completing the required services of three injections.
8. COVID-19 vaccination\*

\*Please note that the COVID-19 Vaccination is not required by Kalamazoo Valley, but is required by some clinical agencies; therefore, it is highly recommended that each student obtain the vaccination to ensure they are eligible to complete clinical rotations at all clinical agencies. Not obtaining the COVID-19 Vaccination could affect a student's ability to graduate or continue within the program of study as it could adversely impact clinical placement.

## DRUG SCREENING

All Kalamazoo Valley Health Career programs adhere to all provisions and requirements defined in the Kalamazoo Valley Student Handbook.

In addition, all Kalamazoo Valley Community College Health Career programs exercising Affiliation agreements with clinical and community partners require that all health career students submit, at minimum, an annual drug screening. Drug screenings will be conducted and evaluated prior to any students' participation in clinical courses involving patient contact, or participation in lab courses where students are simulating patient-care activities. If an enrolled student is suspected of drug use or intoxication, Kalamazoo Valley may require a student to undergo an additional drug screening, and with evaluation occurring before student's re-entry into clinical or lab courses. Kalamazoo Valley and its Affiliate partners reserve the right to require additional randomized drug screening(s) throughout the duration of each Health Career program.

Drug screenings will be conducted using a method approved by the College and accepted by the Affiliate

partners. Any student who declines drug screening will be withdrawn / exited from the program.

The cost of annual and/or any additional or random drug screening(s) will be charged to the student's account after the screening has been completed. The screening results will be returned to the College. Any drug screening positive for medical substances will be verified with students for legally and allowable prescribed medications. All other positive drug screening results will be submitted to the designated College Administrator for review with the student. Determination of student status will be made by the Dean of Instruction.

All Kalamazoo Valley Health Career programs adhere to a zero-tolerance policy. This includes zero-tolerance on all cannabis (prescribed or recreational) and associated by-products or substitutes. Positive drug screening(s) will result in, at minimum, immediate removal from all didactic lecture, standard lab, and clinical activities for at least one semester, up to/including full withdrawal from the Health Career program without possible reinstatement. Tuition, fees, and material costs are not guaranteed to be refunded and will follow general college refund practices.

Students who fail drug screening(s) during their first term must re-apply for admissions to the following cohort and need to repeat all first term program courses. Students who fail drug screening(s) in subsequent terms may apply for reinstatement into their respective Health Career program in subsequent enrollment periods, provided they are status-eligible and there is seating availability. It is the student's responsibility to contact the program for Reinstatement practices and timing. Reinstatement also applies to applications to a different Health Career program in the College.

Students may appeal the Dean of Instruction's determination of their status and reinstatement eligibility by following the College Appeals Policy in the Student Handbook. The results of Drug Screenings cannot be appealed. Suspension of didactic lecture, standard lab, and clinical privileges remains in effect until the appeal is resolved. Tuition, fees, and material costs incurred during the appeals process are not guaranteed to be refunded and will follow general college refund practices.

## HIPAA

As part of clinical training, students will have access to certain confidential information, such as patients' records which constitute protected health information. All students are required to maintain patient confidentiality consistent with legal requirements and the expectations of each Affiliate. Maintaining confidentiality generally means not speaking, writing about, or divulging by any other means a patient (client) by name or other identifying information. Further, students must not discuss any patient cases outside the clinical classroom setting or with anyone other than their instructors.

All students enrolled in an allied health program will

complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training prior to attending clinical/externship.

[Health Insurance Portability and Accountability Act \(HIPAA\)](#) is a federal law, which secures protected health information (PHI) so that only those people or facilities that have a real need for protected health information have access to it. HIPAA provides protection to the security and privacy of all medical records or other health information which is used or shared in any form, including paper, electronically or orally by health care entities or their associates. Furthermore, it is the expectation of Kalamazoo Valley Community College, and all associated healthcare agencies Patient/client records are only to be accessed for use with program business and with the permission of the hospital in accordance with hospital policies. Students may only access certain information in the patient record. Records may not be reviewed for use or to review information that is not necessary to provide care. Students are strictly prohibited from viewing their own records or records for patients they have not been assigned to provide care. Duplicating patient records and/or removing patient records from the facility is strictly prohibited.

Safeguards must always be taken to protect patient information, such as safeguarding computer screens, logging off computers, not sharing passwords, keeping notes and records private, and not discussing patients in public spaces. Students shall make every effort to prevent the inappropriate sharing of health information.

The following actions are forbidden: With respect to information received while in the professional role as a student, you may not disclose any personal health information of any individual. Simply removing the name of an individual does not constitute proper de-identification of protected health information. Inclusion of such data such as age, gender, race, diagnosis, clinical agency, date of evaluation, type of treatment used, location, or the use of a highly specified diagnosis may still allow the reader to recognize the identity of the individual. This is a HIPAA violation. Students may not copy or print from patient/client charts at any time in the various clinical settings. If the student requires information from the chart, the student may take written notes without using any patient/client identifiers. Students violating these guidelines will be subject to actions ranging from a critical incident, learning contract, to dismissal from their allied health program. In addition, students must be aware that HIPAA violations can include civil and criminal liability. Punishment for such actions may include fines and imprisonment.

## INSURANCE COVERAGE

Liability Insurance: Professional liability insurance coverage is provided to all students enrolled in clinical/externship courses as part of their paid tuition. This insurance only extends to duties performed at clinical/externship while the student is onsite for a specific

clinical training experience. Kalamazoo Valley encourages each student to evaluate whether they should obtain additional individual liability insurance.

Health Insurance: Kalamazoo Valley does not provide health insurance directly for students participating in the Health Career programs. Each student is expected to have private medical insurance coverage. If you have an accident or exposure while on campus or during your off-campus clinical experience, you will need to file all claims with your private health insurance. Provide all the necessary information to Kalamazoo Valley Public Safety and discuss the details on how to file a claim with the college's liability insurance. Not all claims are eligible under the college's liability plan. Filing a claim does not guarantee acceptance and payment of claim. Costs not covered by the student's private insurance or by the college's liability insurance are the responsibility of the student.

## PROFESSIONAL COMMUNICATION

Part of your health care educational training includes demonstrating professional communication skills. While in the program, you are expected to maintain professional communication standards. Here are some examples of what is expected:

1. Professional and respectful tone and civility are used in communicating with fellow learners and the instructors, whether the communication is by electronic means, by telephone, or face-to-face.
2. Written communication, both formal and informal, is professional and respectful rather than popular online abbreviations and regional colloquialisms.
3. Interactions reflect a professional and respectful tone in verbal communications and body language.
4. Spelling and grammar are correct.
5. Sending email from your Kalamazoo Valley email account or the college's learning management system, email communication must include your full name.
6. Personal phone and text communications are permitted with the approval of the instructor but should be reserved for emergent and time sensitive communications.

## PROFESSIONAL CONDUCT

As future health care providers, professional conduct is expected in all interactions with classmates, instructors, the college, patients, and clinical affiliates. Professional conduct is defined by the following characteristics and behavior.

1. Respect:
  - a. Embrace different cultures, ideas, opinions openly and without ridicule, anger, or sarcasm.
  - b. Display good class citizenship by contributing actively to the learning of their classmates, initiating interesting discussions in class, or



helping students understand material outside of class.

- i. Examples of poor citizenship behavior includes “hogging airtime” with comments that are too long-winded, repetitive, or irrelevant.
  - ii. Not allowing others a turn to talk.c. Avoid behaviors that are disruptive to the teaching-learning process. This includes but is not limited to using electronic devices and phones for conducting personal business during class time, sleeping during class, coming to class late, or talking and disrupting your classmates while the instructor is lecturing. Whenever possible, restroom breaks should be taken during the scheduled break time.
2. Professional communication – See communication standards in this handbook.
    - a. Examples of unprofessional communication:
      - i. Argumentative
      - ii. Eye rolling
      - iii. Cursing
    - b. Follows college, course, and clinical affiliate rules for social media and online etiquette.
  3. Integrity- Do not lie. Tell the entire truth. Be trustworthy and honest. Maintain academic honesty, which includes reporting acts of dishonesty.
  4. Ethical Behavior - Follows professional code of conduct and ethical behavior standards set forth by the program and the health care discipline.
  5. Adaptability – Is able to problem solve and make the necessary adjustments to a changing environment.
  6. Accountability - Accepts constructive feedback without anger or sarcasm. Takes responsibility for their mistakes and does not blame others.
  7. Professional Appearance - Follows dress code standards set-forth by the program. Appearance should portray a positive and professional image. Clothing and hair should be clean and well groomed.
  8. Dependability – Is punctual. Properly notifies instructors of an absence before the start of class. Completes assignments or paperwork without having to be reminded. Follows through on commitments.
  9. Emotional Control- Remains calm and maintains composure even in challenging situations.
  10. Positive Attitude- Promotes a healthy environment with a positive approach to all situations. Avoids sarcasm, gossip, anger, and negative behavior.

Failure to adhere to professional behavior is disruptive behavior and may be referred to the student relations coordinator. Program level disciplinary action for violation

of professional conduct/communication may include suspension from class or clinical activities, request for academic withdrawal, or program removal as determined by the faculty and/or program director. Students subject to disciplinary action have the right to appeal following the due process outlined in the student handbook, however suspension of clinical privileges will remain in effect until the appeal is resolved. Suspension, or revocation of clinical privileges by a clinical affiliate may result in Kalamazoo Valley removing the student from a class or program, delay a student’s on time graduation, or terminate a student’s progress in the program entirely and permanently. Affiliate suspension or revocation of privileges is not under the control of Kalamazoo Valley nor its faculty and is not open to appeal.

## TOBACCO USE

Smelling of tobacco or other substances can be offensive to patients and may either trigger allergic reactions, or trouble breathing, or decrease patient satisfaction. Students are prohibited from possessing tobacco products on their person while in the clinical setting. If the student smells of tobacco, they may be required to leave the clinical setting. This will count as an absence, and the entire day must be made-up. Affiliate agencies may have their own guidelines regarding tobacco use or possession. Students are required to comply with Affiliate agency guidelines while in any clinical or lab setting.

## CLINICAL AFFILIATES

Please contact the Specialty Accreditation, Compliance, and Improvement Manager with any questions regarding Kalamazoo Valley’s Clinical Affiliates.

## EXPOSURE SAFETY & PRECAUTIONS

### STANDARD TRANSMISSION PRECAUTIONS

It is the responsibility of all healthcare providers to practice and enforce infection control procedures to ensure a safe environment for both the patient and the healthcare provider. The objective is to prevent transmission of infective agents. Every patient should be considered potentially infective and strict adherence to infection control procedures will be practiced, monitored, and evaluated.

Healthcare Workers (HCW) are at risk for exposure to infectious diseases. The risk to occupational exposures to infectious diseases will vary with type healthcare setting, the patient population, and the type of procedure.

The primary routes of infectious transmission is through contact, droplet and airborne. The following are OSHA definitions of exposure:

#### Contact:

Direct contact transmission involves the transfer of infectious agents to a susceptible individual through

physical contact with an infected individual (e.g., direct skin-to-skin contact).

Indirect contact transmission occurs when infectious agents are transferred to a susceptible individual when the individual makes physical contact with contaminated items and surfaces (e.g., doorknobs, patient-care instruments or equipment, bed rails, examination table).

Universal precautions are required to prevent this exposure, and students should consider the appropriate use of gloves, gowns, and face shield/eye protection as appropriate preventative measures.

Droplets containing infectious agents are generated when an infected person coughs, sneezes, or talks, or during certain medical procedures, such as suctioning or endotracheal intubation. Transmission occurs when droplets generated in this way come into direct contact with the mucosal surfaces of the eyes, nose, or mouth of a susceptible individual. Droplets are too large to be airborne for long periods of time, and droplet transmission does not occur through the air over long distances.

Precautions here require the use of a surgical mask or higher.

Airborne transmission occurs through very small particles or droplet nuclei that contain infectious agents and can remain suspended in air for extended periods of time. This includes aerosolizing procedures such as suction, or nebulized medication administration. When particles are inhaled by a susceptible individual, they enter the respiratory tract and can cause infection.

Precautions here require the use of an N95 type mask that has been properly fit tested, or powered air purifying respirator.

All students enrolled in a Health Careers Program will be trained on the CDC & OSHA's Guidelines for transmission, personal protective equipment (PPE), isolation procedures for infective agents, and infection control procedures for cleaning and handling equipment. This training includes procedures for:

1. Hand Hygiene
2. Standard Precautions
3. Contact transmission and precautions: indirect or direct contact
4. Droplet transmission and precautions
5. Airborne transmission and precautions
6. Bloodborne Pathogen Standards
7. Patient-care equipment and instruments/devices (see program specific policies)

In addition, students enrolled in a healthcare program will annually complete pre-clinical orientation modules.

## EXPOSURE CONTROL PLAN

If a student is exposed to blood or bodily fluids during

class time, including clinics, labs, and field work Kalamazoo Valley's Public Safety must be informed of the incident to ensure the College's Exposure Control Plan is followed. Public Safety can be reached at **269-488-4575**.

### ON CAMPUS:

Contact Kalamazoo Valley's Public Safety from any college phone by dialing **4911** or pick up a red phone to be immediately connected. Once connected, inform Public Safety of the nature of the call. Public Safety will walk the student through the Exposure Control Plan.

### OFF CAMPUS:

1. Follow the Affiliate's Exposure Control Plan or Protocol; obtain a copy of their INCIDENT report.
2. Contact Kalamazoo Valley's Public Safety at **269-488-4575** as soon as possible during business hours.a. Give Public Safety a copy of the incident report.
3. If the Affiliate has no site protocol for injury /incident contact Kalamazoo Valley's Public Safety to follow Kalamazoo Valley's Exposure Control Plan. Public Safety can be reached at **269-488-4575**.

Payment of exposure services, including assessment, diagnosis, treatment, and follow-up.

1. File all claims with your private health insurance.
2. Provide all the necessary information to Public Safety
  - a. Discuss the details on how to file a claim with the college's liability insurance.
  - b. Not all claims are eligible under the college's liability plan.
  - c. Filing a claim does not guarantee acceptance and payment of claim.

Costs not covered by the student's private insurance or by the college's liability insurance are the responsibility of the student.

## STUDENT RESPONSIBILITIES

Students are responsible for participating in the learning process in a conscientious manner while taking full advantage of available educational opportunities. Students are also expected to conduct themselves in such a manner as not to interfere with the learning of others. The following list, not meant to be inclusive, further defines the student role:

Check Kalamazoo Valley email and LMS daily for messages and updates. LMS is an extension of the course syllabus.

Minimally spend 2-3 hours a week (for each class's contact hour) outside of class time reading, studying, and preparing.

Submit assignments, exams, and papers (case studies, etc.), and clinical compliance documents by the published deadlines.

Review the Kalamazoo Valley policy concerning academic

dishonesty and expected student conduct.

Come to all class sessions prepared and on time.

Bring the required equipment, supplies, and materials to class, lab, or clinic.

Display interest in the subject matter through participation, questions, etc.

Bring forth concerns to appropriate individuals;

- Instructor
- Program Director
- Dean of Instruction

Seek help and clarification when necessary (i.e. tutoring, study groups, faculty office hours, questions).

Engage in accurate, objective self-assessment of your own work and continually be aware of class standing/performance.

Understand the instructor's expectations and methods of assessment; see course syllabus.

Initiate all paperwork necessary to enroll in and exit from the course, including financial aid documents.

Follow college, program, and affiliate's policies and procedures.

If applicable, request accommodations each semester through the Office of Student Access

Contact the instructor, counselor, and financial aid office before withdrawing from a course/program.

Volunteering for community services helps to promote a well-rounded healthcare professional and supports professional growth. Programs may solicit student volunteers to participate in activities that help promote the program, Kalamazoo Valley, or the health and well-being of the community at large.

## ADVISORY COMMITTEE CLASS REPRESENTATIVES

Accredited programs are required to have an advisory committee which helps the program to establish a written statement of programs goals and competencies for the knowledge, skills, and abilities, for each learning domain, that reflects the needs and interest of the program's various communities of interest. These goals must be compatible with the mission of the sponsoring institution, expectations and needs of healthcare employers, nationally accepted certification and licensing boards, and the educational needs of the students. Programs should have significant representation and input from non-program personnel and may include students, graduates, faculty, college administration, clinical affiliates, employers, physicians, government officials, and public members.

The program will select at least one student representative per cohort and, with mutual agreement, appoint them as class representatives to the advisory

committee. Appointees must be in good standing with the program and have the ability to represent both the program and their cohort while gaining an understanding of accreditation, institutional, and healthcare system requirements that affect the program.

Student Representatives have the following responsibilities:

- lead class meetings and solicit student input.
- attend program events such as recruitment or information sessions.
- attend the advisory committee meetings, typically twice annually.
- continue role from appointment through one year after graduation.

See the [Advisory Committee's Handbook](#) for more information.

## JURY DUTY

If students receive notification for jury duty, the following steps should be implemented:

1. Within 5 days of notification, the student must contact the Jury Services Office to schedule an alternate date (the phone number is listed on the Juror Summons). Be prepared to suggest alternate dates that the student would be available to serve. If the student is unable to reschedule the date, then proceed to the next step within 3 days.
2. If the student still cannot reschedule jury duty, discuss this situation with the professor/course instructor for the course where there is a conflict.

## ACTIVE DUTY

Veterans and active-duty military personnel with special circumstances (e.g., upcoming deployments, drill requirements, etc.) are encouraged to communicate these, in advance if possible. Should you be activated to duty during the semester, please contact the program director and submit your Activation Papers to Admissions, Records and Registration for processing.

## PORTABLE ELECTRONIC DEVICES

A Portable Electronic Device (PED) is any device capable of storing, processing, and transmitting data or media. Examples include cell/smart phones, laptops, iPad's, PDA's, USB or portable drives, MP3 players: essentially any cellular or wireless device. Kalamazoo Valley recognizes the appropriate use of PED's for educational purposes directly related to academic work, [Canvas specific coursework] or lab and simulation / clinical documentation, [such as Trajecsys or Platinum Education] and restricts their use to those appropriate activities defined by the faculty.

The use of communication devices, such as cell phones or tablets, is otherwise limited to emergency situations while in the academic environment. Devices should be



set to “silent” during class times and powered off during assessment/testing. When responding to an emergent communication, quietly and quickly excuse yourself from the classroom to minimize any disruptions to your peers' learning experiences. Excepting Kalamazoo Valley issued devices with secure testing environments, any cell phone or communicating device used during a testing situation, including review of an exam, is considered an act of academic dishonesty.

Use of electronic devices in clinical settings is otherwise limited to appropriate clinical documentation purposes, such as documenting competencies, as determined by the clinical instructor and in compliance with the clinical affiliates policies. PED's should never enter the patient care area. Students may access patient records only as directed by clinical faculty. Any capture or communication of protected health information other than to the assigned faculty member is grounds for immediate dismissal. There is to be no photographing or recording of clinical experience utilizing a PED. Recordings of lab/simulation activity is permitted only by Kalamazoo Valley faculty/staff. Please refer to the student handbook for further discussions on classroom civility and appropriate use of electronic devices including computers owned and operated by Kalamazoo Valley.

**Disciplinary Action:** Violation of the policy may result in disciplinary action and/or dismissal from the program or the college. Refer to appeal, suspension, and dismissal policy.

## VIDEO RECORDING IN THE CLASSROOM

The college has several options for video conferencing including technology enhanced classrooms designed for remote learning options. Kalamazoo Valley may schedule classes as web based, hybrid, or multimodal. Synchronous courses are typically published schedules for online or face to face sessions. Asynchronous sessions are web based and not scheduled. Instructors may determine that video conferencing is a way to meet and manage course objectives, online office hours, or other venues. Video conferencing zoom sessions is limited to the faculty, and students currently enrolled in the class. Recording of any online sessions is at the instructor's discretion but access is limited to the instructors (including part time and clinician) and students from the cohort.

The program makes an extensive use of simulation activities for both the lab and the clinical components of the program. The simulation labs have the ability to record video of your scenario work, which we do. Since you are being recorded, your self-awareness of your dress, activities, and language is imperative. Video's may be archived to demonstrate curriculum, student progress, or terminal competencies for accreditation and licensing purposes. Videos are used to support class activities and may be accessed by students within the cohort through Canvas, the class (google) drives on the Kalamazoo Valley system, or through direct links through the Laerdal (or

future vendor) software.

Videos may not be posted on social media by students or faculty. Students providing express written consent to Kalamazoo Valley's marketing department are voluntarily allowing video use for advertising Kalamazoo Valley Health Careers Programs and college marketing campaigns. Students are required to inform instructors of the discovery of any videos on social media.

## SOCIAL MEDIA & NETWORKING

Kalamazoo Valley Health Careers Programs faculty and staff believe that our students can be our best ambassadors for promoting our careers and our programs. We highly encourage positive and professional postings that do not violate any of the following:

1. Do not use Kalamazoo Valley logos on any social media account without permission.
2. Do not post or comment on content that is in violation of HIPAA or FERPA.
3. Do not post content or otherwise speak on the behalf of the clinical agency or college unless approved in writing by the instructor and clinical agency.
4. Promptly report any identified breach of confidentiality or privacy to the instructor and appropriate authority within the clinical facility.
5. Do not share or transmit, any patient-related information, or images. In addition, do not transmit any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy or otherwise degrade or embarrass a patient.
6. Do not share, post, or otherwise disseminate any information, including images, about a patient or information gained in the student-patient relationship with anyone unless there is a patient care-related need to disclose the information or other legal obligation to do so.
7. Do not take photos or videos of patients on personal devices, including cell phones. Follow Affiliate policies for taking photographs or video of patients for treatment or other legitimate purposes using employer provided devices.
8. Do not use the Affiliate's hardware, software, network, blog, posting board or any other social media to create, send receive download, transmit store display, or otherwise access or control personal social media/Social Networking communications.
9. Do not use any property, logos, and trademarks of any clinical affiliate on social media/Networking.
10. Maintain professional boundaries in the use of electronic media. Online contact with patients or former patients blurs the distinction between a professional and personal relationship and is not permitted.
11. Do not use social media/Networking to harass, threaten, slander, smear, disrespect, embarrass or offend

fellow students, faculty, or employees of Kalamazoo Valley or the affiliate.

12. Students are obligated to follow the social media policies of the clinical affiliate. Students violating the affiliate policies may have privileges suspended or revoked at the affiliates discretion, which could affect the students standing in the program. Clinical affiliates may pursue legal action when applicable.

**Disciplinary Action:** Violations of this policy may result in disciplinary action and/or dismissal from a program or from the college.

# TEST COMPLIANCE PROCEDURE

The term “test” will refer to all forms of assessments, such as exams, quizzes, lab practical, etc. The Test Compliance rules will apply to all tests for the entire time you are in your respective health career program. Violations of any of the rules listed here may be viewed as a direct violation of the Academic Honesty Policy of Kalamazoo Valley Community College. Any student caught cheating will forfeit their grade and will receive zero (0) for that test or assignment. The instructor will initiate the formal written process to notify the appropriate administrators. The student may be subject to disciplinary actions and violations are grounds for dismissal from the College. See the [Kalamazoo Valley Student Handbook](#) for complete details on Academic Dishonesty process.

The following rules will apply to all tests and assessments.

- Paper test booklets must be returned before leaving the testing room.
- Only a college issued calculator and scrap paper may be used. All scrap paper and calculators must be returned before leaving the testing area. For online assessments taken off-site, all scrap paper must be destroyed in view of the webcam.
- For paper tests which use a Scantron, official answers are taken from the Scantron and not from the test booklet.
- All electronic devices must be powered off (phones, smart watches, etc.).
- No books, materials or outside assistance can be used during the testing.
- The desk/testing area needs to be cleared of all items.
- Testing must be completed by the due date and time. See syllabus for late penalty.

The following behaviors are prohibited:

- Discussing a test with other students who have not completed the assessment.
- Assisting other students or receiving assistance from other students regarding any test.
- Printing, copying, or downloading tests (questions or answers).
- Using any unauthorized copied, printed, or downloaded materials, such as exam questions and answers.
- Leaving the room during the testing period (i.e. to make calls or use the restroom).
- Recording of an exam review session, or copying, taking screenshots or pictures of any exam questions during such a session

Instructors may, in their discretion, modify any rule for tests and assessments.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

VALLEY ID: \_\_\_\_\_

Program of Study \_\_\_\_\_

Date \_\_\_\_\_

Upload a signed copy of this form to the corresponding module in the Clinical Compliance Canvas Course.



# RECEIPT/ACKNOWLEDGEMENT OF HANDBOOK

I, the undersigned, have reviewed the digital copy of the Kalamazoo Valley Community College Health Careers Student Handbook. I understand my signature indicates that I am responsible for the content contained in the handbook, as well as the content of Kalamazoo Valley's Catalog/Programs of Study and Student Handbook.

Signature \_\_\_\_\_

VALLEY ID: \_\_\_\_\_

Program of Study \_\_\_\_\_

Date \_\_\_\_\_

Upload a signed copy of this form to the corresponding module in the Clinical Compliance Canvas Course.

Kalamazoo**VALLEY**<sup>™</sup>

# Health Careers Student Handbook 2024-2025

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## DENTAL HYGIENE

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## ACCREDITATION

The program in dental hygiene is accredited by the Commission on Dental Accreditation [and has been granted the accreditation status of “approval without reporting requirements”]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

The Commission’s web address is: <http://www.ada.org/en/coda>.

## DENTAL HYGIENE MISSION PHILOSOPHY

To provide Kalamazoo Valley Dental Hygiene Program students with evidence-based education and clinical experiences to build their ethical standards and problem-solving skills thus preparing them to become professional hygienists in an evolving health care environment requiring adaption to changing technology, sensitivity to multi-cultural populations, and delivery of client-centered treatment.

## PROGRAM GOALS

1. To provide a broad-based education for dental hygiene students that will enable them to practice effectively in a variety of settings and /or extend their education.
2. To provide theoretical course work and practical experience in the dental hygiene process of care.
3. To provide dental hygiene students with the theory and practice of client education, technologies, modalities, and strategies that will enable them to motivate clients to obtain, maintain, and enhance their oral health.
4. To continually evaluate and procure updated modalities for the dental hygiene clinic to ensure the availability of state-of-the-art equipment and technologies for practicum experiences.
5. To provide professional development for the dental hygiene faculty to improve their quality of instruction and for oral health care professionals to improve job performance and career advancement.
6. To provide dental hygiene students with theory and practical experiences with and for a diverse client population.

## STANDARD OF CARE

The Dental Hygiene Program educates the students on the Dental Hygiene Process of Care utilizing the six (6) standards adopted by the American Dental Hygienist Association

### STANDARDS OF PRACTICE 1

#### Standard 1: Assessment

Dental hygiene students at Kalamazoo Valley are expected to systematically collect, analyze, and document the oral and general health status and client needs. The dental hygiene student will conduct a thorough, individualized assessment of assigned clients with or at risk for oral disease or complications. Our assessment process requires ongoing collection of data and interpretation of relevant data. Data will be documented in our computer software program currently supplemented by a paper file for documentation necessary for teaching and learning of the dental hygiene process of care.

- Client History
- Comprehensive clinical evaluation
- Risk assessment.

#### Standard 2: Dental Hygiene Diagnosis

Dental hygiene students at Kalamazoo Valley are expected to utilize their data collection to identify existing or potential oral health problem (s) that they are educationally qualified and will be licensed to treat. The dental hygiene student creates a dental hygiene diagnosis by analyzing the collected data and utilizing critical decision-making skills to reach conclusions about the client’s dental hygiene treatment needs and the client’s self-care needs.

- Data assessment
- Dental hygiene care addressing client needs.
- Dental hygiene diagnosis as a part of overall dental treatment plan

#### Standard 3: Planning

Dental hygiene students at Kalamazoo Valley are expected to recommend goals and establish expected outcomes based on client needs, expectations, values, and current scientific evidence. The dental hygiene treatment plan is based on the assessment findings, the dental hygiene diagnosis, and the client’s input/commitment.

- Dental hygiene intervention
- Coordinate resources to facilitate comprehensive quality care.
- Collaboration with other health care providers including dentists.
- Presentation and documentation of treatment plan to client
- Concise and understandable explanation of planned treatment, intervention, anticipated outcomes, options, and client commitment
- Informed consent and/or informed refusal

#### Standard 4: Implementation

Dental hygiene students at Kalamazoo Valley are expected to implement the delivery of dental hygiene services based on the dental hygiene care plan in a



manner that minimizes risk, optimizes oral health, being proactive with current technological advancements.

- Dental hygiene care plan implementation with client/caregiver
- Modifications as needed and obtaining consent.
- Use of appropriate communication skills for a variety of clients
- Maintenance care confirmation and scheduling

#### **Standard 5: Evaluation**

Dental hygiene students at Kalamazoo Valley are expected to evaluate the outcomes of their dental hygiene care. The evaluation process includes the use of measurable assessment criteria to determine whether goals are met or need to be altered. The dental hygiene student is expected to use critical thinking skills to determine when additional diagnostics, treatment, referral, education, and continuing care are needed. In addition, the dental hygiene student will document the changes in treatment or client self-care appropriately communicates this to the client.

- Assessment criteria to evaluation outcomes
- Communication to other health care providers involved regarding outcomes.
- Collaboration to determine need for additional diagnostics, treatment, referral, education, and continuing care based on treatment outcomes and self-care behaviors.

#### **Standard 6: Documentation**

Dental hygiene students at Kalamazoo Valley are expected to complete and accurately record all collected data, treatment planned and provided, recommendations, and other information relevant to client care and treatment. The dental hygiene student is expected to follow ethical and legal responsibilities of record keeping, be compliant with HIPAA regulations, and protect the confidentiality of client information. In addition, the dental hygiene student will document client failed appointments and other inappropriate behaviors that may constitute a violation to their responsibilities as identified in our Client Bill of Rights and Responsibilities.

- Documentation of all components of the dental hygiene process of care
- Objective documentation of interactions between client and Kalamazoo Valley student(s), clinicians, and staff
- Accurate and legible recording
- Ethical and legal responsibilities met during record keeping.
- Compliance with HIPAA
- Respects and protects confidentiality of client information.

<sup>1</sup>*Standards for Clinical Dental Hygiene Practice, Revised 2016.* American Dental Hygienists' Association.

## **DRESS CODE**

### **A. Clinic Uniform**

1. Scrub top and pants, style is designated by department.
  - a. Color will be voted on by class.
2. Official Kalamazoo Valley name tag must be worn on the clinic floor and off-site clinical rotations.
3. Closed toed white shoes and white socks.
  - a. Socks must cover your ankle.
  - b. Shoes must only be used for clinic and kept in your locker.
4. Impermeable gown (provided by Kalamazoo Valley)
5. CTE student must wear dosimeter badge when exposing radiographic images.

### **B. Lab Uniform**

1. Scrubs and name tag as identified above.
  - a. Optional – lab coat covering from neckline to waist or longer, long sleeved (any color)

**Note: Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted. Please reference the Professionalism Rubric in all Dental Hygiene Course Syllabi to learn more about dress code enforcement.**

## **ATTENDANCE PROCEDURE**

**Class tardiness:** Students are expected to attend and be on time (no tardiness) for every session; this is a vital part of the educational experience and becoming a professional employee. Students are responsible for all the work, instruction, and announcements whether the students are present or not. If students miss, see fellow classmates for material covered. All handouts will put in the students' instrument locker. If students have questions or need clarification after consulting with a classmate, please talk with the course instructor.

- Students are required to notify their instructor by phone, text, or email of any anticipated tardiness or absence.

**Clinical tardiness:** Students are expected to be on time every clinical day. If students are tardy, they may or may not be allowed to complete the clinical day. Tardiness will be reflected on the clinical evaluation and does impact the student's grade in the course. If tardiness exceeds 2, students will be required to make an improvement plan.

- Students are required to notify the Office Specialist of an anticipated tardiness.

**Clinical attendance:** Students are expected to attend the entire clinical day. If students are absent from clinic, they will have to make up this time. Predetermined make-up days will not be set forth at the beginning of the semester and it may be made up on a different day of the week.

- If an absence arises students are required to notify the Office Specialist and the course instructor and state that they will be absent.

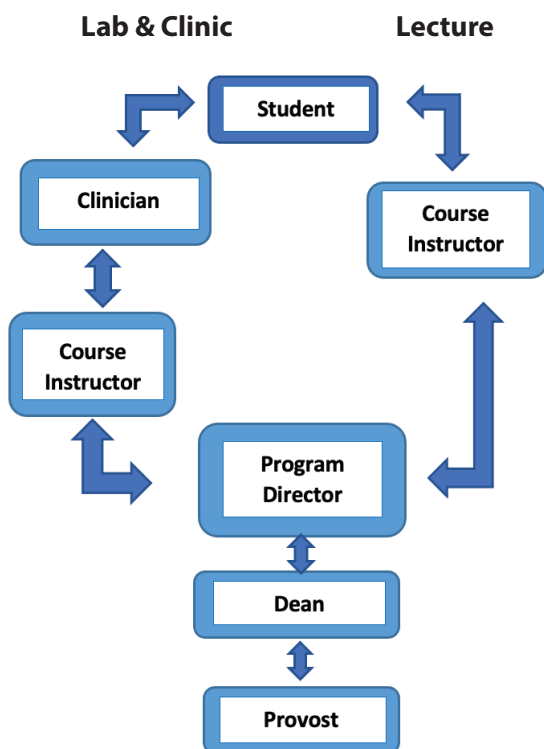
Excessive absences: If students miss 1 (or more) of class time for any unexcused reason this will impact the course grade by up to 5%. Late arrivals or early departures from class will count as partial absences. If students often arrive late or leave early, they may be asked to complete a course directed withdraw since those behaviors are usually quite distracting.

Attendance exceptions: Exceptions to this policy may be considered on an individual basis. Students must contact the course instructor as soon as possible if they have an extenuating and documented situation so that further options may be discussed. Contacting the course instructor about missing days does not automatically mean the situation is extenuating.

## ETHICAL STANDARDS

Dental hygienist students are required to abide by the ADHA's Code of Ethics, reproduced in Section 2.3 below. Violations of the Code of Ethics may be subject to disciplinary action pursuant to the Kalamazoo Valley Student Code of Conduct.

## PATHWAY FOR COMMUNICATION



## DENTAL HYGIENE OATH<sup>1</sup>

In my practice as a dental hygienist,

I affirm my personal and professional commitment.

To improve the oral health of the public,

To advance the art and science of dental hygiene,

And to promote high standards of quality care.

I pledge continually to improve my professional

Knowledge and skills, to render a full measure.

Of service to each client entrusted to my care,

And to uphold the highest standards of professional

Competence and personal conduct in the interest

Of the dental hygiene profession and the public, it serves.

<sup>1</sup> Ethics and Law in Dental Hygiene 3rd Edition. P. Beemsterboer. St. Louis, MO. 2017. pp 3.

## ADEA COMPETENCIES FOR ENTRY INTO THE PROFESSION OF DENTAL HYGIENE<sup>1</sup>

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

### CORE COMPETENCIES (C)

C.1 Apply a professional code of ethics in all endeavors.

C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.

C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote client health and wellness.

C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into client dental hygiene care plans to achieve high-quality, cost-effective care.

C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.

C.6 Continuously perform self-assessment for lifelong learning and professional growth.

C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.

C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.

C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.

C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by

acknowledging and appreciating diversity.

C.11 Record accurate, consistent, and complete documentation of oral health services provided.

C.12 Initiate a collaborative approach with all clients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.

C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.

C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

## HEALTH PROMOTION AND DISEASE PREVENTION (HP)

HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.

HP.2 Respect the goals, values, beliefs, and preferences of all clients.

HP.3 Refer clients who may have physiological, psychological, or social problems for comprehensive evaluation.

HP.4 Identify individual and population risk factors and develop strategies that promote health-related quality of life.

HP.5 Evaluate factors that can be used to promote client adherence to disease prevention or health maintenance strategies.

HP.6 Utilize methods that ensure the health and safety of the client and the oral health professional in the delivery of care.

## COMMUNITY INVOLVEMENT (CM)

CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.

CM.2 Provide screening, referral, and educational services that allow clients to access the resources of the health care system.

CM.3 Provide community oral health services in a variety of settings.

CM.4 Facilitate client access to oral health services by influencing individuals or organizations for the provision of oral health care.

CM.5 Evaluate reimbursement mechanisms and their impact on the client's access to oral health care.

CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.

CM.7 Advocate for effective oral health care for underserved populations.

## CLIENT CARE (PC)

### *Assessment*

PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of clients using methods consistent with medicolegal principles.

PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.

PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall client care and treatment outcomes.

PC.4 Identify clients at risk for a medical emergency and manage the client care in a manner that prevents an emergency.

### *Dental Hygiene Diagnosis*

PC.5 Use client assessment data, diagnostic technologies, and critical decision-making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the client's dental hygiene care needs.

### *Planning*

PC.6 Utilize reflective judgment in developing a comprehensive client dental hygiene care plan.

PC.7 Collaborate with the client and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is client-centered and based on the best scientific evidence and professional judgment.

PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the client care plan.

PC.9 Obtain the client's informed consent based on a thorough case presentation.

### *Implementation*

PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the client in achieving oral health goals.

### *Evaluation*

PC.11 Evaluate the effectiveness of the provided services and modify care plans as needed.

PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and client self-reports as specified in client goals.

PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

## PROFESSIONAL GROWTH AND DEVELOPMENT (PGD)

PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.

PGD.3 Access professional and social networks to pursue professional goals.

<sup>1</sup>ADEA *Competencies for Entry into the Allied Dental Professions (As approved by the 2011 ADEA House of Delegates)*. *Journal of Dental Education*. July 2011. pp 944 - 945.

## ADHA'S CODE OF ETHICS<sup>1</sup>

### 1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world.

Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

### 2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws, and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

### 3. Key Concepts

Our beliefs, principles, values, and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics and are interrelated and mutually dependent

### 4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and wellbeing of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care, and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

### 5. Fundamental Principles

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

#### Universality

The principle of universality expects that, if one individual judge an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

#### Complementarity

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

#### Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

#### Community

This principle expresses our concern for the bond between individuals, the community, and society



in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

### **Responsibility**

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

## **6. Core Values**

We acknowledge these values as general for our choices and actions.

Individual autonomy and respect for human beings

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

### **Confidentiality**

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

### **Societal Trust**

We value client trust and understand that public trust in our profession is based on our actions and behavior.

### **Non-maleficence**

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them, and others involved in their treatment.

### **Beneficence**

We have a primary role in promoting the wellbeing of individuals and the public by engaging in health promotion/disease prevention activities.

### **Justice and Fairness**

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

### **Veracity**

We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

## **7. Standards of Professional Responsibility**

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities.

### **To Ourselves as Individuals...**

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

### **To Ourselves as Professionals...**

- Enhance professional competencies through continuous learning to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

### **To Family and Friends...**

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

### **To Clients...**

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.
- Recognize that cultural beliefs influence client decisions.

### **To Colleagues...**

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

### **To Employees and Employers...**

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

### **To the Dental Hygiene Profession...**

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

### **To the Community and Society...**

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care

provided by dental hygienists.

- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

### **To Scientific Investigation...**

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.

- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

<sup>1</sup> *Bylaws & code of ethics - ADHA*. American Dental Hygienists' Association. (2022, June). [https://www.adha.org/wp-content/uploads/2023/01/ADHA\\_Bylaws\\_Code\\_of\\_Ethics\\_FY22.pdf](https://www.adha.org/wp-content/uploads/2023/01/ADHA_Bylaws_Code_of_Ethics_FY22.pdf)

Kalamazoo**VALLEY**<sup>™</sup>

# Health Careers Student Handbook 2024-2025

KV

**EMERGENCY MEDICAL  
TECHNOLOGY**



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# ACCREDITATION STATEMENT

## ACCREDITATION STATUS

The AAS in EMS degree (the paramedic program) is accredited by CAAHEP ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP, [www.coaemsp.org](http://www.coaemsp.org)), being judged to be in compliance with nationally established standards and awarded continuing accreditation status. Accreditation is a peer review process that helps protect the public and ensure a supply of qualified health care professionals. Programs are accredited when it is determined that they meet the educational standards and guidelines established by the profession. CAAHEP is the final auditor and granting authority. Each committee on accreditation is responsible for reviewing self-studies, performing on-site reviews and making recommendations to the CAAHEP Board of Directors. CoAEMSP is voluntary for Advanced EMT (EMT Specialist) and required for Paramedic (AAS in EMS) graduates to secure NREMT eligibility.

Commission on Accreditation of Allied Health  
Education Programs  
1361 Park St.  
Clearwater, FL 33756  
727-210-2350

## PROGRAM SPONSOR APPROVAL

Kalamazoo Valley Community College is an approved program sponsor by the Michigan Department of Health and Human Services (MDHHS), Bureau of Emergency Preparedness, EMS, and Systems of Care. Program Sponsorship is granted when, every 3 years, the program undergoes a self-study and onsite evaluation and is determined to be in compliance with the educational standards and program sponsor guidelines established by [MDHHS](#). Program Sponsor status is required to teach Medical First Responder, Emergency Medical Technician, Paramedic, and Instructor level of licensure.

Michigan Department of Health and Human Services  
Bureau of Emergency Preparedness, EMS, and  
Systems of Care  
PO Box 30207  
Lansing, MI 48909

## STATEMENT OF PURPOSE

“To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

## PROGRAM PHILOSOPHY

Many EMS programs graduate excellent technicians but few graduate ones skilled in the art of patient care. While Kalamazoo Valley is concerned about the depth and breadth of knowledge and achieving skill competencies our first priority is that student’s actions and attitudes are

to “conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care”. (NAEMT, 2023) This involves always acting compassionately towards patients and by extension their family members. Everyone students encounter, patient’s and family members, coworkers and other professionals deserve respect. The student’s attitude should reflect their professionalism and integrity. At the end of the call, the patient is not going to remember that the student had excellent skills, that the student diagnosed them correctly or gave the indicated treatments. In fact, they may not even be aware that the student was the one who saved their life. They will remember the way the student calmed their fears and eased their anxiety. They will remember the compassion and empathy that the student had shown them and their family.

The EMS program is designed to progress from a simple breadth (how much material should the student knows) to a comprehensive one. It also progresses from a simple depth (how much detail the student knows about each topic) to a complex one. The EMS program is a course sequence of Medical First Responder (simple breadth and depth) to EMT (foundational breadth and depth) to the complexities of the paramedic level, where clinical reasoning is developed in an expansive and detailed learning process. As such the student sees a progression of lecture and lab skills that, once learned, are incorporated into realistic simulation activities and ultimately clinical experiences. Documentation of these skills into the MDHHS required BLS portfolio, or the CoAEMSP Student Minimum Competency Matrix show the students progression as they integrate their classroom learning into the clinical environments.

## INSTRUCTIONAL STRATEGY

One of the first concerns of EMS physicians was addressing the need to get advanced medical care to the patients. In 1973 the ‘Emergency Medical Services Systems Act’ funded training initiatives to introduce providers into the EMS community. The most basic training is provided at the Emergency Medical Responder and Emergency Medical Technician levels of practice. EMR’s care for patients on scene until the ambulance arrives and the EMT transports the patient to the hospital. Recognizing that physicians were too short staffed there needed to be an intermediary; a physician extender, the Paramedic who treats the patient utilizing advanced and invasive skills. Today the [EMS Core Content](#) and the [EMS National Scope of Practice Model](#) are two key training documents describing the education domains of knowledge, skill, and attributes required of EMS providers.

These documents are used to design the student’s lecture, laboratory and clinical experiences. Lecture provides the basic pathophysiology and disease knowledge. Lab provides the student with the skill competency that the student needs for patient care.

As the student progresses through the levels of EMS education there is a transition toward scenario-based education, much in a high-fidelity learning environment. This format exposes the student to the critical aspects of the [Model of Clinical Practice in Emergency Medicine](#). This approach has been used to develop a portfolio of student minimum competencies and patient assessments that is required to prove the student's eligibility for the National Registry exam and state licensure. For MFR and EMT providers, MDHHS outlines the minimum skill and scenario testing competencies in the BLS Portfolio. For paramedic students, [CoAEMSP](#) outlines the student minimum competency (SMC) matrix which details the student's progress towards the skills and patient encounters the student must have to be eligible for the NREMT exam. The SMC tracks each attempt made at a skill, successful or otherwise, and each patient encounter to ensure that the student meets the minimal number of competencies that the program has established.

Platinum Planner is a web-based clinical tracking system that will help track these competencies obtained during the lab and clinical experience. The Clinical portfolio has a couple of pages listing skills in the scope of practice which also provides a display of "Instructor Signoff's" indicating what skills the student is allowed to perform in the clinical settings. This can be easily display for preceptors. Once the lab goals are complete the student should focus their attention on the "SMC 2023" Report (the student should do this every time the student goes to clinical) to ensure that the student is meeting the appropriate complaint and age-related categories as the student progress through the clinical courses.

## STUDENT EVALUATION OF FACULTY

CAAHEP accreditation, as well as MDHHS program sponsorship require that the program maintain a consistent pattern of self-assessment to maintain our program approval and eligibility for our students to test national board and licensing exams. Kalamazoo Valley, also an accredited institution, requires similar evaluations. Part of the evaluation process is to survey our advisory committee members, faculty, and students. A currently enrolled student's participation in any evaluation tools is expected.

Course Evaluation is a college wide tool used in each class to evaluate the student's commitment and time to the class, the class itself, and the instructor. This applies to each course in the program and the student's participation is essential to the continuous performance improvement of the program and particularly the faculty evaluation process. CoAEMSP requires that at the end of the program students complete the resource assessment matrix. This is used for all levels of EMS education (MFR through Instructor courses) with some variations based on the clinical requirements. Students are required to complete this survey. This survey

gives an overall evaluation of the program. Students' final exam will be locked until the completion of the survey. CoAEMSP also requires a graduate survey to be administered to graduates of the paramedic program. This survey is deployed through Platinum Planner, and it is expected that students will maintain a current email in the Platinum system so the survey can be distributed appropriately. Paramedic graduates also need to maintain current employer information in Platinum, as the same survey will be asked of the graduates' employer.

Kalamazoo Valley also randomly selects graduates to survey, which is a different survey than the ones required by CoAEMSP or MDHHS. The college also administers other surveys, such as the Program Review of Occupational Education, which determines federal funding for the equipment we use in labs, or the Community College Survey of Student Engagement. While the program cannot force the student to complete these surveys, the college believes that their participation is the best demonstration of professional responsibility.

## PROFESSIONAL AND ETHICAL BEHAVIOR

Kalamazoo Valley strives to provide an atmosphere of academic integrity where students are free to learn. An academically free environment is not necessarily an absolute for freedom of expression; it must be tempered with respect for the rights of other students to enjoy a cohesive learning environment, and the instructors' ability to teach. Students are expected to maintain reasonable standards of conduct and behavior especially in regard to Anti-Harassment, Non-Discrimination and Sexual Harassment policy. Additionally, Paramedics are considered Allied Health Professionals and therefore need to conduct themselves not only by the decency standards as set forth in the student handbook, but also to the ethical and behavioral expectations of the profession as outlined in the [EMT Code of Ethics](#). When students do not conduct themselves according to reasonable standards of conduct and behavior, as responsible members of the academic or professional community, the program or the college may institute appropriate disciplinary action as described in the student handbook.

Both MDHHS and CoAEMSP require that student be routinely [evaluated in the affective domain](#). Ultimately, the determination of professional behavior is graded as competent v non-competent, and students must receive competent scores on summative evaluations in order to pass each course within the program, and the program itself to be eligible for licensing. The items the student is evaluated on are minimally: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. These items may be documented on the professional behavior and counseling form and require an action plan.

## NAEMT CODE OF ETHICS FOR EMS PRACTITIONERS

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals, or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

## ATTENDANCE AND TARDINESS

Students must be registered to attend class.

**Class:** Students who fail to attend the first class or who fail the attendance requirements as outlined, may be subject to course directed withdraw. Federal Reporting of attendance and class progress is required for financial aid recipients. Absences/Tardiness can impact the student's financial aid status. Additionally, Michigan Department of Health and Human Services requires minimum hours of training. Attendance below the minimum requirement can be cause for removal from the program or prevent eligibility for licensing exams. It is the students' responsibility to consult the instructor regarding any absences and the instructor's prerogative to determine if the absence is excused or not. Students who know of a scheduled absence should request, in writing, instructor approval minimally 24 hours before the expected absence. Three or more absence/tardy incidents could result in the instructor contacting the counseling office or the student relations coordinator. Attendance is recorded in Canvas/Platinum.

**Clinic:** Students are required to attend all clinical as scheduled. The student is not allowed to switch clinical shifts with other students. Students who know of an upcoming absence should request, in writing, instructor approval and rescheduling minimally 24 hours before the expected absence. Sick calls on the day of must be reported prior to the scheduled start time. Students must also contact the clinical affiliate to inform them of the absence. No-call, no-shows to a clinical event will result in clinical probation and disciplinary actions. Absence/Tardy occurrences should be documented on the report form and copied to the student's file. Any additional absences will result in disciplinary action up to and including dismissal from the program. Partial attendance at a clinical is not optional. The student must attend the entire event. Any student who leaves a clinical before the scheduled time will be placed on probationary status. If the student is late for a clinical the clinical agency should dismiss the student and the scheduled clinical made up later. Remember, 10 minutes early is right on time: the student need enough time to park, walk, check in and be in the assigned area prior to the start of the clinical shift.

## CLINICAL SCHEDULING

Schedules for our hospital affiliates are determined by negotiation at the regional consortium level. The consortium posts a schedule showing available days, times, and units for student attendance. This schedule can change at an affiliate's discretion. If the student has not completed the student's orientation assignments Kalamazoo Valley will not be able to schedule the student's clinical assignments. Once the schedule is posted there are no changes permitted to the clinical schedule. Hospital Affiliates require program staff to monitor students while on hospital premises. Most of the student's clinical rotations will be required during



a weekday in which there is no classroom activity, so please plan accordingly if the student need time off work to attend clinical. Advanced Life Support schedules are also at the mercy of the affiliate and are often dependent on the number of available preceptors for a given day or staffing at the EMS agency. ALS agencies provide a day and time for the schedule and neither the program nor the student have influence over preceptor choices. EMT students are typically allowed access to the schedule to pick what shifts work in their schedules. Paramedic students register for a clinical/field course on a given day. The program will assign paramedic students to a rotation on the day for which the clinical course they registered for is scheduled. Paramedic students have one simulation day activity for each clinical course for which they are registered.

## CLINICAL RESCHEDULING PROCESS

Making up clinical because of absence or tardiness, even with legitimate circumstance, may not be possible. An instructor may choose to reschedule a student's legitimate absence if the clinical affiliate agrees to the schedule change. If a missed clinical assignment can't be rescheduled during the term a "NC" or an "I" grade may be issued. If the student is eligible for an "I" grade rescheduling may only occur after the following term's schedule is made available. Issuing an incomplete could create significant delays, of up to a year, in eligibility for NREMT certification exams or in MDHHS licensure.

## SECURE EXAM ENVIRONMENT

The EMS program utilizes Platinum Educations EMS Testing platform as a secure testing environment. EMS Testing offers students an opportunity to test with valid and reliable exam questions in an adaptive testing environment like the NREMT exam. The exams will provide student with detailed feedback on topic, module, and objectives. Students can compare their performance against other students testing at the same level, on a national scale. Item analysis in both Canvas and EMS Testing allow the program to remain in compliance with accreditation standards.

Both Canvas and EMS Testing utilize Responder Lockdown browser. This will require students to have a computer with a web cam. Paramedic students are provided iPads with Planner and EMS Testing applications pre-installed, and we recommend that the student use those for testing.

- The desk/testing area needs to be cleared of all items.
- All other electronic devices must be powered off (phones, smart watches, etc.).
- No books, materials or outside assistance can be used during the testing. No discussing a test with other students who have not completed the assessment. No printing, copying, or downloading tests (questions or answers).

Platinum takes this seriously and may suspend students or remove their access, in which case students may not be able to complete course requirements.

- When testing student should have a secure area, free from other individuals. Students must not have any other people present, maintain their face within the camera view, and generally should keep their eyes focused on the screen. If an incident occurs Respondus may flag the video and test for academic dishonesty.

## GRADING

Grade Scale for Didactic Classes:

100-94%	4.0
93-88%	3.5
87-82%	3.0
81-76%	2.5
75-70%	2.0
69-65%	1.5
64-60%	1.0

Instructors have the ability to weight the class gradebook in determination of a final grade therefore students should look to the specific class assignment schedule for information regarding the grade breakdown and assignments for each class. The minimum passing score for an exam is 70% (a 2.0). Exam scores <70% will require the student to discuss with the instructor a remediation plan, or the instructor may assign remediation to students who do not meet the threshold. The minimum passing score for the course is 70% (a 2.0). Should the student obtains < 70% the student cannot progress to the next course in the program.

### *Portable Electronic Devices*

The Paramedic program has iPads specifically allocated for paramedic students which may be obtained from library services. This requires an additional release form for compliance with IT.

### *Psychomotor and Affective Competencies:*

Medical First Responder and EMT students must successfully demonstrate minimal competency in all skills listed in the MDHHS BLS Competency Portfolio and Scenario Exam. This is a pass/fail grade imbedded in the course. To progress to the scenario exam students must demonstrate competency in the individual portfolio skills. Students must also successfully pass the required affective evaluation. Inability to complete the affective evaluation, the portfolio or scenario exams will result in the instructor issuing a 1.5 grade in the class, regardless of the grades earned from didactic material.

To be eligible for the NREMT practical exam, Paramedic students must complete a portfolio of skills and patient encounters. This is most recently updated in the Student

Minimum Competency Matrix required by all programs starting Jan 1, 2023. Meeting the minimum competencies as recommended by CoA and established by the program satisfies the reporting requirements for CoAEMSP and the NREMT to ensure exam eligibility to graduates of accredited programs. Kalamazoo Valley has adopted the recommended minimums, excepting internship. The SMC separately tracks the formative (learning opportunities with feedback and opportunity to correct) from summative (final competency) assessment but leaves the sequencing and arrangement to the program's discretion. Platinum Planner documentation is set up to track the SMC requirements as student progress through lab, simulation, clinical, and field work. Inability to complete the affective evaluation will result in the instructor issuing a NC grade in the class. Each course in the AAS in EMS sequence has its own separate requirements. Paramedic students must not only meet the requirements of each class while progressing through the program in addition to the overall program requirements of the SMC.

#### *Clinical Orientation Modules:*

Students are required to complete a series of online learning modules with links available in Canvas. Students will be provided username and password information. Required modules include HIPAA, Bloodborne Pathogens, Tuberculosis, and patient and workplace safety modules. Students not completing the modules will not attend clinical and be issued a No Credit grade for the class.

#### *Clinical Competencies:*

Medical First Responder students have no clinical requirements.

EMT students must complete 44 hours of clinical and 10 patient contacts. Students must submit an evaluation for each shift and a patient care report for each patient encounter. If students do not meet the patient encounter objective, they may be required to complete additional clinical shifts or simulation activities until the objective is met. All criteria must be passing, or a grade of NC will result and halt the students' progress in the program.

Paramedic students must meet all CoAEMSP Student Minimum Competency Matrix objectives to be eligible for graduation. Patient centered objectives list minimum number of requirements for skills, encounters by age, and complaints based on assessment. These are not flexible and must be met by the end of each course throughout the program as well as the cumulative SMC numbers upon program completion. Paramedic students must not only meet the requirements of each clinical course while progressing through the program but must be continually observant of overall program requirements of the SMC. Students who do not meet the patient encounter and skill requirements for an individual class they may be required to complete additional clinical shifts or simulation activities until the objective is met. Ideally students will meet these objectives prior to entering the field internship course. Failure to meet the SMC requirements may result in ineligibility to test

NREMT and obtain subsequent licensing.

Paramedic student must obtain an evaluation for each shift, complete an evaluation of the preceptor for each shift, and submit a patient care report for each patient encounter. Affective evaluations are required once per course and require a competent score to pass the class. The student should do these early enough in the class so that the student has a remediation opportunity, if needed. Completing the student's documentation on time will earn a credit grade, however if the student fails to complete the documentation or meet the patient encounter objectives, a no credit grade would be issued and halt the student's progress in the program. Incomplete documentation will not be accepted, and instructors may purge the hours or patient contact totals from clinical opportunities that have partially complete documentation.

## **NREMT ACCOMMODATIONS**

This policy is for students who find themselves in need of accommodations related to academic progress and examination within the Emergency Medical Services program. Students seeking accommodations need to obtain documentation detailing what specific accommodations are appropriate. Students receiving accommodations from Kalamazoo Valley are entitled to any of the accommodations specifically approved through the Office of Student Access (OSA) for examinations or assessments created by and administered by Kalamazoo Valley. The program will only honor accommodations communicated to faculty through OSA. Michigan Department of Health & Human Services has promulgated requirements and practical licensing exams which may be subject to different restrictions or regulation. The Program Course Coordinator is required to certify that the program "will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDHHS." Thus, accommodations which were previously approved by the OSA may not be permitted by MDHHS. Generally, reasonable accommodations will be provided if they do not fundamentally alter minimal competency (times, critical fail criteria, number of attempts or retesting) as defined by the MDHHS [Practical Exam Assurance Statement](#) and the BLS [Psychomotor Portfolio](#) and [Scenario Exams documents](#). Students requesting accommodations for NREMT written examinations must notify the OSA to complete NREMT's accommodations request at least 8 weeks prior to testing. The NREMT accommodations policy requires submission of accommodation documents at least thirty days prior to scheduling a test.

Information regarding the NREMT accommodations policy:  
<https://nremt.org/Policies/Examination-Policies/ADA-Accommodations>  
(614)888-4484 x116

## ACKNOWLEDGEMENT:

I am aware that Kalamazoo Valley has designed its course structure, learning management platform and examination process (for both psychomotor and cognitive exams) to best prepare students for their NREMT examination experience. I am aware that Kalamazoo Valley faculty and staff will assist me in pursuing accommodations with both Kalamazoo Valley and the NREMT. I am aware that accommodations, based on OSA approval, may not be recognized by the National Registry of EMT's. I understand that exercising my option for accommodations may alter the exam preparation designed in the curriculum and may disadvantage me when preparing for national board exams.

## SAFETY AND HEALTH

Equipment used in the management of emergent care is sophisticated and requires technical skill to utilize it properly and effectively. Throughout the program skills are practiced not just on simulators or static task trainers, but on the student's fellow students, and patient actors, including invasive procedures. Improper use of equipment can prove injurious or even lethal; something as simple as applying a tourniquet or a splint could cause severe injury if not done properly. The use of needles, delivery of simulated drugs, and the presence of live electrical therapy are all potential hazards. Safety is everyone's responsibility, all the time. Misuse of equipment in either the classroom or clinical setting can be grounds for discipline. Remember to act professionally.

## OCCUPATIONAL RISKS

Emergency Medical Services is a profession that carries a higher risk of occupational injury than the general workforce. 22,000 EMS workers presented to the emergency department for treatment of work-related injuries. Work related injuries and lost workdays occur three times more frequently in the EMS profession and often result in challenges to longevity in the workforce. Those most affected by work related injuries are those with less than 10 years of experience, including students. Most injuries occur while responding to, treating, and transporting patients as a result of 911 calls. Most injuries are musculoskeletal injuries to the neck and back.

EMS workers are at risk for exposure to blood and respiratory secretions that carry pathogens or may be exposed to other harmful substances. Equally risky is the daily activity of lifting and moving patients. EMT's are always in motion and often overexert themselves when lifting, often with awkward postures or from difficult positions. Slips, trips, and falls injure about 4000 EMS providers every year. Since the EMS system transports patients, we are exposed to increased risk and injury through motor vehicle accidents, sudden stops, and not always being belted while in the patient compartment performing care. Motor Vehicle accidents is one of the leading causes of line of duty deaths. EMS providers

respond to violent crimes, patients under the influence of drugs and alcohol, and patients with mental health who have violent tendencies. Violence against EMS workers is also a significant problem with 2000 assaults per year against EMS providers.

While these seem significant the student can reduce the risks by following proper safety precautions. Safety is everyone's responsibility, and the student should remain diligent throughout the call to continually assess the student's risk for injury. Wear the proper slip resistant footwear. Practice safe lifting techniques by lifting with the student's legs and not the student's back and maintaining proper spinal alignment when the student lift. Practice universal precautions and follow the appropriate PPE guidelines. Learn and practice de-escalation techniques when dealing with potentially violent patients. Some affiliates may require EMT and paramedic students to participate in active shooter training and may provide students with plate carriers during their clinical experiences.

For further information on occupational risks visit, [ems.gov](https://www.ems.gov) and [cdc.gov](https://www.cdc.gov).

## TECHNICAL STANDARDS

EMS providers must be able to function independently, at optimum levels, in dynamic and uncontrolled environments. They are often tasked with prioritizing decisions and exercising clinical judgment in urgent, life-threatening situations. This is a summary of the characteristics of EMS providers. They must be self-disciplined, able to quickly develop rapport with patients and family, including those who may present as hostile to them, and therefore have to have excellent communication skills, cultural awareness, and be able to build a culture of safety in a changing work environment. They must be expert in pharmacology and medication administration and be able to do the math necessary in high pressure and medically critical situations for accurate drug dose calculation and ensure timely administration. They need to have constant awareness of medication delivery procedures designed to reduce the incidence of drug errors.

Providers must remain calm while working in stressful and difficult situations, remaining focused and exercise sound clinical reasoning, often in dangerous situations. This requires the provider to be self-confident, emotionally intelligent, tolerate stress, and desire to work with people across cultural barriers. Paramedics must possess these qualities as they are responsible for the team dynamic. Paramedics must not only be confident in their breadth and depth of knowledge and scope of practice. Paramedics must possess the ability to lead lower skilled team members and delegate patient care responsibilities according to provider levels. Paramedics must accept responsibility for the actions of the team to ensure the safe and effective delivery of care, especially related to pharmacologic interventions.



The physical aptitude required for prehospital care is the ability to walk, stand, lift, or carry in excess of 125 lbs. Coordination is necessary as the work is often in uneven terrain, homes with stairs, or areas with limited or rural access. Physical stamina and endurance are essential functions when working 24-hour shifts or night shifts that interfere with circadian rhythms. Please see the link below for a full summary of the functional job analysis and technical standards of the EMS profession.

For further information on Functional Job Analysis and Technical Standards, visit [coaemsp.org](http://coaemsp.org)

## CLINICAL ORIENTATION AND DOCUMENTATION

### CLINICAL ORIENTATION MODULES

Students are required to complete a series of online learning modules through Net Learning. Net Learning links are available in the Canvas Clinical Courses and students will be provided username and password information. Students are required to complete HIPAA, Bloodborne Pathogens, and Tuberculosis and Patient Safety modules. Platinum Planner also has a video series that orients students to the use of the software. Individual clinical affiliates may have separate or additional training requirements. The student may have to repeat similar trainings for affiliates before beginning clinical training, or on a recurring basis if required by a clinical affiliate. Kalamazoo County Medical Control Authority is an EMS oversight agency responsible for quality of care in the EMS system and may also require certain training prior to advanced life support placement. Students who do not meet requirements or allow requirements to expire may be excluded from participating in clinic/field work activities

### CLINICAL DOCUMENTATION

The EMS program utilizes third party vendor software for clinical and lab documentation; Platinum Planner. Data can be tracked with this system allowing for the creation of a student portfolio consistent with the requirements of the CoAEMSP 2023 Student Minimum Competency Matrix. Platinum Planner will be used to house the information from clinical evaluations, patient care reports, procedures, and lab evaluations. Clinical schedules will also be posted in Planner. Beginning 1/1/23 MDHHS required the completion of the BLS portfolio for all MFR and EMT students. This portfolio documents skill competency in a summative evaluation of 22 skills. It concludes with summative testing of 3, 12-minute scenarios that constitutes the state exam for licensure. The MDHHS summative examination may require that the student return to the program at a date and time that is not published in the original course schedule or may be outside of normal class times. The National Registry of EMT's requires all paramedic programs starting after 1/1/23 to subscribe to the 2023 SMC Matrix for graduates

to be eligible for board exams. The SMC includes several required skills with both formative and summative grading. There are also minimum numbers of patient ages and pathologies that a student must obtain to qualify for examination. EMT students will continue to be tested by the program in accordance with the MDHHS Authorization to Test policy.

### PATIENT CONTACT

Patient contact and care may be initiated only after obtaining permission from the student's preceptor. Confirm all interventions that the student makes with the preceptor prior to initiating them. The most effective way to gain the preceptors permission is to perform an assessment, approach the student preceptor with a field impression and request the student's treatment plan. All invasive procedures must be performed in the presence of faculty or clinical preceptor and each intervention the student perform be documented appropriately. A thorough discussion with the student's preceptor prior to the start of clinical or patient contact will alleviate any misunderstandings that can occur during patient care. The student's attention to these details is imperative.

### STUDENT HEALTH STATUS

In the course of the student's time as a student in the EMT program, the student may have a health condition which impacts the student's ability to perform or complete coursework. Students requiring accommodation should contact the Office of Student Access. Accommodations approved by the office of student access will be honored to the extent Kalamazoo Valley has the authority to implement such an accommodation. However, because the program is subject to regulation by MDHHS, the accrediting body, and the licensing body, there may be some accommodations Kalamazoo Valley is unable to grant or implement.

Students are responsible for reporting to their instructor and the program director any chronic health conditions that may limit their ability to perform their clinical, lab or simulation responsibilities. This would include any prescribed medications that could interfere with the cognitive or physical abilities of the student. If the student is pregnant, please inform the student's clinical instructor so that appropriate assignments can be made. Should an illness or injury develop while the student is enrolled in the program, the student should immediately notify the lead instructor.

If a medical condition influences the student's ability to perform assigned tasks safely in the clinical setting, the student must obtain documentation from the student's health care provider which specifically defines any restrictions. If these limitations interfere with the student's ability to meet the course objectives, the student may not be able to continue in their clinical rotation. Otherwise, the clinical instructor and student will work through a professional counseling form to plan



how the student will meet minimum competencies. Documentation must be submitted to the lead instructor or program director prior to returning to clinical participation.

## UNIFORM DRESS CODE

All students are expected to adhere to the dress code and hygiene policies. MFR students have no uniform requirements. EMT Students are required to comply with uniform requirements during all clinical activities, including orientation sessions but are not required to wear uniforms to class. Paramedic students are required to wear the appropriate uniform for both simulation and clinical activities.

### Uniforms/Scrubs:

- When uniforms are not required students should follow the health career handbook requirements for dress, in particular the policy on classroom attire.
- Lab and simulation activities involve body motion that exerts physical effort, awkward posture, bending, lifting, moving, and other repetitive movements, so dress accordingly.
- Remember that labs and simulation activities may be recorded, and dress appropriately.
- Students must wear Kalamazoo Valley name badges in a visible location on the shirt, in all clinical settings.
- Certain clinical affiliates may require photo ID badges, typically acquired from the affiliate. Any cost for the badges is the responsibility of the student.
- Students are required to wear the polo shirt appropriate for their level: dark blue for EMT and light blue for paramedic. Long v short sleeves as appropriate for weather. Athletic wear, sweatshirts are not appropriate. An undershirt is recommended.
- Black dress or business casual style pants are required. Jeans and Khakis are not permitted. Snow pants, black or navy only, are permitted only during winter storms.
- Winter coat as needed. Should be muted colors, no loud colors, text, or insignias other than the maker's mark.
- Hat and gloves as required for weather. Hats must be navy or black color and watch cap style, no ball caps.
- Students may be required to wear scrubs in certain areas; CVL, L&D. When scrubs are required, the student should present in full uniform. The facility will provide the scrubs for the student and the preceptor will escort the student to a changing area. When scrubs are worn students

may wear white sneakers, if they have them available.

### Shoes:

Solid color, preferably black, shoes or boots that are appropriate for the weather. Open-toe shoes are prohibited. Shoe material should either be leather or another cleanable, non-permeable material. Permeable fabrics like mesh and canvas are prohibited. Shoes must not have any wheels, modifications, or embellishments. Dark Socks are required.

### Clinical/Lab Accessories:

- Useful items for clinical: Stethoscope, watch with second hand, blue or black ink pen.

**Note: If a change is made to the dress code policy by the program or an affiliate institution, students will be informed and will be expected to comply. Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted.**

## EMT UNIFORM DRESS CODE

All students are expected to adhere to the dress code and hygiene policies. MFR students have no uniform requirements. EMT Students are required to comply with uniform requirements during all clinical activities, including orientation sessions but are not required to wear uniforms to class. Paramedic students are required to wear the appropriate uniform for both simulation and clinical activities.

### Uniforms/Scrubs:

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- Lab and simulation activities involve body motion that exerts physical effort, awkward posture, bending, lifting, moving, and other repetitive movements, so dress accordingly.
- Remember that labs and simulation activities may be recorded, and dress appropriately.
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- Certain clinical affiliates may require photo ID badges, typically acquired from the affiliate. Any cost for the badges is the responsibility of the student.
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required. Jeans and Khakis are not permitted. Snow pants, black or navy only, are permitted only during winter storms.

- Winter coat as needed. Should be muted colors, no loud colors, text, or insignias other than the maker's mark.
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### Shoes:

Solid color, preferably black, shoes or boots that are appropriate for the weather. Open-toe shoes are prohibited. Shoe material should either be leather or another cleanable, non-permeable material. Permeable fabrics like mesh and canvas are prohibited. Shoes must not have any wheels, modifications, or embellishments. Dark Socks are required.

### Clinical/Lab Accessories:

- Useful items for clinical: Stethoscope, watch with second hand, blue or black ink pen.

**Note: If a change is made to the dress code policy by the program or an affiliate institution, students will be informed and will be expected to comply. Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted.**

## PROFESSIONAL BEHAVIOR AND COUNSELING

The EMS program utilizes a professional behavior and counseling form to counsel students regarding behavior, professionalism, academic performance, skill acquisition, clinical ability, and other issues. This form is tied to clinical and field performance but may still be useful for classroom and lab when counseling students on professional responsibilities. This form may be used to commend students for exemplary behavior or document student violations of the program's policies and procedures. The form will document the circumstances of the counseling. Instructors may use the form as a record of a verbal counseling that does not rise to the level of a written reprimand or as commendation for an exemplary performance.

Previous counseling records are to be completed by the instructor at the time of an occurrence, discussed with the student, and a copy placed in the student file. When appropriate they describe a remediation or improvement

plan. The actions and recommendations described in the professional behavior and counseling form may include documentation purposes only, may remain in the students file as a counseling tool, may recommend an early alert or student concern submissions, or refer the student to the program physician medical director. Professional Behavior and Counseling forms may be done by any instructor, for any class, within the program. Refer to the class assignment schedule for implications and impact to an individual class. The occurrence of, reasons, and dates of counseling are tracked and accumulation of professional development plans throughout the program is a significant consideration.

- 1st occurrence: a copy will be filed in the student record. An improvement plan is not necessary but may be required, at the instructor's discretion. Instructors are encouraged to copy the program director on any commendation forms issued.
- 2nd occurrence: the student is required to formally meet with the lead instructor. Students will be provided any resources available, and an action plan created and agreed upon by the student and instructor. An early alert to the student success center may be filed by the instructor.
- 3rd occurrence: the student will be required to formally meet with both the lead instructor and program director. The student will be counseled about any incident and how it may affect their standing in a class or the program. Medical Director involvement is at the discretion of the program director. Additional resources, if available will be identified and offered the student. The improvement plan will be updated and revised including any timelines.
- 4th occurrence: if the behavior has not been corrected or if there are multiple behaviors resulting in multiple occurrences, the program director in consultation with the Dean of Instruction and medical director, will evaluate the students standing and could recommend dismissal from the program.
- Patient Care and Clinical Affiliate: for problems involving direct patient contact clinical decision making, sentinel events, patient safety, clinical affiliate issues or violation of a clinical affiliates policies and procedures. The lead instructor and the program director will be notified as soon as possible. Program faculty will meet with the affiliates staff to gather information. The student will be required to meet with the instructor and program director to discuss the incident and formulate a remediation plan. The medical director is typically involved in any counseling regarding clinical activities. Disciplinary action may be taken by a clinical affiliate that could affect a student's standing in the program.

## CREDIT FOR PRIOR LEARNING

Kalamazoo Valley will award credit for prior learning to individuals who wish to use their existing MFR, EMT, or Paramedic licensure, or NREMT registration, to obtain EMS course specific credits when pursuing the degree track. Students should check with the Prior Learning Assessment Office for determination of these credits. There is great variation between institutions across paramedic level coursework, particularly in clinical experiences. Kalamazoo Valley cannot certify course and clinical work at other programs when declaring minimum and terminal competencies as required by CoAEMSP and therefore does not recognize EMS coursework from other institutions for advanced placement.

## GRADUATION REQUIREMENTS

The Medical First Responder is a program certificate of completion and will not appear on the graduation application/audit. Typically, students apply in the last few weeks of the term and finalize when grades are posted by the student's instructor. Students who do not apply for graduation may see delays in their ability to take the NREMT exams for licensure. To qualify students must have successfully passed all coursework within the pathway. Students who do not [complete all courses in a pathway](#) are not eligible for graduation or recommendation to the NREMT and subsequent licensing.

Kalamazoo**VALLEY**<sup>™</sup>

# Health Careers Student Handbook 2024-2025

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## MEDICAL ASSISTANT TECHNOLOGY



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## MISSION STATEMENT

The goal of the Medical Assisting Technology program at Kalamazoo Valley is to prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. The program is committed to providing a positive and equitable experience for students. Student success is our top priority.

## ACCREDITATION STATEMENT

The Medical Assistant technology program at Kalamazoo Valley is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Medical Assisting Education Review Board (MAERB)

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

25400 U.S. Highway 19 North, Suite 158  
Clearwater, FL 33763

(727) 210-2350

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

## PROGRAM OVERVIEW

The goal of the Kalamazoo Valley Medical Assistant Technology program is to prepare competent, entry-level Medical Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The program continually seeks input from employers, recent graduates and alumni, our advisory committee, and other interested parties. The program continues to undergo curriculum revisions, keeping up with any changes in the Standards and Guidelines for an Accredited Medical Assistant program provided by CAAHEP.

The curriculum offers the following options:

1. A 36-credit hour diploma program. Graduates of the program will receive a diploma upon completion and are immediately eligible to sit for the AAMA Certified Medical Examination (CMA) sponsored by the American Association of Medical Assistants (AAMA).

The program consists of program-specific courses (see program sheets) and college requirements:

- it can be completed within 12 months with a full-time course load.
- it can be completed within 24 months with a part-time course load.

2. Continuation of your education to obtain an associate degree. Besides medical assisting, associate degrees are available in many areas. Additional course work is required. If interested, contact a counselor for additional information or contact the program director for specifics. The AAS degree in medical assisting is NOT accredited by CAAHEP. After graduation from the diploma program, the curriculum code would need to be changed to MAT.AAS for the AAS degree.

3. Please be aware that there are colleges offering students with the Kalamazoo Valley AAS degree the opportunity to achieve a bachelor's degree. See the University Center for more information. Many of the courses needed are offered on Kalamazoo Valley's campus.

## NATIONAL CERTIFICATION

The health careers field is steadily growing, and medical assisting has been identified as one of the fastest growing professions. Credentialing is NOT mandatory to gain employment in this state. However, the achievement of a credential is an expectation and a mandate of the Centers for Medicare and Medicaid Services to work in the electronic medical record. Students graduating may be hired as a medical assistant upon, or even prior to, graduation. Credentialing will improve your employment outlook and allow graduating students that competitive edge when seeking the best positions and highest salaries.

There are two main professional organizations offering credentialing in medical assisting. They are the American Association of Medical Assistants (AAMA) and the American Medical Technologists (AMT).

The certified medical assistant (CMA (AAMA)) and registered medical assistant (RMA (AMT)) are both voluntary national credentials for medical assistants. Neither the federal government nor the individual states require a medical assistant to be either certified or registered in order to practice medical assisting. Both credentials are national in that both the CMA (AAMA) and the RMA (AMT) tests are administered throughout the United States and are recognized everywhere. Dependent upon your geographic location, one credential may be preferred compared to the other.

### AAMA Certification

Individuals who have completed the Medical Assistant Technology program at Kalamazoo Valley are encouraged to sit for the AAMA Certification Examination upon graduation. Application for the examination can be obtained through the AAMA web site – [www.aama-ntl.org](http://www.aama-ntl.org) or you may contact the AAMA by calling 1-800-ACT-AAMA (228-2262). Only upon passing the certification exam, may you use the credential of CMA (AAMA). The CMA (AAMA) credential is awarded by the Certifying Board of AAMA to candidates who pass the AAMA certification examination.

All CMA (AAMA) are required to accumulate sixty (60) credit hours of continuing education (CEUs) every five years to maintain current status of their credential. Medical assistants who chose NOT to recertify their credential lose the right to identify themselves as CMA (AAMA) in their employment setting. Information on recertification is also available from the AAMA web site (see above).

## AMT Certification

Students wishing to become an RMA (AMT) must successfully complete and pass the examination offered through the AMT. For more information on the AMT certification requirements, contact

American Medical Technologists  
10700 West Higgins Road  
Rosemont, IL 60018  
<http://www.amt.com>

## Professional Association

The American Association of Medical Assistants (AAMA) is a tri-level organization and is the only professional association for medical assistants. The mission of the AAMA is to provide the medical assistant professional with education, certification, credential acknowledgment, networking opportunities, scope-of-practice protection, and advocacy for quality patient-centered health care.

The Michigan Society of Medical Assistants (MSMA) is the state organization and holds conferences periodically throughout the year where you will be able to network locally and obtain CEU credits. Check the site [www.msmaonline.org](http://www.msmaonline.org) for more information on dates of these meetings, registration information and forms.

The local chapter of the AAMA, Kalamazoo Chapter of Medical Assistants (KCMSA), meets every other month for continuing education and a general membership meeting. As students in the Medical Assistant Technology Program, you are encouraged to attend these meetings. Attendance at these meetings is an excellent way to network within the medical community and to meet some of the individuals who will be potential employers.

Student memberships to AAMA include membership to the state association and a local chapter. To become a student member, you must complete an application WHILE A STUDENT, and submit the appropriate fees. See [www.aama-ntl.org](http://www.aama-ntl.org) for details.

## DRESS CODE

Starting the 1st day of the semester, the MAT Program requires students to wear uniform attire both in classroom/lab and clinical settings. Students are required to follow the dress code for their respective discipline and level.

### Uniforms/Scrubs:

Students must purchase their own scrubs. Scrub colors for the Medical Assistant Technology Program are as follows:

- Plain navy short sleeve, tunic length scrub top with pockets
- Plain white or navy short/long sleeve T-shirt under tunic top, if needed for warmth
- Plain navy zippered, drawstring or elastic waist pants
- White or navy scrub jacket (optional)

### Shoes:

Solid white (including laces), closed-toe shoes that have no lettering or graphic designs other than brand. Styles such as clogs, mules with heel straps and crocs (without holes) are acceptable. Comfortable, closed toed, heeled shoes are acceptable. Shoes with embellishments are unacceptable. All students in clinical areas are required to wear plain white or navy-blue socks. Open toed shoes are prohibited.

### Clinical/Lab Accessories:

Stethoscope and watch with second hand.

**Note: Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted.**

## EXTERNSHIP (PRACTICUM)

The last semester of your program you will be assigned to an ambulatory care facility. Externship is a 4-credit course which equates to **192 hours** at an off-site facility performing **BOTH** administrative and clinical skills learned throughout the program. Our clinical affiliates are all contracted with Kalamazoo Valley and, at times, some of them are unable to host a student. There is no guarantee that all sites will accept students each semester; we continually strive to add new sites to the list.

Assignments are made by the program director/externship coordinator based on: (1) availability of sites; (2) student preferences; (3) geographical location of student and site. Depending upon site availability, some students may need to be placed geographically further. The final decision concerning externship placement will be made by the program director/externship coordinator in conjunction with the faculty and clinical affiliate.

If the number of students exceeds the number of sites available, students will be assigned based on date their planning form and resume are received, selection by the site after an interview, and/or GPA, from highest to lowest. An alternate list will be created, and those students not assigned initially will be given a site as soon as one becomes available.

Students are expected to spend a minimum of two full days at the clinical affiliate site each week. Hours on site are determined by the clinical affiliate. **This is an unpaid, supervised educational experience.**

When a student is placed in a clinical affiliate, the program director/externship coordinator is stating that the student has met the minimum requirements of the program for placement. The externship is a learning experience which is an essential and required part of the program. Therefore, attendance is required. Absences must be made up before the student can graduate. Because of accreditation requirements, **completion of less than 160 hours during the externship will result in a failing grade for this course.**

The externship experience at each affiliate site is a privilege extended to us by each hosting affiliate facilities. Affiliates, in their sole discretion, may remove a student from a site. Thus, students are required to follow affiliate facility policies. If a student is removed by an affiliate, a second placement may be made, dependent upon site availability.

## COMPETENCY EVALUATION METHODOLOGY

Rather than describe in detail the characteristics of the evaluation process in the Kalamazoo Valley Medical Assistant Technology Program, the methodology will be reviewed by a series of key questions most often asked by students about their skills assessment.

1. **Q:** What is a competency evaluation?  
**A:** A competency evaluation constitutes a short (5-10 minute) demonstration by a student of their mastery of a specific medical assisting skill.
2. **Q:** Where do competency evaluations take place?  
**A:** Generally, competency evaluations will take place in the laboratory setting (clinical) or classroom/computer classroom (administrative). The clinical evaluation determines whether you are ready to perform the skill with minimal supervision on a variety of patients or under less controlled circumstances.
3. **Q:** Who will evaluate my performance?  
**A:** You will be evaluated by MAT faculty trained in the assessment of your performance.
4. **Q:** Exactly how will my performance be assessed?  
**A:** All competency evaluations consist of two parts: (1) performance of the skill itself, and (2) a short oral or written review of concepts related to the skill. Performance of the skill itself is assessed by observing you complete the task and comparing your performance to that pre-specified on the Competency Evaluation check sheets. The evaluator will look for satisfactory performance of each applicable step in the procedure. You are expected to complete each skill at an acceptable level of performance to continue in the MAT program. Check-sheets are found in your workbook for each course.
5. **Q:** What type of errors do students make during a proficiency evaluation?  
**A:** Two types of errors are commonly made by students:

Errors of commission – the student made at least one error completing the applicable steps of the skill being evaluated (i.e., student did a step properly).

Errors or omission – the student did not perform an essential step in the procedure (i.e., student skipped a step in the procedure).

6. **Q:** How do I prepare for the skill portion of a competency evaluation?  
**A:** Practice makes perfect. The only way to assure that you can competently perform a task is to do it until you are confident that you have mastered the requisite skills and knowledge. **Demonstrations** by the faculty and the **competency evaluation check sheets** provided for all procedures are clearly essential elements in competency evaluations; so too is evaluation of your performance by a peer. Students are often more critical of their own performance than the instructor.
7. **Q:** Who determines when I will be evaluated?  
**A:** Under most circumstances, you do. Although evaluations must be completed within specified time frames, you are usually responsible for scheduling when they occur. Your instructor will provide details regarding any required time frames. You should arrange for a specific evaluation when you are confident that you have mastered the knowledge and skills requisite to performing that specific task. Before you do this, in your clinical classes, you will do a peer check-off with another student to help ascertain your readiness for instructor check-off. Once you and your peer are satisfied, you should be ready.
8. **Q:** What does it mean if my performance on a procedure is judged unsatisfactory and what do I do about it?  
**A:** If your clinical performance of the skill is judged as unsatisfactory, you will be given additional time for practice. If you perform the skill portion satisfactorily but are unable to satisfactorily discuss the cognitive objectives, you may only have to repeat the oral/written portion. Again, the Competency Evaluation check sheets will specify why your skill test was judge as unsatisfactory.
9. **Q:** How many times can I be re-evaluated if my performance is unsatisfactory?  
**A:** Think positively! If you are properly prepared for the evaluation, re-evaluation should be unnecessary. Should you require re-evaluation, practice the skill more and once you're confident, you can try again. Be forewarned, however, that although the faculty and clinical instructors will make every effort to assist you in correcting procedural errors, **repetitively poor performance** may jeopardize your course and program standing. Repetitively poor performance is characterized by critical errors or major deficiencies. Also remember that specific time frames must be met for the successful completion of any given procedure. **The maximum number of instructor evaluations is three (3). If you have not successfully demonstrated competence**



**by that time, you fail the competency, which means you will fail the course.**

10. **Q:** Once I have successfully demonstrated mastery of a skill or procedure, am I exempt from repeatedly performing it?

**A:** No. Success on the competency evaluation only demonstrates that you are ready to perform the procedure under minimal supervision. You need continued practice to further refine your skills and widen the scope of your competence. It is highly recommended that you seek out additional evaluations of your performance on particularly difficult problems where special skills, beyond minimal competency, may be required.

11. **Q:** Will my performance be evaluated in any other manner than by competency evaluation alone?

**A:** Yes. Correct performance of procedures is only one index of competency. Many behavioral attributes necessary for successfully fulfilling the role of a medical assistant practitioner cannot be adequately assessed by procedural checklist alone. For this reason, one additional evaluation form will be utilized to assess your performance each semester. During each course, a formative Behavioral Evaluation will be completed by your instructors. On this evaluation, you will be rated by the instructor on several elements of behavior judged important in the workplace. In addition, your evaluators will provide descriptions of any observed behaviors which are particularly effective or ineffective and recommend ways of improving your performance. This evaluation tool is called "formative" because it provides frequent feedback to you regarding your overall performance.

## **CLASSROOM AND EXTERNSHIP BEHAVIOR**

1. Classes are conducted as lecture, demonstration, and other teaching methods. Students are expected to participate. A student will not be allowed to control discussion and is expected to accept responsibility to make appropriate meaningful contributions to class discussions.

2. The student is expected to be alert and attentive in class. The instructor may ask a student to leave the class if the student is inattentive or disruptive. Sleeping in class will not be tolerated.

3. Food or beverages are not permitted in the Lab or clinical setting.

4. This is a smoke-free campus and most of our clinical affiliates are also smoke-free.

5. Breaks may be taken as designated by the instructor or your clinical supervisor.

6. Children may not accompany adults to class or laboratory areas. Children may not be left unattended in any Kalamazoo Valley building.

7. Electronic devices such as cell phones are not to be used in the classroom or clinical area. They should be turned to vibrate, and calls returned on your break or lunch period.

8. Profane or vulgar language will not be tolerated.

9. Students should be willing to accept constructive criticism and guidance without showing disrespect. The faculty strives to teach students to become successful medical assistants. A student's development is strongly correlated with the student's attitude, willingness to learn, and industriousness both in the classroom and at the affiliated clinical sites.

10. Any student under the effect of alcohol or drugs will not be permitted to attend class or externship.

11. During Externship (Practicum)

a. The acceptance of gifts or tips from patients is not allowed.

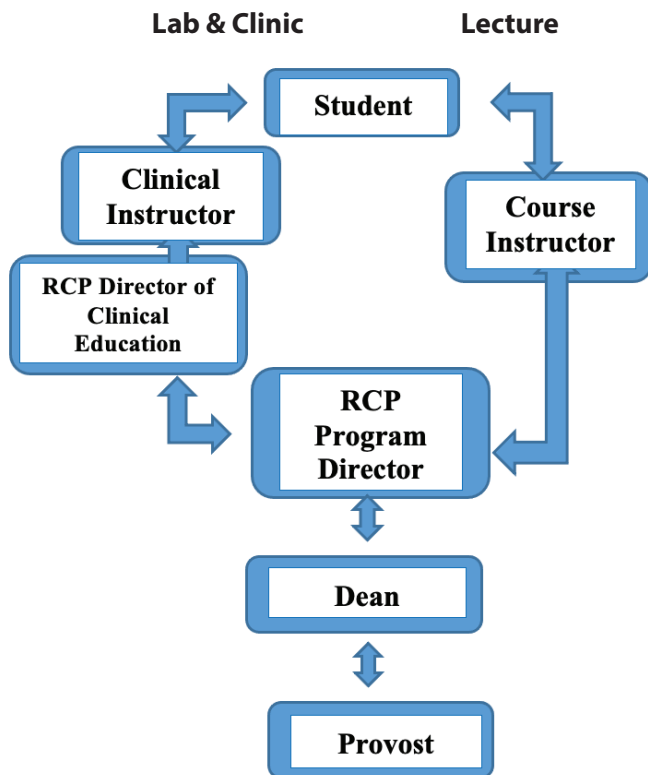
b. Visitors are distracting to both students and instructors. Therefore, bringing visitors to class or your externship is not permitted. This includes relatives, children, or friends.

c. Refusing to provide care to a client because of client's race (including traits associated with race such as hair texture and protective hairstyles), religion, color, national origin/ethnicity, sex, sexual orientation, gender expression, pregnancy, disability, genetic information, age, height, weight, familial status, veteran status, marital status, citizenship, or any other status or characteristic protected by law is not accepted.

d. Abusing a client physically or mentally by conduct such as striking, improperly confining or cursing will not be tolerated, and is grounds for dismissal.

e. Practicing beyond the scope of the student's education and training is not allowed.

## PATHWAY FOR COMMUNICATION



While it doesn't happen often, there may be a time when you have a concern, difference of opinion or disagreement with your instructor. If that should occur, you should:

1. First talk to your instructor about the situation/concern.
2. If the situation/concern is not resolved satisfactorily, the next step would be to make an appointment with the program director.
3. If you are still not satisfied with the resolution, the next option is to make an appointment with the Dean of Instruction.

## CODE OF ETHICS

Medical Assistants are dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

- A. Render service with full respect for the dignity of humanity.
- B. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information.
- C. Uphold the honor and high principles of the profession and accept its disciplines.
- D. Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues.
- E. Participate in additional service activities aimed toward improving the health and well-being of the community.

Medical Assisting Creed | The Medical Assisting Creed of the AAMA sets forth medical assisting statements of belief:

- I believe in the principles and purposes of the profession of medical assisting.
- I endeavor to be more effective.
- I aspire to render greater service.
- I protect the confidence entrusted to me.
- I am dedicated to the care and well-being of all people.
- I am loyal to my employer.
- I am true to the ethics of my profession.
- I am strengthened by compassion, courage, and faith.

Kalamazoo**VALLEY**<sup>™</sup>

# Health Careers Student Handbook 2024-2025

KV

**REGISTERED AND  
PRACTICAL NURSING**

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## MISSION

Kalamazoo Valley's nursing department includes an associate degree nursing (ADN) program and a practical nursing certificate.

The department shares in the mission of the college by providing a quality educational program for students pursuing a career in the profession of nursing. We foster the development of comprehensive, diverse, skilled professionals through excellence in education, thus supporting the needs of the community. This is achieved through a student-oriented environment that promotes life-long learning.

## PHILOSOPHY

The Nursing Department philosophy is derived from the core values by the National League for Nursing (NLN), American Nurses Association's (ANA's) Code of Ethics and Quality and Safety Education for Nurses (QSEN) competencies. The faculty is committed to creating an educational environment that facilitates students to integrate these core values into their professional development as future nurses.

Core values are defined as follows:

**Caring** includes kindness, compassion, hope, and respect for the dignity of each human being. (ANA)

**Diversity** is the active inclusion of all elements of the patient's background. Diversity is exhibited through awareness, acknowledgment, and incorporation of these elements in nursing care. (NLN)

**Ethics** involves the implementation of moral values. The foundation of ethical behavior is built on the moral values of doing no harm, benefiting others, and truthfulness. (ANA)

**Excellence** is a principle of evidence-based practice standards for students that promote competent, safe nursing practice. (NLN)

**Holism** views the whole of the individual as being greater than the sum of the interrelated parts. Holistic care focuses on harmonious balances of body, mind and spirit. (NLN)

**Integrity** involves consistency in values and actions that conforms to a moral and ethical code. (ANA)

**Patient-centered care** respectfully acknowledges and responds to the values and beliefs of the patient and family while providing nursing care. (ANA, QSEN)

Continued learning is viewed as a dynamic life-long process. Nursing educators are student advocates and facilitators of the learning process. It is believed that the graduate of the Kalamazoo Valley nursing department will possess the cognitive, psychomotor, and behavioral attributes necessary to function as a nurse.

By the end of the Kalamazoo Valley Associate degree program, the Graduate will:

- I. Incorporate evidence-based practices and informatics to provide compassionate and high-quality care that is sensitive to the holistic and diverse needs of the patient. (**EVIDENCED BASED PRACTICE**)
- II. Develop, implement and evaluate safe practice for patients and families with complex health care needs in diverse settings. (**SAFETY**)
- III. Communicate effectively with patients, family members, and interdisciplinary health care professionals. (**COMMUNICATION**)
- IV. Effectively collaborate with the interdisciplinary team to ensure optimal patient outcomes. (**TEAM WORK**)
- V. Demonstrate integrity by practicing professional nursing behaviors and skills that incorporate personal responsibility and accountability consistent with the scope of practice identified by the State Board of Nursing and ANA's Nursing Code of Ethics. (**PROFESSIONALISM**)

These End-of-Program Students Learning Outcomes are used to organize the courses and learning activities in the nursing program. To further assist the students in mastering application of the ever-increasing body of nursing knowledge, content presentation is arranged according to Giddens Concepts for Nursing Practice, 3rd edition (2021). Major concepts are introduced in the first semester and are integrated with increasing complexity throughout the program. With this approach, redundancy of content is minimized, allowing the student to focus on linking concepts learned in the classroom into safe clinical practice.

All students completing the nursing program are eligible for licensure after successful completion of the NCLEX.

The Associate of Applied Science in Nursing and the Practical Nursing Certificate programs are approved by the Michigan Board of Nursing.

The Associate of Applied Science in Nursing program at Kalamazoo Valley Community College is accredited by the Accreditation Commission for Education in Nursing (ACEN). The American Nurses Association Code of Ethics can be found at the link below.

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

## NCLEX AND LICENSE APPLICATION PROCEDURE

Information regarding the NCLEX and licensing is available at <http://www.michigan.gov/Nursing>

## STUDENT NURSES' ASSOCIATION

The Kalamazoo Valley Community College Student Nurses' Association is an organization sponsored

through Kalamazoo Valley nursing student activities. The organization has by-laws and is governed by a student committee comprised of representatives from each class in the nursing programs. The committee is the organizing and decision-making body of the association and receives input from all members. A nursing faculty member advises the committee which meets once a month.

The purpose of the organization is to have a formal organized student body that allows for:

1. Student support.
2. Monetary nursing achievement award.
3. Community service projects.
4. Money making projects.
5. Social gatherings.
6. Sponsorship of educational speakers.

## STUDENT REPRESENTATIVES

The nursing department is committed to having a formal mechanism to provide you with the opportunity to give feedback related to individual nursing courses and the entire nursing program. This will be accomplished by having at least 2 student representatives per cohort.

### SPECIFIC DUTIES

- A. Attend all meetings (two or three per semester will be scheduled) or arrange for an alternate to attend.
- B. Provide a volunteer to attend all New Student Nurse Socials to share information about what it is like to be a nursing student in a positive way.
- C. Support Student Nurse Association (SNA) activities.
- D. Approach the Course instructor as needed to provide information/feedback about course related concerns. If necessary, arrange an appointment.
- E. If necessary, bring curriculum and program concerns to the Director of Nursing between scheduled meetings.
- F. Report accurate and complete feedback, including copies of meeting minutes, about concerns, and information from meetings back to the class.
- G. Choose representatives for Nursing Program committees as needed.
- H. Obtain and distribute Petition to Graduate information during the NURS 248 (Adult Nursing III) course.

## ENROLLMENT STATUS

If a student is unable to attend any theory, lab, or clinical course, the student must notify the nursing office prior to the first day of class. Failure to notify the nursing office will be considered a program withdrawal and will limit subsequent reinstatement in the program.

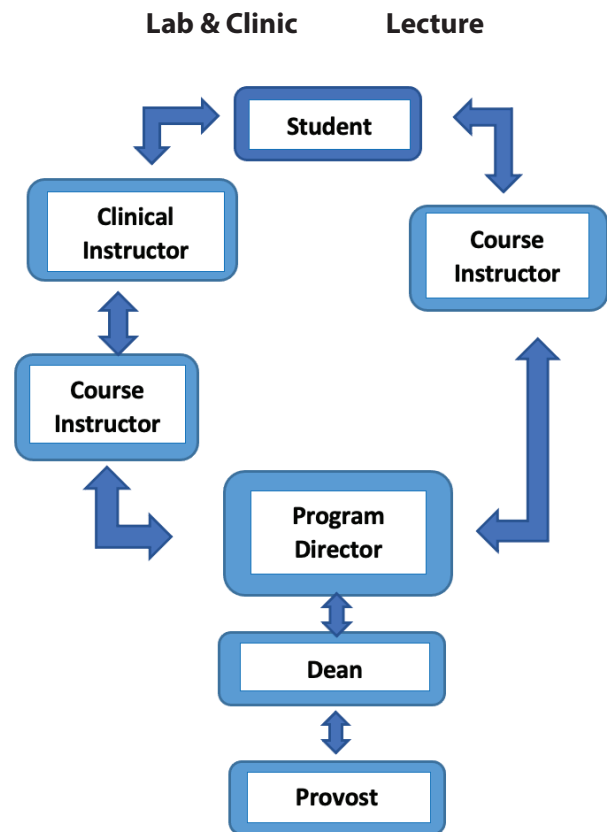
### PROGRAM PROGRESSION

The student progresses through the nursing programs in a sequential pattern. Course work must be successfully completed before progressing to the next course in nursing. A credit or 2.0 grade is required in all nursing courses.

Due to course sequencing and limited seat availability, students are encouraged to talk with the course professor or director of nursing before students making the decision to withdraw from any nursing course. Withdrawal from a nursing course may dramatically alter the timeline for or prevent completion of the program.

## PATHWAY FOR COMMUNICATION

It's important for you to follow the communication sequence listed below to address any questions or concerns you might have.



## GRADING SCALE

The grading scale for theory courses in the nursing department is as follows:

### Percent Grade

93-100%	4
88-92%	3.5
84-87%	3
81-84%	2.5
78-80%	2
74-77%	1.5
70-73%	1
0-69%	0

## UNIFORM DRESS CODE

### Uniform/Scrubs:

Students must purchase their own scrubs. Clinical uniform includes a navy (Cherokee Infinity brand) scrub top with short sleeves, V-neck and 1, 2, or 3 pockets and navy pants (any style Cherokee Infinity brand). If desired, students may wear plain white T-shirt under the uniform top or a navy (Cherokee Infinity brand) scrub jacket. Scrub tops and scrub jackets must have the Kalamazoo Valley Nursing logo on them. Under garments should not be visible. Headbands must be navy or a solid color consistent with hair color.

### Shoes:

White, black, or navy, closed toe and heel shoes (with minimal colored trim) and matching laces (if wearing laced shoes). Sock/hosiery are required and must be plain white, black, skin-toned, or navy-blue.

**Note: If a change is made to the dress code policy by the program or an affiliate institution, students will be informed and will be expected to comply. Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted.**

## CLINICAL ATTENDANCE

As with any course, important information is covered during orientation. Some information is presented in such a way that it cannot be rescheduled; for example, facility computer training. Therefore, students need to be aware that failure to attend the orientation day of any clinical course will result in non-credit for the course.

The student is expected to attend every clinical day. If the student is absent, a make-up day may be offered at the professor's discretion. The make-up day may be on another shift, at another agency, with another instructor, and not on a regular weekday. Predetermined make-up days will not be set forth at the beginning of the rotation.

If the number of absences and/or tardiness is more than the number of allotted make-up days, the student must withdraw from clinical. If a student is absent for legal

reasons (subpoena, citizenship requirements, or jury duty), this absence will not be reflected on the clinical evaluation form.

If an absence arises, call the clinical unit, state your name, identify yourself as a Kalamazoo Valley nursing student, and state that you will be absent. Obtain the name of the individual taking your message.

## CLINICAL TARDINESS

The student is expected to be on time every clinical day. If the student is tardy for more than 30 minutes, the student may or may not be allowed to complete the clinical day in the discretion of the instructor. Any tardiness, no matter what the reason, should be recorded on the clinical evaluation form. Tardiness could impact the student's grade in the course.

- 1 tardy results in a Comment Sheet with a plan.
- 2 tardies result in another Comment Sheet and a Needs Improvement rating on the final clinical evaluation.
- 3 tardies result in an Unsatisfactory rating on the final clinical evaluation.
- The tardies are cumulative throughout each clinical rotation.

If you anticipate being tardy, call the clinical unit, state your name, identify yourself as a Kalamazoo Valley nursing student, and state that you will be tardy. Obtain the name of the individual taking your message.

## CLINICAL CANCELLATION

Should the college be closed due to inclement weather, scheduled off-campus clinical nursing classes will not meet. In the event of such a cancellation, it may be necessary for the student to make up that clinical assignment at a later date.

## CLINICAL COSIGN

During the student's clinical experience, the student will have a Cosign who is an employee of the agency. On occasion, for the student's protection, it may be necessary for the student to have a Cosign in the room during a procedure with a client.

## STUDENT EVALUATION OF INSTRUCTORS

The student will have the opportunity to evaluate nursing faculty and clinical instructors. Student feedback and suggestions assist in identifying ways to improve teaching techniques, course content, and the overall quality of the nursing department.

**Kalamazoo**VALLEY™

# **Health Careers Student Handbook 2024-2025**

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## **RESPIRATORY CARE**

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# PROGRAM INFORMATION SECTION:

## THE RESPIRATORY CARE PROGRAM ACCREDITATION:

The Kalamazoo Valley Community College Respiratory Care Program #200239 is accredited by the Commission on Accreditation for Respiratory Care (CoARC)

[www.coarc.com](http://www.coarc.com)

(817) 283-2835

(817) 354-8519 (fax)

CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented. The Accreditation Programmatic Outcome Data can be found: <https://coarc.com/students/programmatic-outcomes-data/>

## INTRODUCTION

Welcome to the Kalamazoo Valley Community College Respiratory Care Program located at the Culinary and Allied Health Building (CAH), 418 E. Walnut Street, Kalamazoo, MI 49007.

The Respiratory faculty and staff of Kalamazoo Valley Community College are pleased to have you in our Respiratory Care Program. Since you will be new to the program and perhaps to the clinical and hospital environments, it is our desire to provide you with answers to many of the frequently asked questions. This handbook is designed to provide a framework within which the faculty and students can function to meet your educational goals. All policies herein are in effect for the duration of your student respiratory career. However, if changes are made you will be notified in writing and be required to sign a form signifying that you received the new information.

**Faculty are here to assist you in achieving your educational goals. They will provide academic guidance and support to you for successful completion of the program. A positive attitude toward study, classmates, patients, healthcare teams and yourself will be necessary to successfully complete the educational process.**

## CAREER OVERVIEW

According to the Bureau of Labor and Statistics (BLS), the need for respiratory therapists is growing faster than the average for all job growths. It has projected growth of at least 14% from 2021 to 2031. The median annual salary in Michigan is \$65,720 - \$69,010 as of May 2022. (<https://www.bls.gov/oes/current/oes291126.htm#st>).

According to BLS, the increase in demand for respiratory therapists is due to the middle-aged and elderly populations with respiratory conditions such as pneumonia, chronic obstructive lung disease, and other permanent lung disorders. Advances in preventing diseases, improving medications, and sophisticated technology and treatments require more respiratory therapists. Also, according to the BLS, growth in demand is a result from the expanding role of respiratory therapists in case management, disease prevention, emergency care, and early detection of pulmonary disorders.

Respiratory therapists are members of the health care team who work in collaboration to evaluate, treat, and manage patients from birth to end of life with illnesses and cardiopulmonary disorders in a wide variety of clinical settings. Respiratory therapists are involved in clinical decision-making such as patient evaluation, treatment selection, and assessment of treatment efficacy. They are also involved in education, management, and specialist roles. This is a fast-paced career that requires therapists to critically think, make rapid decisions and communicate effectively.

The scope of practice for respiratory therapy includes, but is not limited to:

- Acquiring and utilizing data to assess patients, develop treatment plans, and evaluate appropriateness and effectiveness of therapy, and assess outcomes.
- Performing and/or assisting with diagnostic procedures such as pulmonary function testing, bronchoscopies, blood gas analysis, etc.
- Implementing case management for patients with cardiopulmonary and related diseases.
- Managing life support equipment (ventilators) and airway management.
- Treating patients using oxygen, specialty medical gases, bronchial hygiene techniques, lung inflation techniques, airway clearance therapy, and inhaled medication therapies.
- Promoting cardiopulmonary health and wellness through patient education and disease management.
- Providing lifesaving interventions such as CPR

Career opportunities in the hospital setting for program graduates include respiratory therapist, shift supervisors, department managers, and clinical educators. Additional career opportunities are found in extended care facilities, home care facilities, physician's offices, rehabilitation centers, equipment sales, land/air transport agencies, emergency rooms, adult intensive care units, pediatric intensive care units, and intensive care units for premature babies. Respiratory therapists may also find employment in chronic disease management, conscious sedation, ECMO, and more.

## PROGRAM MISSION STATEMENT

The mission of the Kalamazoo Valley Respiratory Care Program is to provide an industry-leading Associate of Applied Science degree in Respiratory Care to meet and exceed the healthcare needs of Southwest Michigan and beyond. The faculty is dedicated to preparing graduates who exhibit the highest levels of professionalism, cultural competence, critical thinking, communication, and skill necessary to advance the profession of Respiratory Care.

## PHILOSOPHY AND METHODOLOGY

The philosophical base for the Respiratory Care Program at Kalamazoo Valley Community College is that education is ongoing and continuous. Education creates changes in the affective (behavior), cognitive (knowledge), and psychomotor (skills) domains of the learner. The Respiratory Care Program involves motivation, curiosity, professional fulfillment, and personal satisfaction. It is both challenging and rewarding.

The Respiratory Care Program's curriculum is designed to progress from a simple to a more complex framework. The curriculum provides opportunities to improve communication, professionalism, analytical thinking, inquiry, and information gathering, practical application of healthcare modalities, and psychomotor skills. Communication with faculty, fellow students, physicians, members of the healthcare team, and patients are an essential element of the program. The Program is competency- and outcome-based and follows current national and state guidelines. The result is an outstanding educational program.

Program faculty are committed to excellence in teaching and fostering student success.

## PROGRAM GOAL

The goal of the Respiratory Care Program is "To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory therapy practice as performed by registered respiratory therapists (RRTs)." Kalamazoo Valley Community College can meet these goals by offering the Respiratory Care Program as a first-professional degree program and providing the knowledge and clinical skills necessary to function as a registry-eligible respiratory therapist.

## TECHNICAL AND CLINICAL FACILITIES

The facilities and resources of Kalamazoo Valley Community College are available to all respiratory therapy students. Students may use Kalamazoo Valley Community College libraries, open computer labs, student services, and other academic services. All courses are taught by faculty with advanced degrees in appropriate fields of study.

Clinical experiences are an integral part of the educational experience for all respiratory therapy students. The Respiratory Care Program has affiliation agreements with local hospitals, clinics etc., to provide student-learning experiences. In clinical, students are there for the educational experience, and will not be considered as part of the hospital staff. When attending clinical, students will be dressed in appropriate uniform and wear a clinical ID badge.

Students must be appropriately supervised at all times during their clinical education coursework and experiences. Students must not be used as a substitute for clinical, instructional, or administrative staff. Students shall not receive any form of remuneration in exchange for work they perform during programmatic clinical coursework.

## FULL TIME COMMITMENT

The Respiratory Care Program is a full-time program. You will need to budget a minimum of 40 hours/week for attending classes, labs, clinical, studying and completing assignments.

## PROGRAM PROGRESSION

Students' progress through the Respiratory Care Program by completing courses in sequential order. For each semester, all the required course work must be successfully completed before progressing to the next semester. A final course grade of 2.0 is required to successfully pass each program course.

If students stop out (drop, withdraw or fail a course) during the first semester, they will not be able to progress to the next semester. If they wish to return, they will need to submit a new application for the next year by the deadline and follow all the application requirements for that year. They will then be competing for a spot with all the first-time applicants. If students are readmitted, then they will be required to retake all respiratory care courses listed in the first semester.

Students who successfully complete the first semester but stop out (drop, withdraw or fail a course) during another semester will not be able to progress in the program. They may petition to return by following steps listed in the reinstatement procedure found in this handbook.

Students may repeat a respiratory care course only once. Students who stop out (drop, withdraw or fail a course) a second time or fail more than two different RCP courses in the program will no longer be eligible to reapply for reinstatement. Instead, these students will be advised to meet with an academic counselor to explore a different career direction. Students who are ineligible for reinstatement have the option to pursue a Respiratory Care degree at another college or university.

## REMEDICATION AND DISCIPLINARY ACTION

The program has safeguards in place to identify students who need help with knowledge, skills, or professional behavior. The purpose of these safeguards is to help identify areas of weakness; then help the student by providing counseling and/or remediation.

Students who are struggling with academics or skills must demonstrate initiative and accountability by seeking help from tutors and instructors. Students who have failed an exam or are struggling will be counseled and tutoring and remediation will be required as part of their action plan for success.

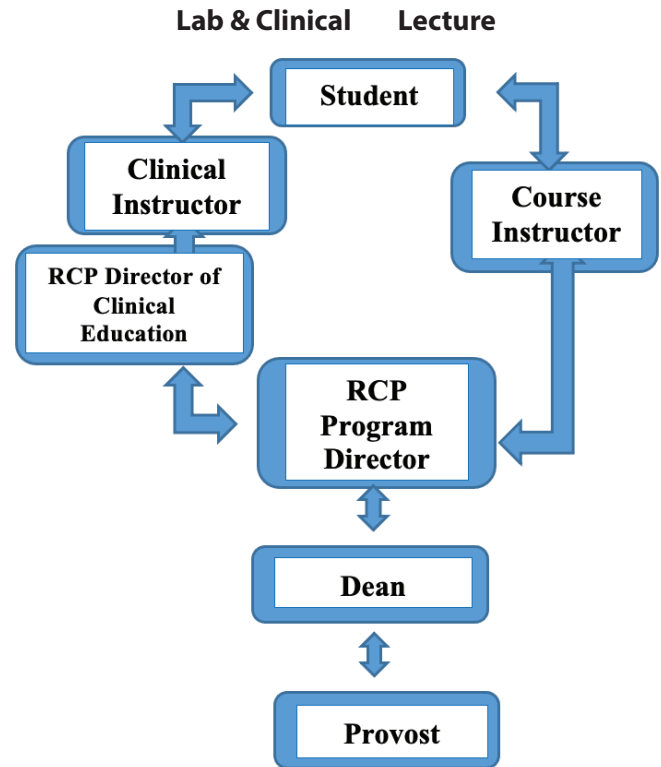
A Behavioral Improvement and a Skills Improvement form will be used by faculty and clinical instructors to provide notification and feedback to the student in identified areas that need to be improved. The process allows the student to ask questions for clarification and to seek additional tutoring. The goal is to see the student's skills and/or behavior improve.

If a student continues to struggle, as evidenced when three (3) documented Behavior or Skills Improvement forms have accumulated, a counseling session will be scheduled with the student, DCE and/or PD to reinforce understanding of the professional conduct expectations or develop a skills remediation plan.

After the counseling session, if behavior or skills issues do not improve, the student will be placed on probation. Any further occurrences while on probation will result in academic withdrawal.

## PATHWAY FOR STUDENT COMMUNICATION

Learning to follow the established chain of command is important to your career success. When an employee bypasses their supervisor (or when a student bypasses their instructor), it demonstrates a lack of respect and professional courtesy. In the work environment, this can lead to increased tension with your supervisor, break down in trust and can lead to disciplinary actions. It is important for you to follow the communication sequence listed below to address any question or concerns you may have.



## PROFFESIONAL ASSOCIATION GUIDELINES

Respiratory Care Students will be held to the AARC statements Ethics and Professional Conduct and Diversity and Inclusion. These statements provide a working guideline for how each and every respiratory therapist should conduct themselves throughout their career. If any of these AARC statements are broken, the student will be counseled, and written documentation placed in their file and may result in further disciplinary actions.

## AARC STATEMENT OF ETHICS AND PROFESSIONAL CONDUCT

*Effective 12/94; Revised 04/15*

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

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
  - Promote and practice evidence-based medicine.
  - Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.
  - Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.
  - Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and refusal of treatment.

- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and/or family or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.
- Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals. It is the position of the American Association of Respiratory Care that there is no place in a professional practice environment for lateral violence and bullying among respiratory therapists or between healthcare professionals.

## AARC STATEMENT OF CULTURAL DIVERSITY AND INCLUSION

Effective 12/94; Revised 7/18

The AARC professional community embraces diversity and multi-culturalism in all of its forms and promotes respect, cultural competence, and inclusion in every facet of its mission

The AARC is enriched by the unique differences found among its diverse members, their patients/ clients, and other stakeholders. The AARC values and embraces equal opportunity and promotes the use of personal and cultural backgrounds to enhance our profession. The AARC accomplishes this by:

- Demonstrating sensitivity to all forms of diversity and multiculturalism including, but not limited to: age, gender and gender identity, race, color and ethnicity, nationality and national origin, ancestry, religious affiliation and creed, sexual orientation, socioeconomic status, political affiliation, physical and mental abilities, veteran and active armed service status, job responsibilities and experience, education and training.

- Acknowledging the varied beliefs, attitudes, behaviors, and customs of the people that constitute its communities of interest, thereby creating a diverse, multicultural, and inclusive professional environment.
- Promoting an appreciation for communication between, and understanding among, people with different beliefs and backgrounds.
- Accommodating the needs of the physically disabled at events and activities. • Using multicultural content and gender-neutral references in documents and publications.
- Promoting diversity and inclusion through education and cultural competence in its education programs.

Actively recruiting candidates from under-represented groups for leadership and mentoring programs.

## UNIFORM DRESS CODE

### Uniforms/Scrubs:

- Students must purchase their own scrubs. Scrub colors for the Respiratory Care Program are as follows:
  - o Navy scrub pants or skirts
  - o Gray scrub tops
  - o Gray scrub jacket (optional)
- Students may be required to wear photo ID badges at certain clinical affiliates. Students may acquire these at the affiliate. The cost for the badges is the responsibility of the student.
- Affiliates may impose additional or different dress code components when students work on site with the affiliate.
- Lab coats are not required at this time; however, students may be required to wear short (hip length) white lab coats at some events. Lab coats must be worn over either dress clothes or approved scrubs. Gray scrub jackets may be used as a substitute for lab coats. Students will be notified in advance of events that require lab coats.

### Shoes:

- Solid white, black or gray closed-toe shoes that have no lettering or graphic designs other than brand identification are required. Shoe material should either be leather or another cleanable, non-permeable material (e.g., cross-trainers, tennis shoes, sneakers, Danskos). Shoes should be comfortable, have rubber soles, and have closed heels and toes. Styles such as Crocs (without holes), clogs, and mules with heel straps are acceptable. Permeable fabrics like mesh and canvas are prohibited. Shoes must not have any wheels, modifications, or embellishments.



Socks / hosiery are required. Open-toe shoes are prohibited.

### **Clinical/Lab Accessories:**

- Required items: Stethoscope and blue or black ink pen.
- Recommended items: bandage scissors and washable watch with second hand.

Note: Any attire not mentioned above is considered inconsistent with the dress code and therefore is not permitted.

## **ATTENDANCE RECORDS**

Students must be registered for the class to attend. Attendance will be taken for each class, lab, and clinical session. Students who fail to attend the first class or who fail the attendance requirements as outlined, may be subject to course directed withdraw. Federal Reporting of attendance and class progress is required for financial aid recipients. Absences and tardiness can impact financial aid status.

### **PROCEDURE**

Students are expected to attend every class, lab and clinical session and be on time. This is a vital part of the educational experience and becoming a professional employee. Clinical affiliates take notice of attendance patterns as a determination factor regarding hiring prospective employees.

Respiratory classes are challenging and even one missed session can lead to academic stress. Absences for personal appointments, vacations, and work obligations are considered unexcused and should be scheduled on non-class/clinical days or during college-scheduled breaks.

Students exhibiting a pattern of being tardy or absent throughout the program will be counseled and may be recommended for dismissal.

### **Class Attendance and Tardiness**

Students are responsible for all work, instruction, and announcements whether present or not. It is the student's responsibility to request a classmate to take notes and collect handouts.

College protocol requires classroom doors to be closed once class begins. Interrupting class with late arrivals or wandering in and out of class is disruptive and unprofessional. Students who arrive late will need to wait until break to enter the classroom.

All respiratory classes are face-to-face, and not all classrooms are capable of virtual broadcasting. Instructors will attempt to broadcast lectures at the request of students in advance of an excused absence. Instructors cannot guarantee that virtual broadcast lecture technology will work properly and are not

responsible for technological function. As a back-up, it is important to request a classmate take notes for you.

- **Class/Lab Attendance Notification:** Students are required to notify the instructor before the start of class by phone, email, or other instructor-designated means of communication for any anticipated tardiness, early departure, or absence. The instructor will document all attendance issues on a Behavior Improvement Form.
- **Class/Lab Tardiness:** Two (2) unexcused occurrences of being late or leaving early from class or lab will be considered one (1) absence.
- **Class/Lab Absences:** One (1) unexcused absence will result in student counseling. A second unexcused absence or excessive absenteeism (excused or unexcused) will result in a failing grade of 1.5 for the course. Refer to the course syllabus for the number of absences as it relates to each course's meeting times.

### **Clinical Attendance and Tardiness**

Students are expected to attend all scheduled clinical shifts and be on time. This means being ready to receive patient reports 10 minutes prior to the start of the shift. All clinical attendance policies apply for events scheduled on clinical days (for example, conferences, presentations, and career fairs).

#### *Clinical Tardiness*

Students are considered tardy if they are not ready to receive patient report by the start of the shift. Two (2) tardy occurrences during the semester will result in one (1) unexcused absence. Tardies affect overall clinical grades in the Affective Evaluation. Tardies may also result in dismissal from clinical for that day per affiliate discretion.

Arriving more than 30 minutes late or leaving more than 30 minutes early without prior approval from the Director of Clinical Education is considered an unexcused absence.

Three (3) tardy occurrences will result in a failing grade of 1.5 for the course.

#### *Clinical Attendance*

One (1) absence will result in a counseling session.

Two (2) absences will result in being placed on probation.

Three (3) absences will result in a failing grade 1.5 for the course.

#### *Clinical Call-Off Procedure:*

Students are required to notify their Director of Clinical Education ("DCE"), Clinical Instructor, and Clinical Affiliate Supervisor/Charge Therapist for all anticipated tardiness, early departures, or absences a minimum of one (1) hour before the start of the shift. This is considered the proper call-in procedure. The Clinical Instructor or DCE will document all attendance concerns on a Behavior Improvement Form.



### *Improper Call-Off:*

Improper call-off procedures will result in a 'no call, no show'. No call, no shows require that students meet with their DCE or PD to discuss a behavior improvement plan. A second no call, no show can result in program dismissal.

### *Clinical Make-Up Days:*

All absences – excused and unexcused – require the entire time to be made-up. Students are responsible for arranging make-up dates and times with the clinical affiliate where the absence(s) occurred. Make-up time is at the convenience of the clinical affiliate. Once students have coordinated a make-up day and time, they must fill out a Clinical Make-Up Day form and submit it to the DCE for final approval no later than seven (7) calendar days after the absence. Students may not reschedule a make-up shift. The Clinical Make-Up Day form can be downloaded from the Learning Management System (Canvas) for that course.

### *Campus Closures*

*See Inclement Weather Policy in the general section of this handbook.*

### **Exceptions**

Extenuating circumstances will be evaluated on a case-by-case basis. Students must contact the DCE and/or PD as soon as possible if they have an extenuating and documented situation. Contacting program faculty does not automatically mean your situation is extenuating. Students should assume that the absence and tardiness policies apply to their personal circumstances unless they are told otherwise by the DCE or PD. After evaluating the extenuating circumstances, the DCE or the PD will communicate if an exception will be made.

## **ASSESSMENT**

Exams, quizzes, and lab practicums are strategically placed within each course to assess student understanding. They are largely cumulative since material is sequential. Faculty reviews each assessment with the class within one week. Students are expected to review their own assessments and set appointments with faculty or tutors to address any areas of concern.

Laboratory skills are assessed through competency checkoffs and lab practical exams. Satisfactory completion of all laboratory tasks assigned is required. Skills assessed using the competency check-off forms are graded on a pass/fail basis. Demonstration of continued mastery of all previously learned proficiencies, procedures, and clinical tasks from prior coursework is expected. In the event a "completed proficiency" is performed sub standardly, the Lab Instructor, Director of Clinical Education, or Program Director may require a student re-evaluation of the specific skill.

## **EXAM PROCEDURE**

All exams and assessments shall be taken as scheduled. Any exam and/or assessment not taken at the scheduled time may be recorded as a zero. Students who arrive late for an exam or assessment will not be given additional testing time. See Test Compliance Procedure for a complete list of rules. Exams may not be made up unless there is documentation of an extenuating circumstances, as outlined above, and in order to qualify, the student must properly notify the instructor before the exam.

All electronic devices including cell phones and smart watches must be powered off during exams. Only college-issued calculators can be used during exams and assessments. All other electronic devices are prohibited. All materials, notes, and textbooks must be removed from the student's testing area. The only permitted materials are a glass of water and an approved calculator.

### **Test Booklet and Scantron Exams & Assessments**

Official answers are taken from the Scantron and not from a test booklet. It is the student's responsibility to carefully review their Scantron to ensure that they have filled in the correct bubbles. All test booklets, scrap paper, calculators and Scantron forms **MUST BE** returned to the instructor before leaving the testing room.

### **Online Exams and Assessments**

Before starting an online assessment, students will be required to show their student ID and scan the room to show their surroundings. Leaving the room during the exam or assessment is not permitted. Acts of questionable academic dishonesty will be reported to the appropriate administrator for further review. All exams will be proctored using a method determined by the instructor. There may be a fee associated with proctoring online exams that are not taken in the Kalamazoo Valley testing center.

## **GRADING**

Students must achieve a minimum of 2.0 in all courses to progress in the RCP Program. See each course syllabus for grading criteria.

Course exams are structured to prepare students for successful completion of the National Board for Respiratory Care (NBRC) exams for entry into the profession. Studies have proven correlations between student exam results and NBRC exam results, and therefore students must achieve a cumulative minimum grade of 72% on exams for each course to pass. Students who do not achieve a cumulative minimum grade of 72% on exams will receive a 1.5 for the course.

Final grades are not rounded up. For example, a final grade of 71.9% will be entered as 1.5.

**Grade distribution** is as follows:

Percentage	Grade
100 - 92	4.0
91 -87	3.5
86 -82	3.0
81 -77	2.5
76-72	2.0
71-67	1.5
66-62	1.0
Less than 62	0.0

### Grading Lab Practical Exams

Lab practical exams are an opportunity for the student to demonstrate proficiency in a set of related skills. Students must achieve a minimum of 72% on all lab practical exams to pass the course. If a student does not achieve a 72% on a lab practical exam, the student will be allowed to schedule one remediation session followed by one scheduled retest. Retesting must be completed before the next scheduled lab session. If the student passes the retake exam, the score for the lab practical exam will be entered as 72%. If a student does not pass the practical exam during the retake attempt, the student will not have demonstrated proficiency in the required skills for the course and therefore will not pass the course. Students who want additional lab practice time are to contact the learning assistants in advance to schedule a time. Missing a scheduled lab practical is considered a failed attempt. Extenuating circumstances will be evaluated on an individual basis.

### Clinical Rotation Grading

Clinical rotation grades are pass/fail. **A passing clinical grade does not affect the overall course grade.** However, failure in clinical rotations results in a grade of 1.5 for the course.

Students must achieve all of the following in order to pass clinical rotations:

1. Accrue fewer than three (3) clinical tardies.
2. Accrue fewer than three (3) clinical absences.
3. Satisfactory completion of all Proficiencies, Procedures, and assigned clinical tasks as defined in the syllabus for each clinical course.
4. Criteria and oral questions for completion of competencies are found in Trajecsys online. Students must submit successful completion of all competency checkoffs on time to receive full credit. All competencies must be signed and verified by clinical preceptors, instructors, or the Director of Clinical Education.
5. Students must demonstrate continued mastery of all previously signed and verified competencies, procedures, and tasks. Students who demonstrate

sub-optimal performance of previously signed and verified competencies are subject to remediation by program faculty.

6. Consistent demonstration of appropriate clinical behaviors in each rotation is expected. Students must score a minimum rating of "2.5" in each category in the *Affective Evaluation* form in Trajecsys, which is due at the end of each rotation. A rating of "1.5" in any category may result in a "Pass with Reluctance". **Two ratings of "1.5" in one evaluation will result in a "Pass with Reluctance". Two Affective Evaluations with a "Pass with Reluctance" will result in a grade of 1.5 for the course.**

## STUDENT CLUB

The Kalamazoo Valley Community College has a student run Respiratory Care Club, which is open to all respiratory care students. The goals of the club are to promote collaboration between the first- and second-year students, fundraising to help offset the cost of attending conferences, provide an avenue for social gatherings, and promote lung health and career awareness. Club membership is not mandatory but is highly encouraged.

Kalamazoo Valley Respiratory Club has by-laws and is governed by the RCP Student Officers with input from the club members. The officers comprise representatives from both first- and second-year class. A respiratory care faculty member serves as a club advisor/mentor. See the Kalamazoo Valley Student Club By-Laws for additional details.

## COMMUNITY SERVICE

Community service is an integral part of the profession and plays an important role in becoming a well-rounded respiratory therapist. There will be opportunities throughout the year to volunteer for community events. Students are encouraged to participate in community service events.

## NATIONAL CREDENTIALING (BOARD EXAMS)

The National Board for Respiratory Care (NBRC) is a credentialing agency who evaluates professional competency through national board exams. Graduates of the Kalamazoo Valley RCP Program can apply to take the NBRC board exams on-line: [www.nbrc.org](http://www.nbrc.org) or call for more information at (888) 341-4811.

Graduates of Kalamazoo Valley Community College's Respiratory Care Program are eligible to take the NBRC Therapist Multiple Choice Exam (TMC). The TMC exam has a low and a high pass rate score.

- o Passing the TMC at the low-cut score will earn the graduate a Certified Respiratory Therapist (CRT) Credential.
- o Passing the TMC exam at the high cut score

will earn the graduate a CRT Credential and eligibility to take the NBRC Clinical Simulation Exam (CSE).

- o Passing the CSE will earn the graduate a Registered Respiratory Therapist (RRT) Credential.

**Credentialing Maintenance:** Completing ongoing continuing education (CE) credits is required to maintain Registered Respiratory Therapist credentials so they do not expire. CE requirements are listed on the NBRC's website. <https://www.nbrc.org/credentialed-practitioners/#credential-maintenance>.

Kalamazoo Valley Community College cannot guarantee that any graduate will pass the national board exam.

## STATE LICENSURE

Students who pass the NBRC TMC Board Exams are NOT automatically granted a State of Michigan License to practice. Students MUST APPLY to the state licensing agency and complete their application requirements. Completing the Respiratory Care program does not guarantee licensure.

The licensure requirements for Michigan are established by the Michigan Bureau of Professional Licensing (LARA) for Respiratory Care, <https://www.michigan.gov/lara/>, (517) 373-8068.

Summary of LARA's requirements (complete listing of requirements is on LARA's website):

- Application which includes the stated fees.
- Official College Transcript verifying you graduated from an accredited college with a respiratory therapy degree. Transcripts must be sent directly from the college to LARA.
- Minimum CRT Credential with verification of credentials sent directly from the National Board for Respiratory Care to LARA.
- Criminal Background Check.
- One-time, one (1) hour training on Identifying Victims of Human Trafficking.
- Two (2) hours of Implicit Bias Training for initial license, plus two (2) hours of Implicit Bias Training every time you renew your license.

Search the State Licensing Directory to find a professional licensing agency in another state: <https://www.nbrc.org/resources/#state-licensing>.

## ADVANCED PLACEMENT

The Respiratory Care Program currently does not have an advanced placement policy.

# CLINICAL INFORMATION SECTION:

## CLINICAL OVERVIEW

Clinical training for students in the Respiratory Care Program is offered under affiliation contracts with several regional hospitals and related healthcare providers.

During clinical training students learn alongside licensed respiratory therapy preceptors and Kalamazoo Valley employed Clinical Instructors. Students must follow clinical affiliate policies regarding dress code, electronic health systems and patient records, standards of care, attendance and punctuality, and professional behavior. Individuals participating in the program function as Kalamazoo Valley students and not as employees.

## STUDENT TRANSPORTATION

Students are responsible for their own transportation to and from class, lab, and clinical sessions. Students must park in designated areas only. Hospital parking stickers may be required at some affiliates. Students are responsible for all parking-related costs. Details on obtaining parking stickers for clinical affiliates will be discussed in class.

## CLINICAL SCHEDULING

Clinical rotations are scheduled to provide the best possible educational experience for students without adversely impacting the delivery of patient care services. The clinical schedule is distributed to students prior to the beginning of each semester. Changes in clinical affiliate staff or patient load might require temporary adjustment of published schedules. To provide the necessary diversity of clinical experience and ensure equity in student assignments, students will be rotated between clinical facilities, may be scheduled for day, evening, and occasional night shifts.

Students with specific scheduling requests may submit a letter to the Director of Clinical Education for special consideration. The letter should identify specific scheduling constraints and provide a rationale to support the need for the request. The clinical schedule is based on numerous factors, and the Director of Clinical Education cannot guarantee that schedule requests will be honored.

## CLINICAL STUDENT RECORDS

The Director of Clinical Education, in cooperation with each of the Kalamazoo Valley Community College's Clinical Instructors, maintains a record of Time Clock, Affective Evaluations, Competencies, appropriate Daily Logs and Grades.

Students are responsible for ensuring that all Trajecsys documentation is complete and up to date. This requires students to follow-up with preceptors and Clinical Instructors. Students who have difficulty completing Trajecsys documentation should first notify their CI and

then the DCE. A Behavior Improvement form will be used to document difficulty maintaining Trajecsys records.

Failure to complete the required Trajecsys documentation by the end of the course will result in failure for the course.

Falsification of any portion of the clinical logs, proficiencies or behavioral evaluations will result in immediate termination from the Program.

## PROFESSIONAL BEHAVIOR EXPECTATIONS FOR CLINICAL

### 1. ATTITUDE:

The delivery of health care depends on a positive interpersonal relationship between each of the persons involved: the patient, the patient's family, physicians, nurses, allied healthcare professionals, and other support staff. To function effectively in this cooperative effort, students must cultivate attitudes and skills that will foster productive relationships. They should recognize that each member of the team brings a unique set of competencies, responsibilities, and personal needs, and the inevitable conflicts between individual needs, the needs of other team members, and the patient must be constructively resolved. Such attributes as respect for others, cheerfulness, honesty, courtesy, diligence, attention to detail, and punctuality all relate to professional behavior. Above all, the goal of meeting the patient's needs must remain central.

### 2. PREPARED FOR EACH CLINICAL DAY

- Has Clinical Competency List at all clinic rotations.
- Has necessary tools and supplies such as stethoscope, ink pen, etc.

### 3. CONFIDENTIALITY

As part of clinical training, students will have access to confidential information, such as patient records and conversations. All students must follow HIPAA and the strict ethical standards of the profession, including honesty in communication, respect for the confidentiality of the patients' records and conversations, and protection of patient rights.

### 4. FOOD & BEVERAGES

Eating is allowed only in designated areas. Eating in any lab setting where blood and or other body fluids may be found is prohibited and may result in being dismissed from the clinic. This applies to all satellite labs.

### 5. BREAKS AND LUNCH PERIODS

Students will observe the departmental policies at the assigned facility regarding breaks and lunch periods. Occasionally, due to high acuity times, these breaks/lunches will be missed. The student cannot leave the hospital setting during any break or period for any reason. A 30-minute lunch period will not be counted in the total clinical hours for the day.

### 6. SLEEPING

Sleeping during the clinical rotation is prohibited. If a student is sleeping during any part of the clinical rotation, they may be sent home at the discretion of the clinical affiliate. The student will meet with the Clinical Instructor or Director of Clinical Education to discuss an action plan. A Behavior Improvement form will be written, and if the student is sleeping during the clinical rotation a second time, they will not pass the course.

### 7. PHONES & USE OF HOSPITAL COMPUTERS

Students may use their personal cell phones during lunch and breaks only and not in patient care areas. Use of hospital phones must be limited directly to clinical business. Conversations should be concise and to the point so as not to tie up the lines any longer than necessary.

Personal computer internet access for non-clinical related business during clinical time is strictly prohibited.

### 8. GUM CHEWING

Gum chewing looks unprofessional and is not permitted.

### 9. LEAVING PATIENT CARE AREA

Students must communicate to the CI/Preceptor if they are leaving the patient care area or department. Students are prohibited from leaving the building.

### 10. SMOKING

Students are not allowed to have any type of tobacco products on their person while in the clinical setting. See Tobacco Policy in this handbook.

### 11. GIFTS AND GRATUITIES

Under no circumstances should a student accept gifts or gratuities for services.

## CLINICAL SUSPENSION AND DISMISSAL

Kalamazoo Valley Community College Respiratory Care Program prides itself on the quality of graduates it produces. All students reflect the program, the faculty and instructors teaching here. The clinical aspect is essential to producing quality graduates. In the clinical environment, you learn how to synthesize all the information you have learned into real patient encounters. Students have a duty to clinical affiliates to be professional in appearance, conduct and individual responsibility. Failing to meet these requirements may be grounds for suspension and even dismissal from the clinical program.

Students may be suspended from clinical for any inappropriate actions in addition to the criteria outlined in these policies. Suspension may be the recommendation of the preceptor, the clinical affiliate, the Program Director or the Dean of Instruction. (As a note: preceptors/clinicians can recommend suspension or dismissal from the program.)



Inappropriate actions are defined as any act of omission or commission that has the potential to or causes harm to a patient or co-worker. If such an act is performed the following steps shall be taken.

1. The student will be informed of the action and if warranted asked to leave the patient care areas as soon as reasonable. Preceptors/clinicians will make every effort to avoid reprimanding the student in front of the patient or other bystanders.
2. The preceptor or clinical affiliate may file a complaint or allegation with the Program Director verbally. A single verbal complaint may not jeopardize the students standing in the program, unless it alleges egregious behavior. It will be documented as a verbal complaint using the professional counseling form and placed in the student's file. The receipt of a second verbal complaint will produce a written complaint on the professional counseling form which should be reviewed to determine if probation or dismissal is appropriate.
3. Some actions may be egregious enough to warrant immediate suspension of clinical privileges pending a review of the complaint.
4. The action will be documented within 5 business days:
  - a. From the clinical faculty or preceptor's perspective
  - b. From the student's perspective
5. The Program Director will review the documentation and decide if the student may return to the clinical areas or if dismissal is appropriate. The Program Director may decide that a probationary period is warranted. A probationary period is in effect for the remainder of the semester. A second violation or repeat occurrence of inappropriate actions can result in dismissal from the program.
6. A follow up meeting with the preceptor or affiliate representative, the student and the Program Director may take place to let the student know of their status with the program.
7. Reasons for immediate dismissal
  - a. Unsatisfactory clinical performance
  - b. Unsatisfactory attendance or punctuality
  - c. Inability to maintain physical and mental health for the essential functions of the program
  - d. Unethical, unprofessional behavior; behavior which compromises relations with clinical partners
  - e. Refusal to participate in procedures
  - f. Unsafe practices that compromise patient safety
  - g. HIPAA, patient confidentiality violations
  - h. Violation of social media policy
  - i. Academic dishonesty violations

- j. Violation of the standards of conduct as outlined in the student handbook
- k. Violation of the college's sexual harassment policies
- l. Failure to report or disclose changes in criminal background status.

If an instructor recommends dismissing a student from the program, the recommendation must be reviewed and approved by the Program Director, the Dean of Instruction and Student Relations Coordinator (SRC). The Program Director and/or Dean of Instruction and the Student Relations Coordinator should meet with the student face to face and provide in writing the reasons for dismissal and provide an opportunity for response. Suspension of clinical privileges remains in effect until the appeal is resolved. Suspension, or revocation of clinical privileges by a clinical affiliate has the power to remove a student from a class or program, delay on-time graduation, or terminate a student's progress in the program entirely and permanently. Affiliate suspension or revocation of privileges is not under the control of Kalamazoo Valley nor its faculty and is not open to appeal.

## PHYSICIAN CONTACT TIME

- The Committee on Accreditation in Respiratory Care (CoARC) recommends that students have a minimum of one (1) hour of physician contact time per week during clinical rotations. The Kalamazoo Valley Respiratory Care Program aims to meet or exceed CoARC recommendations.

Students must document physician interaction in Trajecsys. Documentation includes physician name, interaction type, and interaction duration. While there is no minimum physician interaction time requirement, students are encouraged to communicate with physicians whenever appropriate to enhance clinical experience. The following experiences are considered physician contact:

- A. Case Presentations
- B. Patient / Teaching Rounds
- C. "In-house" conferences/lectures (including the weekly Pulmonary Conference)
- D. Physician-performed procedures

Falsification of any portion of the clinical logs, proficiencies or behavioral evaluations will result in immediate termination of the student from the Program.

## STUDENTS WHO WORK AS RESPIRATORY THERAPY EXTERNS, INTERNS, AND TECHS

Students can start working as respiratory care students after successfully completing the 1st year in the



respiratory therapy program. Working at the hospital cannot be done during scheduled Kalamazoo Valley clinical times. The scope of practice for students who are working should be limited to general floor therapy for procedures in which they have demonstrated competency. It is not recommended that students work in the ICU or perform invasive procedures until after they have graduated.