Skyline College
Respiratory Care Program

2026-2027 STUDENT PROGRAM HANDBOOK

ASSOCIATE OF SCIENCE
RESPIRATORY CARE
(ASRC) PROGRAM

Skyline College, San Bruno, CA
Website: https://skylinecollege.edu/respiratorycare/

Breathe Life Into Your Future: Join the ASRC Program Start Your Respiratory Career Here

Table of Contents

Welcome to the Associate of Science in Respiratory Care (ASRC) Program

We are thrilled to welcome you to the Associate of Science in Respiratory Care Program at Skyline College. This program marks the beginning of your professional journey into one of the most vital and dynamic fields within healthcare. As a respiratory care student, you are preparing to enter a profession that demands a unique blend of knowledge, technical skill, and compassionate care, qualities that will define your success as a Registered Respiratory Therapist (RRT).

Our program is thoughtfully designed to support your development across the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. Through a combination of rigorous coursework, hands-on clinical training, and guided learning experiences, you will gain the competencies necessary to provide safe, effective, and evidence-based care to patients across a wide range of settings.

Upon completion of the program, our graduates are expected to:

- Earn the Registered Respiratory Therapist (RRT) credential.
- Be eligible for a Respiratory Care Practitioner (RCP) license in California, and secure gainful employment.
- Demonstrate entry-level competency in all domains of respiratory care practice.

This handbook serves as your guide to the structure, philosophy, and academic expectations of the ASRC Program. It should be used in conjunction with the Skyline College Student Guide Handbook to fully understand the responsibilities, policies, and resources available to support your success.

As you navigate this program, your commitment, effort, and professional mindset will play a critical role in your growth. You are not only preparing for licensure and employment, you are also stepping into a respected healthcare profession where your knowledge and skills will impact the lives of patients and families every single day.

We are honored to support you through this transformative journey. We look forward to seeing you develop into a confident and competent respiratory care practitioner, ready to meet the demands of today's healthcare environment.

Welcome to the program, we're excited to see where your future in respiratory care takes you.

Anrey Bartoszynski- M.Ed., BSRT, RRT-ACCS, RCP
Respiratory Care Professor/
Respiratory Care Program Director
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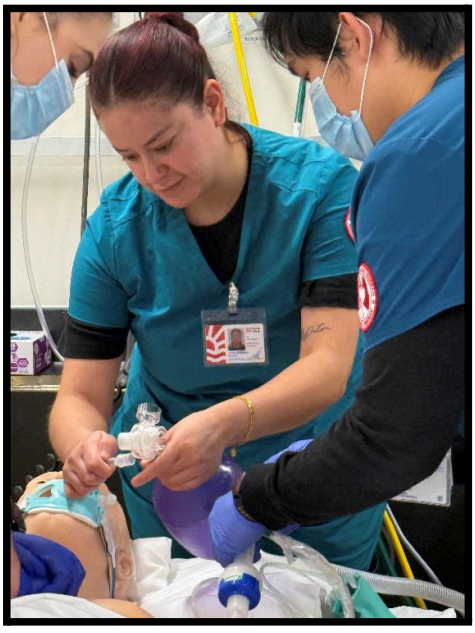
Why get your AS Degree in Respiratory Care, and why at Skyline?

A Respiratory Therapist (RT) or Respiratory Care Practitioners (RCP- Licensed RTs in California) is a highly skilled and licensed healthcare professional specializing in the care of patients with breathing difficulties and cardiopulmonary disorders. RTs play a critical role in patient care by assessing respiratory conditions, administering oxygen and inhaled medications, conducting diagnostic testing, managing mechanical ventilators, and providing life support during emergencies. They work with patients across the lifespan, including premature infants in neonatal ICUs, children with asthma or pneumonia, trauma patients in critical care, and elderly individuals with COPD or heart failure.

The profession continues to expand due to increasing rates of chronic respiratory illnesses and the growing healthcare needs of an aging population. According to the U.S. Bureau of Labor Statistics, the job market for respiratory therapists is projected to grow by 14% from 2022 to 2032, which is significantly faster than the average for all occupations. In California, respiratory therapists earn a median salary of $96,150, with experienced professionals earning over $110,000 annually, depending on work setting, credentials, and location. With high demand, competitive pay, and meaningful patient interaction, respiratory care offers an excellent career pathway for individuals seeking to make a difference in the healthcare field.



The Respiratory Care Program at Skyline College is an accredited two-year program that offers the academic foundation and clinical training needed to become a successful respiratory care provider. Students benefit from a combination of classroom instruction, about 250 lab practicum hours, and 750 hours of clinical practice at affiliated clinical sites throughout the Northern California region. You'll learn from expert instructors who bring years of practical, real-world experience, and direct hands-on training into the classroom.

Graduates of the program earn an Associate of Science Degree in Respiratory Care (ASRC), which provides eligibility to sit for the National Board for Respiratory Care (NBRC) Respiratory Therapy Examination (RTEx) and pursue credentialing as a Registered Respiratory Therapist (RRT). These credentials are essential for employment in the field of respiratory care. Upon passing the required exams, graduates become eligible to apply for licensure as a Respiratory Care Practitioner (RCP) in California, as well as licensure in other states, subject to each state's licensing requirements and application process and requirements.

Skyline College’s ASRC program prepares students for direct entry into professional respiratory care practice as licensed Respiratory Care Practitioners. However, as the respiratory care field continues to evolve and expand its role in improving public health and community wellness, there is also a growing need for advanced practice and leadership in the profession. To meet this demand, Skyline College also offers a Bachelor of Science in

Respiratory Care (BSRC) for students who wish to build upon their associate degree. The BSRC degree advancement program provides graduates with enhanced knowledge, skills, and attributes in leadership, management, education, research, and advanced clinical practice, enabling them to meet their professional goals and prepare for advanced roles in the field.

Students who successfully complete the ASRC program, obtain either the Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) credential through the National Board for Respiratory Care (NBRC), and complete at least 30 Cal-GETC units are eligible to apply to the Bachelor of Science in Respiratory Care (BSRC) program, provided all admission requirements are met. Students who enter the BSRC program holding the CRT credential must earn the RRT credential before becoming eligible for BSRC degree conferral and graduation. For additional information, please visit the BSRC Program webpage.https://skylinecollege.edu/respiratorycarebachelors/

Institutional Policies and Student Responsibility

Students are responsible for complying with all Skyline College policies and procedures related to registration, enrollment, academic records, financial aid, course repetition, and student conduct. The most current institutional policies are maintained by Admissions and Records and published in the Skyline College Catalog.

Course repetition may affect transcript notation, grade point average (GPA) calculations, financial aid eligibility, and Satisfactory Academic Progress (SAP). Students are encouraged to consult Admissions and Records, Financial Aid, or Counseling Services for guidance regarding individual circumstances and the most current institutional regulations.

Questions regarding enrollment limits, registration requirements, or academic standing should be directed to Admissions and Records or a Skyline College counselor.

College Mission & Program Goals

Mission Statement

To empower and transform a global community of learners.

Vision Statement

Skyline College inspires a global and diverse community of learners to achieve intellectual, cultural, social, economic and personal fulfillment.

Values Statement

Education is the foundation of our democratic society.

ASRC Program Goal

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

ASRC Program Learning Outcomes (PLOs)

Upon completion of degree requirements, students will be able to:

- Obtain the RRT credential.
- Obtain gainful employment as a Licensed Respiratory Care Practitioner (RCP).
- Demonstrate competency in the cognitive, psychomotor, and affective domains when providing respiratory care.

Outcomes Measurements and Evaluation Tools

The program assesses and reports the following items annually, as required by the Commission on Accreditation for Respiratory Care (CoARC):

- NBRC Credentialing Success
- Attrition/Retention Rates
- Positive Placement
- Overall Employer Satisfaction
- Overall Graduate Satisfaction
- On-Time Graduation Rate

Admissions, Enrollment, and Cohort Progression Policy

(ASRC Program)

Admissions Policy

Admission to the Associate of Science in Respiratory Care (ASRC) Program at Skyline College is competitive and cohort-based. The program admits a limited number of students annually based on clinical site capacity, faculty resources, and program accreditation standards.

Program Capacity

- Approximately 25 students are admitted per cohort year
- Admission is competitive and not guaranteed for all eligible applicants
- Meeting minimum eligibility requirements does not guarantee admission

Selection Process

Applicants are evaluated based on established program criteria, which may include:

- Completion of all required prerequisite coursework

- Academic performance in prerequisite courses
- Completion of application materials by the published deadline
- Additional criteria as defined by the program and Admissions Office

Lottery Selection Process

- If the number of qualified applicants exceeds available seats (typically more than 25 applicants), a structured lottery selection process will be implemented
- Eligible applicants will be placed into designated lottery pools in accordance with the ASRC Lottery Selection Procedure
- Lottery pool classification and selection procedures are detailed in the Program Addendum *(Appendix: ASRC Lottery Process)*
- Admission decisions are final and based on lottery outcomes and seat availability

Admission Notification

- Applicants selected through the lottery process will be formally notified by the Program and/or Admissions and Records Office, or Program Services Coordinator.
- Admission is valid only for the designated entry cohort term

Minimum Eligibility Requirements (Prerequisite Coursework)

All applicants must complete the following prerequisite coursework with a grade of "C" or better. Equivalent coursework from other accredited institutions may be accepted upon transcript evaluation.

ASRC Program Admission Requirements

Admission to the Respiratory Care Program requires students to meet the following minimum entrance requirements:

1. High school graduation or equivalent.
2. Completed with a grade of C or better:
    a. Statistics or any college level math course, or equivalent.
    b. A college level English Composition course (equivalent to ENGL C1000 or ENGL C1000E).
    c. Medical Terminology equivalent to HSCI 484.
    d. Chemistry equivalent to CHEM 192 or 410.
    e. Human Anatomy equivalent to BIOL 250.
    f. Human Physiology equivalent to BIOL 260.
    g. Microbiology BIOL 240 (Effective with the 2026 application cycle).

All prerequisite coursework must be completed prior to the application deadline. Incomplete applications or coursework that is still in progress at the time of the lottery may place the applicant in a lower lottery pool or may result in the application not being considered in certain circumstances.

BSRC Degree Advancement Pathway (Optional)

Students who wish to continue into the Bachelor of Science in Respiratory Care (BSRC) degree advancement program must meet additional General Education requirements aligned with Cal-GETC standards.

- Students should refer to the Cal-GETC and BSRC sequencing plan in the Program Addendum
    - *(Appendix)*
- Completion of the ASRC program does not guarantee admission into BSRC coursework without meeting published requirements
- Additional upper-division requirements apply for BSRC progression

Enrollment Status and Cohort Progression Policy

The ASRC Program is a structured, cohort-based program designed to ensure sequential progression through academic, laboratory, and clinical coursework.

Cohort-Based Enrollment Model

- Students are admitted into a specific entry cohort
- Students are expected to progress through the curriculum in a prescribed sequence
- Enrollment is full-time only
- Part-time progression through the program is not permitted

Progression Requirements

Students must meet all of the following requirements to remain in good standing and progress with their cohort:

- Minimum final grade of 75 percent in all ASRC courses
- Satisfactory completion of laboratory and clinical competencies
- Compliance with attendance, professionalism, and conduct standards
- Successful completion of prerequisite and sequential coursework as outlined in the curriculum plan

Impact of Course Failure or Withdrawal

- Failure or withdrawal from a required course may interrupt cohort progression
- Students who do not successfully complete required coursework may not automatically advance with their cohort
- Program continuation is subject to seat availability, clinical placement capacity, and curriculum sequencing requirements

Program Capacity and Clinical Placement Limitations

- Clinical placement sites are limited and assigned based on availability and instructional needs
- Progression is contingent upon both academic performance and clinical placement capacity
- Program continuation is not guaranteed if capacity constraints exist

Re-Entry, Readmission, and Progression After Course Failure

The ASRC Program maintains specific policies for re-entry following unsuccessful course completion.

First-Year Students (Initial Cohort Year)

- Students who fail a required course during the first year may lose cohort status
- Students are not guaranteed continued placement in the original cohort sequence
- Re-entry requires reapplication to the ASRC Program through the standard admissions process
- Students may be required to participate in the lottery selection process if applicant numbers exceed available seats (more than 25 applicants)
- Re-admission is not guaranteed and is subject to:
    - Program capacity
    - Lottery outcomes
    - Completion of all admissions requirements

Second-Year Students (Advanced Cohort Year)

- Second-year students may be permitted up to three total attempts in required courses, consistent with Title 5 regulations and district policy
- Failure to successfully complete a required course after allowable attempts will result in program dismissal
- Second-year students are not subject to lottery re-entry but are subject to:
    - Clinical seat availability
    - Program capacity
    - Curriculum sequencing requirements

General Re-Entry Conditions

Re-admission or continuation in the program is not guaranteed and is always contingent upon:

- Space availability within the program
- Clinical site capacity and placement availability
- Compliance with institutional and program requirements
- Satisfactory academic and professional standing at the time of reapplication

Admissions, Application, and Enrollment Requirements (Summary Section)

Admission to the Respiratory Care Program is competitive and based on established institutional criteria in accordance with California community college regulations.

- Approximately 25 students are admitted annually
- Admission is full-time and cohort-based
- All courses must be completed in a prescribed sequence

Prerequisite Requirements

Applicants must complete all prerequisite courses with a grade of C or better prior to application deadline, including:

- Anatomy and Physiology with labs
- Microbiology
- Chemistry with lab
- Medical Terminology
- English Composition
- College Level Math course

Program Admission Requirements (Upon Acceptance)

Students must complete:

- Physical examination
- Immunization documentation
- Background check (including Social Security verification)
- Drug screening

Additional Notes

- Prerequisite coursework completed within five years is strongly recommended
- General Education courses should be completed prior to program entry when possible
- Completion of the ASRC degree is required for eligibility for the California RCP licensing exam

Technical Standards for Admission, Progression, and Completion

The following technical standards represent essential physical, cognitive, communication, and behavioral abilities required for successful completion of the Respiratory Care Program and safe practice as a respiratory care practitioner.

Physical Requirements

Students must be able to:

- Stand and walk for extended clinical periods (up to 90 percent of shift time)
- Perform CPR, bending, kneeling, and emergency response activities
- Lift up to 45 pounds and carry up to 25 pounds
- Push, pull, and operate clinical equipment including ventilators and oxygen cylinders
- Perform fine motor tasks such as equipment assembly, chest physiotherapy techniques, and clinical procedures
- Accurately document patient care using written or electronic health record systems

Communication Requirements

Students must be able to:

- Communicate effectively in English, both verbally and in writing
- Provide clear instructions to patients and respond appropriately to verbal instructions from healthcare providers
- Document clinical care accurately and professionally

Sensory Requirements

Students must be able to:

- Hear alarms, monitoring devices, and spoken communication in clinical environments
- Demonstrate sufficient visual acuity to read monitors, charts, medication labels, and ventilator settings, including digital and LED displays used in clinical equipment

Cognitive and Emotional Requirements

Students must be able to:

- Function effectively in high-stress and emergency clinical situations
- Respond rapidly and appropriately to patient care emergencies
- Demonstrate emotional stability and professional behavior under pressure
- Work collaboratively within interdisciplinary healthcare teams

Note: *These standards are consistent with ADA requirements and CoARC expectations for safe clinical practice. Students requiring accommodations should refer to the Educational Access Center (EAC) for support.*

ASRC Accreditation

The Associate of Science Degree in Respiratory Care Program at Skyline College in San Bruno, California (Program Number: 200147) is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC).
CoARC is the recognized accrediting body for respiratory therapy education programs in the United States. It uses an outcomes-based accreditation model, which means that programs are evaluated based on performance indicators that reflect how well the educational goals are achieved and how effectively the program prepares students for professional success.

Program Accreditation Highlights:

- View Skyline College Program Outcomes Data on the CoARC website.
- Skyline College Respiratory Care Advisory Committee supports program relevance and continuous improvement.
- Recent Accreditation Milestones:
    - 2025 CoARC ASRC Annual Report Commendation Letter
    - 2024 CoARC ASRC Annual Report Commendation Letter
    - 2021 CoARC Credentialing Success Award
    - 2018 ASRC Certificate of Continuing Accreditation

CoARC Contact Information

Respiratory Care (CoARC)
Address: 264 Precision Blvd., Telford, TN 37690
Phone: (817) 283-2835
Website: www.coarc.com

Institutional Accreditation

In addition to CoARC accreditation, Skyline College is accredited by:

- Accrediting Commission for Community and Junior Colleges (ACCJC), part of the Western Association of Schools and Colleges (WASC)
- Recognized by the Council for Higher Education Accreditation (CHEA)

Meet the Program's Faculty, Administrative, and Support Team

Respiratory Care Faculties (Associates and Bachelors Degree)
Anrey Bartoszynski-M.Ed, BSRC, RRT, RRT-ACCS, RCP bartoszynskia@smccd.edu Respiratory Care Program Director and Faculty for both ASRC and BSRC program
Brian Daniel, RCP, RRT danielb@smccd.edu ASRC Director of Clinical Education
Dr. Gordon Mak, MD makg@smccd.edu Respiratory Care Medical Director and Faculty
Rena Aiken, BSRC, RRT, RCP aikenr@smccd.edu Respiratory Care Faculty for ASRC Program
Dan Alamillo, MSRC, BSRT, RRT, RPFT, NPS, AE-C alamillod@smccd.edu Respiratory Care Faculty for ASRC Program
Kimberly Trotter- MA, RPSGT, FAAST trotterk@smccd.edu Respiratory Care Faculty for BSRC Program
Krystal Craddock- MSRC, RRT, RRT-ACCS, RRT-NPS, AE-C, CCM, FAARC craddockk@smccd.edu Respiratory Care Faculty for BSRC Program
Gregory Burns- MAS, BSRC, RRT, RCP burnsgregory@smccd.edu Respiratory Care Faculty for BSRC Program
Uzoma Nwamuo- MSHCA, BSRT, RRT, RRT-NPS, RCP nwamuou@smccd.edu Respiratory Care Faculty for BSRC Program

BSRC Upper Division General Education Faculty

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BSRC Upper Division General Ed. Faculty

Program Support, Staff, and Admin

Dr. Nathan Carter, Ph.D
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Skyline College,
Vice President of Instruction

Jessica Hurless, M.A.
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Dean of STEM Division

Shruti Ranade
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Allied Health Program Services Coordinator

Andrea Fuentes, M.B.A., M.A.
fuentesandrea@smccd.edu (Spring 2025 to Present)
Academic Support & Learning Technologies Division,
Skyline Instructional Designer, (CTTL - Center for Transformative Teaching and Learning)

Karen Wong, B.A., M.A.
wongk@smccd.edu

Coordinator of Institutional Effectiveness (Learning Outcomes Coordinator)
Buchholz, Laurie buchholzl@smccd.edu Skyline Library Academic Support and Learning Technologies; Learning Commons.
John Chew, B.A., M.A. chewj@smccd.edu Writing-Reading Center, & English Language Learning Support

Respiratory Care Faculty Biographical Snapshot

Anrey Bartoszynski, MEd, BSRC, RCP, RRT-ACCS, has been a Respiratory Care Practitioner since 2006, bringing over 17 years of clinical experience across diverse healthcare settings. She earned his Associate of Science in Respiratory Therapy in 2006, followed by a Bachelor of Science in Respiratory Care in 2018, and a Master of Education in Health & Wellness in 2021. Anrey began her academic career in 2018 and has been teaching at Skyline College since 2019, serving as RT Adjunct Faculty and Simulation Lab Coordinator. Her teaching background includes experience as a volunteer RT tutor and clinical preceptor for nearly a decade, mentoring students and new practitioners in both academic and clinical environments. Her clinical practice includes experience at Saint Francis Memorial Hospital (San Francisco), Washington Hospital Healthcare System (Fremont), VA Palo Alto Medical Center, Kaiser Permanente (Northern California), and Children's Hospital of the King's Daughters (Norfolk, VA). As Program Director in Respiratory Care at Skyline College, Anrey is deeply committed to student success and professional development, guiding learners toward advanced clinical practice, leadership, education, and career advancement in respiratory care. His work reflects a strong passion for teaching, mentorship, and building the future respiratory care workforce.

Brian Daniel, RCP, RRT, is a graduate of Skyline College's Respiratory Care program and brings over 40 years of experience as a Respiratory Care Practitioner. He has served as Director of Clinical Education at Skyline College Respiratory Care Program since 2004, playing a pivotal role in clinical training, mentorship, and the professional development of respiratory care students. Throughout his career, Brian has contributed extensively to the advancement of respiratory care through numerous peer-reviewed publications in acute and intensive respiratory care. He is a sought-after speaker with national and international presentations focused on advances in the management of respiratory disorders. His work has also been widely recognized in RN education, as well as in the development of critical care residents and fellows. Brian has served as a discipline representative to the Global Consensus Group for Acute Respiratory Distress Syndrome (ARDS) and has been formally recognized for his leadership in improving

clinical outcomes related to COVID-19–associated lung injury. In 2022, he was honored as the California Society for Respiratory Care Practitioner of the Year, reflecting his longstanding commitment to excellence in patient care, education, and professional leadership.

Dr. Gordon K. Mak, MD, serves as the Medical Director for the Skyline College Respiratory Care Program, providing clinical guidance and oversight to ensure excellence in respiratory care education. He is a board-certified pulmonologist and critical care specialist based in Stanford, California, affiliated with Stanford Health Care–Stanford Hospital and San Mateo Medical Center. Dr. Mak received his medical degree from the David Geffen School of Medicine at UCLA Center for Health Sciences in 1995 and has over 25 years of experience in the medical field. His clinical expertise includes obstructive lung disease, sleep disorders, asthma, pneumonia, pulmonary embolism, sarcoidosis, and critical care medicine. Through his work with Skyline College, Dr. Mak provides invaluable mentorship and guidance, helping to bridge advanced clinical practice with respiratory care education for future practitioners.

Rena Aiken, BSRC, RRT, RCP, has been teaching at Skyline College since 2024, covering Patient Assessment and other advanced respiratory care services. She also practices as a licensed Respiratory Care Practitioner, combining professional expertise with hands-on teaching to enhance student learning. is a full-time respiratory care practitioner at Stanford Health Care, providing care across ICU, trauma, adult and pediatric emergency departments, and hospital floors. She has been with Stanford since August 2021 and brings extensive clinical experience in diverse patient care settings to her work with Skyline College students.

Dan Alamillo, MSRC, BSRT, RRT, RPFT, NPS, AE-C has been a Respiratory Care Practitioner since 2001, beginning his career after graduating from Napa Valley College. He earned his Bachelor of Science in Respiratory Therapy from California State University, East Bay in 2006, and later completed his Master's degree in Respiratory Care at Youngstown State University in 2018. Dan holds multiple advanced professional credentials, including Registered Respiratory Therapist (RRT), Registered Pulmonary Function Technologist (RPFT), Neonatal/Pediatric Specialist (NPS), and Certified Asthma Educator (AE-C). His extensive clinical expertise spans neonatal, pediatric, and adult respiratory care. Outside of Skyline College, Dan has been a dedicated respiratory care practitioner at UCSF Benioff Children's Hospital Oakland since 2001, where he continues to provide specialized care to pediatric and neonatal patient populations. His depth of clinical

experience and commitment to respiratory care excellence enrich the learning experience for Skyline College students.

Krystal Craddock, MSRC, RRT, RRT-NPS, AE-C, RRT-ACCS, FAARC earned her Associate of Science in Respiratory Care from Butte Community College in 2007, followed by Bachelor of Science and Master of Science in Respiratory Care from Boise State University, completing her graduate degree in 2020. Krystal currently serves as the Clinical Coordinator and Case Manager for the University of California Asthma Network (UCAN) and Biologics Clinic at UC Davis, where she leads initiatives focused on population health, and chronic disease management. A recognized leader in the profession, Krystal has presented on Respiratory Care Case Management at state and national conferences, including the COPD Foundation Annual Conference, American College of Chest Physicians (CHEST), American Thoracic Society (ATS) Conference, and AARC Congress. She was awarded the Charles W. Serby COPD Research Fellowship in 2013 and 2022, the Mike West Patient Education Achievement Award in 2016, and the Mallinckrodt Literary Award in 2025 from the American Respiratory Care Foundation (ARCF). Krystal currently serves on the California Society for Respiratory Care (CSRC) Board of Directors. She leads instruction in Advanced Respiratory Case Management at Skyline College. Her work reflects a deep commitment to leadership, education, patient advocacy, and advancing the role of respiratory care practitioners within complex healthcare systems.

Kimberly Trotter, MA, RPSGT, FAAST, is a nationally recognized leader in sleep medicine and a long-standing faculty member at Skyline College, where she has taught since 2017 and developed the Sleep Medicine course for the Bachelor of Science in Respiratory Care Program. She holds a Master's degree in Psychology from California State University, Sacramento, with an emphasis on sleep research, and is a Registered Polysomnographic Technologist licensed in the State of California. With over 30 years of experience in sleep medicine, Kimberly founded and developed the UCSF Sleep Disorders Center, expanding it from a 2-bed lab to a 12-bed accredited program serving both adult and pediatric populations, and successfully achieving accreditation through the American Academy of Sleep Medicine (AASM). She has also managed UCSF's Pulmonary Function Lab, Pulmonary Rehabilitation Department, and Sleep and Pulmonary Clinics. Currently, she serves as Manager of the Pediatric Sleep Disorders Center at UCSF Benioff Children's Hospital Oakland, overseeing daily operations, strategic program expansion, staff management, and ongoing AASM accreditation efforts. In addition, Kimberly is an active committee member of the American Association of Sleep Technologists (AAST) since 2018, contributing to national education and professional communication through A2Zzz Magazine and AAST publications. A Fellow of the American Association of Sleep Technologists (FAAST), she has authored numerous articles and book chapters in sleep medicine and brings exceptional clinical depth, leadership, and expertise to the education of future respiratory care professionals at Skyline College.

Gregory Burns, MAS, BSRC, RRT, RCP, has been teaching in the Bachelor of Science in Respiratory Care (BSRC) program at Skyline College since 2023, where he provides instruction in Research Methodology and Leadership. His academic focus emphasizes evidence-based practice, quality improvement, and leadership development within the respiratory care profession. In his clinical and professional role, Gregory currently serves as a Quality and Analytics Clinical Specialist with Respiratory Care Services at UCSF Health, a position he has held since 2022. His work centers on clinical quality, data analytics, and performance improvement initiatives that support high-quality patient care. Prior to UCSF Health, Gregory practiced as a Respiratory Care Practitioner at San Francisco General Hospital from 2010, where he also served as Interim Equipment Manager and Quality Improvement Manager, contributing to operational excellence and patient safety initiatives. In addition to his healthcare career, Gregory is an O9S recruit pursuing officer candidacy with the Army National Guard, reflecting his commitment to leadership, service, and professional growth.

Uzoma Nwamuo, MSHCA, BSRT, RRT, RRT-NPS, RCP, has been an integral part of the BSRC program at Skyline College since 2023 as a faculty, where she supports students through online instruction, performance evaluation, and individualized guidance in Advanced Neonatal and Pediatric Respiratory Care . She brings over 20 years of respiratory care experience, including roles as Director of Clinical Education at Carrington College, Transport Respiratory Therapist at UCSF Benioff Children's Hospital Oakland since 2008, and part-time Registered Respiratory Therapist at Kaiser Permanente. Uzoma's clinical expertise spans neonatal, pediatric, critical care, ECMO transport, pulmonary function testing, and patient education for tracheostomy, ventilator, and CPAP-dependent patients. She holds a Bachelor's degree in Respiratory Care Therapy from Salisbury University (2000–2002) and a Master of Science in Health Care Administration from University of Maryland Global Campus (2007). Her extensive clinical knowledge, leadership, and commitment to student success make her an exceptional addition to the Skyline College BSRC faculty team, enhancing both academic and hands-on learning for students.

Curriculum Overview

Associate of Science: The program consists of classroom lectures, laboratory work, clinical coursework, practicum hands-on, and internship opportunities . The core classes in the program must be completed in sequence. Students must complete the program with an Associate of Science degree.
It is the student's responsibility to ensure that they have completed all the requirements for graduation, including necessary courses to obtain the Associates of Science degree. Students with foreign coursework and/or waivers must meet with the Academic Counselor, and Program Director to clarify their curriculum. Permission from the Program Director is required to deviate from the Respiratory Care core curriculum. The curriculum is competency-based. Competencies, abilities, and skills that students must acquire and demonstrate are clearly stated as behavioral objectives. The result of this system is that each student must possess the specified competencies and applied theory before receiving credit for a particular course. Students are also fully aware of expectations and are provided a guideline for study.

Course Rubrics and Program Grading Threshold

Each course within the Associate of Science in Respiratory Care (ASRC) program includes its own specific rubrics tailored to the course content, outcomes, and assignments. These rubrics are developed by the instructor of record based on the course's unique specialty area and are available within each course's Canvas shell. Students are encouraged to review the rubric for each assignment to understand how their work will be evaluated and to support their academic success.

To successfully complete a course in the ASRC program, students must achieve a minimum final grade of 75%. This threshold reflects the program's academic standards and ensures that students demonstrate the required level of competency for progression and graduation.

Associate of Science in Respiratory Care Program Schedule-Course Sequence

First Semester (Fall 1)

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH 410, Introduction to Patient Care & Respiratory Assessment Techniques (3), Hours/semester: 32.0-36.0 Lecture hours; 48.0-54.0 Lab	The study and practice of basic patient care. Also included will be a review of basic science relevant to respiratory therapy and its application to respiratory	1. Describe and apply physical, chemical, and algebraic concepts to various components of respiratory care. 2. Perform vital sign

hours; 64.0-72.0 Homework hours; 144.0-162.0 Total Student Learning hours, Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	system assessment. The class will include some hospital practice.	procedures to gather patient data and formulate rational assessments. 3. Perform chest physical examination to gather patient data and formulate rational assessments.
RPTH 415, Respiratory Pharmacology, Units: 2.0 units Hours/Semester: 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours, Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	Study of general pharmacology principles, basic terminology, drug action, dosage, adverse reactions, and drug toxicity. Emphasis will include physiologic actions/interactions and cardio-respiratory medication categorization.	1. Recognize and describe the physiologic actions of medications used in cardiopulmonary disease. 2. Prepare and modify respiratory medication delivery and dosages given a particular cardiopulmonary 3. disease or disorder.
RPTH 420: Application of Cardiopulmonary Anatomy & Physiology, (3.0 Units), Hours/Semester: 48.0-54.0 Lecture hours; 96.0-108.0 Homework hours; 144.0-162.0 Total Student Learning hours Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	Study of the healthy cardiopulmonary system with application to the types of alterations that occur with disease.	1. Describe and evaluate normal anatomical and physiological function as it applies to the cardiorespiratory system. 2. Analyze and differentiate anatomical function, physiologic data and findings to distinguish between normal and abnormal cardiorespiratory function.
RPTH 445, Respiratory Diseases I (2.0 Units) Hours/semester: 32.0-36.0 Lecture	Using chronic pulmonary disease as models, the student will learn disease terminology, disease classification, history taking and physical examination. Also	1. Distinguish between chronic pulmonary diseases by evaluating etiology, pathophysiology, bedside assessment and

hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours, Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	included will be basic radiologic, clinical and pulmonary diagnostics	clinical data. 2. Evaluate and analyze bedside assessment and clinical data to formulate effective respiratory treatment plans for chronic pulmonary diseases.

Second Semester (Spring 1)

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH 430, Introduction to Respiratory Therapeutics Units: 6.0 units Hours/Semester: 64.0-72.0 Lecture hours; 96.0-108.0 Lab hours; 128.0-144.0 Homework hours; 288.0-324.0 Total Student Learning hours Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	Study and laboratory practice of basic respiratory care procedures. Oxygen and aerosol therapy, alveolar recruitment therapy, airway clearance procedures, advanced airway management, cleaning and care of respiratory therapy equipment, and introduction to ventilation concepts are included.	1. Assess and select appropriate respiratory care modalities for a given pulmonary disorders. 2. Appraise and formulate appropriate respiratory care modalities based on changes in patient's clinical condition. 3. Demonstrate the ability to competently perform various respiratory therapeutics.
RPTH 438, Clinical Clerkship I Units: 1.0 units Hours/Semester: 48.0-54.0 Field Experience hours; 48.0-54.0 Total Student Learning hours Method of Grading: Pass/No Pass	Orientation and supervised experience in the medical/surgical areas of a local hospital, observing and performing respiratory care procedures to non-critical care patients.	1. Demonstrate patient communication and diagnostics as they relate to acute care. 2. Apply basic respiratory care therapeutics used to manage clinical conditions in the acute care and transitional care setting.

Only Prerequisite: *Admission to the Respiratory Care Program.*		3. Develop, assess and adjust respiratory care plans based on clinical needs.
RPTH 450, Respiratory Diseases II Units: 3.0 units Hours/Semester: 48.0-54.0 Lecture hours; 96.0-108.0 Homework hours Method of Grading: Letter Grade Only Prerequisite: *Admission to the Respiratory Care Program.*	Continuation of the study of cardiopulmonary diseases utilizing the model developed in RPTH 445 to include the treatment and pharmacotherapy of selected disorders.	1. Identify acute pulmonary diseases by evaluating etiology, pathophysiology, bedside assessment and clinical data. 2. Evaluate and analyze bedside assessment and clinical data to formulate effective respiratory treatment plans for acute pulmonary diseases.

Summer Semester - Third Semester (End of Year 1)

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH 448 Clinical Clerkship II Units: 2.5 units Hours/Semester: 120.0-135.0 Field Experience hours; 120.0-135.0 Total Student Learning hours Method of Grading: Pass/No Pass Only Prerequisite: *Completion of the first year Respiratory Care program.*	Continued supervised experience in the medical/surgical patient care areas of a local hospital. Emphasis is on attaining further practice towards mastery of technical skills performed by a Respiratory Care Practitioner in basic therapeutics.	1. Demonstrate patient communication and diagnostics as they relate to acute care and transitional care. 2. Apply respiratory care techniques to assess, develop, and adjust care plans according to clinical conditions of patients in the acute care setting.

Fourth Semester (Fall 2)

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH 458 Clinical Clerkship III Units: 5.0 units Hours/Semester: 16.0-18.0 Lecture hours; 192.0-216.0 Field Experience hours; 32.0-36.0 Homework hours; 240.0-270.0 Total Student Learning hours Method of Grading: Pass/No Pass Only Prerequisite: *Completion of the first year Respiratory Care program.*	Orientation and supervised experience in various adult intensive care units of local hospitals. Emphasis is on orienting, observing, practicing and obtaining basic proficiency in skills performed by a respiratory care practitioner in these areas.	1. Perform basic patient communication and diagnostics as they relate to various aspects of critical care. 2. Assess patient respiratory condition and identify appropriate airway and management strategies for the critically ill care patients. 3. Competently assess, apply, and manage invasive and non-invasive positive pressure ventilation in the intensive care setting.
RPTH 460 TITLE: Respiratory Critical Care Units: 3.0 units Hours/Semester: 32.0-36.0 Lecture hours; 48.0-54.0 Lab hours; 16.0-18.0 TBA hours; 48.0-54.0 Homework hours; 144.0-162.0 Total Student Learning hours Method of Grading: Letter Grade Only Prerequisite: *Completion of year 1 Respiratory Care Program content.*	Study and practice of techniques necessary to provide respiratory care to patients in adult critical care areas. Emphasis includes advanced airway management, ventilator care, respiratory assessment, monitoring and management, and effective communication.	1. Evaluate, assess and determine a pulmonary disorder using available respiratory diagnostics. 2. Formulate a differential of respiratory care supportive measures/treatment for a given critical illness. 3. Adjust respiratory care based on changes in the patients' hemodynamic status and clinical conditions. 4. Competently perform specific intensive care respiratory procedures. 5. Evaluate and analyze hemodynamic conditions as they relate to clinical

		outcomes in acute, transitional and critical care.
RPTH 490, Neonatal and Pediatric Respiratory Care Units: 3.0 units Hours/Semester: 32.0-36.0 Lecture hours; 48.0-54.0 Lab hours; 48.0-54.0 Homework hours; 144.0-162.0 Total Student Learning hours Method of Grading: Letter Grade Only Prerequisite: *Completion of year 1 Respiratory Care Program content.*	Student will demonstrate the basic foundation and competent delivery of respiratory care with this age specific population by applying the normal and abnormal cardiorespiratory anatomy and physiology of the newborn and pediatric patient. Provides student with the necessary background to pursue further studies in this specialized area.	1. Identify neonatal/pediatric pulmonary diseases by evaluating etiology, pathophysiology, bedside assessment and clinical data. 2. Evaluate and analyze bedside assessment and clinical data to formulate effective neonatal/pediatric respiratory treatment plans. 3. Demonstrate competency in neonatal/pediatric therapies and procedures.

Fifth Semester (Spring 2)

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH 480, Diagnostic/Interventional Procedures and Outpatient Respiratory Care Units: 2.0 units Hours/Semester: 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours Method of Grading: Letter Grade Only	Fundamental diagnostic testing in pulmonary function, cardiopulmonary testing, and bronchoscopy procedures, as well as opportunities for Respiratory Care Practitioners in various outpatient settings will be explored. Through various diagnostic testing studies, the student will be able to identify changes in the patient's pulmonary status and assist the healthcare team in the outpatient setting to improve	1. Identify and apply diagnostic testing studies for various cardiopulmonary disorders. 2. Analyze pulmonary function data to differentiate between obstructive and restrictive disease, assess pulmonary disease severity and evaluate effectiveness of various respiratory therapies. 3. Demonstrate the role of

Prerequisite: *Completion of the first year Respiratory Care program.*	patient's health status and quality of life.	Respiratory Care Practitioners in pulmonary rehabilitation, homecare, disaster management, and formulate effective treatment plans for these patient populations.
RPTH 485, Clinical Medicine Seminar and Professional Development Units: 2.0 units Hours/Semester: 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours Method of Grading: Letter Grade Only Prerequisite: *Successful completion of the first year Respiratory Care Program.*	Students will reinforce their current knowledge of respiratory care practices in selected areas of basic therapeutics, diagnostic procedures and critical care. Varying modes of instruction will be used – laboratory, research and skill development. Integration of pathology, pathophysiology, diagnostics techniques and therapeutic modalities through the utilization of patient case studies. Preparation for job placement by supporting professional development.	1. Approach patient cases in a systematic manner to synthesize and analyze assessment and diagnostic data to formulate and modify cardiorespiratory treatment plans. 2. Effectively dialogue with physicians to formulate and modify cardiorespiratory treatment plans. 3. Engage effectively with employers for employment in the field of Respiratory Care.
RPTH 488 Clinical Clerkship IV Units: 6.5 units Hours/Semester: 312.0-351.0 Field Experience hours; Total Student Learning hours Method of Grading: Pass/No Pass Only	This course provides supervised clinical training in adult, pediatric, and neonatal intensive care units, as well as other specialized areas within affiliated hospitals in Northern California. Students will develop proficiency in critical care skills essential to the practice of Respiratory Care and apply knowledge gained in the classroom to real-world patient care scenarios through a	1. Demonstrate proficiency in evaluating and implementing respiratory therapeutics and management for critically ill adult, pediatric, and neonatal patients. 2. Evaluate, apply, and manage invasive and non-invasive positive pressure ventilation for critically ill adult,

Prerequisite: *Completion of the first year Respiratory Care program.*	structured clinical internship with program affiliates. This experience fosters the integration of theoretical learning with practical application, promotes interdisciplinary collaboration, and prepares students for entry-level practice as professional Respiratory Care Practitioners.	pediatric, and neonatal patients. 3. Complete a structured 120-hour clinical internship with Respiratory Care Program Clinical Affiliates in Northern California. Through direct patient care, interdisciplinary collaboration, and guided mentorship, students will integrate classroom knowledge with clinical practice, demonstrating professional competence, clinical reasoning, and readiness for entry-level practice as Respiratory Care Practitioners.
RPTH 495, Respiratory Care Board Examination Preparation and Review Units: 2.0 units Hours/Semester: 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours Method of Grading: Grade Option (Letter Grade or Pass/No Pass) Prerequisite: *Completion of the first year Respiratory Care Program.*	This course prepares students for the National Board for Respiratory Care (NBRC) credentialing examination. Emphasis is placed on patient data evaluation, device management, initiation and modification of interventions, patient condition assessment, and clinical judgment skills across the lifespan. Students engage in case-based scenarios, practice examinations, and skill-building exercises to ensure readiness for credentialing.	1. Apply patient data evaluation and clinical judgment strategies to accurately interpret and respond to case-based exam questions aligned with the updated NBRC credentialing exam blueprint. 2. and patient care modifications across diverse clinical scenarios and patient populations. 3. Evaluate personal readiness and implement test-taking strategies to improve performance and achieve passing outcomes on NBRC-style practice examinations.

Associate of Science in Respiratory Care (ASRC) Program Course Sequence Summary

Note (Legend):

- *1 unit = 48-54 field/clinical experience hours.*
- *1 unit = 48-54 lab hours*
- *1 unit = 16-18 Lecture hours*

Semester	Course Code	Course Title	Course Units	Notes
Fall 1 (First Semester)	RPTH 410	Introduction to Patient Care & Respiratory Assessment Techniques	3.0	Lecture + 48.0-54.0 Lab hours
	RPTH 415	Respiratory Pharmacology	2.0	Lecture
	RPTH 420	Application of Cardiopulmonary Anatomy & Physiology	3.0	Lecture
	RPTH 445	Respiratory Diseases I	2.0	Lecture
Spring 1 (Second Semester)	RPTH 430	Introduction to Respiratory Therapeutics	6.0	Lecture + 96.0-108.0 Lab hours
	RPTH 438	Clinical Clerkship I	1.0	48-54 Clinical Hours (Field Experience)-Clinical Immersion
	RPTH 450	Respiratory Diseases II	3.0	Lecture
Summer (Third Semester - End of Year 1)	RPTH 448	Clinical Clerkship II	2.5	120-135 Clinical Hours (Field Experience)

Fall 2 (Fourth Semester)	RPTH 458	Clinical Clerkship III	5.0	192-216 Clinical Hours + Lecture
	RPTH 460	Respiratory Critical Care	3.0	Lecture
	RPTH 490	Neonatal and Pediatric Respiratory Care	3.0	Lecture + 48.0-54.0 Lab hours
Spring 2 (Fifth Semester)	RPTH 480	Diagnostic/Interventional Procedures and Outpatient Respiratory Care	2.0	Lecture
	RPTH 485	Clinical Medicine Seminar and Professional Development	2.0	Lecture; *(Some seminar - possibly off campus)*
	RPTH 488	Clinical Rotation IV and Respiratory Care Internship	6.5	321-351 Clinical Rotation and Internship (Internship accounts for 120 of the total required hours)
	RPTH 495	Respiratory Care Board Examination Preparation and Review	2.0	Lecture

Summary of the Clinical Courses and Hours

Course Code	Course Title	Clinical Units	Clinical Hours	Notes
RPTH 438	Clinical Clerkship I	1.0	48–54 (Field Experience)	Clinical Immersion
RPTH 448	Clinical Clerkship II	2.5	120–135 (Field Experience)	Introduction
RPTH 458	Clinical Clerkship III	4.0	192–216 (Field Experience) + Lecture	Development
RPTH 488	Clinical Rotation IV and Respiratory Care Internship	6.5	321–351 (Field Experience) - Includes 120 hours of Internship	Mastery - Critical Care Level
			Current Clinical Hours Range: 681- 756	

Summary of the Lab Hours

Course Code	Course Title	Lab Portion Units	Lab Hours per Course	Description
RPTH 410	Introduction to Patient Care & Respiratory Assessment Techniques	1.0	48.0-54.0 Lab hours	2.0 Units is Lecture, 1.0 Unit is Lab

RPTH 430	Introduction to Respiratory Therapeutics	2.0	96.0-108.0 Lab hours	4.0 Units is Lecture, 2.0 Units is Lab Students must register which Lab group: ● Lab A ● Lab B
RPTH 460	Respiratory Critical Care	1.0	48.0-54.0 Lab hours	2.0 Units is Lecture, 1.0 Units is Lab Students must register which Lab group: ● Lab A ● Lab B
RPTH 490	Neonatal and Pediatric Respiratory Care	1.0	48.0-54.0 Lab hours	2.0 Units is Lecture, 1.0 Unit is Lab
			Current Total Lab Hours Range: 240- 270	

ASRC Program / Expected Student Learning Outcome (PSLO / ESLO) Curriculum Mapping

PSLO / ESLO Competency Framing & Validation

In the Skyline College Associate of Science in Respiratory Care (ASRC) Program, the term Program Student Learning Outcomes (PSLOs) is used interchangeably with the Commission on Accreditation for Respiratory Care (CoARC) Expected Student Learning Outcomes (ESLOs). These outcomes are framed as measurable student competencies that must be achieved upon completion of the ASRC program.
Each PSLO is introduced, reinforced, and ultimately mastered through a sequenced progression of didactic, laboratory, and clinical coursework. Mastery of PSLOs is demonstrated through Final Case Study Project and clinical performance, evaluated using rubrics aligned to each PSLO.

The Respiratory Care Program Advisory Committee (PAC) and clinical partners are regularly consulted to ensure curriculum alignment with professional standards, workforce expectations, and evolving clinical practice.

PSLOs are published on:

- ASRC Program website
- ASRC Student Program Handbook
- Other possible location:
    - Course syllabi

Program Student Learning Outcomes (PSLOs) describe the essential knowledge, skills, and professional behaviors that graduates of the ASRC program are expected to demonstrate. These outcomes are intentionally mapped across the curriculum to ensure students progress from foundational knowledge to independent, entry-level respiratory care practice.

Program Student Learning Outcomes (PSLOs)

Upon completion of ASRC program degree requirements, students will be able to:

PSLO #1 – Credentialing Readiness
Demonstrate the knowledge and clinical reasoning necessary to successfully obtain the Registered Respiratory Therapist (RRT) credential through the National Board for Respiratory Care (NBRC).
Assessed through the following courses:

- RPTH 495 – Respiratory Care Board Examination Preparation & Review

PSLO #2 – Workforce Readiness
Demonstrate entry-level competency necessary to obtain gainful employment as a Licensed Respiratory Care Practitioner (RCP) and function effectively within the healthcare team.
Assessed through the following courses:

- RPTH 485 – Clinical Medicine Seminar & Professional Development

PSLO #3 – Clinical Competency
Demonstrate competency in the cognitive, psychomotor, and affective domains when providing safe, ethical, and effective respiratory care across diverse patient populations and clinical settings.
Assessed through the following courses:

- RPTH 410, 415, 420, 445
- RPTH 430, 450, 460, 480, 490
- RPTH 438, 448, 458
- RPTH 488 – Clinical Rotation IV and Respiratory Care Internship (Mastery – Critical Care Level)

Assessment Plan

Direct Measures:

- Course performance (exams, applied assignments, skills checkoffs)
- Clinical performance evaluations
- Final Case Study Project Assignments evaluated using PSLO-aligned rubrics

Benchmark for Criterion Successfully Met:

- **75% or higher** in PSLO-aligned assessments
- **Program benchmark:** 80% of students will meet or exceed the criterion

Indirect Measures:

- Graduate exit survey with student self-assessment of PSLO achievement
- Employer and clinical partner feedback (when available)

Remediation Plan

Final Case Study Project / Mastery Stage

Students scoring below **75%** on any PSLO-aligned Final Case Study Project or mastery-level assessment must:

- Receive written and verbal feedback from the instructor
- Revise and resubmit assignments within the course timeframe
- Participate in remediation activities (e.g., coaching, tutoring, focused review sessions)

If the final performance remains below **75%** after remediation:

- The student will receive a failing grade and must **repeat the course** in accordance with program and institutional policies.
    - See Re-Entry Procedures

Introductory and Developmental Stages

Student-Level Response:

Students not meeting the 75% benchmark will:

- Meet with the instructor for feedback and guidance
- Revise assignments when applicable
- Complete supplemental learning activities or remediation exercises

Program-Level Response:

- Faculty will review course content, scaffolding, and assessment alignment
- Patterns of underperformance will be discussed in program review
- Curriculum, instructional strategies, or assessments will be revised as needed
- Findings will be documented and reported through institutional assessment systems and CoARC reporting.

Legend for PSLO Levels

- **“I” – Introduced**
- **“D” – Developed / Reinforced**
- **“M” – Mastered**

Definitions:

- **Introduce:** The course or point in the curriculum where the PSLO is first presented and foundational concepts are introduced.
- **Develop:** The course or point in the curriculum where the PSLO is reinforced through application, integration, and practice.
- **Master:** The specific course or assignment where students demonstrate **summative mastery** of the PSLO, evaluated using a rubric.

Note: Mastery is demonstrated through a formal APA paper, final case study project and presentation, internship reflection essay, successful completion of the clinical manual competency checklist, daily clinical evaluations, an exit exam, and other artifacts from major coursework that reflect mastery and advanced clinical performance.

ASRC Program Learning Outcomes Assessment Matrix

Program Student Learning Outcome (PSLO)	Assessment Method	Courses Used for Assessment	Success Criterion
PSLO #1: Obtain the RRT credential.	Direct Assessment – Course Performance	RPTH 495 Respiratory Care Board Examination Preparation and Review Units	Students must earn a minimum score of 75% in each course listed to demonstrate competency in obtaining the Registered Respiratory Therapy Credential Through the National Board of Respiratory Care (NBRC)
PSLO #2: Obtain gainful employment as a Licensed Respiratory Care Practitioner (RCP).	Direct Assessment – Course Performance	RPTH 485 Clinical Medicine Seminar and Professional Development	Students must earn a minimum of 75% or higher in each course listed to obtain skills and competency for employment as a Licensed Respiratory Care Practitioner (RCP).
PSLO #3: Demonstrate competency in the cognitive, psychomotor, and affective domains when providing respiratory care.	Direct Assessment – Course Performance	RPTH 410 Introduction to Patient Care & Respiratory Assessment Techniques RPTH 415 Respiratory Pharmacology RPTH 420 Application of Cardiopulmonary Anatomy & Physiology RPTH 430 Introduction to Respiratory Therapeutics RPTH 438 Clinical	Students must earn a minimum of 75% or higher in each course listed to demonstrate competency in the cognitive, psychomotor, and affective domains when providing respiratory care.

		Clerkship I RPTH 445 Respiratory Diseases I RPTH 448 Clinical Clerkship II RPTH 450 Respiratory Diseases II RPTH 458 Clinical Clerkship III RPTH 460 Respiratory Critical Care RPTH 490 Neonatal and Pediatric Respiratory Care RPTH 480 Diagnostic/Interventional Procedures and Outpatient Respiratory Care RPTH 488 Clinical Rotation IV and Respiratory Care Internship	

PSLO Mapping and Assessment Plan

Curriculum Mapping – Introduced, Developed, Mastered

Course Title	PSLO #1: Credentialing Readiness	PSLO #2: Workforce Readiness	PSLO #3: Clinical Competency
RPTH 410 – Intro to Patient Care & Respiratory Assessment	I	I	I
RPTH 415 – Respiratory Pharmacology	I	I	I
RPTH 420 – Applied Cardiopulmonary A&P	I	I	I

RPTH 445 – Respiratory Diseases I	I	I	I
RPTH 430 – Intro to Respiratory Therapeutics	I	I	I
RPTH 450 – Respiratory Diseases II	I	I	I
RPTH 438 – Clinical Clerkship I	I	I	I
RPTH 448 – Clinical Clerkship II	I	I	I
RPTH 460 – Respiratory Critical Care	D	D	D
RPTH 480 – Diagnostic / Interventional Procedures & Outpatient Care	D	D	D
RPTH 490 – Neonatal & Pediatric Respiratory Care	D	D	D
RPTH 458 – Clinical Clerkship III	D	D	D
RPTH 488 – Clinical Rotation IV and Respiratory Care Internship	M	M	M
RPTH 485 – Clinical Medicine Seminar & Professional Development	M	M	M
RPTH 495 – Respiratory Care Board Exam Prep & Review	M	M	M

Texts and Supplies

Learning will take place in person and through Skyline College's learning management system (LMS), Canvas.

As part of our ongoing commitment to affordability, ASRC courses utilize Zero Textbook Cost (ZTC) options by incorporating Open Educational Resources (OER). Required course materials, including textbooks, articles, and other instructional content, will be provided at no cost by the instructor and made available through Canvas or Skyline College's Library eBook collection.

However, some courses may still require the purchase of textbooks. These materials are carefully selected to support academic success and serve as valuable references throughout the clinical and professional journey. Textbooks can be purchased through the Skyline College Bookstore or from online retailers.

Estimated Textbook Costs: If applicable, students should expect to spend approximately $150 to $300 per term on required materials.

Extra supplies you may need to purchase:

Prior to hospital rotations include:

- White lab coat (3/4 length, long sleeve) - optional (ask your instructor for confirmation)
- Program Scrubs (top and pants)
- Program School Patch
- Stethoscope
- Name badge
- Watch with a second hand
- Personal Pulse Oximeter

Other Expenses Before, During, and After Program Completion:

- **Before and During:**
    - CastleBranch Account
        - Activation and maintenance
    - MyClinicalExchange Account
        - Activation

- **During:**

  - Membership to: California Society for Respiratory Care (CSRC) [State Level]- *optional*
  - Membership to: American Association for Respiratory Care (AARC) [National Level]- *optional*

- **After**
  - NBRC Exam fee
  - State Licensing Application Fee
  - State Licensing Live Scan,
  - Other applicable State Respiratory Care Licensing Board (RCB-related) expenses
  - Law and Ethics Course (Varies per State Requirements)
  - NBRC practice exams (optional)

Additionally, the following items may be helpful: a calculator, pocket penlight, and pocket notebook. Additional costs may vary. For more information, please refer to the program website.

Clinical Experience Disclaimer of Extra Cost

Some clinical sites may require students to submit documentation through designated third-party platforms (e.g., MyClinicalExchange, CastleBranch) for approval prior to the start of rotations. These platforms may carry additional costs. Fees and requirements vary by site.

- MyClinicalExchange is a cloud-based platform used by hospitals and clinical sites to manage clinical placements/rotations and the associated onboarding/compliance requirements.
- CastleBranch is a cloud-based platform used by students, especially those entering healthcare fields, to complete required background and compliance checks before clinical rotations or employment.

Malpractice Insurance:

Associate of Science: All students in the SMCCCD health career programs are recommended to carry student malpractice insurance. This protects you from any personal litigation. Malpractice insurance is included as part of the registration fee for applicable courses; therefore, registration is required prior to starting any clinical course.

Technology and Devices

A PC, Mac, or tablet with videoconferencing capability is recommended for engaging effectively in different environments, concluding but not limited to the office hours, virtual meetings, and course-related activities. For optimal performance in accessing applications, participating in meetings, and completing assignments, a laptop or desktop computer is highly recommended.

Canvas is compatible with Windows, Mac, Linux, iOS, Android, and any device with a supported web browser. More information can be found here: Skyline Online Education
Additionally, Microsoft Office Suite is required to complete assignments and projects. Students can access a discounted version through the San Mateo Community College District via the following link: CollegeBuys.

Professional Requirements

New Continuing Education Requirements for California Licensed Respiratory Care Practitioners

Continuing Education Requirements (Effective January 1, 2024)

The Respiratory Care Board of California (RCB) has adopted new continuing education (CE) requirements aligned with its most recent workforce study and strategic plan. Currently, respiratory care practitioners (RCPs) must complete 30 hours of CE every renewal cycle, with two-thirds (20 hours) directly related to the clinical practice of respiratory care.

New CE Framework

- A total of 30 hours of CE is required every two-year renewal cycle.
- At least 25 of the 30 required CE hours must be completed in the following content areas:

1. RCP Leadership
    - A minimum of 10 hours must be directly related to RCP leadership.

2. Respiratory Care Clinical Practice
    - A minimum of 15 hours must be directly related to the clinical practice of respiratory care.

New CE Format

- A minimum of 15 of the 30 required CE hours must be earned from live courses or meetings.

Resource:

- Respiratory Care Board Continuing Education Guidebook link:
    - https://rcb.ca.gov/licensees/forms/new_ce_booklet.pdf

Professional Organizations

Professions and their members are represented by organizations that work for the benefit of the profession. Respiratory Care is no exception. Professional organizations exist at the national and state level. The organizations are affiliated and have chapters in each locality.

The organization's main goals are to promote the profession both from within and outside, to provide educational and professional conferences, disseminate information through scientific and professional journals and promote within government the interests of respiratory care professionals.

All students in the program are expected to maintain student membership in these organizations. The mailing addresses for these organizations are:

American Association for Respiratory Care (AARC) 9425 N. MacArthur Blvd. Suite 100 Irving, TX 75063-4706 USA Phone (972) 243-2272 Fax (972) 484-2720 E-mail: info@aarc.org	**California Society for Respiratory Care (CSRC)** 3868 Howe St. #1 Oakland, CA 94611 Email: office@csrc.org Toll Free: 888/730-CSRC (2772)

Addresses for the licensing and credentialing organizations

California Licensing Board Respiratory Care Board of California (RCB) 3750 Rosin Court, Suite 100 Sacramento, CA 95834 Toll Free: (866) 375-0386 Phone: (916) 999-2190 Fax: (916) 263-7311 Email: rcbinfo@dca.ca.gov ● The Respiratory Care Board is open Monday - Friday from 8am - 5pm, with the exception of State Holidays.	**National Credentialing Board** National Board for Respiratory Care (NBRC) *NBRC Executive Office* 10801 Mastin Street, Suite 300 Overland Park, KS 66210 Toll Free: 888.341.4811 Phone: 913.895.4900 Fax: 913.712.9283 Email: info@nbrc.org

Skyline College Fee Types

Fee Type	Amount	Required of / Notes
Enrollment Fee *(Subject to change)*	$46 per unit	All students, except high school students enrolling in fewer than 11.5 units through the Concurrent Enrollment, Middle College High School, or College Consortium programs. Waived for recipients of the California College Promise Grant (CCPG)
Enrollment – Bachelor of Science in Respiratory Care	$130 per unit	All students who are new graduates from a CoARC-accredited Respiratory Care program equivalent to an A.S. in Respiratory Care and are California licensure eligible, or current licensed RCPs accepted into the BSRC program at Skyline College. Students eligible for the California College Promise Grant (via FAFSA or Dream Act Application) will only waive $46 per unit, resulting in a total cost of $84 per unit.
Audit Fee	$15 per unit	Students may audit courses, except those in programs that require special preparation and/or limited program admission. California College Promise Grant does not cover audit fees.

Nonresident Tuition	$368 per unit *(plus $46 per unit enrollment fee)*	Nonresidents of California who are residents of other states. Exemptions (Ed. Code §68075.6): A one-year exemption is granted from the date of settling in California for: • Iraqi citizens/nationals (and dependents) employed by/on behalf of the U.S. Government in Iraq • Afghan and Iraqi translators (and dependents) who worked with U.S. Armed Forces • Afghan nationals employed by/on behalf of the U.S. Government or ISAF in Afghanistan • Refugees admitted under 8 USC §1157
Nonresident Capital Outlay Fee	$8 per unit	Applies to nonresidents of California who are residents of other states.
International Student Application Fee	$50 *(Fall and Spring only)*	Required for international students.
International Student Tuition	$367 per unit *(plus $46 per unit enrollment fee)*	Applies to international students.
International Capital Outlay Fee	$0 per unit	Applies to international students.
International Student (F-1 Visa) Health Insurance	Fall: $975 Spring/Summer: $1,365 Full Year: $2,340	Required for all F-1 Visa international students.
Health Services Fee	$0 (Fall 2024)	Suspended for Fall 2024. Students who rely solely on prayer for healing may request exemption. Visit the Health and Wellness website or use the Extenuating Circumstances Form from the Skyline College Forms page to request exemption.
Student Representation Fee	$2	Required of all students, except those in Concurrent Enrollment or Middle College programs. Supports advocacy at local, state, and federal levels. Opt-out available via instructions sent after registration.

Student Union Fee	$1 per unit (Max $5 per semester, Fall and Spring only)	Required of all students, except those in Concurrent Enrollment or Middle College programs. Supports financing and operations of the Student Union. This fee cannot be reversed.
Student Body Fee	$15 Fall $15 Spring *(Fall and Spring only)*	Required of all students, except those in Concurrent Enrollment or Middle College programs. Automatically assessed. Opt-out available via post-registration email instructions.
Parking Fee	$0	Suspended for Summer 2024, Fall 2024, and Spring 2025. Parking regulations are still enforced. Violations are subject to citation. See the parking website for details.
Official Transcript *(All SMCCD records appear on one transcript)*	$5 per transcript	The first two transcripts are free. Requests can be made via the Transcript Request Website.
Returned Check Fee	$20	Applies to checks returned by the bank. Only cash, credit card, cashier's check, or money order accepted for repayment. *Bookstore check return fees may differ.*
Duplicate Diploma Fee	$20	Request via the Skyline College Forms Website.
Online Instructional Materials Access Fee	Varies by course	License fee for access to digital course materials via the Inclusive Access Program. Discounted vs. printed materials and includes interactive platforms. Billed during the first week of the semester. Refundable. Students may opt out or choose alternate access.

- Tuition is free for San Mateo County residents; (eligibility and fees are subject to change each academic year based on district policies).
    - Financial aid is also available, students are encouraged to contact Skyline College Financial Aid Services for more information at https://skylinecollege.edu/financialaid/.

Enrollment Verification

- For new students, completing the **Attendance Verification** process is essential. You can do so here: Attendance Verification Enrollment.
- Students who do not demonstrate course activity or fail to complete the Attendance Verification form may be **administratively withdrawn** from the course.

Course Drop:

- Please refer to the course drop deadlines listed in WebSchedule to ensure your course withdrawals are submitted on time.

Auditing Of Courses

Skyline College allows auditing of courses, with the exception of courses in programs that require special preparation and/or program admission on a limited basis. A student may audit a course only under the following circumstances:

1. The student must have previously enrolled for credit for the maximum number of times allowed for the particular course.
2. The instructor of record for the course must approve the student's enrollment as an auditor.
3. The student must be in good academic standing.
4. If the course is offered for variable units, the student must enroll for the maximum number of units available.
5. The student must enroll as an auditor immediately following the published late registration period and pay the auditing fee.
6. Students auditing college courses are charged $15 per unit. Auditing fees are non-refundable and are not covered by a fee waiver or financial aid.
7. Once audit enrollment is completed, no student will be permitted to change their enrollment from audit to credit.

Students who enroll in a course for credit have first priority for all classroom space. Students who wish to audit a course may enroll the week after the late registration period is concluded, though with the instructor's permission they are able to attend the course from the first class meeting. Students who wish to audit a course must submit an Audit Course Request Form in Student Success Link (SSL).
https://smccd.edu/student-tutorials/SSL/index.php
No student auditing a course shall be permitted to change his or her enrollment to receive credit for the course. An auditing fee, as established by California Education Code, is payable at the time of enrollment as an auditor, with the exception of students enrolled in ten (10) or more semester credit units.

Policies for Attendance, Accommodations, Leave of Absence, and Course Repetition

Academic Performance and Progression Standards

Student performance in the Associate of Science in Respiratory Care (ASRC) Program is evaluated using both academic and clinical standards. While grades do not fully define the type of Respiratory Care Practitioner a student will become, they serve as an essential measure of the knowledge, skills, and competencies required for safe, effective, and entry-level professional practice.

A minimum final grade of 75 percent is required in all ASRC courses. Students who do not meet this requirement may be required to repeat coursework, participate in remediation, or may be subject to program dismissal in accordance with established program policies, institutional regulations, and applicable accreditation standards.

In addition to academic performance, students must meet clinical competency, attendance, and professional behavior standards to progress through the program.

Students who are unable to meet minimum program requirements on any PSLO-aligned assessment, assignment, or clinical evaluation will be referred to the Program Director for academic review. The Program Director will determine eligibility for continued progression and may require the development of an Individual Student Progress Plan.

The Individual Student Progress Plan is a structured academic support and remediation framework that may include:

• Identification and documentation of academic, clinical, or professional performance concerns
• Development of targeted action plans with measurable outcomes
• Referral to academic support services, tutoring, counseling, or clinical remediation resources
• Structured remediation activities and performance expectations
• Scheduled follow-up meetings and progress monitoring
• Ongoing evaluation of student progress toward resolution of deficiencies
• Individualized progression planning based on student readiness and program requirements

Final decisions regarding student continuation in the program are based on a comprehensive review that includes, but is not limited to:

• Academic performance and course grades
• Clinical performance and competency evaluations
• Attendance and punctuality in academic and clinical settings
• Professional behavior, communication, and accountability

• Faculty and Director of Clinical Education recommendations
• Demonstrated ability to meet program learning outcomes and clinical competencies

Students are expected to meet both academic and clinical performance standards throughout the program to ensure readiness for safe and competent practice as a Respiratory Care Practitioner.

Course Repetition and Program Dismissal (Title 5 Compliance)

The ASRC Program complies with Skyline College policies, San Mateo County Community College District regulations, and Title 5 of the California Code of Regulations.

Students may attempt each required respiratory care course a maximum of three (3) times. Each enrollment resulting in a grade of D+, D, D−, F, NP, NC, or W constitutes an attempt.

- Second-year ASRC students follow the standard Title 5 allowance of up to three (3) total attempts per required course
- First-year ASRC students are subject to cohort progression standards in addition to Title 5 requirements, as outlined below.

Students who do not successfully complete a required course during the first-year sequence:

- Are not guaranteed continuation in their original cohort.
- Must reapply to the ASRC Program following withdrawal or course failure.
- May be placed into the next eligible cohort through the ASRC lottery process if applicant volume exceeds available seats (typically 25 seats per cohort).
- If admitted through the lottery, are classified under Pool AA when eligible.

First-year students who return and fail the same required course again during their first-year sequence (second attempt within the program progression framework) will be permanently dismissed from the ASRC Program and are not eligible for re-entry or lottery consideration, except through approved institutional exceptions or accommodations.

Second-year ASRC students follow the standard Title 5 three-attempt rule:

- Students may attempt each required second-year course up to three (3) times
- Students who are unsuccessful after three attempts are permanently dismissed from the program
- Second-year students are not subject to lottery re-entry procedures

Program faculty and administration do not have authority to grant exceptions to Title 5 dismissal requirements.

Please refer to the California Code of Regulations, Course Repetition and Program Dismissal (Title 5 Compliance) Policy for additional details regarding academic progression, course repetition, and dismissal procedures.

Re-Entry Following Course Failure and Cohort Progression

The Respiratory Care Program is a high-demand, cohort-based program with limited enrollment capacity. Students are admitted into a specific cohort and are expected to progress through a structured academic and clinical sequence.

Students who fail a required course during the first year of the program may lose continuous enrollment status and may not automatically progress with their cohort. In these cases, the following conditions apply:

- The student loses cohort status and is not guaranteed a seat in the program for the subsequent academic year
- The student must reapply to the program through the standard admissions process, including participation in the lottery selection process when applicable
- Admission into the second year or any subsequent portion of the program is not guaranteed, regardless of prior enrollment or academic history
- Re-admission is contingent upon program space availability and lottery outcomes in the year of reapplication
- Re-entry is subject to compliance with all institutional and program requirements and student eligibility under current reapplication policies

Re-entry is not guaranteed and is dependent upon:

- Program capacity and space availability
- Admissions and Records procedures
- Lottery selection outcomes, when applicable
- Compliance with all institutional and program requirements

This policy ensures fairness, maintains program integrity, and supports equitable access by ensuring that available seats are allocated to students able to progress through the curriculum as scheduled.

Students should refer to the official ASRC Program Addendum for detailed information regarding cohort progression, lottery eligibility, and re-entry procedures. *See Appendix Page for details and forms.*

Leave of Absence and Enrollment Interruptions

The Respiratory Care Program recognizes that students may experience circumstances requiring a temporary interruption in enrollment. These may include personal, medical, military, financial, or other significant situations. Because the program is cohort-based with sequenced academic and clinical progression, any interruption in enrollment may impact student standing, progression, and eligibility for continued enrollment.

Student Responsibilities During an Enrollment Interruption

Students anticipating an extended absence are responsible for the following:

- Notifying course instructors as soon as possible

- Notifying the Program Director regarding the anticipated absence
- Withdrawing from courses through WebSMART when appropriate
- Consulting with Financial Aid regarding impacts on aid and Satisfactory Academic Progress (SAP)
- Meeting with a Skyline College counselor to update the Student Educational Plan

Extended absences may impact cohort placement, clinical eligibility, course sequencing, and program completion timelines.

Students may be required to submit documentation and meet with the Program Director to establish a re-entry or progression plan prior to returning.

Students experiencing qualifying circumstances such as medical conditions, military service, pregnancy-related conditions, disability accommodations, public emergencies, or other documented events may be considered for re-entry or accommodation review in accordance with Title 5 regulations and institutional policy. Detailed procedures are outlined in the Program Addendum.

Leave of Absence (LOA) Guidance

Students may occasionally need to interrupt their studies due to personal, medical, military, financial, or other significant circumstances. While Skyline College does not have a formal Leave of Absence (LOA) application process for most students, those who anticipate being away from their coursework for an extended period are expected to take appropriate steps to protect their academic standing and eligibility for future enrollment.

Students considering a leave from the program should:

- Notify course instructors and Program Director, preferably at least two weeks in advance, with a formal written request as soon as possible if an absence is expected to extend beyond one week. Students are responsible for communicating with faculty regarding missed coursework, assignments, examinations, and other course requirements.
- Officially withdraw from courses through WebSMART if taking an entire semester off or discontinuing enrollment during the semester. Students are responsible for understanding and adhering to published drop and withdrawal deadlines. Failure to withdraw appropriately may result in the assignment of grades in accordance with course policies. Students seeking withdrawal after published deadlines should contact the Admissions and Records Office regarding available options and applicable petition processes.
- Consult with the Financial Aid Office prior to withdrawing from courses. Changes in enrollment status may affect financial aid eligibility, Satisfactory Academic Progress (SAP), grant funding, scholarship eligibility, and student loan repayment obligations.
- Meet with a Skyline College academic counselor before returning to the college. Students are encouraged to review and update their Student Educational Plan (SEP) to ensure continued progress toward degree and certificate completion.

Students experiencing severe medical conditions, military deployment, family emergencies, or other extraordinary circumstances that occur after withdrawal deadlines may be eligible to submit an Extenuating Circumstances Petition through the Admissions and Records Office.

Students enrolled in the Respiratory Care Program should also notify the Program Director as early as possible when considering an extended absence, as interruptions in enrollment may affect cohort progression, clinical placement eligibility, course sequencing, and program completion timelines.

https://catalog.skylinecollege.edu/current/rights-responsibilities/otherpolicies.php

Re-Entry Following Inactivity or Extended Absence

Students returning to the Associate of Science in Respiratory Care (ASRC) Program after a period of inactivity or extended absence (defined as three consecutive semesters or more) may reapply to the program through the standard Admissions and Records process.

Re-application is permitted; however, admission is not guaranteed and is subject to program capacity, cohort seat availability, and all current admissions requirements at the time of reapplication.

Due to the cohort-based structure and limited enrollment capacity of the ASRC Program, seat availability cannot be reserved or guaranteed for students who have experienced extended breaks in enrollment.

The ASRC Program operates under CoARC-aligned cohort capacity limitations and utilizes a competitive admissions process. When the number of qualified applicants exceeds available cohort seats, a lottery selection process is implemented in accordance with institutional policy. When applicant numbers fall within available capacity, students may be admitted without lottery selection.

Returning students are evaluated under the same admissions criteria as all applicants and are not guaranteed priority placement based solely on prior enrollment in the program.

Extended interruptions in didactic and clinical education may require additional review to determine appropriate cohort placement and readiness for safe participation in clinical learning experiences.

All re-admitted students must follow the curriculum and sequencing requirements of the cohort into which they are placed, as determined by program administration.

Exceptions and Accommodations for Re-Entry Following Institutional Inactivity

Students who experience involuntary interruption of enrollment may be considered for re-admission under documented, approved accommodations, consistent with Title 5 of the California Code of Regulations and Skyline College policies. Accommodations may include, but are not limited to:

1. **Military Duty and Active Service Obligations**
    - Students called to active duty, training, or other official military service may request re-entry consideration.
    - Placement will be reviewed to preserve prior academic progress and program eligibility.
    - Official military orders must be provided and coordinated with the Veterans Services Office and Admissions & Records.

2. **Extenuating Circumstances**
    - Serious illness, injury, or medically required treatment preventing enrollment or course completion.
    - Jury duty or other legally mandated obligations that conflict with enrollment.
    - Natural disasters or declared public emergencies.

- Documentation must demonstrate impact on enrollment for the term(s) affected.

3. **Pregnancy, Childbirth, and Postpartum Recovery**
   - Students experiencing pregnancy or postpartum recovery may request re-entry consideration.
   - Appropriate medical documentation is required in accordance with Title 5 and Title IX protections.
4. **Students with Verified Disabilities**
   - Students with documented disabilities may request re-entry with accommodations necessary to support successful program continuation.
   - Accommodation plans are coordinated through the College's Disability Support Services.

5. **Medical Leave of Absence**
   - Students who interrupted enrollment due to documented medical conditions may be eligible for re-entry, subject to medical clearance and review by Admissions & Records.

6. **Public Emergency or Institutional Disruption**
   - Students impacted by campus closures, program disruptions, or verified administrative errors may be considered for re-entry without penalty associated with program interruption.

Conditions and Limitations:

- Re-entry under any of these accommodations is not guaranteed and is subject to program capacity, lottery procedures, and all current institutional and program admission requirements.
- Documentation supporting the accommodation request must be submitted prior to consideration and in compliance with Admissions & Records policies.

Extended Leave of Absence (Ext-LOA) Beyond Three Consecutive Semesters (Institutional Inactivity Policy)

Students who remain on Leave of Absence or otherwise inactive for three (3) consecutive semesters, including Fall, Spring, and Summer, will have their Skyline College student account deactivated in accordance with Admissions and Records policy.

Students who exceed this inactivity period and seek to return to the ASRC Program must complete the following process:

- Reactivate their Skyline College student account through Admissions and Records
- Reapply to the ASRC Program through the standard admissions process

<u>Re-admission is not guaranteed and is subject to:</u>

- Program capacity and available cohort seats (limited enrollment and clinical site availability)
- Completion of all current institutional and program admission requirements
- Admissions and Records review and approval

If the number of eligible ASRC applicants exceeds available seats (typically 25 per cohort), returning students seeking placement into the first-year cohort will be placed into the ASRC lottery process. Placement is not guaranteed and is determined by lottery selection outcomes.

Returning students who are eligible for placement into second-year coursework following reapplication may be admitted based on:

- Program space availability
- Clinical site capacity limitations
- Curriculum sequencing requirements

Second-year placement is not guaranteed and is contingent upon available space within the program and clinical sites.

All re-entry decisions are made to ensure compliance with program capacity limits, clinical placement availability, and institutional policies.

https://skylinecollege.edu/admissions/apply.php

Enrollment Continuity and Institutional Inactivity

Students are required to maintain continuous enrollment in accordance with Skyline College Admissions and Records policies.

A student who is inactive for three (3) consecutive semesters, including Fall, Spring, and Summer, will have their Skyline College student account deactivated.

Program enrollment in the ASRC Program will also be discontinued for students who experience institutional inactivity of three consecutive semesters.

Students seeking re-entry after institutional deactivation must:

- Reactivate enrollment through the Institution; Re-establish student account via Admissions and Records
- Reapply to the ASRC Program, when applicable
    - Meet current admissions and program requirements
    - Participate in the lottery process if required (applicants exceed available seats) - *please see lottery pool placement guideline below for details.*

Pool Re-entry is not guaranteed and is subject to program capacity, course availability, and institutional policies.

Program Commitment Statement

The Respiratory Care Program is committed to supporting student success while maintaining rigorous academic, clinical, and professional standards required for safe and effective respiratory care practice. Students

are expected to meet all program requirements related to academic performance, clinical competency, professionalism, attendance, and progression.

Failure to meet these standards may result in remediation, delayed progression, course repetition, dismissal, or loss of program eligibility in accordance with Skyline College policies, the California Code of Regulations Title 5, and program requirements.

Attendance and Professionalism

Attendance and professionalism expectations are defined in the ASRC Student Program Handbook, the Skyline College Catalog, and individual course syllabi. These expectations apply across all academic, laboratory, simulation, and clinical learning environments.

Attendance and professional behavior are fundamental to student success and are directly aligned with the expectations of the respiratory care profession. Missing instructional time results in the loss of essential content required for development as a competent entry-level Respiratory Care Practitioner. Students are responsible for notifying instructors in advance when absences are anticipated.

Consistent attendance and professional conduct reflect commitment to the profession and are required for successful progression through the program.

General Attendance and Professional Expectations

The following expectations apply across all program learning environments:

- Attendance in all scheduled classes, laboratories, simulations, and clinical experiences is required to meet program contact hour requirements and support licensure eligibility
- Excessive absences, chronic tardiness, or repeated early departures reduce essential instructional and competency development time and may impact academic standing and progression
- Students are expected to demonstrate punctuality, preparedness, engagement, effective communication, teamwork, and accountability in all learning settings
- Faculty evaluate both academic performance and professional behaviors as part of overall student assessment

Faculty assessment includes:

- Academic performance including examinations, assignments, and skills evaluations
- Professional behaviors including attendance, punctuality, participation, communication, respect, and accountability

Patterns of absenteeism, tardiness, or lack of engagement are considered indicators of professional readiness and may influence decisions regarding progression, remediation, and clinical placement eligibility.

Professional Behavior Expectations

Professionalism is a core competency of the Respiratory Care Program and is expected at all times. Students are expected to demonstrate behaviors consistent with healthcare workforce standards, including integrity, reliability, accountability, and respectful communication.

Professional behavior includes:

- Punctual arrival and full participation in all scheduled learning activities
- Preparation for class, laboratory, simulation, and clinical experiences
- Respectful and professional communication with peers, faculty, clinical instructors, and healthcare staff
- Compliance with all program, course, and clinical site policies

Professional conduct demonstrated throughout the program is used in faculty evaluation of student readiness for clinical practice and may impact clinical placement eligibility and progression decisions.

Students who consistently demonstrate professionalism, accountability, and reliability may receive priority consideration in clinical placement assignments.

Academic Expectations and Professional Behaviors

Students are expected to demonstrate consistent academic engagement, professional behavior, and active participation in all learning environments, including classroom, laboratory, simulation, and online instruction.

Assignments, Projects, and Participation

- Timely completion of assignments is required for successful course progression and professional development
- Most assignments are completed individually, while some require structured collaboration or group participation
- Group and discussion-based activities require active, timely, and professional engagement from all members
- Instructors will clearly communicate expectations, grading criteria, and deadlines in each course syllabus
- Students are responsible for maintaining communication with instructors and peers regarding questions, clarifications, or group coordination needs
- Students are expected to arrive on time and fully prepared for all scheduled in-person or virtual learning activities

Program Leadership and Student Support

The Program Director and faculty are committed to supporting student academic and professional development. While knowledge, technical skill, and clinical judgment are developed through curriculum delivery, professionalism must be consistently demonstrated by the student throughout the program.

Attendance concerns such as repeated tardiness, early departures, or absences may require faculty intervention and review in accordance with program policies.

Students are encouraged to maintain compliance with all attendance and professionalism expectations to support successful program progression and completion.

Student Support and Reporting Responsibility

Students experiencing personal, academic, or scheduling challenges that may affect attendance or performance are expected to notify the Program Director, course faculty, and or the Director of Clinical Education as early as possible.

The program will collaborate with students to identify appropriate support resources when needed to promote academic success and progression.

Clinical Expectations

Clinical Attendance

Clinical education is a structured and essential component of the Respiratory Care Program. Clinical experiences provide the primary opportunity for students to apply theoretical knowledge and technical skills in direct patient care settings under the supervision of licensed practitioners.

Because of the critical nature of clinical education:

- All clinical hours are required for successful completion of program and course competencies
- Absences, tardiness, and early departures directly impact competency development and may delay progression
- Clinical attendance reflects professional expectations consistent with healthcare workplace standards, including reliability, punctuality, and accountability

Faculty evaluate clinical performance based on both:

- Clinical competency development and skill performance
- Professional behaviors including attendance, punctuality, communication, and compliance with clinical site expectations

Clinical Absence and Professional Conduct Implications

Patterns of excessive absences, chronic tardiness, failure to follow call-in procedures, or unprofessional behavior in clinical settings may result in:

- Required make-up clinical hours when permitted by clinical policy
- Progressive disciplinary action in accordance with program policy
- Inability to meet required clinical competencies
- Delayed progression or inability to complete program requirements

Clinical behavior is considered a direct indicator of readiness for safe and competent entry-level practice as a Respiratory Care Practitioner.

Clinical Support and Communication

Students experiencing personal, academic, or scheduling difficulties that may impact clinical attendance or performance are expected to notify the Program Director, course instructors, and or the Director of Clinical Education promptly so that appropriate support and guidance can be provided.

Required Clinical Attendance and Call-In Procedure

Clinical education is a limited and essential component of the Respiratory Care Program. Attendance, punctuality, and professional communication are expected at all times. Missed clinical hours can significantly impact your learning experience and progression through the program.

If you will be absent or arrive late to a clinical rotation, you must complete all three of the following steps before your scheduled shift begins:

1. Notify your clinical site directly (e.g., RT Department, Charge Respiratory Therapist, or designated site contact).
2. Contact your clinical instructor.
3. Notify the Director of Clinical Education.

Failure to complete all required notifications may result in the absence being classified as **unexcused** and may lead to a review of your professional conduct and clinical performance.

Excessive absences, tardiness, early departures, or failure to follow the required call-in procedure may result in disciplinary action as outlined in the Student Handbook. In addition, all assigned clinical hours must be completed to satisfy course, program, and graduation requirements.

Please refer to the Respiratory Care Program Student Clinical Expectations Agreement for additional details regarding attendance, punctuality, and professional responsibilities during clinical rotations.

Dress Code and Personal Appearance

Clinical and Lab Attire

As future healthcare professionals, Respiratory Care students are expected to present themselves in a manner that reflects the professionalism and high standards of the healthcare environment. The following dress code applies to all clinical, lab, simulation, and classroom activities, unless otherwise specified by the instructor.

Clinical and Lab Attire Dos and Don'ts

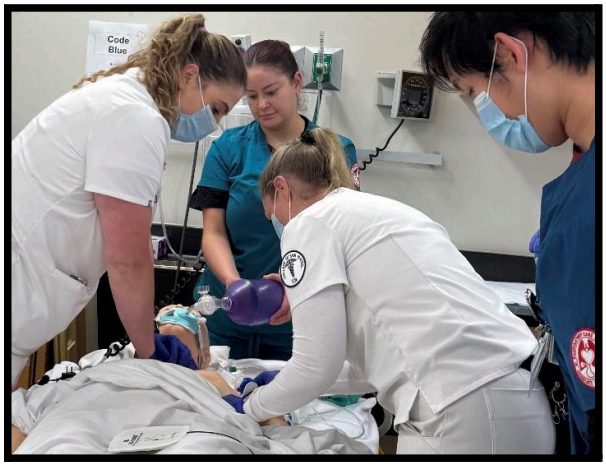
- **Uniform** - Approved program scrubs that are clean, wrinkle-free, and properly fitted. Undershirts (if worn) should be appropriate, and preferably solid and neutral in color (e.g., white, gray, black).
- **Name Badge** - Student identification and/or clinical badge must be worn at all times and clearly visible above the waist.
- **Footwear** - Closed-toe, non-slip, professional footwear in neutral colors (e.g., black, white, gray). No Crocs, sandals, open-heel shoes or fabric footwear
- **Lab Coat/Scrub Jacket -** (optional - depending on the clinical site). If worn, must be program-approved, clean, and free of personal logos. Hoodies, personal sweatshirts, and non-clinical outerwear are not permitted in clinical or lab areas.
- **Hygiene** - Maintain a high standard of personal hygiene. Avoid strong perfumes or colognes, scented lotions, or heavily fragranced products. This is a standard rule in patient care areas.
- **Hair** - Clean, neat, and pulled back if it interferes with patient care or safety. Hair style must reflect a professional standard and may not interfere with PPE.
- **Facial Hair** - Must comply with N95 fit-testing requirements, no beards or facial hair that interferes with mask seal.
- **Nails** - Short, clean, and natural. No artificial nails, gels, dips, acrylics, nail art, or bright polish are permitted.
- **Jewelry** - Minimal jewelry only. Stud earrings and wedding bands are acceptable. No dangling earrings, facial piercings, gauges (unless filled with neutral retainers), or excessive jewelry.
- **Tattoos** - Visible tattoos must be covered if deemed inappropriate or unprofessional by clinical or faculty staff.
- **Gum** - Chewing gum is not permitted in clinical or lab settings.
- **Smart Devices** - Smartwatches may be worn only as a timepiece and not used for messaging or communication during clinical or lab activities.
- **Undergarments** - Must not be visible through or above scrubs.

<u>Other notes and summary regarding attires:</u>

Maintaining a professional appearance is essential. Patients and healthcare staff view you as part of the clinical team. A neat and appropriate appearance supports trust, communication, and effectiveness.

- Follow the dress code of the assigned clinical site.
- Some sites allow program scrubs; others require business casual attire.

- Visible student identification must be worn at all times.
- A white lab coat may be required by your clinical site, check with your director of clinical education for further details.
- Personal hygiene and grooming are expected to be of high professional standard.



Classroom and Community Engagement Attire

Students are expected to present themselves professionally during all classroom, campus, and community engagement activities. Even outside the clinical environment, your appearance reflects your readiness to enter the healthcare field and represent Skyline College's Respiratory Care Program. As such, the standards expected in healthcare settings regarding grooming, presentation, and attire apply at all times and are considered part of your overall evaluation. Repeated violations may impact your professionalism score, participation grade, and readiness for clinical placement.

Appropriate Attire Includes:

- Polo shirts, blouses, or collared shirts
- Neat jeans or slacks (no rips, holes, fraying, or excessive wear)
- Clean, closed-toe shoes (no sandals, slides, or slippers)
- Attire appropriate for a healthcare environment that promotes safety and professionalism
- Approved program scrubs
- Respiratory Care program shirts, cohort tees, or respiratory care-related spirit wear
- Cardigans or professional jackets (no hoodies unless approved)

Not Permitted (unless otherwise approved by the instructor or Program Director):

- Pajamas or sleepwear
- Sweatpants (unless designated for skills practice or a special event)
- Leggings worn as pants without appropriate tunic-style coverage
- Crop tops or midriff-baring clothing
- Low-cut, sheer, excessively tight, or revealing clothing
- Hats, caps, or bandanas worn indoors (unless worn for religious or medical reasons)
- Clothing displaying offensive, political, or inappropriate images or language
- Strong fragrances, heavy cologne, or heavily scented lotions

Professional Identification:

1. Students may be required to wear a Skyline College ID badge or program name badge during community events, field trips, or when representing the program publicly.

Additional Guidelines

- **Skyline Respiratory Care Program Patch:** Must be securely affixed to the designated area of the scrub top; Available for purchase at the school bookstore.
- **Clinical Equipment:** Students are expected to bring all required clinical tools (e.g., stethoscope, pen, penlight, watch with a second hand, pulse oximeter, etc.) to each clinical rotation.
    - **Note:** It is the student's responsibility to verify the equipment requirements for their assigned clinical site prior to the first day of rotation.
- **Compliance:** Failure to adhere to the dress code may result in dismissal from the clinical site for the day and/or a deduction of course participation points.

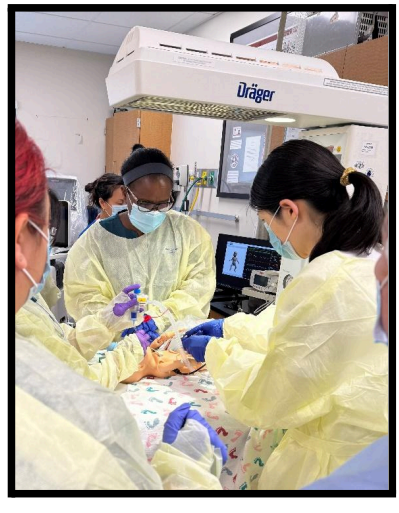
By maintaining a professional appearance, you reflect the integrity and responsibility expected in the healthcare profession. When in doubt, err on the side of professionalism or consult your instructor.

Clinical Education and Expectations

Clinical education is a core component of your development as a Respiratory Care Practitioner. Clinical rotations provide structured opportunities to apply classroom knowledge, develop technical skills, and demonstrate professionalism in real patient-care settings. How you perform in the clinical environment is a critical indicator of your readiness to enter the respiratory care workforce.

Standards of Clinical Behavior

Clinical experiences offer a chance to practice and refine your skills under the supervision of licensed practitioners. These experiences support your transition from theory to practice and help you develop competency in multiple areas, this includes but not limited to:



- Therapeutic communication with patients
- Collaboration with the healthcare team
- Performance of respiratory care procedures
- Using evidence-based practice
- Applying ethical practices in academic and healthcare settings
- Understanding hospital systems and workflows
- Demonstrating professionalism and safe clinical practice
- Time and organizational management

Competency is achieved through supervised, hands-on practice. Many clinical learning opportunities arise spontaneously; students are expected to demonstrate initiative by seeking out and engaging in these opportunities. Both students and instructors share responsibility for evaluating clinical performance using established rubrics and competency standards. It is important to remember these vital points:

- The hospital or clinical agency is a learning environment.
- Your growth depends on your initiative, professionalism, assertiveness, and ability to hear critical feedback.

- You are a guest of the clinical site and a representative of Skyline College's Respiratory Care Program.

Demonstrate professional behavior at all times,
This includes communication, teamwork, respect, accountability, and adherence to professional boundaries. Professional behavior is the foundation of safe, effective, and ethical respiratory care. Your communication, teamwork, respect for others, accountability, and ability to maintain appropriate professional boundaries directly affect patient outcomes and the functioning of the healthcare team. Hospitals rely on clinicians who can collaborate respectfully, follow direction, handle feedback appropriately, and interact with patients and families with compassion and integrity.

Why This Matters
Hospitals evaluate not only your technical skills but also your professionalism, reliability, communication, and safety awareness. Clinical performance is a major component of your overall assessment in the program and plays a significant role in determining your readiness for advanced coursework, continued progression in the program, and eventual entry into the respiratory care workforce.
Unprofessional conduct, such as poor communication, disrespect, boundary violations, or failure to take responsibility, can compromise patient safety, damage trust with clinical partners, and reflect poorly on the program. Demonstrating consistent professionalism signals that you are ready to enter the workforce, able to represent the respiratory care profession, and capable of providing safe, patient-centered care in high-stakes environments.

Clinical Site Conduct Expectations

As a student representative of both Skyline and the respiratory care profession, you are expected to:

Arrive on Time and Prepared (10–15 Minutes Early Recommended).

Students are expected to arrive at the clinical site on time, prepared, and fully ready to begin their shift. Being "ready to work" includes, but is not limited to, the following:

- Parking, walking to the department, and storing personal belongings prior to the start of the shift.
- Mentally preparing for patient care responsibilities.
- Being present in the designated clinical area before the official start time.

Healthcare departments typically shift-change at a fast pace; arriving early allows you to:

- Receive your patient assignments
- Review charts (as permitted)
- Organize your workflow
- Check equipment
- Communicate with your preceptor or team before patient care begins

Arriving even a few minutes late disrupts the flow of care and places additional burden on staff and your preceptor. Follow the required call-in procedure if you are absent or late for your shift at the clinical site, you need to contact the clinical preceptor and the Director of Clinical Education.

Why Does It Matters?

Healthcare is a team-based environment. Shift reports, handoffs, and team huddles happen at specific times. Arriving late means you miss critical information, make others compensate for your absence, and you appear unprepared or disengaged. Consistently being early demonstrates respect for the team and commitment to the profession.

Report fit for duty, rested, alert, well-prepared, and emotionally ready for patient care.

Students must arrive at clinical fully physically, mentally, and emotionally prepared to participate in patient care. Being "fit for duty" means you are capable of providing safe, attentive, and competent care throughout the shift. This includes:

- Being well-rested and not fatigued
- Being mentally alert and able to concentrate
- Arriving, having reviewed the course content and expectations for the day
- Being emotionally stable and able to communicate professionally
- Not being under the influence of alcohol, cannabis, recreational drugs, or any medication that impairs judgment, alertness, or coordination
- Not experiencing illness symptoms that could compromise patient safety (fever, cough, vomiting, diarrhea, etc.)

If you are not fit for duty, you must notify the clinical instructor or Director of Clinical Education immediately.

Why Does It Matters?

Reporting fit for duty is essential to patient safety, team reliability, and your development as a healthcare professional. Respiratory therapists care for patients whose conditions can change quickly, and fatigue, distraction, or emotional overwhelm can lead to missed assessments, treatment errors, or safety lapses, any of which can cause serious harm. Fatigue and stress impair judgment, memory, and concentration, increasing the risk of errors in environments where rapid decision-making is critical.

Your preceptor and the care team rely on you to be alert and prepared; when you are not, others must compensate, placing additional strain on the team and potentially affecting patient care. In hospital settings, arriving unprepared or emotionally unsettled is viewed as unprofessional and unsafe, and as a new healthcare provider, you are still expected to evaluate your own readiness before every shift.

Follow all policies, protocols, and expectations of your assigned clinical facility.

Each clinical site has its own policies, procedures, safety requirements, and professional expectations. As a student, you must follow these standards at all times, including infection control practices, equipment handling rules, documentation procedures, communication expectations, and departmental protocols. This also includes adhering to hospital-specific dress codes, badge requirements, break policies, device restrictions, safety training, and reporting structures.

When you enter a clinical facility, you are expected to function as part of the healthcare team, which means respecting and following the established workflow, culture, and protocols of that environment. If you are ever unsure about a policy, you are responsible for asking your preceptor or instructor for clarification before proceeding.

Why Does It Matters?

Hospitals are highly regulated environments, and failure to follow established protocols can lead to safety risks, equipment misuse, or violations of state and federal regulations. Staff and preceptors must be able to trust that students will follow the same rules they do; when policies are not followed, clinical sites may lose confidence in the program and restrict student access.

Do not report to a clinical site while sick or symptomatic.

Students must not attend clinical rotations if they are experiencing any symptoms of illness, including fever, cough, sore throat, vomiting, diarrhea, unexplained rash, or any condition that may compromise their ability to provide safe care. If symptoms begin before or during a clinical shift, you must notify your clinical instructor and the Director of Clinical Education immediately. Clinical sites may also require clearance from a healthcare provider before you are allowed to return. Protecting patients, staff, and other students requires strict adherence to infection prevention and reporting procedures. If you are uncertain whether your symptoms are significant, err on the side of caution and communicate with program faculty before attending clinical. You may be required to submit medical documentation clearing you to return after an illness.

Why Does It Matters?

Reporting to clinical sites while sick poses serious risks to vulnerable patients, many of whom are immunocompromised, critically ill, or unable to protect themselves from infection. Healthcare-associated illness can lead to patient complications, extended hospital stays, or life-threatening outcomes. Arriving ill also places your clinical team at risk.

Do not leave early or take unauthorized breaks without approval from the RT supervisor

Leaving early or taking breaks without permission disrupts the flow of patient care and compromises the safety and reliability of the clinical team. Respiratory therapists provide time-sensitive treatments, respond

to emergencies, and support patients whose conditions may change rapidly. If a student steps away without approval, important tasks may be delayed, patient needs may go unmet, and the supervising RT may be unexpectedly left responsible for additional workload.

Why Does It Matters?

This creates safety risks and undermines trust between you and the clinical staff. Hospitals also view unauthorized absences as unprofessional conduct and a breach of responsibility. Learning to communicate your whereabouts, remain accountable during your shift, and follow departmental protocols reflects readiness for employment and ensures that you are contributing safely and effectively to patient care.

Protect patient privacy and confidentiality at all times in accordance with HIPAA.

- Avoid personal cell phone use during clinical hours except in designated non-patient areas
- Do not access patient charts unless directed and supervised as part of your clinical assignment.
- Only access patient information you have been assigned to attend
- Do not write down or remove identifying information (name, DOB, MRN, room number, diagnosis, etc.) from the clinical site.
- Do not store patient information on personal devices (phones, laptops, tablets).
- Do not take photos, videos, or audio recordings inside clinical areas, this includes empty rooms, equipment, or hallways.
- Use only hospital-approved systems for documentation (never personal email or cloud storage).
- Immediately report any privacy breach (accidental or observed) to your clinical instructor or preceptor.

Why Does It Matters?

HIPAA violations can result in clinical removal, program dismissal, and legal consequences for both the student and the facility. Clinical partners require strict compliance, and even unintentional violations can lead to permanent removal from clinical education.

Refrain from discussing patient information with unauthorized individuals, including on social media.

- Do not discuss patient cases with friends, family, classmates, or other students not assigned to that patient.
- Do not share patient details in group chats, screenshots, messaging apps, or study groups.
- Do not post or reference clinical experiences on social media, even without names, if they involve identifiable details.
- Do not gossip or discuss sensitive patient situations in hallways, elevators, cafeterias, or public spaces.
- Do not use phones or smartwatches to check messages or take notes about patients.

Digital Privacy - Do not describe unique or unusual cases publicly, as these may still be identifiable.

- Digital privacy requirements apply everywhere – If content relates to a patient, clinical site, or identifiable information, it must never be posted to any site, such as:
    - o Social media (Instagram, TikTok, Facebook, Snapchat, X/Twitter)
    - o Messaging apps (Messenger, WhatsApp, GroupMe, Discord, Slack)
    - o Cloud platforms (Google Drive, iCloud, Dropbox)
    - o School platforms (Canvas, email, Turnitin, program communication channels)

Why Does It Matters?

HIPAA-related violations often result in immediate removal from the clinical site, a failing grade, and possible program dismissal. Clinical partners require strict compliance, and even unintentional violations can lead to permanent removal from clinical education. Violations of digital privacy or social media policy may result in:

- Immediate removal from the clinical site
- Automatic failure of the clinical rotation
- Program probation or dismissal
- College-level disciplinary action
- Legal consequences under HIPAA

Report safety concerns immediately

Students are responsible for promptly reporting any situation that may compromise patient safety, staff safety, or the learning environment. This includes changes in a patient's condition, malfunctioning equipment, missing supplies, oxygen or ventilator alarms, hazardous spills, blocked exits, sharps concerns, or any unsafe behavior observed in the clinical setting. If something does not seem right, even if you are unsure, you must notify your preceptor, clinical instructor, or another appropriate hospital staff member without delay. Reporting concerns is not optional; it is a core component of your role as a developing healthcare professional.

Why Does It Matters?

Immediate reporting of safety concerns protects patients, staff, and students from harm and ensures that problems are addressed before they escalate. Hospitals rely on every team member, including students, to maintain a safe care environment and to speak up when something appears unsafe or unexpected. Failure to report issues can result in serious injury, delayed treatment, or life-threatening outcomes.

Clinical Rotation Clerkship Assignments

The Clinical Coordinator, in collaboration with affiliated clinical sites, develops each student's rotation schedule. While every effort is made to minimize inconvenience, assignments are based on site availability and cohort size.

- Shift Times**:** May include day or evening shifts (8–12 hours). Start times may be as early as 6:00 a.m.; end times as late as 11:30 p.m.
- Supervision: Students are supervised at all times by licensed practitioners.
- Compensation: both clinical rotation and internship work is for educational purposes and is unpaid.
- Evaluation: Students are evaluated at the end of each clinical rotation block.
- Transportation & Parking: Parking, especially in urban areas, may be limited and may require a daily parking fee. Public transportation and ride-sharing are strongly encouraged.

Clinical Affiliates:

Clinical sites are located throughout Northern California, including but not limited to:

San Francisco County	San Mateo County	Alameda County
• California Pacific Medical Center – Sutter Health (Mission Bernal) • California Pacific Medical Center – Sutter Health (Van Ness) • San Francisco VA Medical Center • UCSF Health Medical Center – Mission Bay Benioff Children's Hospital, San Francisco • UCSF Health Medical Center – Parnassus • UCSF Health Medical Center – Stanyan • UCSF Health - Hyde (Formerly: St. Francis Memorial Hospital) • Zuckerberg San Francisco General Hospital, UCSF	• Kaiser Permanente South San Francisco Medical Center • Lucile Packard Children's Hospital Stanford • Mills-Peninsula Medical Center • San Mateo Medical Center • Stanford Health Care – Stanford Medical Center	• Eden Medical Center • UCSF Health Medical Center – Benioff Children's Hospital, Oakland
Out of State		
• Cincinnati Children's Hospital Medical Center, Cincinnati, OH - *Pending Contract*	• Mayo Clinic, Rochester, MN- *Pending Contract*	

Clinical Rotation and Internship Placement Assignments

The Respiratory Care Program maintains clinical affiliation agreements with healthcare organizations throughout the Greater Bay Area, Northern California region, and other approved clinical partners. Clinical assignments are made based on educational objectives, clinical site availability, program capacity, accreditation requirements, and contractual obligations with affiliated facilities.

Clinical Rotations

During the clinical rotation portion of the program, students are concurrently enrolled in didactic, laboratory, and clinical coursework. Because students are required to attend both campus-based learning activities and clinical experiences, the program makes reasonable efforts to assign students to clinical affiliates within the Greater Bay Area and Northern California region.

While every effort is made to consider a student's current residence, commute time, and transportation needs, assignment to a specific clinical site or geographic location cannot be guaranteed. Students are responsible for arranging reliable transportation and arriving at all assigned clinical experiences on time and prepared to participate.

Internship Placements

The internship experience consists of 120 clinical hours completed during the final internship course sequence. Unlike traditional clinical rotations, students completing the internship are not required to attend on-campus classes, laboratories, or other regularly scheduled campus activities during the internship period. This structure provides greater flexibility for students to participate in specialized clinical experiences that may be located outside their immediate geographic area.

As a result, internship opportunities may be available at approved clinical affiliates located outside the Greater Bay Area and Northern California region, including other areas of California, other states, and, when authorized by the program, institutional, and district agreements, international locations.

Students may elect to participate in these distant internship opportunities when available and approved by the program. Placement in a distant internship site is voluntary and contingent upon meeting all program, institutional, and clinical affiliate requirements.

Student Financial and Housing Responsibilities

Students participating in internship placements outside their local commuting area acknowledge and accept responsibility for all expenses associated with the experience, including but not limited to:

• Housing or temporary lodging

• Transportation and travel expenses

• Airfare, vehicle mileage, parking, tolls, rideshare services, or public transportation costs

• Meals, food, and daily living expenses

• State licensure, regulatory, onboarding, or compliance fees required by the clinical affiliate

• Health clearance, drug screening, background check, or other site-specific requirements

• Personal expenses incurred during the placement

• Any other costs associated with participation in the internship experience

Students are responsible for securing appropriate housing and transportation arrangements that allow them to meet all attendance, punctuality, and professional conduct expectations established by the clinical affiliate and the Respiratory Care Program.

Financial Assistance

The Respiratory Care Program may periodically identify grants, scholarships, stipends, workforce development funding, or other financial assistance opportunities to help offset expenses associated with distant internship placements. Availability of such funding varies and is not guaranteed. Students should not rely on financial assistance as a condition of accepting an internship placement.

Compliance with Clinical Affiliate Requirements

Students participating in internship experiences at out-of-region, out-of-state, or international clinical affiliates must comply with all applicable requirements of the clinical site, Skyline College, the San Mateo County Community College District, applicable regulatory agencies, and the terms of the clinical affiliation agreement.

Failure to meet clinical affiliate requirements or maintain compliance with program expectations may result in removal from the internship site and may affect course completion, program progression, or graduation eligibility.

Background Check, Drug Testing, and Health Screening

Hospitals and clinical agencies require all students to complete:

- A Social Security–referenced background check
- A drug screening
- A comprehensive health screening

These screenings help ensure students can meet the mental and physical requirements of clinical practice. The Skyline College Health Center offers these services for a fee, which may be more readily available and may be provided at a lower cost.
Webpage: https://skylinecollege.edu/healthandwellness/healthservices.php#services

Required immunizations* (documented via titer):

- Rubella
- Mumps
- Measles
- Tdap
- Hepatitis B
- Tuberculosis (TB) testing upon entry and again after one year

Note: *The list of required immunizations is subject to change based on clinical site policies, public health guidelines, and program requirements*
** See list below*

Student Safety and Protection

When assigned to a clinical rotation, students are covered for illness or injury under Workers' Compensation Insurance provided by the San Mateo County Community College District. This coverage ensures that if a student is harmed while performing required clinical duties, appropriate medical evaluation and treatment will

be provided. Additional details regarding coverage, reporting procedures, and follow-up requirements can be found in the Clinical Manual.

To support safe practice in all clinical environments, Respiratory Care students receive foundational safety training during the first semester, including:

- Bloodborne pathogen transmission prevention
- Universal and body-fluid precautions
- Respiratory-transmitted infection control
- Hepatitis vaccination education

You should:

- Use appropriate precautions to help prevent accidents, reduce the spread of infections, and model the professional behavior required in the workforce.
- Know how to report injuries or exposures immediately, which is essential for timely medical evaluation and to comply with legal, occupational, and institutional requirements.

Why Does It Matters

Healthcare environments contain inherent risks, including exposure to infectious diseases, body fluids, hazardous materials, and emergency situations. Understanding and following established safety practices protects students from preventable injury and illness and ensures they can participate fully and safely in clinical education. Hospitals rely on every member of the care team, including students, to follow OSHA standards, infection control policies, and universal precautions to maintain a safe environment for patients, staff, and visitors.

Universal Precautions

Universal precautions are the foundation of infection prevention in every healthcare setting. As a Respiratory Care student, you will regularly work with patients who may have undiagnosed infections, airborne illnesses, or bloodborne pathogens. Following universal precautions protects you, your patients, your clinical team, and your community from the spread of disease.

Failure to follow these precautions, even once, can result in exposure to serious infections such as hepatitis B, hepatitis C, HIV, MRSA, C-Diff, tuberculosis, and many more; thus putting vulnerable patients at significant risk.

Policy:

To prevent exposure, transmission, and/or contamination, Respiratory Care students are required to follow a strict adherence to hand hygiene, PPE use, and proper sharps disposal is required by OSHA and hospital infection control policies. These practices are not optional; they are essential safety standards that prevent injuries, reduce healthcare-associated infections, and maintain safe patient-care environments.

Procedures for ensuring universal precautions**:**

- Wash hands thoroughly after every patient encounter (minimum 10 seconds with soap and water).
- Wear gloves when exposed to body fluids, blood, urine, or stool.
- Use gowns, goggles, and/or masks when contamination or splashing is anticipated.
- Dispose of sharps in designated, puncture-resistant containers. Never recap or manipulate needles by hand.
- Report all needle-stick injuries to Student Health Services within 72 business hours.

Tuberculosis and any other Airborne Precaution Protocol

- Wear a fit-tested N95 mask when working with known or suspected TB patients.
- Students without a properly fitted mask may not enter TB patient rooms.
- Students who convert to a positive TB result must receive a chest X-ray and consult with a physician through Skyline Health Services regarding treatment options.

Why Does It Matters?

In respiratory care specifically, the risk of exposure is higher because students perform aerosol-generating procedures, work near patients' airways, and handle equipment that comes into contact with respiratory secretions. Learning and practicing universal precautions now prepares you for the expectations of real clinical employment and demonstrates your commitment to professional, safe, and ethical patient care.

Etiquette & Netiquette

As a Respiratory Care Practitioner, professionalism is expected at all times, even in virtual environments. Faculty, staff, and student colleagues are expected to maintain a respectful, professional, and supportive attitude, especially when differences of opinion or disagreements arise.

The guidelines that govern online communication are known as *netiquette*. These not only include rules of behavior during discussions but also etiquette that reflects the unique nature of online interaction. Remember: your time online is also someone else's time. Respect for others' time, privacy, and dignity is essential.

To communicate effectively and professionally in our online environment, please adhere to the following rules:

- **Avoid typing in all caps.** This is equivalent to shouting and is considered impolite.
- **Do not plagiarize.** Always give credit where credit is due when referencing someone else's work.
- **Keep personal information private.** Protect your own and others' confidentiality.
- **Avoid foul or offensive language.** This is a professional forum, always present yourself with professionalism.
- **Use correct punctuation, grammar, and spelling.** Clear and professional writing reflects your attention to detail.
- **Read first.** Review questions, instructions, and assignments thoroughly before posting or asking

questions, your answer may already be there.

- **Be kind.** Although online communication may feel anonymous, remember there is a real person behind every screen name. Engage respectfully, even in disagreement.

Academic Integrity and Use of Technology

As a student representative of both Skyline College and the respiratory care profession:

- Follow all policies and procedures of your assigned clinical facility.
- Respect patient privacy and confidentiality at all times.
- Do not discuss patient information with unauthorized individuals.
- Always strive for professional behavior, even if others around you do not model it.

The Skyline College Respiratory Care Program holds students to the highest standards of academic integrity and professional conduct. As future healthcare professionals, students must consistently demonstrate honesty, responsibility, respect, and ethical decision-making in both academic and clinical environments.
Failure to uphold these standards may result in disciplinary action, including dismissal from the program.

Academic Integrity

Academic integrity is the foundation of professional credibility and personal growth. All students are expected to complete their own work, honestly represent their knowledge and abilities, and comply with all College and Program policies regarding academic conduct.
Per Skyline Student Rights and Responsibilities Page found in (https://catalog.skylinecollege.edu/current/rights-responsibilities/integrity.php) Academic Integrity is defined as:

"Academic dishonesty defrauds all those who depend upon the integrity of the College, its courses and its degrees and certificates. The college community has the responsibility to make every reasonable effort to foster honest academic conduct.

Academic dishonesty occurs when a student attempts to show possession of a level of knowledge or skill that he or she does not possess. The two most common kinds of academic dishonesty are "cheating" and "plagiarism." ~This includes "self-plagiarism."

The work you submit/present must be your own, and/or properly cited to give credit to the source(s).

Cheating And Plagiarism

Academic dishonesty includes, but is not limited to:

- Copying from another student's test or assignment
- Submitting previously completed work from another course without approval
- Using unauthorized materials during examinations
- Altering graded work and resubmitting it without permission

- Purchasing or using work from term paper services
- Representing another person's ideas, writing, or creative work as your own (plagiarism)
- Permitting another person to complete or submit work in your name
- Lying to an instructor or College official to influence a grade
- Stealing or removing tests or examinations from the classroom
- Forging signatures on college documents

Academic dishonesty compromises the value of your education, violates program trust, and may result in sanctions such as a failing grade, referral to the Director of Allied Health, or dismissal from the program. It is the student's responsibility to know what constitutes academic dishonesty. If unclear, you should speak with your professor. Students should also follow the regulations set forth in the Skyline College Catalog.

Upholding Integrity

Understanding Turnitin: What You Need to Know as a Respiratory Care Student at Skyline College

Turnitin is an online application used by many colleges and universities, including Skyline College, to support academic writing and help uphold integrity in your coursework.

What is Turnitin?

Turnitin is a platform that checks your written assignments for similarity by comparing your work to a vast database of academic papers, articles, websites, and student submissions worldwide. This generates a Similarity Report which highlights parts of your submission that match other sources.
Think of Turnitin not just as a "plagiarism checker," but as a learning tool that helps you improve your writing, avoid accidental plagiarism, and develop strong academic habits.

How Do I Use It?

Your instructors may ask you to submit essays, reflection papers, or other written assignments through Turnitin. In most cases, this will be done directly through your Canvas course shell. After you submit your work, Turnitin will generate a Similarity Report showing what percentage of your paper matches other sources.

- **A low percentage (generally under 20%)** is often considered normal, depending on the type of assignment.
    - 0–20%: Usually acceptable, especially for research papers or assignments that include proper citations.

- **21–29%:** May prompt instructor review and feedback on improving citation and paraphrasing.

- **30% or higher:** This may typically result in a more formal review. If the report shows questionable similarity, the instructor may consult with the Program Director to create a Progress Plan that addresses the issue and supports your success.

- **50% or higher:** If your similarity report is 50% or greater, and the faculty's initial review confirms plagiarism, and absence of proper citation, the Program Director must be notified immediately. At this point, the Academic Integrity and Honesty policy is activated, and we will meet with you to:

    - Review the findings,
    - Identify the root of the issue,
    - Provide guidance on proper academic practices, and
    - Collaboratively create a plan for moving forward to support your success in the assignment and the course.

What Happens if the Similarity is High?

If your Turnitin report shows a high similarity score, it doesn't always mean you've intentionally done something wrong, but it does mean we'll need to take a closer look. In line with Skyline College's Academic Integrity and Honesty Guidelines, we'll work with you to create a Progress Plan to address the issue.
This may include:

- Reviewing proper citation practices
- Providing additional writing support
- Giving you a chance to revise and resubmit
- Helping you build the skills needed to succeed not just on that assignment, but throughout the course

Where Can I Get Help?

If you ever have questions about Turnitin or your Similarity Report, the first step is to reach out to your instructor for that course. They can give you the best guidance specific to that assignment.
If you need further support, don't hesitate to contact your Respiratory Care Program Director, we're here to help and ensure you feel confident and prepared.

Our goal is not to penalize but to support you in becoming a responsible and successful student. Mistakes can be powerful learning opportunities, and we're here to help you every step of the way.

Artificial Intelligence (AI) Tools

Use of Artificial Intelligence in Academic Work

As technology continues to advance, academic practices and expectations also evolve. Artificial Intelligence (AI) tools such as ChatGPT, Grammarly, and similar platforms may be used only when explicitly permitted by the course instructor. When approved, AI should function as a supportive learning aid and not as a substitute for student learning.

Students are responsible for ensuring that all submitted work reflects their own understanding, critical thinking, and academic effort. AI tools may support the learning process, but they do not replace the requirement for independent thought, analysis, or professional judgment.

Appropriate use of AI tools may include:

- Supporting research by helping identify topics or summarize general information
- Assisting with organization of study materials or outlining ideas
- Providing general explanations of concepts for review and clarification
- Assisting with study guide development or practice questions for learning purposes
- Assisting with spelling, grammar, and writing mechanics to improve clarity of student-generated work

AI misuse includes, but is not limited to:

- Submitting AI-generated content as your own without proper attribution or instructor approval
- Using AI to complete graded assignments, quizzes, clinical reflections, or evaluations without explicit permission
- Relying on AI to bypass learning objectives or replicate required professional documentation
- Failing to verify the accuracy, relevance, or clinical appropriateness of AI-generated content

Students are expected to demonstrate independent thinking, clinical reasoning, and mastery of course content at all times. AI tools may support these goals when permitted, but they must never replace them.
A helpful guiding principle is that the student is the conductor, and AI is an assistant, not the decision-maker. Final responsibility for academic integrity, accuracy, and professional development always remains with the student.

Artificial Intelligence Use Guidelines for Academic Work

Artificial Intelligence (AI) tools can be valuable supports in academic work when used appropriately and ethically. Students are expected to use these tools in a manner that enhances learning while preserving independent thinking, critical analysis, and academic integrity.
Guiding principles for appropriate AI use include:

- **Use AI as a tool, not a substitute for learning**
  AI may assist with organizing ideas, clarifying concepts, and supporting study activities. However, students are expected to remain actively engaged with course material and develop their own understanding independently.
- **Verify and cross reference information**
  AI-generated content must be carefully reviewed for accuracy, relevance, and currency. Students are responsible for validating information using credible, scholarly, or discipline-appropriate sources before including it in academic work.
- **Understand limitations of AI systems**
  AI tools may reflect biases, inaccuracies, or gaps in knowledge due to the data on which they are trained. Students must apply critical thinking when interpreting AI-generated output and avoid accepting responses at face value.

- **Maintain academic integrity at all times**
  AI tools may not be used in ways that violate academic honesty policies. This includes plagiarism, misrepresentation of authorship, or submitting AI-generated work as original without appropriate modification and attribution when permitted. AI-generated material should only serve as a starting point and must be critically revised, adapted, and properly cited according to assignment guidelines. All external sources used must be credited appropriately.
- **Seek guidance when needed**
  Students who are uncertain about appropriate or ethical use of AI tools should consult instructors, librarians, or academic advisors for clarification and support.

Misuse of AI, including use that violates academic integrity standards or institutional policy, may be treated as academic misconduct and is subject to disciplinary action in accordance with the Skyline College Student Code of Conduct. Technology is intended to enhance learning, not replace it.
In summary, students are expected to approach AI use with a balanced and professional mindset, integrating the benefits of modern technology while upholding the core values of academic integrity, independent learning, and critical thinking.

Academic Integrity and Self-Plagiarism

Per Skyline Student Rights and Responsibilities Page found in (https://catalog.skylinecollege.edu/current/rights-responsibilities/integrity.php) Academic Integrity is defined as:

"Academic dishonesty defrauds all those who depend upon the integrity of the College, its courses and its degrees and certificates. The college community has the responsibility to make every reasonable effort to foster honest academic conduct.

Academic dishonesty occurs when a student attempts to show possession of a level of knowledge or skill that he or she does not possess. The two most common kinds of academic dishonesty are "cheating" and "plagiarism." ~This includes "self-plagiarism."

The work you submit/present must be your own, and/or properly cited to give credit to the source(s). Maintaining academic honesty is essential to your success in the Skyline Respiratory Care Program and to upholding the integrity of the respiratory care profession. One important aspect of this responsibility is understanding the concept of **self-plagiarism**.

Self-Plagiarism

Self-plagiarism occurs when a student reuses their previously submitted work and presents it as new, without proper citation or substantial new contribution. According to the APA 7th Edition (Section 8.3), once an assignment has been submitted in an academic setting, it is considered "published." Reusing that material in future assignments requires citation just as you would with any other source.

It is important to recognize that building on prior work, especially in a program that includes progressive or cumulative projects, is encouraged. However, this does not mean copying and pasting large sections of a previous paper into a new one. Even if the work is your own, submitting it again without clear attribution constitutes self-plagiarism and violates academic integrity policies.

You may build on prior work when:

- You properly cite yourself using APA style;
- You reuse only small portions (a few sentences or a short paragraph) when relevant;
- The reused material does not replace new, original analysis or insight;
- You do not reuse entire papers or large sections.

How to Cite Yourself (APA 7th Edition)

If you include content from a previously submitted paper, cite it like this:

> Smith, J. (2024). *Title of the previous paper*. Unpublished manuscript, [Course Name], [Institution Name].

This citation makes clear that you are the author and that the work has already been submitted in a prior academic context.

Remember to:

- Use your own words and structure while preserving the original meaning.
- Credit your source: Always include in-text citations and a reference list for all sourced content.
- Use other resources to avoid plagiarism such as: *Plagiarism and Artificial Intelligence Guidance*, *SMCCD District Academic Senate*

Paraphrasing and Citation

Paraphrasing is the process of rewording and restructuring an original source using your own words while preserving the meaning of the original content. When paraphrasing, you **must still provide a proper citation** to credit the original author.

To avoid plagiarism of any kind:

- Use your own voice to paraphrase ideas and integrate them into your work.
- Include in-text citations and a complete reference list for all sourced content, following current APA Edition formatting.
    - For more support contact CTTL
        - Website: https://skylinecollege.edu/cttl/
        - Location:
            - Skyline College
            - 3300 College Drive, Suite 5-118
            - San Bruno, CA 94066
        - Phone: 650-738-7080

Student Rights, Safety, and Institutional Policies

Sexual Misconduct, Harassment, Assault, and Title IX

San Mateo County Community College District is committed to maintaining a safe and respectful learning environment across Cañada College, College of San Mateo, and Skyline College. The District maintains policies and procedures addressing sexual misconduct, harassment, and assault in accordance with federal and state regulations.

Students are responsible for understanding and complying with these policies as part of their enrollment at Skyline College.

Additional information is available at:
http://smccd.edu/titleix/

Students are also encouraged to complete the required "Not Anymore" Title IX training modules, available through WebSMART under Student Services.

References:

- Skyline College Student Code of Conduct
    - Academic Integrity
- Skyline College Due Process Policy
- San Mateo County Community College District Student Code of Ethics

Student Relationships: Learning Community and Student Engagement

Throughout the program, students will share a wide range of experiences. It is important to understand that there is no need for competition among peers. Some students may enter the program with more knowledge of respiratory care, while others may have less. It is essential to recognize that no one, not even instructors, knows everything.
The primary goal is to support, teach, and learn from one another. Students and faculty are partners in creating a collaborative learning environment and building meaningful relationships that may last beyond the duration of the two-year program. Students are encouraged to address instructors by their names or titles to help foster a respectful, professional, and supportive atmosphere.

Respiratory Care Student Hub

Connect. Learn. Lead. Grow.

The program offers a Respiratory Care Hub that functions as a club through Skyline College's Student Organizations and governed by the current student body council in the ASRC program.

Participation in the club provides:

- Academic enrichment
- Leadership development
- Opportunities to build professional skills and networks

The Respiratory Care Student Hub is the central student engagement platform for the Respiratory Care Program at Skyline College. The Hub replaces the traditional club structure while still providing the same opportunities for mentorship, professional development, leadership, and community involvement, without the need for mandatory meetings or administrative obligations.
The Hub is open to students in both the Associate of Science in Respiratory Care (ASRC) and the Bachelor of Science in Respiratory Care (BSRC) programs. It serves as a collaborative space where students can access resources, stay informed about program activities, and connect with peers, faculty, and respiratory care professionals.

Purpose of the Respiratory Care Student Hub

The Respiratory Care Student Hub is designed to support student success by providing a centralized space for:

- **Program Announcements and Updates**
  Important information related to the Respiratory Care Program, deadlines, and opportunities.
- **Scholarship and Financial Support Opportunities**
  Information about scholarships and funding opportunities available to respiratory care students.
- **Professional Development and Events**
  Workshops, guest lectures, conferences, networking opportunities, and other professional engagement activities.
- **Peer and Faculty Connections**
  Opportunities for students to connect with classmates, upperclassmen, other Skyline Respiratory Care Program students, faculty mentors, and practicing respiratory care professionals.

Participation and Student Engagement

Participation in the Respiratory Care Student Hub is open to all ASRC and BSRC students.
Student engagement includes:

- **Peer Mentorship**
  Advance and/or senior cohorts of students could mentor new or junior cohorts of students as they transition through the program.

- **BSRC Mentorship and Professional Insight**
  BSRC students may serve as mentors, offering professional insight as advanced students, practicing respiratory therapists, educators, researchers, and healthcare leaders.
- **Student Collaboration**
  Students have opportunities to collaborate across cohorts and degree levels, building strong professional and academic support networks.

Leadership and Program Support

The activities within the Respiratory Care Student Hub are supported through a collaborative leadership structure:

- The ASRC Student Body Council helps oversee student engagement initiatives and the Hub guidelines.
- The Hub encourages collaboration between ASRC and BSRC students, creating mentorship opportunities and leadership development.

- The Hub is supported by the Respiratory Care Program Director and faculty, who provide guidance, resources, and oversight to ensure students have access to meaningful opportunities.

- Student engagement and leadership contributions occur within a program cycle, allowing both ASRC and BSRC students to contribute to the continued growth of the program.

Student Activities and Opportunities

Through the Respiratory Care Student Hub, students may participate in a variety of activities that support both academic and professional growth.

Mentorship

Peer-to-peer mentorship between ASRC cohorts and collaboration with BSRC students and alumni.

Program Representation

Students may represent the respiratory care student body during Program Advisory Committee (PAC) meetings, which occur once each semester. This allows student perspectives to contribute to program development.

Professional Development

Students may help organize or participate in:

- Guest lectures from respiratory care professionals
- Clinical specialists and healthcare leaders
- Career panels and networking events
- Professional conferences and educational workshops

Community Engagement

Students may participate in service-learning opportunities such as but not limited to:

- Health fairs
- Lung health awareness campaigns

- Community health education
- Public health outreach activities

Academic Support

Collaborative learning opportunities may include but not limited to:

- Study groups
- Exam preparation sessions
- Support for ASRC credentialing exams
- Support for advanced BSRC coursework

Leadership Development

The Hub provides opportunities for students to develop leadership, teamwork, advocacy, and organizational skills that prepare them for future professional roles within respiratory care and healthcare leadership. Students may also provide input on:

- Guest speakers
- Educational workshops
- Community outreach
- Networking opportunities within the respiratory care community.

Benefits of Participation

Participation in the Respiratory Care Student Hub enhances the student experience by fostering:

- Strong academic support networks
- Mentorship across cohorts and degree levels
- Early exposure to advanced respiratory care practice
- Leadership development opportunities
- Professional networking with peers, faculty, alumni, and healthcare professionals

The Hub allows students to engage with the respiratory care community while avoiding the administrative burdens typically associated with traditional student organizations.

Why Engage in the Hub?

Students who actively participate in the Respiratory Care Student Hub can:

- Develop leadership and teamwork skills
- Prepare for advanced professional roles in respiratory care
- Build connections with peers, alumni, and healthcare professionals
- Contribute their voice to the continued growth of the Respiratory Care Program

Stay Connected

Students are encouraged to regularly check the Respiratory Care Student Hub to stay informed about opportunities, announcements, and events.

The Hub exists to support your journey in respiratory care, helping you connect, grow, and succeed as a future respiratory care professional.

Email Forwarding

Each student attains a **my.smccd.edu** email account upon acceptance into the college. However, if you prefer to use another email account such as hotmail, yahoo, gmail, or another, please take a few minutes to set up forwarding for your my.smccd.edu email to your regular account to avoid missing a communication from me.

How to Forward an email (Follow these steps):

1. Go to Websmart at https://websmart.smccd.edu/
2. In your student account area, click on the link that says "New! Student Email"
3. Here, you may view your email address and password, and you may reset your password.
4. IMPORTANT: Open your my.smccd.edu email.
5. Click “Settings” at the top of the page.
6. Click the “Forwarding and POP/IMAP” tab.
7. Under Forwarding, click the “Forward a copy of incoming mail” button.
8. Enter the email address you want to forward your email to.
9. Click “Save Changes.”

Program Advisory Committee (PAC)

Program Advisory Committee (PAC) Student Participation

Respiratory Care students are strongly encouraged to participate in the Program Advisory Committee (PAC) meeting, which is held once each semester. This meeting is an essential component of the program’s ongoing commitment to maintaining CoARC accreditation standards and ensuring continuous program quality improvement.

The PAC provides a structured forum in which students may serve as the voice of their cohort and contribute meaningful feedback regarding their educational experience. Participation offers a unique opportunity to engage directly with clinical affiliates, faculty, and program leadership in discussions that support program effectiveness and alignment with current healthcare industry needs.
Student input collected through PAC participation plays an important role in guiding program development and ensuring that curriculum, clinical experiences, and instructional practices remain responsive to both student needs and the evolving healthcare environment.

Through PAC participation, students may:

- Serve as representatives of their cohort and share student perspectives
- Engage with clinical affiliates, faculty, and program leadership
- Provide feedback that informs program evaluation and continuous improvement efforts

Student perspectives are essential to ensuring the program maintains high standards of quality, meets student learning needs, and remains aligned with current and future expectations in respiratory care practice.

Skyline College Respiratory Care Practitioner Program Code of Conduct

Professional Conduct Policy for Respiratory Care Students

All students enrolled in the Associate of Science in Respiratory Care (ASRC) and the Bachelor of Science in Respiratory Care (BSRC) programs at Skyline College are expected to uphold the highest standards of professionalism, integrity, and ethical behavior. These expectations align with the Skyline College Student Code of Conduct, the Due Process Policy, and the policies of the San Mateo County Community College District.

Given the professional responsibilities and leadership roles of respiratory care practitioners, students are expected to consistently demonstrate behavior that reflects the standards of the profession in all academic, clinical, and professional settings.

ASRC Program Clinical and In Person Expectations

Students enrolled in the ASRC program, which includes classroom instruction, simulation laboratories, and clinical rotations at affiliated healthcare facilities, are expected to demonstrate professionalism in all learning environments.

Professional conduct is expected in the following settings:

- On campus classrooms and laboratories
- Simulated clinical environments
- Hospitals and clinical agencies affiliated with the program
- Allied health offices and instructor offices

ASRC students are expected to:

- Interact with peers, faculty, clinical instructors, staff, and patients with respect, courtesy, and professionalism
- Uphold patient confidentiality, dignity, and rights at all times during clinical experiences
- Adhere to all policies, procedures, and protocols established by clinical sites and the program
- Maintain dress, appearance, and behavior that reflect readiness for safe and competent patient care

- Represent Skyline College and the respiratory care profession with integrity in all clinical and academic encounters

Academic Integrity and Professional Misconduct

Academic dishonesty and professional misconduct are taken seriously and may result in disciplinary action. Depending on the nature and severity of the violation, consequences may include:

- A failing grade on an assignment, assessment, or examination, which may impact overall course grade
- Course grade reduction or course failure
- One or more of the following disciplinary actions: warning, censure, disciplinary probation, temporary exclusion from class or activities, suspension, or expulsion

The Dean of Enrollment Services or designated Disciplinary Officer maintains records of academic dishonesty cases. These records may be used to identify patterns of repeated violations and determine appropriate disciplinary measures.

Students have the right to due process and may appeal academic or disciplinary decisions in accordance with established college procedures. Refer to the Student Grievance and Appeals Policy in the Student Handbook for additional information.

- **Note:** *See Skyline College Respiratory Care Practitioner Program Code of Conduct Agreement below for more details.*

Consequences, Progressive Discipline, and Appeals

Consequences of Academic and Professional Misconduct

Violations of academic, clinical, or professional standards may result in one or more of the following actions:

- Written or verbal warning
- Assignment or assessment failure
- Course grade reduction or course failure
- Temporary removal from class, laboratory, or clinical activities
- Program probation
- Suspension or program dismissal

Academic dishonesty and professional misconduct are documented and may be reviewed by the Dean of Enrollment Services or designated disciplinary officer to identify patterns of repeated violations.

Students retain the right to due process and may appeal decisions in accordance with Skyline College Student Grievance and Appeals procedures.

Progressive Discipline and Remediation Framework

The Respiratory Care Program uses a progressive discipline model consistent with CoARC Standards for student evaluation, fairness, and documented performance improvement. This process is designed to support student success while ensuring patient safety, professional accountability, and program integrity.

Progressive discipline applies to academic performance, clinical performance, and professional behavior.

Step 1: Verbal Counseling (Informal Intervention)

Verbal counseling is used for early or minor concerns, including but not limited to:

- Occasional tardiness or attendance concerns
- Unprofessional communication or behavior
- Minor safety, dress code, or preparation issues
- First-time performance or behavioral concerns

Process:

- Instructor meets with the student to identify the concern
- Expectations and corrective actions are reviewed
- Documentation of the meeting is placed in the student file

Step 2: Written Performance Improvement Plan and Program Probation

A Written Performance Improvement Plan (PIP) is initiated when concerns persist or when more serious issues occur.

The PIP includes:

- Clear description of identified concerns
- Reference to applicable program or institutional policies
- Specific corrective action plan and required remediation activities
- Defined timeline for reassessment, typically 2 to 4 weeks
- Required resources or support services as applicable
- Defined outcomes for noncompliance
- Signatures of the student, instructor, and Program Director

During this period, the student is placed on Program Probation and performance is actively monitored through scheduled check-ins.

Outcomes:

- Successful completion results in return to good standing

- Failure to meet requirements may result in program dismissal

Note: Students removed from a clinical site by an affiliated agency due to professionalism, safety, or conduct concerns are not eligible for a PIP and will receive a clinical course failure consistent with program policy.

Step 3: Program Dismissal

Program dismissal may occur under the following conditions:

- Failure to meet the terms of a PIP
- Serious academic, clinical, or professional misconduct
- Violation of patient safety, ethical standards, or program policies
- Behavior that places patients, peers, or staff at risk

Examples include:

- HIPAA violations or breach of confidentiality
- Falsification of clinical documentation or records
- Theft, harassment, or substance use during program activities
- Academic dishonesty
- Behavior that disrupts learning or compromises program integrity

Process:

- Review by the Program Director in consultation with the Director of Clinical Education, and Dean of Allied Health and/or Dean of STEM
- Written notice of dismissal provided to the student
- Right to appeal through the College Student Grievance and Due Process procedures

Appeals and Due Process

Students have the right to appeal academic and disciplinary decisions in accordance with Skyline College Due Process and Student Grievance policies. Appeals must follow institutional timelines and procedures.

Student Support Services and Resources

The Skyline College Respiratory Care Program is committed to supporting student success by providing access to academic, technological, financial, personal, and professional resources. Students are expected to utilize available institutional support services to support progression, retention, and successful completion of program requirements.

Technology Access Requirements

Students must have regular access to a computer, laptop, or tablet with reliable internet connectivity to complete coursework, clinical documentation, and program requirements.

- Equipment checkout is available through the Skyline College Library
    - https://skylinecollege.edu/library/
- Learning technology support is available for Canvas, Zoom, WebSMART, and student email systems

Academic Support Services

Students are expected to actively engage in academic support resources as needed.

- Skyline Learning Center
    - Tutoring in writing, reading, study skills, and general academic support
    - https://skylinecollege.edu/learningcenter/
- STEM Center
    - Academic support for science, technology, engineering, and mathematics coursework
    - Located in Building 7, 3rd Floor
    - https://skylinecollege.edu/stemcenter/
- Library Services
    - Research support, study spaces, and group study rooms
    - https://skylinecollege.edu/library/

Counseling and Academic Advising

Academic and personal counseling services are available to support student progression and well-being.

- Academic Counseling
    - Educational planning, course sequencing, and academic progress support
    - https://skylinecollege.edu/counseling/
- Personal Counseling / Mental Health Services
    - Short-term confidential counseling for stress, academic pressure, and personal concerns
    - https://skylinecollege.edu/healthandwellness/personalcounseling.php

Accessibility and Accommodations

The Educational Access Center (EAC) at Skyline College provides support services and academic accommodations for students with documented disabilities in accordance with applicable federal and state laws, including Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), as well as Skyline College and SMCCD policies.

The EAC is committed to ensuring equal access and providing reasonable accommodations to support student success in academic, clinical, and laboratory learning environments.

Student Responsibility

Students requesting accommodations are responsible for:

- Initiating contact with the Educational Access Center (EAC) to determine eligibility
- Providing appropriate documentation of a qualifying disability
- Working with EAC staff to develop and implement an approved accommodation plan
- Requesting official accommodation letters and sharing them with instructors as needed

Accommodation Process

Reasonable academic adjustments will be provided for eligible students with documented disabilities. Accommodations are determined through a collaborative process between the student and the EAC and are based on individual needs and program requirements.

Students who do not yet have an approved accommodation plan should contact the EAC as early as possible to avoid delays in receiving services.

Contact Information

Educational Access Center (EAC)
Skyline College, Building 5, Room 5-132
Phone: (650) 738-4280
Email: skyeac@smccd.edu
Website: https://skylinecollege.edu/educationalaccesscenter/

Students may also schedule appointments with an EAC counselor or learning disabilities specialist through the office front desk.

Basic Needs and Financial Support

Students experiencing financial hardship, food insecurity, or housing instability are encouraged to access support services early.

- SPARKPoint
    - Food pantry, CalFresh assistance, financial coaching, and benefits screening
    - https://skylinecollege.edu/sparkpoint/services/foodpantrycalfresh.php
- Basic Needs / The Grove Food Pantry
    - Food, toiletries, and essential student support items
- Financial Aid Office
    - FAFSA/Dream Act applications, grants, loans, scholarships, and emergency funds
    - https://skylinecollege.edu/financialaid/

Career and Transfer Services

- Career Services and Career Readiness Center
  - Resume development, interview preparation, job search support, and career exploration
  - https://skylinecollege.edu/careerservices/
- Transfer Center
  - CSU, UC, private, and out-of-state transfer planning and application support
  - https://skylinecollege.edu/transfercenter/

Child Development Center

Childcare and early education services are available for eligible students, staff, and community members.

- https://skylinecollege.edu/childdevelopmentcenter/
- Phone: 650-738-7071

Housing and Emergency Support

- Rapid Response Hotel Stay Program
  - Short-term emergency housing support for students experiencing housing insecurity
  - Administered through SMCCD Basic Needs Taskforce

Financial Aid, Scholarships, and Student Financial Support

Skyline College offers financial assistance programs to support eligible students in meeting educational expenses. Students are encouraged to explore all available funding options early, as respiratory care program demands may limit external work opportunities.

Financial Aid Eligibility and Support

Students may be eligible for federal and state financial aid, grants, loans, scholarships, and emergency funding. Eligibility is determined through the Financial Aid Office based on individual student circumstances.

Students are responsible for:

- Contacting the Financial Aid Office to determine eligibility for assistance
- Completing FAFSA or California Dream Act applications as applicable
- Maintaining awareness of financial aid requirements and deadlines

Financial Aid Office information:
https://skylinecollege.edu/financialaid/

Satisfactory Academic Progress (SAP)

To maintain financial aid eligibility at Skyline College, students must meet Satisfactory Academic Progress (SAP) requirements, including:

- Minimum cumulative GPA of 2.0
- Minimum cumulative completion rate of 67 percent
- Maximum of 90 attempted units

Students who do not meet SAP standards may be placed on warning or suspension and may submit an appeal if extenuating circumstances affected academic performance.

SAP policy and appeal process:
https://skylinecollege.edu/financialaid/satisfactoryacademicprogress.php

Program Academic Requirement Reminder

Students are reminded that progression in the Respiratory Care Program requires a minimum grade of 75 percent in all ASRC courses. Failure to meet program academic standards may impact both program progression and financial aid eligibility.

Additional Financial and Basic Needs Support

Due to the rigorous nature of the Respiratory Care Program, students may experience financial challenges while balancing academic and clinical requirements. The College provides additional support resources, including:

- SPARKPoint Financial Services
  Food pantry, CalFresh assistance, financial coaching, and benefits screening
  https://skylinecollege.edu/sparkpoint/services/foodpantrycalfresh.php
- Basic Needs Support (The Grove Food Pantry)
  Free groceries, toiletries, and essential student supplies
- Emergency financial support programs (as available through Skyline College)

Respiratory Care Related Grants and Scholarships

Scholarships also exist for respiratory care students. Here is a partial list:

- The Respiratory Care Therapy Scholarship Fund
- Skyline College Respiratory Care Scholarship Fund
- Lambda Beta Society
- American Association for Respiratory Care
- Breathe California – Bay Area
- California Society for Respiratory Care
- California Thoracic Society
- Kaiser Scholarship Foundation and Loan Program
- Grove Scholars Program

- Rotary Club of Palo Alto, Robert Smithwick Vocational Scholarships

Please contact the program director for more information regarding scholarships

Additional Institutional Resources

Students have access to the full range of Skyline College student support services, including but not limited to:

- Promise Scholars Program
- EOPS/CARE, CalWORKs, Foster Youth Services, TRIO
- Veterans Resource and Opportunity Center
- Equity and student success programs
- Learning communities and campus engagement programs

Important Academic Disclaimer

Policies, procedures, and services are subject to change in accordance with:

- Skyline College policies
- San Mateo County Community College District regulations
- California Code of Regulations Title 5
- CoARC accreditation standards
- Clinical affiliate requirements and healthcare regulatory standards

**Students are responsible for regularly reviewing official college publications and communicating with counselors or the Program Director for the most current information*.

Disclaimer and Handbook Revisions

This Student Program Handbook is intended to provide students with general information regarding the Associate of Science in Respiratory Care (ASRC) Program, including program requirements, policies, procedures, expectations, fees, and student resources. While every effort has been made to ensure the accuracy of the information contained herein, Skyline College, the San Mateo County Community College District (SMCCD), and the Respiratory Care Program reserve the right to revise, modify, amend, or discontinue any policy, procedure, requirement, curriculum, fee, or program component at any time.

Changes may be necessary to maintain compliance with Skyline College policies, SMCCD regulations, California Code of Regulations Title 5, CoARC accreditation standards, National Board for Respiratory Care (NBRC) requirements, clinical affiliate requirements, state or federal laws, and other applicable regulatory or accrediting agencies.

Students are responsible for remaining informed of current program and college requirements and should regularly review official college communications, program announcements, the Skyline College Catalog, the Respiratory Care Program website, and other official college resources. Students will be notified of substantive program changes through appropriate college or program communication channels.

APPENDIX A

Lottery Process

A.S. Respiratory Care

Program Lottery

If more applications are received than seats in the program, a Lottery is followed to randomly select a cohort and waitlist. The waitlisted applicants will be contacted if an admitted student doesn't complete the program requirements or chooses to not enroll in the program. In the A.S. Respiratory Care program, 25 applicants will be admitted to each cohort, with up to 15 applicants placed on a waitlist.

Lottery Protocol

Pool AA: Returning ASRC students who have previously completed at least one course with a passing grade and are re-enrolling to continue their progression in the program will be considered in Pool AA. Applicants in this pool receive three entries into the lottery, plus one additional entry for each year they reapply. Placement in the lottery ensures equitable access to limited program seats, and students selected will be enrolled in the appropriate course sequence to continue their studies. Students who fail their second attempt in any course are permanently dismissed from the program. Pool AA students who are not selected during the lottery will need to re-apply to the program to be part of a future cohort.

Pool A: Applicants who did not get accepted from Pool B the previous year move to Pool-A. A Pool-A applicant will receive two entries into the lottery, +1 additional entry for each annual reapplication. *Please note that you cannot "skip" pool B. You can only go from C to B, or from B to A.*

Pool B: New applicants with a completed application who successfully passed all prerequisite courses and submitted all official transcript(s) to SMCCD Transcript Evaluation Services by the application deadline.

Pool C: New applicants with a completed application but incomplete prerequisite courses by the application deadline. Pool C applicants may be considered if seats are still available after Pools A and B have been admitted. This is up to the Program Director's discretion.

Please Note

Any application submitted without the required official transcript(s) by the application deadline will be considered INCOMPLETE and will not be a part of the lottery.

Applications are only kept on file for one year. If you do not reapply the following year, a new, complete application will be required.

Respiratory Care (AS Degree) Application Dates: January 15 – June 15

Visit skylinecollege.edu/respiratorycare for more information.

APPENDIX B

CoARC Standards Alignment – Clinical Education and Placement Policy Mapping

CoARC Standards Alignment Mapping

Clinical Education and Placement Policy

CoARC Standard 3 – Resources (Clinical Education Resources, Affiliations, and Support Systems)

The Clinical Education and Placement Policy demonstrates compliance with CoARC Standard 3 through the following components:

3.A – Clinical Affiliate Resources and Capacity

- The program maintains formal clinical affiliate agreements across Northern California, the greater Bay Area, and expanded regional/out-of-region sites
- Clinical placement is based on affiliate availability and capacity to ensure sufficient clinical learning opportunities for all enrolled students
- Expansion of clinical partnerships supports ongoing adequacy of clinical training sites

3.B – Adequacy and Quality of Clinical Learning Environments

- Clinical sites are selected based on their ability to provide exposure to diverse patient populations and respiratory care services
- Sites must meet program requirements for supervision, safety, and learning outcomes
- Clinical affiliates provide environments consistent with entry-level respiratory care practice expectations

3.C – Qualified Clinical Instruction and Supervision

- Clinical education is supervised by credentialed clinical preceptors and coordinated by program faculty and the Director of Clinical Education
- Faculty oversight ensures alignment between clinical experiences and program competencies
- Students receive structured supervision in accordance with CoARC expectations for safe and effective clinical instruction

3.D – Equitable Access to Clinical Education

- Clinical placement is assigned based on educational needs rather than student preference or convenience
- The program ensures equitable distribution of clinical experiences across all students
- Geographic variability is inherent in maintaining equitable access to clinical learning opportunities

3.E – Support for Clinical Education Infrastructure

- The program coordinates placement logistics, clinical scheduling, and affiliate communication to ensure consistent access to clinical education
- Students are informed of expectations related to transportation, scheduling, and site requirements to support continuity of clinical learning

CoARC Standard 4 – Curriculum (Clinical Education Design, Delivery, and Outcomes)

The Clinical Education and Placement Policy demonstrates compliance with CoARC Standard 4 through the following components:

4.A – Structured Clinical Curriculum Design

- Clinical education is a required, sequenced component of the curriculum integrated with didactic and laboratory instruction
- Clinical rotations are intentionally aligned with course outcomes and progression benchmarks
- Students progress through structured clinical experiences designed to achieve entry-level competency

4.B – Supervised Clinical Practice and Competency Development

- Clinical experiences are directly linked to competency-based learning outcomes
- Students are evaluated on both technical skill acquisition and professional behavior in real clinical settings
- Clinical internships serve as capstone experiences to validate readiness for entry-level practice

4.C – Progressive Clinical Learning Experience

- Early and intermediate clinical rotations are embedded within coursework and occur concurrently with academic instruction
- The capstone internship (approximately 120 hours) provides concentrated, advanced clinical practice experience
- Clinical assignments increase in complexity as students progress through the program

4.D – Clinical Internship (Capstone Requirement)

- The 120-hour internship represents a summative clinical experience required for program completion
- Students may be assigned to regional, out-of-region, or affiliated extended sites based on program agreements and educational needs
- Internship placement supports synthesis of cognitive, psychomotor, and affective competencies required for entry-level practice

4.E – Student Evaluation and Professional Competency Assessment

- Students are evaluated in clinical settings on both clinical competency and professional behavior
- Assessment includes communication, safety, accountability, and adherence to clinical protocols
- Clinical performance contributes to progression decisions and program completion eligibility

4.F – Alignment With Entry-Level Practice Standards

- Clinical education is designed to ensure graduates meet expectations for entry-level respiratory care practice
- Experiences reflect real-world healthcare environments including acute care, specialty care, and diverse patient populations
- Program outcomes are aligned with CoARC expectations for workforce readiness and credentialing eligibility

Note: *This Clinical Education and Placement Policy ensures that all students are provided with equitable, structured, and supervised clinical learning experiences that meet CoARC requirements for:*

- Adequate and accessible clinical resources (Standard 3)
- A structured, competency-based clinical curriculum (Standard 4)
- Progressive development toward entry-level professional practice

CoARC Clinical Education Policy Crosswalk

Standards 3 & 4 Alignment Table

CoARC Standard	Policy Component	Evidence of Compliance	Location in Handbook
Standard 3.A – Clinical Affiliate Resources	Clinical Education and Placement Policy – Clinical Affiliate Network	Formal clinical affiliation agreements across Northern California, Bay Area, and expanded regional/out-of-region sites ensure sufficient clinical capacity for all enrolled students	Clinical Education and Placement Policy → Clinical Placement and Geographic Expectations
Standard 3.B – Quality of Clinical Sites	Clinical Site Selection and Placement Criteria	Sites are evaluated based on patient diversity, respiratory care services, supervision availability, and ability to support competency-based learning outcomes	Clinical Education and Placement Policy → Clinical Placement Principles
Standard 3.C – Qualified Clinical Instruction	Clinical Supervision Structure	Clinical instruction provided by credentialed preceptors with oversight by Program Director and Director of Clinical Education ensures safe, consistent supervision	Clinical Education and Placement Policy → Clinical Rotations During Coursework
Standard 3.D – Equitable Access to Clinical Education	Clinical Placement Assignment Policy	Students are assigned clinical sites based on educational needs and program requirements rather than preference or convenience	Clinical Education and Placement Policy → Clinical Assignment Principles
Standard 3.E – Clinical Education Infrastructure	Clinical Scheduling and Coordination Processes	Program coordinates clinical schedules, affiliate communication, and placement logistics to ensure consistent access to required clinical learning experiences	Clinical Education and Placement Policy → Student Responsibilities and Placement Logistics

CoARC Standard	Policy Component	Evidence of Compliance	Location in Handbook
Standard 4.A – Curriculum Design	Structured Clinical Education Sequence	Clinical education is embedded within the curriculum and sequenced to align with course outcomes and progression benchmarks	Clinical Education and Placement Policy → Clinical Rotations During Coursework
Standard 4.B – Supervised Clinical Practice	Competency-Based Clinical Instruction	Students engage in supervised clinical practice with direct evaluation of psychomotor, cognitive, and affective competencies in real clinical environments	Clinical Education and Placement Policy → Clinical Rotations During Coursework
Standard 4.C – Progressive Clinical Learning	Tiered Clinical Progression Model	Clinical experiences progress from foundational rotations to advanced practice culminating in the 120-hour capstone internship	Clinical Education and Placement Policy → Clinical Internship (Capstone Experience)
Standard 4.D – Clinical Internship (Capstone)	120-Hour Internship Requirement	Structured internship experience completed over 3–4 weeks at approved clinical sites including regional, out-of-region, and affiliated extended sites	Clinical Education and Placement Policy → Clinical Internship (Capstone Experience)
Standard 4.E – Clinical Evaluation and Assessment	Clinical Performance Evaluation System	Students are evaluated on clinical competencies and professional behaviors including safety, communication, and accountability	Clinical Education and Placement Policy → Student Responsibilities and Evaluation
Standard 4.F – Entry-Level Practice Preparation	Workforce Readiness Outcomes	Clinical education ensures graduates meet entry-level expectations for safe, competent respiratory care practice in diverse healthcare settings	Clinical Education and Placement Policy → Purpose and Scope

CoARC Standard	Policy Component	Evidence of Compliance	Location in Handbook
Program Effectiveness Linkage (Cross-Standard Integration)	Integrated Clinical Education System	Clinical education, evaluation, and placement policies are directly aligned with program learning outcomes and credentialing expectations (NBRC readiness)	Entire Clinical Education and Placement Policy

APPENDIX C

Degree-holders seeking Entry into Respiratory Care Professional Practice

PATHWAY: Bachelor's Degree to an Associate Degree

This pathway applies to students who have catalog rights beginning Fall 2016 and thereafter.

Student's Name: _____ G#_____

Students who wish to pursue an Associate Degree at Skyline College who have already been awarded a Bachelor's Degree from a regionally accredited college or university in the United States may be exempt from Skyline College's local Associate Degree General Education requirements. This pathway does not apply to the Associate Degrees for Transfer (AA-T or AS-T). Students must still complete a minimum of 12 units in residence at Skyline College. For the major, at least 12 units, or 50% of the units required for the major, whichever is fewer, must be completed at Skyline College. All other local requirements may be waived if the completed Bachelor's degree includes coursework that fulfills the Title 5 minimum requirements for the Associate Degree as noted below.

SKYLINE COLLEGE BACHELOR'S DEGREE TO ASSOCIATE DEGREE PATHWAYS CHECKLIST	
✓	**The student has met, or will meet, the following requirements, by the end of the semester:**
☐	Awarded a Bachelor's Degree from a regionally accredited college or university in the United States Note: Final transcripts must be in Banner at the time the Associate Degree application is submitted
☐	Complete 12 units in residence at Skyline College
☐	Meet the major requirement (12 units, or 50% of the required for the major, whichever is fewer, must be completed at Skyline College)
☐	Complete a minimum of 60-degree applicable units
☐	Complete a Freshman Composition course (equivalent to ENGL 100 or ENGL 105 at Skyline College)
☐	Complete an Intermediate Algebra course (equivalent to MATH 120 or higher at Skyline College)
☐	Complete 19 units of General Education to include: ☐ 6 semester units in English Language Communication and Critical Thinking ☐ 4 semester units in Scientific Inquiry (includes lab) ☐ 3 semester units in Arts and Humanities ☐ 3 semester units in Social Science ☐ 3 semester units in Lifelong Learning & Self Development or the aforementioned areas
☐	**Area F**: In general, any student who begins their academic work at either a CCC or CSU Fall 2021 and beyond will be required to complete the new general education requirements Area F.
☐	Confirm incoming official transcript(s) is in WebXtender
☐	Confirm that Transcript Evaluation Service (TES) has been requested.

Counselor's Note: _____

_____

Counselor's Name and Signature: _____

APPENDIX D

Bachelor of Science in Respiratory Care Program, as Degree Advancement

Bachelor of Science in Respiratory Care (BSRC) Program Overview

Why get your BSRC, and why at Skyline?

The Bachelor of Science in Respiratory Care program allows current students, recent graduates, and licensed Respiratory Care Practitioners (RCP) a pathway to complete a four-year degree. The program provides needed skills to enhance RCPs performance and professional advancement in today's healthcare environment. Increasingly, Respiratory Care Practitioners are taking on responsibilities, formerly conducted by physicians, requiring a distinguished level of critical thinking and analytical skills.	The Baccalaureate Degree Advancement in Respiratory Care at Skyline College is designed to equip respiratory care professionals with the advanced knowledge and skills necessary to pursue leadership and management positions, engage in health-related research, provide advanced-level patient care, and contribute to the field as educators. The program is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC). (Program Number: 510016)
Offered entirely online, the Bachelor of Science in Respiratory Care (BSRC) Program is structured to support the needs of working professionals. It promotes academic independence while providing structured guidance from experienced and dedicated faculty.	

1. The American Association for Respiratory Care (AARC) has collaborated with key stakeholders to initiate an effort to mandate that all respiratory therapists entering practice in **2033** and beyond possess at least a bachelor's degree and hold the National Board for Respiratory Care's (NBRC) Registered Respiratory Therapist (RRT) credential. This is currently an ongoing initiative in progress.
    a. https://www.aarc.org/wp-content/uploads/2019/09/issue-paper-entry-to-respiratory-therapy-practice-2030.pdf
2. Per The Respiratory Care Board (RCB) of California (October 2023):
    a. The RCB believes the opportunity for additional access to baccalaureate degree programs for California RCPs will help fill a void in training California's advanced respiratory care workforce and contribute to improved quality of healthcare for the public.
    b. Expansion of degrees in respiratory care beyond the associate degree level in California is supported by the RCB.
3. The Bachelor of Science in Respiratory Care program here at Skyline allows graduates of AS degree Respiratory Care programs and licensed Respiratory Care Practitioners (RCP) a pathway to complete their four-year degree without having to transfer to a four-year college or university.
    a. Our bachelor degree curriculum provides an advanced scope of practice with emphasis on advanced cardiopulmonary pathophysiology, advanced respiratory case management, advanced respiratory neonatal/pediatrics, health education in respiratory care, research methodology, quantitative principles, respiratory care sleep medicine, and respiratory care leadership and management.

b. There are approximately 35 programs in California with only a handful offering an educational pathway to baccalaureate degrees. Skyline College being one of them (Skyline CoARC Accreditation).

c. We are Affordable, Flexible, Fully Online, and High-Quality.

   i. The Skyline College BSRC Program has been established since baccalaureate Programs in Community Colleges in California have been approved.

BSRC Program Structure & Enrollment – At a Glance

Program Overview

The **Bachelor of Science in Respiratory Care (BSRC)** at Skyline College is a **100% fully online degree program** designed for **licensed Respiratory Care Practitioners** seeking academic and professional advancement. The program offers a **flexible, affordable, and accredited pathway** that supports working professionals balancing career, family, and life commitments.

Program Format

- Fully online (100% online)
- 13 total courses
- Most courses are 9 weeks (9-week Term)
- Capstone Project (RPTH B90): Full semester
- Self-paced enrollment model
  - Follow the courses offered per term, see below.
  - Academic Breaks: Winter and Summer breaks are observed
- Program completion: Approximately 2–3 years, depending on course load
- Winter and Summer breaks observed

Flexible, Self-Paced Scheduling

- Students may enroll in Spring or Fall
- Self-paced structure allows students to finish the program in a slow or fast pace:
  - Take one, two, or three courses at a time simultaneously (slower pace)
  - Per district policy, students can take up to 19 units per semester.
- Students are required to notify the BSRC Program Lead if they plan to:
  - Drop a course
  - Pause program participation

Affordability

- $46/unit – Lower-division coursework
- $130/unit – Upper-division coursework
- Additional costs may apply for books and supplies

Most course materials are provided by instructors through Zero Textbook Cost (ZTC) and Open Educational Resources (OER) and are available in most course's Canvas shells.

- Tuition-free for San Mateo County residents *(eligibility and fees subject to annual district policies)*
- Financial aid available through Skyline College Financial Aid Services

Application & Orientation

Fall Entry

- Application Period: January 15 – July 1
- Asynchronous Online Orientation: Mid–Late July
    - As a new applicant, Bachelors asynchronous online orientation completion is required prior to enrolling to any BSRC courses

Spring Entry

- Application Period: July 1 – November 1
- Asynchronous Online Orientation: Early–Mid December
    - As a new applicant, Bachelors asynchronous online orientation completion is required prior to enrolling to any BSRC courses

After completing college and program orientation, students will receive enrollment instructions and next steps from the Program Services Coordinator or Respiratory Care Program Director to ensure a smooth transition into the BSRC program.

Accreditation

Program Accreditation

The Bachelor of Science in Respiratory Care (BSRC) program at Skyline College (Program Number: 510016) currently holds **Continuing Accreditation** Status for a Degree Advancement (DA) Additional Track from the Commission on Accreditation for Respiratory Care (CoARC).

At its December 2025 meeting, CoARC voted to affirm Continuing Accreditation for the BS Degree Advancement Program in Respiratory Care at Skyline College. The program's maximum enrollment is approved for up to 70 students per calendar year.

This accreditation status reflects that the program has submitted a satisfactory Continuing Accreditation Self-Study Report (CSSR), fulfilled all required documentation, and successfully completed the site-visit evaluation. CoARC utilizes an outcomes-based accreditation model, focusing on whether programs meet established standards and effectively achieve their educational goals.

CoARC's accreditation review confirms that the program is in compliance with nationally established accreditation standards.

Upcoming Site Visit

As part of the ongoing accreditation process, the BSRC program at Skyline College is scheduled for its next CoARC site visit no later than 2030, which will assess the program's continued compliance with accreditation standards.

Institutional Accreditation

In addition to CoARC accreditation, Skyline College is accredited by:

- Accrediting Commission for Community and Junior Colleges (ACCJC), part of the Western Association of Schools and Colleges (WASC)
- Recognized by the Council for Higher Education Accreditation (CHEA)

State Accreditation

The California Community Colleges Chancellor's Office (CCCCO) and the Academic Affairs Division have also formally approved Skyline College to offer the Bachelor's Degree in Respiratory Therapy.

Academic Counseling and Degree Planning

Each student enrolled in the BSRC Program is strongly encouraged to meet regularly with an academic counselor to develop and maintain an up-to-date degree map. These meetings are essential for helping students stay on track for successful completion of the BSRC Degree Advancement, make informed decisions about course sequencing, and align their academic progress with graduation and career goals.

Regular check-ins with a counselor and the program director can also help identify opportunities for support, clarify program completion requirements, and provide guidance on academic progress throughout the program.

Minimum Eligibility Requirements to Enter the BSRC Program

Who is eligible to apply?

- Students who graduated from an Associate of Science in Respiratory Care Program from a CoARC accredited Program, and carries an Registered Respiratory Therapy (RRT) or Certified Respiratory Care Therapy (CRT) credential (see program policy for graduation below).

  OR
- Licensed Respiratory Care Practitioners (RCPs) who graduated from an Associate of Science in Respiratory Care Program from a CoARC accredited Program, and carries an Registered Respiratory Therapy (RRT) or Certified Respiratory Care Therapy (CRT) credential (see program policy for graduation below).

  AND

- Completion of a minimum of 30 units from the CSU General Education (GE) pattern, including the "Golden Four", and/or the Cal-GETC pattern (for candidates starting in Fall 2025).

Skyline College offers a clear and accessible pathway to the Bachelor of Science in Respiratory Care (BSRC) for students who have already earned an Associate's Degree from a Commission on Accreditation for Respiratory Care (CoARC)–accredited college or university in the United States. Students who have completed their associate degree within the last three years may be exempt from lower-division major coursework requirements, with the exception of three prerequisite courses: RPTH 450 – Respiratory Diseases II, RPTH 485 – Clinical Medicine Seminar and Professional Development, and RPTH 490 – Neonatal and Pediatric Respiratory Care. Eligibility and exemption for these prerequisite courses are determined through an individual transcript evaluation conducted by Transcript Evaluation Services.*

For more information, visit the District Transcript Evaluation Service website.

Minimum Requirements for the BSRC Program Completion

(120 semester units)

Completion of lower division Respiratory Care major coursework (or equivalent) as part of an accredited AS Degree.

Note: Coursework completed at another institution will be evaluated for equivalency.

Respiratory Care AS Degree Courseworks + Lower Division General Education Requirements (Associates Degree Level)	
Students with Catalog Rights Prior to Fall 2025	**Students with Catalog Rights from Fall 2025 to Present**
California State University General Education (CSU-GE) Requirement Mapping	California General Education Transfer Curriculum (Cal-GETC) Mapping
Area A – English Language Communication and Critical Thinking	**AREA 1**: English Communication **AREA 2**: Mathematics Concepts and Quantitative

Area B – Scientific Inquiry and Quantitative Reasoning **Area C** – Arts and Humanities **Area D** – Social Sciences **Area E** – Lifelong Learning and Self-Development **Area F** – Ethnic Studies	Reasoning **AREA 3**: Arts and Humanities **AREA 4**: Social and Behavioral Sciences **AREA 5**: Physical and Biological Sciences **AREA 6**: Ethnic Studies

+Bachelor's Degree Level - Respiratory Care Upper Division Major Courseworks:

BS Program Upper Division Respiratory Care Courses	BSRC Program Upper Division General Education Courses
RPTH B10 – Advanced Cardiopulmonary Respiratory Care (3 units) RPTH B15 – Sleep Medicine and Respiratory Care (3 units) RPTH B20 – Advanced Respiratory Case Management (3 units) RPTH B30 – Principles of Health Education (3 units) RPTH B40 – Health Care Research Design and Methodology (3 units) RPTH B50 – Respiratory Care Leadership and Management I (3 units) RPTH B52 – Respiratory Care Leadership and Management II (3 units) RPTH B60 – Advanced Neonatal/Pediatric Respiratory Care (3 units) RPTH B90 – Respiratory Care Capstone Project (4 units)	COMM B10 – Health Communication (3 units) SOSC B10 – Public Health Policy (3 units) COUN B10 – Multicultural Human Relations (3 units) SOCI B10 – Intersectionality and Citizenship (3 units)

Understanding General Education (GE) & Graduation Requirements for BSRC Students

Students with an AS Degree in Respiratory Care from a COARC accredited college will meet the Skyline College local GE requirements (via the Associate to Associate Pathway policy); however, to graduate they will need to complete the Cal-GETC general education pattern. The notes in Columns C and D identify the Cal-GETC Area requirements they will likely need to complete after their transcript is evaluated and before they can graduate with a BS Degree.

GE Area Requirement	Skyline GE	Cal-GETC (2025-26 catalog rights and later)	Cal-GETC Remaining units
1 - English Communication	English Composition *1 course - 3 units*	English Composition *1 course - 3 units*	
	Oral Communication and Critical Thinking *1 course – 3 units*	Critical Thinking and Composition *1 course – 3 units*	Students would either need to complete an Oral Comm course or a Critical Thinking and Composition course, depending on what they transferred in.
		Oral Communication *1 course – 3 units*	
2 - Mathematical Concepts and Quantitative Reasoning	*1 course – 3 units*	*1 course – 3 units*	
3 – Arts and Humanities	Arts and Humanities *1 course - 3 units*	Arts *1 course - 3 units*	Students would either need to complete an Arts or Humanities course, depending on what they transferred in.
		Humanities *1 course - 3 units*	
4 - Social and Behavioral Sciences	*1 course – 3 units*	*2 courses from 2 disciplines – 6 units*	Students would need to complete a second Social and Behavioral Science course from a different discipline than the first course that was transferred in.
5 – Physical and Biological Sciences	Natural Sciences (Physical or Life Sciences) *1 course - 3 units*	Physical Science *1 course - 3 units*	
		Biological Science *1 course - 3 units*	Students would either need to complete a Biological or Physical Science course, depending on what they transferred in.
		Laboratory for Phys/Bio Science - 1 unit	At least one science course is required to have a lab.

6 – Ethnic Studies	*1 course – 3 units*	*1 course – 3 units*	Most students will have to take this course because it will be uncommon for a transfer course, unless it's from another CCC, to meet the requirements of this Area.
7 - Kinesiology Activity, Personal Development and Wellness	*3 units (minimum of 1 unit from 7A Activity)*	Not required	Not required for Cal-GETC
Total GE Units Required	**24**	**34**	

Summary BSRC Program Completion Minimum Requirements:

The BSRC program is fully aligned with the degree standards established by the California Community Colleges Chancellor's Office and the California Community College Baccalaureate Degree Program (CCC-BDP) Committee, ensuring full compliance with both state and regional accreditation requirements.

The program consists of a total of 120 semester units, distributed as follows:

At the Associate Level, this includes: ● 46 units of Respiratory Care (ASRC) major coursework ● 34 General education courses fulfilling Cal-GETC (California General Education Transfer Curriculum) requirements.	**At the Bachelor Level**, this includes: A minimum of 40 semester units, which consist of the BSRC upper-division major coursework and upper-division general education.

Important: This course list should be used as a general guide only. Students should consult with the Skyline College Counseling Department to confirm specific graduation requirements based on individual catalog rights.

Resources:

Skyline General Education Webpage:

- https://skylinecollege.edu/transfercenter/generaleducation.php

California Community Colleges Chancellor's Office | Program and Course Handbook

- https://www.cccco.edu/-/media/CCCCO-Website/docs/curriculum/program-course-approval-handbook-8th-edition.pdf

Bachelor of Science in Respiratory Care

Courses Offered in Sequence

SPRING SEMESTER

January – March

- **RPTH B50** – *Respiratory Care Leadership and Management I* (3.0 units)
- **RPTH B15** – *Sleep Medicine and Respiratory Care* (3.0 units)
- **COUN B10** – *Multicultural Human Relations* (3.0 units)

March – May

- **RPTH B52** – Respiratory Care Leadership and Management II (3.0 units)
- **RPTH B20** – Advanced Respiratory Case Management (3.0 units)
- **SOCI B10** – Intersectionality and Citizenship (3.0 units)

FALL SEMESTER

August - October

- **RPTH B10** – Advanced Cardiopulmonary (3.0 units)
- **RPTH B40** – Health Care Research Design and Methodology (3.0 units)
- **RPTH B60** – Advanced Neonatal and Pediatric Respiratory Care (3.0 units)

October - December

- **RPTH B30** – Principles of Health Education (3.0 units)
- **COMM B10** – Health Communication (3.0 units)
- **SOSC B10** – Public Health Policy (3.0 units)

SPRING CAPSTONE

Prerequisite: RPTH B10, RPTH B15 RPTH B20 RPTH B30 RPTH B40 RPTH B50 RPTH B52 RPTH B60 COMM B10, and SOSC B10

January – May (Semester Long)

- **RPTH B90** – *Capstone Project* (4.0 units)

Registered Respiratory Therapist (RRT) Credential Requirement

According to the CoARC Degree Advancement Standards, degree advancement students entering without the RRT credential must achieve RRT prior to graduation.

Bachelor of Science in Respiratory Care (BSRC) Program

The Bachelor of Science in Respiratory Care (BSRC) Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC) as a Degree Advancement (DA) Program and must comply with the CoARC Degree Advancement Standards **(Effective January 1, 2026).**

CoARC Requirement

In accordance with the CoARC DA Standards – Section DA1.5 and DA3.8 (ACCREDITATION STANDARDS FOR DEGREE ADVANCEMENT (DA) PROGRAMS IN RESPIRATORY CARE):

"All degree advancement students must have graduated from a CoARC-accredited Entry into Respiratory Care Professional Practice degree program or hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential and the NBRC RRT credential prior to admission. Additionally, students who do not have the RRT credential upon admission to the program may be admitted as a CRT; however, prior to graduation they must achieve the RRT credential."

Reference:

- https://coarc.com/wp-content/uploads/2026/01/CoARC-DA-Standards-1.1.2026.pdf

This standard establishes the RRT credential as a required professional benchmark for completion of the CoARC-accredited Degree Advancement program.

Program Completion Policy

Consistent with CoARC Standard Section DA1.5 and DA3.8 (ACCREDITATION STANDARDS FOR DEGREE ADVANCEMENT (DA) PROGRAMS IN RESPIRATORY CARE):

- Students entering the BSRC Program without the RRT credential (e.g., holding CRT status) are permitted to enroll.
- However, proof of active RRT credential status must be submitted prior to program completion and degree conferral.
- Failure to obtain and verify RRT credentialing prior to graduation may delay degree clearance.

Professional Rationale

The BSRC degree is designed to advance the knowledge, leadership capacity, and professional scope of credentialed respiratory therapists. The RRT credential represents the nationally recognized standard for advanced clinical competence and serves as the foundational professional credential upon which baccalaureate education builds.

Students are strongly encouraged to plan accordingly for examination preparation, scheduling, and timely credential attainment.

For questions regarding credential verification or documentation procedures, students should contact the Program Director.

Transcript Submission & Evaluation Policy

(Required for BSRC Graduation Clearance)

To ensure a smooth and timely graduation application and degree conferral process, students must verify that all external coursework has been officially evaluated.

1. External Coursework Requirement

If you have completed coursework at an institution outside of Skyline College, College of San Mateo, or Cañada College, you are required to submit official transcripts for evaluation.

This includes:

- General Education (GE) coursework
- Associate degree coursework
- Any transfer-level classes completed at another college or university

All external transcripts must be evaluated through Transcript Evaluation Services (TES).

2. Purpose of TES Evaluation

Transcript Evaluation Services (TES) provides an official review of coursework completed outside of the SMCCD district.

Once TES completes the evaluation:

- Your academic record will be updated.
- Your DegreeWorks audit will accurately reflect your remaining degree requirements.
- Your eligibility for graduation clearance can be properly verified.

Failure to submit official transcripts in a timely manner may delay degree conferral.

3. Submission Instructions

At your earliest convenience, please arrange for your Official Transcripts from all external institutions to be sent to:

transevaluation@smccd.edu

Students are responsible for ensuring transcripts are sent and received.
If you have already submitted transcripts and wish to check the status of your evaluation, you may submit a TES Contact Form:
🔗 https://smccd.edu/transcript/contact-us.php
For additional information regarding the TES process, please visit:
🔗 https://smccd.edu/transcript/transcript%20evaluation%20process.php

BSRC Program Goal

To provide graduates of entry-level respiratory care professional practice degree programs with additional knowledge, skills, and attributes in leadership, management, education, research, and/or advanced clinical practice. These enhancements will enable them to meet their current professional goals and prepare them for practice as advanced-degree respiratory therapists.

BSRC Program Student Learning Outcomes (PSLOs)

Upon completion of the degree requirements, students will be able to:

- Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
- Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
- Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
- Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.

Outcomes Measurements and Evaluation Tools

Program Outcomes

The program assesses and reports annually the following items:

Commission on Accreditation for Respiratory Care (CoARC) Degree Advancement (DA) Annual Reporting:

- Overall Graduate Satisfaction
- Overall Personnel-Program Satisfaction
- Overall Student-Program Satisfaction
- CoARC DA Annual Resource Assessment Matrix Report
- CoARC DA Annual Expected Student Learning Outcomes (ESLOs) Report
- Recruitment and Enrollment
- Attrition/Retention Rates

Professional Outcomes

Professional advancement outcomes are measured by:

- Achievement of NBRC advanced credentials (NPS, ACCS, RPFT, SDS, AE-C)
- Advancement to a graduate degree (e.g., MSRC, MHA, MBA, M.Ed., etc.)
- Promotion to leadership roles, research positions, or academic appointments
- Securing positions in healthcare education or at medical institutions

Textbooks and Supplies

Learning will take place in a fully online, asynchronous environment through Canvas, Skyline College's learning management system (LMS).

As part of our ongoing efforts to make the program more affordable, we are actively transitioning most BSRC courses to Zero Textbook Cost (ZTC) status and utilizing Open Educational Resources (OER). While this initiative is still in progress, most course materials, including textbooks, articles, and other instructional resources, will be provided at no cost by the instructor and made available within each course's Canvas shell or through Skyline's Library eBooks.

However, some courses may still require textbooks, which can be purchased through the Skyline College Bookstore or online. These textbooks are carefully selected and will serve as valuable resources throughout your academic and professional journey.

Estimated Textbook Costs: Expect to spend approximately $150 to $300 per term on required materials, if applicable.

Technology and Devices

A PC, Mac, or tablet with videoconferencing capability is recommended for engaging effectively in office hours, virtual meetings, and course-related activities. For optimal performance in accessing applications, participating in meetings, and completing assignments, a laptop or desktop computer is highly recommended.

Canvas is compatible with Windows, Mac, Linux, iOS, Android, and any device with a supported web browser. More information can be found here: Skyline Online Education

Additionally, Microsoft Office Suite is required to complete assignments and projects. Students can access a discounted version through the San Mateo Community College District via the following link: CollegeBuys

Summary of Baccalaureate Respiratory Care Program Curriculum and Course Student Learning Outcomes

Course Title/Units/Hours and Prerequisite	Course Description	Course Student Learning Outcomes (SLOs)
RPTH B10 – Advanced Cardiopulmonary Care (3 units) *Hours/semester: 48-54 lecture.* ***Prerequisite:*** *Admission to the Bachelor of Science in Respiratory Care Program*	Provides an analytical framework through which students will expand their knowledge of respiratory diseases, diagnostic procedures, and symptom management. Includes detailed assessment of cardiopulmonary and neuro respiratory diseases, performance of diagnostic testing, medical interventions, and analysis of treatment benefits.	1. Evaluate and apply advanced cardiopulmonary diagnostic procedures and medical interventions performed by respiratory care practitioners. 2. Analyze disease-specific treatment options in cardiopulmonary and neuro respiratory care and recommend modifications based on evidence- based practice. 3. Create a care plan for a patient with a cardiopulmonary or a neuro respiratory disease process. 4. Practice interprofessional communication and collaboration in the care of patients with an advanced cardiopulmonary disease.
RPTH B15 – Sleep Medicine and Respiratory Care (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Prepares students to apply polysomnography to diagnose sleep disorders. Students will gain knowledge and skills related to the normal development of sleep patterns and demonstrate the ability to identify specific sleep disorders as well as score sleep stages and respiratory patterns. Emphasis is placed on pediatric and adult assessment, monitoring, and sleep disorders.	1. Interpret and analyze patient sleep disorders and their characteristics. 2. Identify and apply appropriate tools and strategies for recording physiologic data during sleep studies including the montage and equipment selection, and mechanical and physiologic calibrations. 3. Apply management strategies to titrate continuous positive airway pressure, bilevel positive airway pressure, adaptive servo ventilation, noninvasive positive-pressure ventilation, and supplemental oxygen to achieve optimal outcomes.
RPTH B20 – Advanced Respiratory Case Management (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the*	Applied case management in Respiratory Care highlighting facilitation, integration, coordination and transition of patients through the continuum	1. Analyze patient case management plans created by the healthcare delivery team to coordinate resources and services necessary to accomplish client goals.

Bachelor of Science in Respiratory Care Program	of care. Students effectively apply strategies for collaboration between the case manager, the client, the payer and appropriate service personnel, in order to optimize the outcome while maintaining client privacy and confidentiality, health, and safety through advocacy and adherence to ethical, legal, accreditation, certification and regulator standards or guidelines.	2. Identify and apply strategies for assessing, planning, implementing, coordinating, monitoring, and evaluating options and services to promote quality and cost-effective outcomes. 3. Apply professional practice principles such as confidentiality, legal and regulatory requirements, risk management, interpersonal communication, conflict resolution, and negotiation strategies in the context of the case management process.
RPTH B30 – Principles of Health Education (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Provides an analytical framework to teach adult learning theory and prepare the student to teach effectively in healthcare and classroom settings. Topics include learning styles, curriculum development, effective teaching techniques, and assessment of learning.	1. Apply child and adult learning theory to the creation and delivery of health care related curriculum. 2. Develop a lesson plan that includes outcomes, objectives, content, skills and abilities. 3. Develop an effective assessment tool for assessing lesson plan outcomes.
RPTH B40 – Health Care Research Design and Methodology (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Analysis of research design and methodology in health care and health sciences. Emphasis will include research evaluation and interpretation of results, design methodology, the planning and approval process, data collection and analysis, and communication and presentation of the results.	1. Critically review, analyze, and interpret published research. 2. Develop research design, conduct or review a study, critically assess and perform analysis of quality measurement.
RPTH B50 – Respiratory Care Leadership and Management I (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Leadership and management theories in effective practices in the healthcare setting. Organizational structure of current healthcare models are discussed. Emphasis is placed on development of skills in leadership, communication,	1. Articulate a working foundation of leadership practices and theories for leading people and health organizations. 2. Integrate behaviors and actions of successful leaders and develop an individual current or future leadership style. 3. Apply management strategies to

	time management, problem solving, motivation and other critical competencies. Specific attention is focused on the role of leadership, along with specific functions and operations, in a Respiratory Care Department.	various operational procedures and functions of the Respiratory Care department and other related departments.
RPTH B52 – Respiratory Care Leadership and Management II (3 units) *Hours/semester: 48-54 lecture. Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Application of advanced level of skills learned in Respiratory Care Leadership and Management I through case based model approach in various aspects of providing respiratory health care management. Students will identify and apply strategic models to analyze problems, formulate solutions, and make sound decisions.	1. Make inferences and draw conclusions relative to leadership and management skills within the healthcare organization or industry. 2. Integrate the tenets of various theoretical constructs and strategic models to make decisions, solve problems, and develop plans. 3. Distinguish the difference between leadership and management and use that knowledge to make strategic decisions and enhance organizational efficiencies and effectiveness through the development and implementation of plans. 4. Critically reflect on the application of theoretical constructs and strategic methodologies that support peak performance in teams
RPTH B60 – Advanced Neonatal and Pediatric Respiratory Care (3 units) *Hours/semester 24.0-27.0 Lecture hours;* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Advanced concepts of neonatal and pediatric respiratory care. Emphasis placed on neonatal and pediatric pathophysiology and on specific therapeutic needs of neonates and children. Students will demonstrate competence in assessment skills, formulation of treatment plans, and application of specific respiratory care modalities for neonatal and pediatric patients.	1. Differentiate approaches to care between neonatal/pediatric and adult patients. 2. Distinguish and apply appropriate advanced medical treatments and modalities which can be utilized to appropriately care for neonatal and pediatric patients.
RPTH B90 – Respiratory Care	Capstone course in Respiratory	1. Draw on multiple

Capstone Project (4 units) *Hours/semester: 128.0 Field Experience Hours.* *Prerequisite: RPTH B10, RPTH B15 RPTH B20 RPTH B30 RPTH B40 RPTH B50 RPTH B52 RPTH B60 COMM B10, and SOSC B10*	Care focused in areas of advanced cardiopulmonary respiratory care, leadership and management, case management, research, education, or other special areas of interest. Students will identify and complete a project applying knowledge and skills learned in the program. Projects will be developed in collaboration with faculty and community members and are aligned with student areas of interest. Transfer credit: CSU.	evidence-based practice sources of analysis, research, and critical thinking across the curriculum to develop addressing a problem and completing a project. 2. Develop a project plan for addressing the research question, issues, problem or need. 3. Evaluate project methods, findings, and outcomes. 4. Present orally and in writing the full breadth of knowledge gained through the Respiratory Care program, focusing on one or more subject areas: cardiopulmonary pathophysiology, case management, health education, research methodology, and/or respiratory care leadership and management.

What is a Capstone Project?

- The capstone project serves as a culminating experience for students, allowing them to demonstrate the cumulative knowledge and skills acquired throughout their academic program. It provides an opportunity to integrate and apply learning to real-world projects or problems aligned with students' areas of interest. Through the capstone project, students identify and complete a project that involves conducting research, analyzing data, proposing solutions, and presenting findings to faculty, peers, or external stakeholders. Projects are developed collaboratively with faculty and community partners. Ultimately, the capstone project showcases students' readiness for professional and academic advancement by demonstrating their ability to address complex challenges and produce meaningful outcomes.

Upper General Education Courses		
COUN B10 – Multicultural Human Relations (3 units) *Hours/semester: 48-54 lecture.* *Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Designed to engage students in an evolving process of developing greater self and cultural awareness that will help inform how we work with communities specific to various professional settings. Examination of various intersectionalities such as ethnicity, gender, class, sexual orientation, and generational identity and the effects that the dynamics of power and privilege	1. Analyze multiple identities through the lens of intersectionality such as ethnicity, gender, class, sexual orientation, and generational identity. 2. Utilize tools and strategies for intercultural communication and conflict resolution to appropriately work with communities specific to various professional

	have on systemic oppression. Also utilizes a psychosocial perspective to explore various theoretical frameworks that strive for greater cultural competency throughout their professional development.	settings 3. Transform theories to practice when addressing systems of oppression that are underlying in their professional settings
COMM B10 – HEALTH COMMUNICATION (3 units) *Hours/semester: 48-54 lecture. Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Critical exploration of health communication concepts, theories, research methods, cases, and other practices applied in addressing real-world health issues, administration, and decision-making. Addresses health communication approaches in the planning, implementation, and evaluation of health promotion and behavior change campaigns.	1. Analyze and discuss the theories, models, and organizational issues and strategies in healthcare. 2. Examine and assess health promotion materials and behavior change campaigns. 3. Research, design and cohesively present a team health promotion.
SOCI B10 – Intersectionality and Citizenship (3 units) *Hours/semester: 48-54 lecture. Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Exploration of the intersection of identities: race, ethnicity, socioeconomic class, gender, and citizenship status. Students will explore and analyze how race and ethnicity are socially constructed and intersect with identities such as class and gender. Provides students theoretical frameworks for assessing these constructs and their consequences.	1. Recognize and demonstrate a knowledge of sociological perspectives and theories relating to the social constructs of race and ethnicity in the United States. 2. Appraise the constructs of race and ethnicity in the context of intersectionality (the intersection of identities of race, ethnicity, gender, socioeconomic class, citizenship status). 3. Assess and articulate theories and concepts on race and ethnicity through written and verbal presentation. 4. Evaluate current social issues and debates

		regarding race and ethnicity through the use of the sociological imagination.
SOSC B10 – Public Health Policy (3 units) *Hours/semester: 48-54 lecture. Prerequisite: Admission to the Bachelor of Science in Respiratory Care Program*	Exploration of health policy and management core topics in the study of health and health care delivery. An interdisciplinary approach will be used that emphasizes diverse perspectives on health care policy in the U.S. Students will develop an understanding of fundamental ideas and problems in the areas of health and medical care.	1. Appraise healthcare policy and programs from sociological, political, economic, legal, and ethical perspectives. 2. Summarize and discuss contemporary health policy problems and issues. 3. Develop and evaluate possible solutions to important healthcare problems.

Course Rubrics and Program Grading Threshold

Each course within the Bachelor of Science in Respiratory Care (BSRC) program includes its own specific rubrics tailored to the course content, outcomes, and assignments. These rubrics are developed by the instructor of record based on the course's unique specialty area and are available within each course's Canvas shell. Students are encouraged to review the rubric for each assignment to understand how their work will be evaluated and to support their academic success.

To maintain satisfactory academic progress toward completion of the BSRC Degree Advancement Program at Skyline College, students must achieve a minimum final grade of 70% in each course. In addition, Student Learning Outcomes (SLOs) are assessed through specific assignments and learning activities embedded within each course. These targeted assessments, outlined in the course rubrics, provide direct evidence of student competency and alignment with program-level outcomes. Successful performance in these outcome-based assessments is essential for demonstrating competency and advancing through the program.

For more details, please refer to the BSRC Program Webpage, which can be found on: https://skylinecollege.edu/respiratorycarebachelors/.

Sample Five-Year Pathway Planning Guide

The pathway planning guide provided below by the Respiratory Care Department is intended as an advising resource for prospective and current students interested in completing the Associate of Science in Respiratory Care (ASRC) degree and subsequently advancing into the Bachelor of Science in Respiratory Care (BSRC) degree program.

This pathway represents only one possible educational route and is designed for students who wish to complete prerequisite coursework, earn the ASRC degree, and continue directly into the BSRC program within approximately five years. The sequence shown reflects a structured and scaffolded progression of coursework intended to support student success.

Students should be aware that ASRC courses are offered in a prescribed cohort sequence and are generally available only during designated semesters. Because respiratory care courses build upon knowledge and skills developed in previous semesters, students are expected to follow the ASRC curriculum sequence as outlined by the program.

In contrast, the BSRC program offers substantially greater flexibility. Students may choose to enroll in courses on a part-time basis while balancing employment, family responsibilities, and other commitments, or they may elect to take a more accelerated course load. Depending on individual circumstances, students may complete the BSRC degree in a shorter or longer timeframe than the pathway presented.

Accordingly, the pathway planning guide should not be interpreted as the only method of completing the Respiratory Care educational pathway. Individual educational plans may vary based on prior coursework, transfer credits, General Education requirements, course availability, personal goals, and academic advising recommendations.

Students are strongly encouraged to meet regularly with a counselor and the Respiratory Care Program to develop an educational plan that best supports their individual academic and career objectives.

Pathway Guideline From ASRC Entry-into-Practice to BSRC Degree Advancement 5-year-plan

(From High School Graduate to Respiratory Care Practitioner with a BSRC Degree)

Pre-requisites	*Fall Semester*	Area 1A: English Composition - ENGL C1000 (3), ENGL 105, or equivalent	Area 2: Math - STAT C1000 (4)	Area 5A: Chemistry (with lab) – CHEM 192 (4) or CHEM 410 (4)	Area 5B: Microbiology - BIOL 240 (4) or equivalent	15 Units
	Spring Semester	Area 5B/C: Human Anatomy (with lab) – BIOL 250 (4) or equivalent	Area 5B: Human Physiology (with lab) – BIOL 260 (5) or equivalent	Medical Terminology – HSCI 484 (3) or equivalent	# Area 4A: - Social and Behavioral Sciences (3 units)	15 Units
Application OPEN from January to June 15	Apply for the AS Respiratory Care Program					
RPTH CORE Courses	*Fall Year One*	* RPTH 410 (3) - Introduction to Patient Care & Respiratory Assessment Techniques	RPTH 415 (2) - Respiratory Pharmacology	RPTH 420 (3) - Application of Cardiopulmonary Anatomy & Physiology	RPTH 445 (2) - Respiratory Diseases I	10 Units
RPTH CORE Courses	*Spring Year One*	* RPTH 430 (6) - Introduction to Respiratory Therapeutics	^ RPTH 438 (1) - Clinical Clerkship I	RPTH 450 (3) - Respiratory Diseases II	Area 7A: Kinesiology (3 units)	13 units
RPTH CORE Courses	*Summer Year One*	^ RPTH 448 (2.5) - Clinical Clerkship II	Area 1B: (3 units)	Area 3A: (3 units)		8.5 Units
RPTH CORE Courses	*Fall Year Two*	^ RPTH 458 (5) - Clinical Clerkship III	* RPTH 460 (3) - Respiratory Critical Care	* RPTH 490 (3) - Neonatal and Pediatric Respiratory Care	Area 6: Ethnic Studies (3 units)	14 units

RPTH CORE Courses	*Spring Year Two*	RPTH 480 (2) - Diagnostic/ Interventional Procedures & Outpatient Respiratory Care	RPTH 485 (2) - Clinical Medicine Seminar and Professional Development	^$ RPTH 488 (6.5) - Clinical Rotation IV and Respiratory Care Internship	RPTH 495 (2) - Respiratory Care Board Exam Preparation and Review	12.5 Units
FYI: College Commencement (Month of May)	Apply for the ASRC Degree Conferral in Early Spring + Apply for the BSRC program for Fall Entry (Application OPEN from January to July 1st)					n/a
NBRC.ORG	*Summer Year Two*	Take the NBRC RT Exam				n/a
RCB.CA.GOV	Apply for the Respiratory Care Board (RCP) License After Passing NBRC RT Exam					n/a
RPTH CORE Courses	*Fall Year Three*	RPTH B10 (3)	Area 1C: (3 unites)	RPTH B30 (3)		9 units
RPTH CORE Courses	*Spring Year Three*	RPTH B15 (3)	RPTH B50 - (3)	RPTH B20 (3)	RPTH B52 (3)	12 units
RPTH CORE Courses	*Summer Year Three*	Area 3B: (3 units)	Area 4B: (3 units)			6 units
RPTH CORE Courses	*Fall Year Four*	RPTH B40 (3)	RPTH B60 (3)	SOSC B10 (3)	COMM B10 (3)	12 units
RPTH CORE Courses	*Spring Year Four*	RPTH B90 (4)	COUN B10 (3)	SOCI B10 (3)		10 units
College Commencement (Month of May)	Apply for the BSRC Degree Conferral in Early Spring					n/a
Legend:	^$ = Includes a Clinical Rotation and Internship Portion		^ = Clinical Rotation	* = Includes a Lab Portion	# = Not a pre-requisite for RT program, but recommended as part of AS degree	

BSRC PSLO/ESLO Competency Framing & Validation

In the Skyline BSRC Degree Advancement Program, the term Program Student Learning Outcomes (PSLOs) and the CoARC's Expected Student Learning Outcomes (ESLOs) are considered synonymous. These outcomes are framed as student competencies to be achieved by program completion. Each PSLO is introduced, reinforced, and ultimately mastered through Capstone work evaluated using rubrics aligned to each PSLO.

The successful completion of the Respiratory Care Capstone Project in the RPTH B90 course signifies mastery of all four Program Student Learning Outcomes (PSLOs), as outlined below: *(see details on the next page)*

- **PSLO #1:** Specialized Interventions
- **PSLO #2:** Evidence-Based Practice
- **PSLO #3:** Healthcare Leadership
- **PSLO #4:** Professional Communication

Each of these outcomes is intentionally embedded within the structure and objectives of the Capstone Project. As a result, students who complete RPTH B90 Capstone Project will have demonstrated proficiency at the mastery level across all four PSLOs..

The Respiratory Care Program Advisory Committee (PAC) board and clinical partners will continue to be consulted to ensure alignment with professional and workplace expectations.

PSLOs are published on:

- Program website
- BSRC Student handbook
- Other (*Ex: Course syllabi*)

Program Student Learning Outcomes (PSLOs) describe the essential skills and knowledge that graduates of the BSRC program are expected to demonstrate.
These are mapped across the curriculum to ensure that students are introduced to, develop, and ultimately master each outcome.

Program Student Learning Outcomes (PSLOs)

Upon completion of program degree requirements, students will be able to:

- **PSLO #1**

  Specialized Interventions
  - Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.

- **PSLO #2**
  Evidence-Based Practice
    - Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
- **PSLO #3**
  Healthcare Leadership
    - Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
- **PSLO #4**
  Professional Communication
    - Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.

Legend for PSLO Levels:

- **"I" – Introduced**
- **"D" – Developed**
- **"M" – Mastered**

Definitions:

- **Introduce:** The course or point in the curriculum where the PSLO is first introduced.*
- **Develop:** The course or point in the curriculum where the PSLO is further developed and reinforced.*
- **Master:** The specific course assignment where students demonstrate mastery of the PSLO.
    - Note: Mastery will be demonstrated through a specific assignment evaluated by a rubric.

PSLO Mapping and Assessment Plan

Curriculum Mapping – Introduced, Developed, Mastered:

Course	PSLO #1 Specialized Interventions	PSLO #2 Evidence-Based Practice	PSLO #3 Healthcare Leadership	PSLO #4 Professional Communication
RPTH B10 – Advanced Cardiopulmonary Care	**I**	**I**		
RPTH B15 – Sleep Medicine and Respiratory Care	**I**	**I**		
RPTH B20 – Advanced Respiratory Case Management	**I**	**I**		

RPTH B30 – Principles of Health Education		**I**		**I**
RPTH B40 – Health Care Research Design and Methodology		**D**		
RPTH B60 – Advanced Neonatal and Pediatric Respiratory Care	**D**	**D**		
RPTH B50 – Leadership and Management I			**D**	
RPTH B52 – Leadership and Management II			**D**	
COMM B10 – Health Communication			**D**	**D**
SOSC B10 – Public Health Policy			**D**	**D**
COUN B10 – Multicultural Human Relations				**D**
SOCI B10 – Intersectionality and Citizenship				**D**
RPTH B90 – Capstone Project	**M**	**M**	**M**	**M**

Assessment Plan:

Direct Measure:

- Final Capstone Project assignment evaluated using a rubric.
- Benchmark for Criterion Successfully Met: 80% of students will score at least 70%.

Indirect Measure:

- Graduate exit survey with self-assessment of PSLO achievement.

Remediation Plan:

Capstone Mastery Stage:

- Students scoring below 70% on any PSLO-aligned assignment must:

- Receive feedback and are required to revise their assignments using the provided feedback(s) from the instructor throughout the course.
- Revised assignments must be submitted within the course timeframe and prior to final grade submission.
- Students must also attend coaching sessions.
- If the final grade remains below 70% after the second submission attempt, the student will receive a failing grade and will need to retake the course

- Faculty Response:
  - Evaluate course sequencing and readiness
  - Revise rubrics and instructional design if needed
  - Discuss adjustments in program review and CoARC reporting

Introductory and Development Stages:

- **Student-Level Response:**
  - Students not meeting 70% in introductory or development-stage courses will:
    - Be required to meet with the instructor for review and feedback.
    - Receive feedback and are required to revise their assignments using the provided feedback from the instructor throughout the course.
    - (if applicable) Revised assignments must be submitted within the course timeframe and prior to final grade submission.
    - (if applicable) Supplemental materials or activities (e.g., tutorials, discussion board enhancements) will be assigned.

- **Program-Level Response:**
  - Faculty will assess the alignment of course content and scaffolding in the I and D stages.
  - If consistent underperformance is noted, course revisions (assignments, pacing, or assessments) will be discussed and implemented.

BSRC Program Learning Outcomes Assessment Matrix

Program Student Learning Outcome (PSLO)	Assessment Method	Courses Used for Assessment	Success Criterion
PSLO #1: Applied Specialized Interventions Demonstrate the ability to evaluate, assess, and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.	Direct Assessment – Course Performance	RPTH B10 – Advanced Cardiopulmonary Care RPTH B15 – Sleep Medicine and Respiratory Care RPTH B20 – Advanced Respiratory Case Management RPTH B60 – Advanced Neonatal and Pediatric Respiratory Care	Students must earn a minimum score of 70% in each course listed to demonstrate competency in evaluating, assessing, and applying interventions across key specialty areas.
PSLO #2: Evidence-Based Respiratory Care Demonstrate the use of evidence-based practice and respiratory-driven protocols to enhance critical thinking and provide safe patient care.	Direct Assessment – Course Performance	RPTH B10 – Advanced Cardiopulmonary Care RPTH B15 – Sleep Medicine and Respiratory Care RPTH B20 – Advanced Respiratory Case Management RPTH B30 – Principles of Health Education RPTH B40 – Health Care Research Design and Methodology RPTH B60 – Advanced Neonatal and Pediatric Respiratory Care RPTH B90 – Respiratory Care Capstone Project	Students must earn a minimum of 70% or higher in each course listed to demonstrate the application of evidence-based practices and respiratory-driven protocols.

PSLO #3: Healthcare Leadership Develop and apply transformational leadership principles in healthcare that foster inclusive decision-making and address business aspects of healthcare such as value efficacy and quality improvement.	Direct Assessment – Course Performance	RPTH B50 – Respiratory Care Leadership and Management I RPTH B52 – Respiratory Care Leadership and Management II COMM B10 – Health Communication SOSC B10 – Public Health Policy	Students must earn a minimum of 70% or higher in each course listed to demonstrate application of leadership principles and business strategy in healthcare settings.
PSLO #4: Respiratory Care Competency Develop and apply effective professional oral and written communication skills that empower autonomy as a healthcare team member.	Direct Assessment – Course Performance	COMM B10 – Health Communication SOSC B10 – Public Health Policy COUN B10 – Multicultural Human Relations SOCI B10 – Intersectionality and Citizenship RPTH B30 – Principles of Health Education RPTH B90 – Respiratory Care Capstone Project	Students must earn a minimum of 70% or higher in each course listed to demonstrate professional communication competency and autonomy in team-based healthcare.

2025 BSRC SLO to PSLO Alignment Mapping

Course	Course Student Learning Outcome (SLO) Name	Course Student Learning Outcome (SLO) Details	Program Learning Outcome (PLO) Name	Program Learning Outcome (PLO) Details
SKY COMM B10	SLO1 THEORIES & MODELS IN HEALTHCARE	Analyze and discuss the theories, models, and organizational issues and strategies in healthcare.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.

	SLO2 HEALTH PROMOTION & BEHAVIOR CHANGE	Examine and assess health promotion materials and behavior change campaigns.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
	SLO3 TEAM HEALTH PRESENTATION	Research, design and cohesively present a team health promotion.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
SKY COUN B10	Critical Thinking	Analyze multiple identities through the lens of intersectionality such as ethnicity, gender, class, sexual orientation, and generational identity.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	Practices of Culturally Competent Care	Implement counseling practices and theoretical frameworks to become a more culturally competent practitioner (e.g. self-awareness, attending skills, unconditional positive regard/outward valuing of others, vulnerability, communication, active listening, being present, reflection, reframing, cultural humility, therapeutic alliance, empathy, and praxis).	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.

SKY RPTH B10	Creating a Care Plan	Create a care plan for a patient with a cardiopulmonary or a neuro respiratory disease process.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
	Evidence- Based Practice of Cardiopulmonary Care	Analyze disease-specific treatment options in cardiopulmonary and neuro-respiratory care and recommend modifications based on evidence- based practice.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	Inter-professional Communication and Collaboration in Critical Care Settings.	Practice interprofessional communication and collaboration in the care of patients with an advanced cardiopulmonary disease.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
			BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	Patient Intervention	Evaluate and apply advanced cardiopulmonary diagnostic procedures and medical interventions performed by respiratory care practitioners.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
			BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the

				healthcare team.
SKY RPTH B15	Recording Data	Identify and apply appropriate tools and strategies for recording physiologic data during sleep studies including the montage and equipment selection, and mechanical and physiologic calibrations.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
	Sleep Disorder Management	Apply management strategies to titrate continuous positive airway pressure, bilevel positive airway pressure, adaptive servo ventilation, noninvasive positive-pressure ventilation, and supplemental oxygen to achieve optimal outcomes.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
	Sleep Disorders	Interpret and analyze patient sleep disorders and their characteristics.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
SKY RPTH B20	Application Strategies	Identify and apply strategies for assessing, planning, implementing, coordinating, monitoring, and evaluating options and services to promote quality and cost-effective outcomes.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
			BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.

	Case Management Plan	Analyze patient case management plans created by the healthcare delivery team to coordinate resources and services necessary to accomplish client goals.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	Professional Practice	Assess professional practice principles such as confidentiality, legal and regulatory requirements, risk management, interpersonal communication, conflict resolution, and negotiation strategies in the context of the case management process	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
SKY RPTH B30	Apply learning theory to the creation and delivery of health care related curricula.	Evaluate and apply child and adult learning theories in the creation and delivery of healthcare related curriculum.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
	Develop a lesson plan that includes outcomes, objectives, content, skills and abilities.	Create and evaluate a lesson plan that includes outcomes, objectives, content, skills, and abilities.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.

	Develop an effective assessment tool for assessing lesson plan outcomes.	Create and Evaluate an effective assessment tool for assessing lesson plan outcomes.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
SKY RPTH B40	RPTH-B40-1 Analyze, and interpret published research	Critically review, analyze, and interpret published research.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	RPTH-B40-2 Develop and conduct research design	Develop research design, conduct or review a study, critically assess and perform analysis of quality measurement.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	RPTH-B40-3 Evaluate and present a research design	Evaluate and present a research design and applicable protocol.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
			BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
SKY RPTH B50	Continuous quality improvement utilizing evidence-based practices	Critically reflect on evidence-based practices and competencies in teamwork and leadership.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.

	Developing a leadership style of their own)	Integrate behaviors and actions of successful leaders, and develop an individual current or future leadership style.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	Practices and Theories of Leadership	Articulate a working foundation of leadership practices and theories for leading people and health organizations.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	Understand and complete actual management responsibilities of Respiratory Care Departments	Apply management strategies to various operational procedures and functions of the Respiratory Care department and other related departments.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
SKY RPTH B52	SLO #4 Strategic Methodologies Application: Enhancing Performance	Critically reflect on the application of theoretical constructs and strategic methodologies that support peak performance in teams.	BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.

			BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	SLO#1 Leadership and Management Skills and Dynamics in Healthcare	Make inferences and draw conclusions relative to leadership and management skills within the healthcare organization or industry.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	SLO#2 Strategic Model Integration: Evidence-Based Decision Making	Integrate the tenets of various evidence-based theoretical constructs and strategic models to make decisions, solve problems, and develop plans.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	SLO#3 Strategic Implementation: Leveraging Leadership vs. Management for Organizational Effectiveness	Distinguish the difference between leadership and management and use that knowledge to make strategic decisions and enhance organizational efficiencies and effectiveness through the development and implementation of plans.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.

SKY RPTH B60	Advanced medical treatments	Distinguish and apply appropriate advanced medical treatments and modalities which can be utilized to appropriately care for neonatal and pediatric patients.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
			BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
	Differentiate approaches	Differentiate approaches to care between neonatal/pediatric and adult patients.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
			BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
SKY RPTH B90	Critical Thinking	Draw on multiple sources of analysis, research, and critical thinking across the curriculum to develop, address a problem and complete a project.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
			BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and

				continuous quality improvement.
	Final Presentation	Demonstrate in a final presentation the full breadth of knowledge gained through the Respiratory Care program, focusing on one or more subject areas: cardiopulmonary pathophysiology, case management, health education, research methodology, and/or respiratory care leadership and management.	BSRC - Applied Specialized Interventions	Demonstrate the ability to evaluate, assess and apply interventions in areas of respiratory care including sleep medicine, neonatal and pediatric care, adult critical care, and respiratory case management.
			BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.
			BSRC - Healthcare Communication Skills	Develop and apply effective professional oral and written communication skills and tools that empower autonomy to be an effective member of the healthcare team.
			BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
SKY SOCI B10	Assess and articulate theories and concepts on race and ethnicity through written and verbal presentation.	Assess and articulate theories and concepts on race and ethnicity through written and verbal presentation.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality

				improvement.
	Evaluate current social issues and debates regarding race and ethnicity through the use of the sociological imagination.	Evaluate current social issues and debates regarding race and ethnicity through the use of the sociological imagination.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
SKY SOSC B10	CONTEMPORARY HEALTH POLICY ISSUES	Summarize and discuss contemporary health policy problems and issues.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	HEALTHCARE POLICY & PROGRAMS	Appraise healthcare policy and programs from sociological, political, economic, legal, and ethical perspectives.	BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
	SOLUTIONS TO HEALTHCARE PROBLEMS	Develop and evaluate possible solutions to important healthcare problems.	BSRC - Evidence-based Respiratory Care	Demonstrate the use of evidence-based-practice and respiratory driven protocols which enhance the critical thinking of the RCP and provide safe patient care.

			BSRC - Healthcare Leadership	Develop and apply transformational leadership principles in healthcare that foster an environment of inclusion in decision making. Employing effective strategies to address various business aspects of healthcare particularly value efficacy and continuous quality improvement.
BS DA PSLO Website Link:	https://skylinecollege.edu/respiratorycarebachelors/			
Applied filters: objectiveName is BSRC - Evidence-based Respiratory Care, BSRC - Healthcare Communication Skills, BSRC - Healthcare Leadership, or BSRC - Applied Specialized Interventions Plan Type is SKY Course SLO Assessment PSLO Status is Active unit ID is 646				

APPENDIX E

Course Outline of Records, and Student Learning Outcomes

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 410 **TITLE:** Introduction to Patient Care & Respiratory Assessment Techniques
   Units: 3.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 48.0-54.0 Lab hours; 64.0-72.0 Homework hours; 144.0-162.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   The study and practice of basic patient care. Also included will be a review of basic science relevant to respiratory therapy and its application to respiratory system assessment. The class will include some hospital practice.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Describe and apply physical, chemical, and algebraic concepts to various components of respiratory care.
   2. Perform vital sign procedures to gather patient data and formulate rational assessments.
   3. Perform chest physical examination to gather patient data and formulate rational assessments.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Apply understanding of anatomy, human physiology, and microbiology to respiratory care, including cardiopulmonary assessment
   2. Apply basic principles of physics, gas laws, chemistry, fluid dynamics, and thermal dynamics concerning respiratory care
   3. Understand and apply concepts relating to infection control in the health care setting
   4. Identify and competently apply methods necessary in obtaining a comprehensive respiratory physical examination
   5. Obtain fine skills in the auscultation of breath sounds distinguishing between normal and abnormal.
   6. Develop critical thinking skills to assess and evaluate patient's respiratory status
   7. Utilize appropriate written and verbal communication skills consistent with the profession's expectations
   8. Discuss and apply proper body mechanics to safely lift, pull, push and/or transfer patients in order to prevent body injuries or mechanical falls

6. **COURSE CONTENT:**
   Lecture Content:
   1. Fundamental Concepts of Chemistry and Physics Applied to Respiratory Care
      A. States of Matter
      B. Kinetic Theory
      C. Heat Transfer
      D. Gas Density
      E. Gas Laws
      F. Partial Pressures of Various Gases
      G. Humidity
      H. Solutions and Electrolytes
   2. Patient Care Arts
      A. Respiratory Care Using Evidence-Based Practice
      B. Patient-Provider effective communication strategies
         a. Proper Patient-handoff procedures and strategies
         b. Utilizing SBAR (Situation, Background, Assessment and Recommendation)
         c. Patient Interview and Gathering of History (SAMPLE)
         d. Methods ensuring patients, and families understanding of the patient's care plan
      C. Vital signs assessment, normal values, understanding, and interpretation

a. Temperature
b. Pulse
c. Respiratory Rate and Pattern
d. Blood Pressure
e. Oxygen Saturation
f. General Appearance
g. Breath Sounds
h. Mental State

D. Proper Use of Body Mechanics
a. Patient Movement
b. Equipment Use
c. Patient and Provider Safety

E. Infection Control
a. Body Substance Isolation
b. Blood born Pathogens
c. OSHA and CDC Guidelines
d. Patient and Health Care Provider Protective Equipment
i. Barrier Equipment
ii. Isolation

F. Information Documentation
a. History
b. SBAR Communication
c. Bedside Flowsheet
d. Diagnostic Data

3. Respiratory Assessment
A. Patient Interview and History
B. Inspection
C. Palpation
D. Percussion
E. Auscultation
a. Breath Sounds
i. Normal vs. Abnormal

Lab Content:

Lab Contents

1. Vital Signs Assessment and Interpretation
A. Temperature
B. Pulse
C. Respiratory Rate
D. Blood Pressure
E. Oxygen Saturation
2. Proper Use of Body Mechanics
A. Patient Movement
B. Equipment Use
3. Infection Control
A. Body Substance Isolation
B. Blood born Pathogens
C. OSHA and CDC Guidelines
D. Patient and Health Care Provider Protective Equipment
a. Barrier Equipment
b. Isolation
4. Information Documentation
A. Patient Chart
B. Bedside Flowsheet
C. Diagnostic Data

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

A. Lecture
B. Lab
C. Discussion

D. Observation and Demonstration
E. Other (Specify): Computer assisted learning exercises Video presentations Laboratory exercises and simulations Class presentations

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

Weekly 200-word discussion posts and peer-replies on different aspects of the fundamentals of respiratory therapy with questions and answer portions on the following topics:

- Evidence-based research on patient assessment, diseases, and their severity and how it impacts patients and healthcare providers
- Parts of medical records and writing medical notes using the acronym SOAP (Subjective, Objective, Assessment and Plan)
- Health communication and proper patient hand-off using the acronym SBAR (Situation, Background, Assessment and Recommendations)

Lab worksheets to use during hands-on practice of respiratory assessment, and patient care.

- The students are required to work in groups while expanding and practicing their health communication skills and dexterity in handling RT-related equipment while performing their duties assigned weekly.

Team leader worksheet

- Each week, a team leader (TL) is assigned per group. This person requires to turn in the job roles of their peers that week, including the completion of the given lab that was performed, and collaborate with their team regarding the assigned topic each week.

Reading Assignments:

Selected readings from the Open Educational Resources and Proposed textbooks from the eBook in the library are given weekly. Each document, file, article, and journal varies in length however the student will not be required to read/research more than 25 pages per week.

- Each student is responsible for assuring that they have covered these pages and watched any significant videos assigned by the instructor.

Other Outside Assignments:

Lab exercises

- Working with a lab partner to perform a full chest physical assessment using a stethoscope, palpation, and percussion.
- Utilizing the Gaumard HAL High-Fidelity Adult Manikin to differentiate different lung sounds from normal to abnormal, including rhonchi, crackles, wheezes, stridor, pneumothorax, etc.
- Working in groups to check for oxygenation, ventilation, circulation, and perfusion by utilizing pieces of equipment such as pulse oximeters, blood pressure cuffs with gauges, stethoscopes, and an electrocardiogram (ECG) machine, including a 12-lead.
- Performing basic pulmonary function testing utilizing a peak flow meter and a Wright spirometer to measure peak flow rates and vital capacities for monitoring obstructive pulmonary disorders such as asthma and its severity. The ultimate goal is to recognize what is determined as an emergency and the actions needed to reverse the exacerbation.
- Learn proper body mechanics to transfer patients and pull, push, lift, etc., to prevent self-injuries or patient injuries such as mechanical falls.
- Conducting a health fair to practice and get comfortable interacting, communicating, and assessing with patients while taking notes of their results and applying them back to class lectures and lab.
- Visit a healthcare center or institution to get acquainted with the clinical setting and prepare for the next semester rotation.

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Participation
B. Class Performance
C. Exams/Tests
D. Homework
E. Lab Activities
F. Papers
G. Quizzes
H. Written examination
I. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Competent performance and application of respiratory procedures. Exams following completion of each module

Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
A. Kacmarek, Robert. *Egan's Fundamentals of Respiratory Care***, 11th ed. Elsevier, 2017
Other:
A. ** This title is available through Skyline College Library's e-Book collection, and students can access it for free by using their SMCCCD credentials.

Book's Permalink:
https://cacclsmccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910006434115053(

** This is 2017 edition
B. Practical Math for Respiratory Care: A Text and Workbook, Sibberson

Origination Date: February 2023
Curriculum Committee Approval Date: March 2023
Effective Term: Fall 2023
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 415 **TITLE:** Respiratory Pharmacology
   Units: 2.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Study of general pharmacology principles, basic terminology, drug action, dosage, adverse reactions, and drug toxicity. Emphasis will include physiologic actions/interactions and cardio-respiratory medication categorization.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Recognize and describe the physiologic actions of medications used in cardiopulmonary disease.
   2. Prepare and modify respiratory medication delivery and dosages given a particular cardiopulmonary disease or disorder.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Define the basics of drug action.
   2. Calculate and prepare appropriate drug dosages.
   3. Distinguish, differentiate, categorize, and compare drugs affecting the peripheral nervous system.
   4. Distinguish, differentiate, categorize, and compare drugs affecting the respiratory system.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Introduction to Pharmacology
   2. General Principles of Pharmacology
   3. Central and Peripheral Nervous System
   4. Drug Measurement and Dosage
   5. Administration of Aerosolized Agents
      A. Small Volume Nebulizer
      B. Continuous Nebulizer
      C. Small Particle Aerosol Generator (SPAG)
      D. Metered Dose Inhaler
      E. Dry Powder Inhaler
      F. Infection Control
      G. Patient Application
   6. Sympathomimetic (Adrenergic) Bronchodilators
      A. Receptor sites
         a. Alpha
         b. Beta 1
         c. Beta 2
            i. Albuterol
            ii. Levalbuterol
            iii. Bitolterol
            iv. Pirbuterol
   7. Parasympatholytic (Anticholinergic)
      A. Atropine
   8. Xanthine Bronchodilators
      A. Aminophylline

B. Theophylline
9. Mucus-controlling, Surface-Active, and Cold and Cough Agents
   A. Acetylcysteine
   B. Dornase alfa
   C. Isotonic Saline
   D. Hypertonic Saline
10. Antiasthmatic/Mediator Antagonist Medications
   A. Montelukast sodium
   B. Zafirlukast
   C. Ziluton
11. Corticosteroids
   A. Betamthasone
   B. Dexamethasone
   C. Beclomethasone
   D. Flunisolide
   E. Triamcinolone
   F. Prednisone
   G. Hydrocortisone
12. Anti-Infective/Antimicrobial Agents
   A. Amoxicilline
   B. Penicillin
   C. Azithermycin
   D. Gentamycin
   E. Tobramycin
   F. Ribavirin
   G. Pentamidine
13. Nuromuscular Blocking Agents
   A. Succinylcholine
   B. Pancurnium
   C. Tubocurarine chloride
   D. Vecuronium
14. Sedatives & Analgesics
   A. Diazepam
   B. Lorazepam
   C. Fentanyl
   D. Propofol
   E. Morphine

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
   A. Lecture
   B. Activity
   C. Discussion
   D. Guest Speakers
   E. Other (Specify): Computer assisted learning exercises; Case scenarios.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
Written assignments pertaining to various application of respiratory pharmacology concepts, 5-6 pages/week will include:
   A. Writing Respiratory Care drugs calculation problems to better understand therapeutic dosage for a given patient as part of disease management.
   B. Computer assisted learning exercises - Clinical simulations for therapeutic application and writing patient case report

Reading Assignments:
Weekly reading assignments may include selected readings from text and current Respiratory Care journal articles. Student will be assign to read at least 15 pages per week.

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Exams/Tests
B. Homework
C. Quizzes
D. Written examination
E. Periodic quizzes. Homework assignments. Exams following completion of each module. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**

Possible textbooks include:

A. Rau Jr., J. L ed. *Respiratory Care Pharmacology*, 10th ed. St. Louis, MO: Mosby, Inc., 2019

Origination Date: February 2023
Curriculum Committee Approval Date: March 2023
Effective Term: Fall 2023
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 420 **TITLE:** Application of Cardiopulmonary Anatomy & Physiology
   Units: 3.0 units **Hours/Semester:** 48.0-54.0 Lecture hours; 96.0-108.0 Homework hours; 144.0-162.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Study of the healthy cardiopulmonary system with application to the types of alterations that occur with disease.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Describe and evaluate normal anatomical and physiological function as it applies to the cardiorespiratory system.
   2. Analyze and differentiate anatomical function, physiologic data and findings to distinguish between normal and abnormal cardiorespiratory function.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Identify anatomical components and understand primary functions of the respiratory system
   2. Understand and apply key factors which contribute to 'work of breathing' in normal and altered lung function
   3. Identify pulmonary volumes and capacities, and calculate alveolar ventilation, dead space, and VD/VT ratios
   4. Compare and contrast pulmonary systemic circulation and factors which alter normal function
   5. Understand diffusion and exchange of pulmonary gases
   6. Identify how the cardiopulmonary system functions to maintain acid base balance
   7. Identify and apply receptors in the cardiopulmonary system responsible for modification of ventilatory drive and conditions that affect ventilatory drive
   8. Gather anatomic and physiologic data to assess and differentiate between normal and altered cardiopulmonary function

6. **COURSE CONTENT:**
   Lecture Content:
   1. Respiratory system
      A. Primary function of the respiratory system
      B. Define external and internal respiration
      C. General components of the respiratory system as viewed mechanically
         a. Controller
         b. Pump
         c. Mixer
      D. Physiological components of the respiratory system
         a. Ventilation
         b. Diffusion
         c. Perfusion
      E. Primary function of their components
      F. Example diseases affecting each of the above components.
   2. Respiratory system anatomy
      A. Terms, symbols and abbreviations
      B. Components in Terms of Development, Anatomical Structures and Function(s)
         a. Chest wall

b. Respiratory muscles
c. Upper airways
d. Lower airways
e. Terminal respiratory unit
f. Alveolar/capillary unit
g. Pulmonary circulation and lymphatics
h. Mucociliary escalator
i. Respiratory neuromuscular system

C. Clinical situations related to pulmonary anatomy
a. Upper airway alterations
b. Lower airway alterations
c. Alveolar/capillary membrane disruption

3. Pulmonary ventilation
A. Terms, symbols and abbreviations
B. Lung volumes and capacities via spirogram
C. Detailed interrelationships
a. Tidal volume
b. Ventilatory frequency
c. Minute ventilation
d. Dead space volume
e. Dead space/tidal volume ratio
f. Minute alveolar ventilation

D. Factors affecting function
a. Resting lung volume
b. Airway resistance
c. Regional ventilation of the lung
d. Compliance of the lung, chest wall and respiratory system.
e. Ventilation/perfusion matching

4. Cardiovascular function and relationship to respiratory system
A. Chambers and pressures of the heart
B. Pulmonary circulation vessels
a. Anatomy
b. Specific function
c. Normal pressure

C. Pulmonary and systemic circulations.
D. Fluid movement of intravascular and interstitial spaces.
E. Pulmonary and systemic vascular resistance.
F. Regional perfusion and ventilation/perfusion (V/Q) ratio

5. Diffusion and exchange of pulmonary gases
A. The alveolar/capillary membrane
B. Factors which affect diffusion
a. Differences in diffusion of O_2 and CO_2
b. Movement of O_2 and CO_2 between the atmosphere and erythrocyte.
c. Normal Values For: PAO_2, $PACO_2$, $PaCO_2$, PaO_2, PvO_2, $PvCO_2$
d. Alterations in V/Q affecting gas exchange.

C. Alveolar/arterial calculations
D. a. PAO2
b. P(A-a)O2

E. Oxyhemoglobin equilibrium
a. Partial pressure versus hemoglobin saturation
b. Factors affecting shifting of the oxyhemoglobin dissociation curve
c. Factors affecting cellular oxygen availability

F. Methods of measuring oxygenation
a. PaO_2
b. SaO_2 (oximetry and co-oximetry)
c. $TcPO_2$ (surface PO_2)

G. Causes of hypoxemia
a. Ambient changes
b. Hypoventilation
c. Ventilation/perfusion mismatch

d. Shunt
e. Diffusion defect

H. Causes of hypoxia
a. Anemia
b. Hypoxemia
c. Ischemia
d. Dysoxia

I. Carbon dioxide transport and impaired CO_2 removal

6. Control of ventilation
A. Receptor modification of ventilatory drive
a. Chemoreceptors
b. Aortic
c. Carotid
d. Medullary
e. Baroreceptors
f. Irritant receptors
g. J Receptors
h. Stretch receptors

B. Respiratory components of the central nervous system
a. Medulla
b. Pons
c. Pneumotaxic center
d. Dorsal respiratory group
e. Ventral respiratory group
f. Cerebral cortex
g. Spinal cord

C. Conditions affecting control of respiration
a. Sleep
b. Traumatic brain injury
c. Neuromuscular disorders

7. Gas transport and acid-base balance
A. Terms, symbols and abbreviations
B. Henderson-Hasselbach equation
C. Acid-base disorder categories
D. respiratory and metabolic disturbances
E. Respiratory and metabolic compensation
F. Arterial blood gas interpretation
a. Respiratory
b. Metabolic
c. Level of compensation
d. Degree of hypoxemia

G. Calculation of CaO2, SaO2, CvO2 and C(a-v)O2.
H. Siggard-anderson nomogram determining acid/base relationship

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
A. Lecture
B. Discussion
C. Other (Specify): Group discussion. Computer assisted learning exercises. Patient case scenarios. When applicable, case histories will be utilized. Emphasis will be applied to areas of particular concern to the Respiratory Care Practitioners.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
Weekly respiratory calculation problems to better understand data assessment (5-7 pages). Weekly evaluation of patient case scenarios (5-7 pages).
Reading Assignments:
Weekly reading assignments may include selected readings from text and current Respiratory Care journal articles. Minimum of 15 pages.

Other Outside Assignments:
Computer assisted learning exercises Out of class assignments may include: Evaluation of patient case scenarios Computer assisted learning exercises Written assignment pertaining to various application of respiratory concepts Discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
   A. Class Work
   B. Exams/Tests
   C. Homework
   D. Quizzes
   E. Periodic quizzes. Homework assignments. Exams following completion of each module. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
   A. Terry Des Jardins. *Cardiopulmonary Anatomy & Physiology: Essentials of Respiratory Care*, 7th ed. Cengage, 2019
   B. Kacmarek, R., Stoller, J., Heuer, A. *Egan's Fundamentals of Respiratory Care***, 11 ed. https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma991000643411505308: Mosby, 2017

Other:
   A. ** This title is available through Skyline College Library's e-Book collection, and students can access it for free by using their SMCCCD credentials.

Origination Date: January 2023
Curriculum Committee Approval Date: February 2023
Effective Term: Fall 2023
Course Originator: Brian Daniel

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 430 **TITLE:** Introduction to Respiratory Therapeutics
   Units: 6.0 units **Hours/Semester:** 64.0-72.0 Lecture hours; 96.0-108.0 Lab hours; 128.0-144.0 Homework hours; 288.0-324.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Study and laboratory practice of basic respiratory care procedures. Oxygen and aerosol therapy, alveolar recruitment therapy, airway clearance procedures, advanced airway management, cleaning and care of respiratory therapy equipment, and introduction to ventilation concepts are included.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Assess and select appropriate respiratory care modalities for a given pulmonary disorders.
   2. Appraise and formulate appropriate respiratory care modalities based on changes in patient's clinical condition.
   3. Demonstrate the ability to competently perform various respiratory therapeutics.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   Utilize the techniques, skills and application of theory to properly and effectively administer the therapeutic modalities listed:
   1. Adjuncts to CPR
   2. Equipment cleaning and sterilization
   3. Medical gas delivery systems
   4. Oxygen therapy
   5. Humidity and bland aerosol delivery
   6. Respiratory pharmacology and aerosol medication
   7. Alveolar recruitment therapies
   8. Airway clearance techniques
   9. Continuous positive airway pressure and noninvasive positive pressure ventilation
   10. Introduction to Mechanical ventilation

6. **COURSE CONTENT:**
   Lecture Content:
   1. Cardiopulmonary Resuscitation and Adjuncts
      A. ABC’s of CPR
         a. Techniques
            i. Adult
            ii. Child
            iii. Infant
      B. Relief of Obstructed Airway Using Advanced Airways
      C. Manual Ventilation
         a. Equipment
         b. Hazards
         c. Proper Technique
   2. Equipment Cleaning and Sterilization
      A. Categories of Microorganisms
         a. Pathogenesis
         b. Nosocomial
         c. Cross-Contamination

- B. Equipment Processing Techniques
    - a. Disposable Equipment
    - b. Reusable
        - i. Sterilization
        - ii. Disinfection

3. Medical Gas Delivery
    - A. Goals, Objectives and Guiding Principles
    - B. Recommending and Regulating Agencies
    - C. Storage and Delivery
        - a. Gas
        - b. Liquid
        - c. Measurement and Duration of Flow
    - D. Safety Delivery Systems
        - a. High Pressure
            - i. Reducing Valves
        - b. Low Pressure
            - i. Regulators
            - ii. Flowmeters
            - iii. Working Pressure
4. Oxygen Therapy
    - A. Indications and Contraindications
    - B. Hazards and Complications
    - C. Delivery Devices
        - a. Low/High Flow
        - b. Low/High FiO_2
    - D. Pulse Oximetry
    - E. Hyperbaric Oxygen Therapy
    - F. Oxygen Analysis
5. Humidity and Bland Aerosol Therapy
    - A. Indications and Contraindications
    - B. Humidification Performance
        - a. Bubble
        - b. Jet
        - c. Heat Moisture Exchanger
        - d. Heated High Flow
        - e. Infection Control
    - C. Aerosol Delivery and Principles
        - a. Large Volume Nebulizer
        - b. Ultrasonic Nebulizer
        - c. High Flow Nebulizer (Mistyox)
        - d. Infection Control
        - e. Patient Application
6. Alveolar Recruitment Therapies
    - A. Indications and Contraindication
    - B. Hazards and Complications
    - C. Therapies
        - a. Incentive Spirometry
        - b. Intermittent Positive Pressure breathing
        - c. Positive Expiratory Pressure
        - d. Continuous Positive Airway Pressure
7. Airway Clearance
    - A. Indications and Contraindications
    - B. Hazards and Complications
    - C. Therapies
        - a. Chest Physical Therapy
            - i. Therapeutic Positioning
            - ii. Percussion and Vibration
            - iii. Cough and Related Expulsion Techniques
        - b. Autogenic Drainage
        - c. Positive Expiratory Pressure/Oscillating Positive Expiratory Pressure

d. High Frequency Chest Wall Oscillation
e. Intrapulmonary Percussive Ventilation
f. Nasotracheal Suctioning

8. Advanced Airway Care – Endotracheal, Tracheostomy, Esophageal Obturator, Laryngeal Mask
   A. Assessment, Selection, and Placement of Artificial Airway
   B. Airway Trauma Associated with Tracheal Tubes
   C. Airway Maintenance
   D. Extubation and Decannulation
9. Principles of Positive Pressure Ventilation _ Mechanical ventilation
   A. Equation of Motion
   B. Pressure Target
   C. Volume Target
   D. Noninvasive Ventilation

Lab Content:

Upon completion of the laboratory content, the student will demonstrate and/or perform the following techniques in a patient simulated session:

1. Cardiopulmonary resuscitation and airway management using appropriate adjunct in the adult and pediatric patient.
2. Medical gas delivery using low flow and high oxygen delivery devices
   A. Indications and Contraindications
   B. Hazards and Complications
   C. Assessment of outcomes.
3. Humidity and Bland Aerosol device set up
   A. Indications and Contraindications
   B. Humidification Performance among the following devices:
      a. Bubble
      b. Jet
      c. Heat Moisture Exchanger
      d. Heated High Flow
   C. Aerosol delivery principles
      a. Large Volume Nebulizer
      b. Ultrasonic Nebulizer
      c. High Flow Nebulizer
      d. Patient Application
4. Airway Clearance techniques
   A. Indications and Contraindications
   B. Hazards and Complications
   C. Advantages and disadvantages of various techniques
5. Alveolar Recruitment techniques
   A. Indications and Contraindication
   B. Hazards and Complications
   C. Advantages and disadvantages of various techniques
6. Advanced Airway Care placing endotracheal, tracheostomy, esophageal obturator, laryngeal mask
   A. Assessment, selection, and placement of advanced artificial airway
   B. Airway trauma associated with tracheal tubes
   C. Airway maintenance
   D. Extubation and decannulation
7. Advanced Principles of Positive Pressure Ventilation (Mechanical Ventilation)
8. Principles and Practice of Infection Control

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

A. Lecture
B. Lab
C. Activity
D. Discussion
E. Guest Speakers
F. Observation and Demonstration
G. Other (Specify): Computer assisted learning exercises. Reading assignments. Patient case scenarios.

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

A. Weekly respiratory calculation problems to better understand data assessment; 5-7 pages.
B. Weekly group and individual evaluation of patient case scenarios and write treatment plan; 5-7 pages.

Reading Assignments:

Reading assignments may include selected readings from text and current journal articles; 5-7 pages, weekly.

Other Outside Assignments:

A. Weekly, lab exercises may include:
    a. Evaluation of patient case scenarios
    b. Computer assisted learning exercises
    c. Written assignments pertaining to various application of respiratory concepts
    d. Discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Performance
B. Exams/Tests
C. Group Projects
D. Homework
E. Lab Activities
F. Papers
G. Quizzes
H. Written examination
I. Periodic quizzes. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Competent performance and application of respiratory procedures. Exams following completion of each module. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**

Possible textbooks include:

A. Kacmarek, Robert. *Egan's Fundamentals of Respiratory Care*, 11th ed. Elsevier, 2017
B. Gardenhire, D. S. *Rau's Respiratory Care Pharmacology*, 10th ed. Elsevier, 2020
C. Cairo, P. *Mosby's Respiratory Care Equipment*, 9th ed. Mosby, 2014

Origination Date: February 2023
Curriculum Committee Approval Date: April 2023
Effective Term: Fall 2023
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 438 **TITLE:** Clinical Clerkship I
Units: 1.0 units **Hours/Semester:** 48.0-54.0 Field Experience hours; 48.0-54.0 Total Student Learning hours
Method of Grading: Pass/No Pass Only
Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
Degree Credit
Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
Catalog Description:
Orientation and supervised experience in the medical/surgical areas of a local hospital, observing and performing respiratory care procedures to non-critical care patients.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
Upon successful completion of this course, a student will meet the following outcomes:
1. Demonstrate patient communication and diagnostics as they relate to acute care.
2. Apply basic respiratory care therapeutics used to manage clinical conditions in the acute care and transitional care setting.
3. Develop, assess and adjust respiratory care plans based on clinical needs.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
Upon successful completion of this course, a student will be able to:
1. Describe the functioning and interaction of the respiratory care department with the following: nursing services, medical staff, emergency department, diagnostic services, outpatient services and ancillary departments
2. Describe the purpose of patient and staff communication
3. Attend patient report, rounds, and relevant inservices
4. Describe the value of patient history and perform a chart review for pertinent data
5. Determine objectives for basic patient respiratory care plans and evaluate if objectives are effectively met
6. Relate information regarding therapeutic basic procedures practice in the lab with actual patient care
7. Behave in a manner consistent exhibiting a professional attitude with other health professionals, patients, and visitors in a hospital setting
8. Observe and practice the following procedures: equipment care and infection control; cardiopulmonary resuscitation (manual resuscitation, pharyngeal airways); oxygen administration; tank and regulator setup; monitoring of oxygen administration (oxygen analyzer, pulse oximetry); continuous bland aerosol; aerosol medication delivery (small volume nebulizer, metered dose inhaler, filtered nebulizer, continuous medication nebulization); sputum induction; incentive spirometry; positive pressure breathing; and airway clearance (deep breath and cough, postural drainage and percussion, PEP therapy, flutter valve, high frequency oscillation, nasotracheal suctioning)

6. **COURSE CONTENT:**
Lab Content:
Each of the days in clinical, the student will orient, observe and/or perform one or more of the procedures listed in the objectives. With each of these procedures, the student will perform a chart review, determine objectives for therapy, practice and deliver therapy competently, evaluate the patient, and communicate these and the results of the therapy to the instructor and/or the student preceptor.
The following skills will be observed and practiced:
- Introduction and appropriate interaction with nursing services, medical staff, emergency department, diagnostic services, outpatient services, and other applicable ancillary departments
- Engage in patient rounds
- Identification and review of patient chart components
- Professional and ethical interaction with other health professionals, patients, and visitors

The following respiratory care therapeutics will be observed and practiced for initial competency in indications, contraindications, and application:
- Equipment setup, use, and cleaning

- Cardiopulmonary resuscitation (manual resuscitation, pharyngeal airways)
- Oxygen administration with appropriate devices
- Monitoring of oxygen therapy (oxygen analyzer and pulse oximetry)
- Continuous bland aerosol
- Aerosol medication delivery
    - Delivery device
    - Medication
    - Dosage
- Sputum Induction
- Lung expansion procedures
- Airway clearance procedures

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
   A. Directed Study
   B. Discussion
   C. Field Experience
   D. Observation and Demonstration
   E. Other (Specify): Preceptor-led discussions. Student observation of respiratory care application in the clinical setting. Practice and return demonstration.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
- Electronic medical record documentation with clinical preceptor supervision of 3-10 patients/week (This number may vary based on number of assigned patients and detail of patient summary)
- Daily assigned self evaluation (1 page each)

Reading Assignments:
Assigned evidenced based support/research related to patient care techniques employed during clinical experience. This will generally be in the form of a peer review journal article of 5 - 25 pages/semester.

Other Outside Assignments:
- One case history presentation (5-7 pages) at the conclusion of this clinical experience.
- Weekly in class discussions of patient care plans and outcomes, maintaining full HIPPA compliance.

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
   A. Class Participation
   B. Class Performance
   C. Homework
   D. Oral Presentation
   E. Complete assigned procedural competencies. Written evaluation (theory; practical application; appearance; attendance; communication; theory and application understanding and integration).

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
   A. Robert M. Kacmarek. *Egan's Fundamentals of Respiratory Care***, 11th ed. Mosby, 2017
Other:
   A. **This title is available through Skyline College Library's e-Book collection, and students can access it for free by using their SMCCCD credentials.

      Permalink:
      https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910006434115053

      **This is the 2017 edition

Origination Date: January 2023
Curriculum Committee Approval Date: February 2023
Effective Term: Fall 2023
Course Originator: Brian Daniel

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 445 **TITLE:** Respiratory Diseases I
   Units: 2.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Using chronic pulmonary disease as models, the student will learn disease terminology, disease classification, history taking and physical examination. Also included will be basic radiologic, clinical and pulmonary diagnostics.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Distinguish between chronic pulmonary diseases by evaluating etiology, pathophysiology, bedside assessment and clinical data.
   2. Evaluate and analyze bedside assessment and clinical data to formulate effective respiratory treatment plans for chronic pulmonary diseases.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Apply normal and abnormal respiratory anatomy and physiology to pulmonary obstructive, restrictive, and infectious disease.
   2. Identify etiology, pathophysiology, clinical manifestations, and treatment.
   3. Apply radiologic, laboratory data, and pulmonary diagnostics.
   4. Discuss clinical case studies to apply the pathophysiology of cardiopulmonary diseases.
   5. Distinguish between the different stages of cardiopulmonary diseases.
   6. Identify the appropriate respiratory therapy and interventions to treat patients with cardiopulmonary diseases.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Disease Terminology and Classification/Defense Mechanism
      A. Terms Related to Disease
      B. Disease Categories
      C. Stages of Disease
      D. Mechanical and Anatomical Defense Mechanisms of the Lung
      E. Immunity Response
      F. Inflammatory Response
         a. Specific
         b. Non-Specific
   2. Chest X-Ray Interpretation
      A. Technique
         a. Position
         b. Penetration
      B. Densities
         a. Air
         b. Tissue / Fluid
         c. Bone
      C. Anatomical Landmarks
      D. Abnormalities
         a. Densities

b. Vascularity
c. Silhouette Sign
d. Air Bronchograms

E. Disease Alterations

3. Obstructive Pulmonary Disease
   A. Epidemiology, Etiology, Pathophysiology, Differential Diagnosis, Therapeutic modalities, and Prognosis:
      a. Asthma
      b. Chronic Bronchitis
      c. Pulmonary Emphysema
      d. Bronchiectasis
4. Pulmonary Infections due to immunocompromised or immonosuppressed patients.
   A. Epidemiology, Etiology, Pathophysiology, Differential Diagnosis, Therapeutic Modalities and Prognosis:
      a. Tuberculosis
      b. Bacterial Pneumonia
      c. Influenza and Viral Pneumonia
      d. Pneumocystis Carinii Pneumonia
      e. Novel Virus (ex. COVID 19)
      f. Acute Bronchitis
      g. Atelectasis
      h. Rhinitis and Sinusitis
      i. Lung Abscess
      j. Pleurisy
      k. Empyema
   B. Opportunistic Infections Due to Immunosuppression
      a. Acute
      b. Chronic
5. Interpretation of Basic Pulmonary Function
   A. Static Lung Volumes and Capacities
      a. Vital Capacity
      b. Functional Residual Capacity
      c. Residual Volume
   B. Flow/volume Loop
   C. Bedside Pulmonary Function Testing
      a. FVC
      b. FEV1
      c. FEV1/FVC
      d. PEFR

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
   A. Lecture
   B. Discussion
   C. Field Experience
   D. Other (Specify): Group discussion, Computer assisted learning exercises, and Patient case scenarios and data analysis.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
- Weekly respiratory calculation problems to better understand data assessment; 7 pages
- Weekly group and individual evaluation of patient case scenarios; 5-7 pages
- Weekly computer assisted learning exercises; 5-7 pages

Reading Assignments:
- Weekly selected readings from text and current journal articles; 5-7 pages

Other Outside Assignments:
Other weekly out-of-class assignments may include:
- Evaluation of patient case scenarios

- Computer assisted learning exercises
- Written assignment pertaining to various application of respiratory concepts
- Discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Exams/Tests
B. Homework
C. Quizzes
D. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Exams following completion of each module. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**

Possible textbooks include:

A. D. Hess, N. MacIntyre, S. Mishoe and W. Galvin. *Respiratory Care***, 4th ed. Jones & Bartlett Publishers, 2021
B. Kacmarek, Rober M., Stoller, James K., Heuer, Albert J. *Egan's Fundamentals of Respiratory Care***, 12th ed. Maryland Heights: Mosby, 2020

Possible periodicals include:

A. American Association of Respiratory Care. *Respiratory Care Journal*, Volume 2022

Other:

A. ** These books are available through Skyline College Library's e-Book collection, and students can access it for free by using their SMCCD credentials.
Egan's Fundamentals of Respiratory Care, 2017 edition
https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910006434115053
Respiratory Care, 2021 edition
https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910007878588053

Origination Date: March 2023
Curriculum Committee Approval Date: May 2023
Effective Term: Fall 2023
Course Originator: Beatriz Qura del Rio

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 448 **TITLE:** Clinical Clerkship II
   Units: 2.5 units **Hours/Semester:** 120.0-135.0 Field Experience hours; 120.0-135.0 Total Student Learning hours
   Method of Grading: Pass/No Pass Only
   Prerequisite: Completion of the first year Respiratory Care program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Continued supervised experience in the medical/surgical patient care areas of a local hospital. Emphasis is on attaining further practice towards mastery of technical skills performed by a Respiratory Care Practitioner in basic therapeutics.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Demonstrate patient communication and diagnostics as they relate to acute care and transitional care.
   2. Apply respiratory care techniques to assess, develop, and adjust care plans according to clinical conditions of patients in the acute care setting.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Competently represent the respiratory care department when engaging the following hospital disciplines: nursing services, medical staff, emergency department, diagnostic services, outpatient services and ancillary departments.
   2. Competently and effectively communicate with patients and the healthcare team
   3. Effectively engage in patient report, rounds, and relevant inservices
   4. Effectively review and interpret patient history and perform a chart review for pertinent data
   5. Appreciate the value of determining objectives for patient care and evaluating if these objectives are met
   6. Assess patient condition and identify and effectively apply therapeutic procedures
   7. Demonstrate professional character and conduct with other health professionals, patients, and visitors in the hospital setting.
   8. Practice to competency the following procedures: equipment care and cleaning; cardiopulmonary resuscitation (manual resuscitation, pharyngeal airways); oxygen administration; tank and regulator setup; monitoring of oxygen administration (oxygen analyzer, pulse oximetry); continuous bland aerosol; aerosol medication delivery (mall volume nebulizer, metered dose inhaler, filtered nebulizer, continuous medication nebulization); sputum induction; incentive spirometry; intermittent positive pressure breathing; and airway clearance (deep breath and cough, postural drainage and percussion, PEP therapy, flutter valve, high frequency oscillation, nasotracheal suctioning)

6. **COURSE CONTENT:**
   Lab Content:
   Each of the days in clinical, the student will perform procedures listed in the objectives towards competency and applied mastery. With each of these procedures, the student will perform a chart review, determine objectives for therapy, delivery therapy competently, evaluate the patient, and communicate these and the results of the therapy to the instructor and/or the student preceptor.
   The following skills will be practiced to competency and mastery:
   - Introduction and appropriate interaction with nursing services, medical staff, emergency department, diagnostic services, outpatient services, and other applicable ancillary departments
   - Engage in patient rounds
   - Identification and review of patient chart components
   - Professional and ethical interaction with other health professionals, patients, and visitors

   The following respiratory care therapeutics will be observed practiced for competency and mastery:
   - Equipment setup, use, and cleaning

- Cardiopulmonary resuscitation (manual resuscitation, pharyngeal airways)
- Oxygen administration with appropriate devices
- Monitoring of oxygen therapy (oxygen analyzer and pulse oximetry)
- Continuous bland aerosol
- Aerosol medication delivery
    - Delivery device
    - Medication
    - Dosage
- Sputum Induction
- Lung expansion procedures
- Airway clearance procedures

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
   Typical methods of instruction may include:
   A. Field Experience
   B. Individualized Instruction
   C. Other (Specify): Mentorship between student and practitioner. Practice and return demonstration under supervision during delivery of patient care.

8. **REPRESENTATIVE ASSIGNMENTS**
   Representative assignments in this course may include, but are not limited to the following:
   Writing Assignments:
   - Electronic medical record charting under clinical preceptor supervision of 3-10 patients/week (This number may vary based on number of assigned patients and detail of patient summary)
   - Daily assigned self evaluation (1 page each)

   Reading Assignments:
   Student will review their clinical manual weekly in preparation for each subsequent clinical rotation day (approximately 3-5 pgs/week).

   Other Outside Assignments:
   - One case history presentation (5-7pages)
   - Weekly discussion board participation (1page)

9. **REPRESENTATIVE METHODS OF EVALUATION**
   Representative methods of evaluation may include:
   A. Class Participation
   B. Class Performance
   C. Class Work
   D. Group Projects
   E. Papers
   F. Projects
   G. Complete assigned procedural competencies. Daily evaluation (theory; practical application; appearance; attendance; communication; theory and application understanding and integration). Written evaluation (theory; practical application; appearance; attendance; communication; theory and application understanding and integration). Each student will also complete an assigned patient case study evaluation that may vary in number of pages given the particular disease state. While papers may be assigned, no more than one paper will be required.

10. **REPRESENTATIVE TEXT(S):**
    Other:
    A. Respiratory Care Student Clinical Manual. In-house produced manual.

Origination Date: February 2023
Curriculum Committee Approval Date: March 2023
Effective Term: Fall 2023
Course Originator: Brian Daniel

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 450 **TITLE:** Respiratory Diseases II
   Units: 3.0 units **Hours/Semester:** 48.0-54.0 Lecture hours; 96.0-108.0 Homework hours; 144.0-162.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: RPTH 445 or equivalent.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Continuation of the study of cardiopulmonary diseases utilizing the model developed in RPTH 445 to include the treatment and pharmacotherapy of selected disorders.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Identify acute pulmonary diseases by evaluating etiology, pathophysiology, bedside assessment and clinical data.
   2. Evaluate and analyze bedside assessment and clinical data to formulate effective respiratory treatment plans for acute pulmonary diseases.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Apply normal and abnormal respiratory anatomy and physiology to cardiopulmonary.
   2. Identify etiology, pathophysiology, and clinical manifestations of cardiopulmonary diseases.
   3. Apply radiologic, laboratory data, cardiopulmonary diagnostics and treatment.
   4. Connect disease process with laboratory and diagnostic testing information.
   5. Enhance critical thinking skills when assessing and evaluating patient's status based on objective data.
   6. Apply research conducted during the class to better understand different disease process.
   7. Utilize clinical data to make differential diagnosis.
   8. Utilize clinical data such as imaging and laboratory work up to come up with the right diagnosis and therefore treat the patient accordingly.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Pulmonary Thromboembolic Disease
      A. Etiology and Pathology
      B. Pathphysiology
      C. Clinical Features
      D. Treatment and Prevention
   2. Heart Failure
      A. Etiology and Pathology
      B. Pathphysiology
      C. Clinical Features and Laboratory Findings
      D. Treatment
   3. Smoke Inhalation and Burns
      A. Etiology and Pathology
      B. Pathphysiology
      C. Clinical Features
      D. Treatment
   4. Near Drowning
      A. Etiology and Pathology
      B. Pathphysiology
      C. Clinical Features
      D. Initial Assessment and Prognosis

E. Treatment

5. Adult respiratory Distress Syndrome
   A. Etiology and Pathology
   B. Pathphysiology
   C. Clinical Features
   D. Treatment
6. Chest Trauma
   A. Etiology and Pathology
   B. Injury Pathphysiology
   C. Clinical Features and Laboratory Findings
   D. Treatment
7. Neuormuscular Diseases
   A. Normal Neuromuscular Function in Breathing
   B. Pathology and Pathphysiology
   C. Clinical Features
   D. Treatment and Prevention
8. Pneumonia – Bacterial and Immunnocompromised
   A. Etiology and Pathology
   B. Pathphysiology
   C. Clinical Features
   D. Treatment
9. Tuberculosis
   A. Etiology and Transmission
   B. Pathology and Pathogenesis
   C. Clinical Features
   D. Treatment
10. Lung cancer
   A. Etiology and Pathology
   B. Clinical Features
   C. Diagnosis
   D. Radiographic Data
   E. Laboratory Studies
   F. Diagnostic Features
   G. Staging
   H. Treatment and Prognosis

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

A. Lecture
B. Critique
C. Activity
D. Discussion
E. Other (Specify): Group discussion, assignments, and poster presentation. Computer assisted learning exercises. Patient case scenarios and data analysis.

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

- Once each semester, students work collaboratively on a poster which they present together in class.
- One two-page self-reflection paper each semester based on clinical research articles.
- A weekly 300 word case study assessment and formulation of treatment plans.

Reading Assignments:

- Selected 20-30 pages a week of readings from text and current journal articles

Other Outside Assignments:

A. Respiratory calculation problems to better understand data assessment
B. Group and individual evaluation of patient case scenarios
C. Computer assisted learning exercises
D. Other out-of-class assignments may include:
   a. Evaluation of patient case scenarios
   b. Computer assisted learning exercises

c. Written assignment pertaining to various application of respiratory concepts
d. Discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
A. Exams/Tests
B. Homework
C. Oral Presentation
D. Papers
E. Quizzes
F. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Exams following completion of each module. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
A. Hess, N. MacIntyre, S. Mishoe and W. Galvin. *Respiratory Care - Principles and Practice*, 3rd ed. Jones & Bartlett Publisher, 2015

Origination Date: November 2024
Curriculum Committee Approval Date: January 2025
Effective Term: Fall 2025
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 458 **TITLE:** Clinical Clerkship III
   Units: 5.0 units **Hours/Semester:** 16.0-18.0 Lecture hours; 192.0-216.0 Field Experience hours; 32.0-36.0 Homework hours; 240.0-270.0 Total Student Learning hours
   Method of Grading: Pass/No Pass Only
   Prerequisite: Completion of the first year Respiratory Care program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Orientation and supervised experience in various adult intensive care units of local hospitals. Emphasis is on orienting, observing, practicing and obtaining basic proficiency in skills performed by a respiratory care practitioner in these areas.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Evaluate and perform basic patient communication and diagnostics as they relate to various aspects of critical care.
   2. Assess patient respiratory condition and identify appropriate airway and management strategies for the critically ill care patients.
   3. Competently assess, apply, and manage invasive and non-invasive positive pressure ventilation in the intensive care setting.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Engage in patient hand off and rounds, and provide relevant services in the adult intensive care units.
   2. Describe the importance of interdisciplinary communication on clinical outcomes in the adult intensive care unit.
   3. Articulate the value in knowing patient history, performing ongoing chart review of pertinent data related to patients admitted to adult intensive care units.
   4. Establish daily goals and care plans for patient requiring respiratory care services in the intensive care unit.
   5. Relate concepts practiced in the laboratory setting regarding monitoring and management of patients admitted to intensive care.
   6. Demonstrate professional conduct and character when engaging patients, surrogates and members of the health care team.
   7. Attain minimum competency in advanced airway management and maintenance.
   8. Attain minimum competency in ventilator setup, initiation, monitoring, troubleshooting.
   9. Attain minimum competency in the application of ventilator modes and discontinuation procedures.
   10. Attain minimum competency in the application of invasive and non-invasive cardiopulmonary monitoring devices related to respiratory care.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Critical Care Procedures
      A. Hand Ventilation Procedures
      B. Airway Management
      C. Extubation
      D. Ventilator Set-Up for Standby
      E. Ventilator Management and Discontinuance
      F. Weaning
      G. Airway Clearance
      H. Equipment Care and Cleaning
   2. Patient chart Review
   3. Patient Assessment

4. Therapy Objectives
5. Communication Of Patient Care with Preceptor and Health Care Providers

Lab Content:

Each of the days in clinical, the student will orient, observe and/or perform one or more of the procedures listed in the objectives. With each of these procedures, the student will perform a chart review, determine objectives for therapy, practice and deliver therapy competently, evaluate the patient, and communicate these and the results of the therapy to the instructor and/or the student preceptor.

The following skills will be observed and practiced:

- Introduction and appropriate interaction with intensive care unit nursing services, medical staff, emergency department, diagnostic services, outpatient services, and other applicable ancillary departments
- Engage in intensive care inpatient rounds
- Identify and review of intensive care patient chart components
- Professional and ethical interaction with other health professionals, patients, and visitors

The following intensive respiratory care therapeutics will be observed and practiced for initial competency in indications, contraindications, and application:

1. Common clinical findings, relevant history, expected radiologic and laboratory findings, and management of the following diseases and/or disorders:
    A. COPD
    B. Tuberculosis
    C. Lung abscess
    D. Atelectasis
    E. Bronchiectasis *(as with Cystic Fibrosis)*
    F. Cardiac disease
    G. Pulmonary emboli
    H. ARDS and sepsis
    I. Chest trauma
    J. Neuromuscular disease
    K. Occupational lung disorders
2. Indications, hazards and types of the following devices:
    A. Nasal airways
    B. Oral airways
    C. Endotracheal tubes
    D. Tracheostomy tubes
    E. Trach buttons
    F. Phonation devices for tracheostomy tubes
3. Procedure for intubation and extubation
4. Procedure for ETT cuff monitoring
5. Indications, hazards and complications of mechanical ventilation
6. Determination of initial ventilator parameters
7. Determine the following:
    A. compressible volume
    B. static and dynamic pulmonary mechanics
8. Understand and effectively apply ventilator concepts to include:
    A. Design characteristics
    B. Controls
    C. Circuit set up
        a. Alarm systems
        b. Modes of ventilation specific to each model
9. Clinical uses for volume and pressure targeted strategies
    A. Controlled mandatory ventilation
    B. Synchronized intermittent mandatory ventilation
    C. Pressure support
    D. Continuous positive airway ventilation
    E. Spontaneous ventilation modes
    F. Hybrid modes of ventilation
10. Alternative ventilation strategies
    A. Lung protective strategies
    B. Dual modes
    C. Heliox
    D. Nitric Oxide

E. Cerebral protection strategies
11. Determine extubation readiness criteria and methods.
12. Monitor ventilator patients to include: ventilator system checks, patient assessment, adjunctive equipment (oximetry and capnography): and alarm systems
13. Select and interpret ventilator graphics
14. Appropriate apply, monitor, and maintain non invasive respiratory monitors:
    A. Pulse oximetry
    B. end tidal C02
    C. Transcutaneous monitor
    D. Nitric oxide
    E. Heliox

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
A. Lecture
B. Individualized Instruction
C. Observation and Demonstration
D. Other (Specify): Mentorship between student and practitioner. Observation, practice and return demonstration under supervision during delivery of patient care to critically ill patients.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
- Electronic medical record charting under clinical preceptor supervision for 3-5 patients/week. Total pages may range from 1 - 5 pages per week.
- Daily assigned self evaluation (1 page each)

Reading Assignments:
A. Evidenced based weaning from mechanical ventilation (Peer reviewed articles ranging from abstract to full length paper).
B. Current strategies in patient's safety as they relate to critical care. (Peer reviewed articles ranging from abstract to full length paper 1 - 25 pages over eight weeks.
C. 5 -10 peer reviewed papers (5 - 30 pages biweekly) published in Respiratory Care Journal or any pulmonary/ critical medical journal during their clinical rotation depending on patient population the student served.

Other Outside Assignments:
- One case history presentation (5-7 pages)
- Weekly discussion board participation (1 page)

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
A. Class Participation
B. Class Performance
C. Final Performance
D. Group Projects
E. Research Projects
F. Simulation
G. Complete assigned procedural competencies. Daily evaluation (theory, practical application, appearance, attendance, communication, theory and application understanding and integration). Written evaluation (theory, practical application, appearance, attendance, communication, theory and application understanding and integration). Patient Case study evaluation than might vary in number of patients due disease state.

10. **REPRESENTATIVE TEXT(S):**
Other:
A. Respiratory Care Student Clinical Manual. In-house produced manual.

Origination Date: October 2024
Curriculum Committee Approval Date: November 2024
Effective Term: Fall 2025
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 460 **TITLE:** Respiratory Critical Care
   Units: 3.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 48.0-54.0 Lab hours; 64.0-72.0 Homework hours; 144.0-162.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Completion of year 1 Respiratory Care Program content.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Study and practice of techniques necessary to provide respiratory care to patients in adult critical care areas. Emphasis includes advanced airway management, ventilator care, respiratory assessment, monitoring and management, and effective communication.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Evaluate, assess and determine a pulmonary disorder using available respiratory diagnostics.
   2. Formulate a differential of respiratory care supportive measures/treatment for a given critical illness.
   3. Adjust respiratory care based on changes in the patients' hemodynamic status and clinical conditions.
   4. Competently perform specific intensive care respiratory procedures.
   5. Evaluate and analyze hemodynamic conditions as they relate to clinical outcomes in acute, transitional and critical care.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Deliver advanced airway care.
   2. Understand principles of critical care management in respiratory intensive patients.
   3. Operationalize respiratory care techniques when managing critically ill adult patients.
   4. Demonstrate effective communication when reporting on a patient's clinical condition and workflow to other members of the multidisciplinary team.
   5. Competently initialize mechanical ventilation when indicated for critically ill patients.
   6. Effectively conduct goal oriented monitoring and management in respiratory intense patients.
   7. Use available diagnostic tools to aid in determining clinical outcomes associated with critical illness.
   8. Utilize intravascular and hemodynamic data to identify and assess the cardiovascular pathophysiology state(s) and intervention(s).
   9. Organize a respiratory care plan for patients in the critical care unit and admitted to a Respiratory Care Service.
   10. Formulate and recommend appropriate modification to respiratory care plans based on hemodynamic data interpretion.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Review of Cardiopulmonary Resuscitation
   2. Principles of Mechanical Ventilation and the Need For Support
      A. Identification of Respiratory Failure
      B. Ventilator Classification and Understanding Ventilation Modes
      C. Effects of Mechanical Ventilation on Oxygenation, Ventilation, and Lung Mechanics
   3. Competent Application of the Following Specific Ventilator Platforms:
      A. Covidien 840
      B. Hamilton
      C. Drager
      D. Envie
      E. Site specific mechanical Ventilators during clinical immersion
   4. Initiation and Monitoring Ventilated Patients

A. Selection of Appropriate Initial Ventilator Settings Based on Patient Assessment
B. Assessment and Adjustment of Ventilator Settings Based on Patient's Condition
C. Effects of Mechanical Ventilation on Other Body Systems
D. Identification of Complications and Hazards During Mechanical Ventilation
E. Minimizing Adverse Effects During Mechanical Ventilation
F. Utilization of Noninvasive Monitoring

5. Review of Cardiac Anatomy and Applied Physiology
   A. Structure
   B. Function
   C. Dysfunction
6. Arterial Blood Gas
   A. Locations
   B. Techniques
7. Arterial Pressure and Central Venous Monitoring
   A. Anatomy
   B. Data
   C. Equipment
      a. Catheter
      b. Pressure transducer
      c. Placement
      d. Troubleshooting
8. Pulmonary Artery Catheterization
   A. Anatomy
   B. Data
      a. Preload
      b. Afterload
   C. Equipment
      a. Catheter
      b. Pressure Transducer
      c. Placement
      d. TRoubleshooting
9. Applied Cardiac Physiology
   A. Anatomy
   B. Physiologic Pressure
   C. Heart Failure Indentification and Management
      a. Left Heart
      b. Right Heart
      c. Pulmonary Hypertension
10. Oxygenation Status in Hemodynamic Monitoring
    A. Arterial
    B. Venous
    C. Oxygen Consumption
11. Monitoring Considerations
    A. Technique
    B. Placement
12. Fluid Management
    A. Data Measurement
    B. Recommendations

Lab Content:

Weekly Lab Content:
Ventilator Taxonomy
Ventilator Waveforms
Mechanical Ventilation Monitoring and Management
Mechanical Ventilation Math
Sedation and Analgesia
Arterial Blood Gas practice

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

A. Lecture

B. Lab
C. Directed Study
D. Discussion
E. Guest Speakers
F. Other (Specify): 1. Computer-assisted learning exercises, on and off campus, no extra cost for the students, using the platform Labster, provided by the college. 2. Patient case scenarios.

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

Students will complete written assignments throughout the entire semester. For example:

A. Two peer reviewed journal article summaries (related to critical care management of adult patients). Each 3-5 pages in length.
B. Weekly group and individual evaluation of patient case scenarios. Length will vary.
C. Two written Summaries of case scenarios, 3-4 paragraphs for each case.

Reading Assignments:

Weekly readings; minimum of 5 pages:

A. Sedation and Analgesia in the ICU
B. Airway Management
C. Mechanical Ventilators
D. Clinical Principles of Positive Pressure Ventilation
E. Monitoring and Managing Patients Receiving Positive Pressure Ventilation
F. Discontinuing Positive Pressure Ventilation
G. Mechanical Ventilation Waveforms
H. Effective Communication in the ICU
I. Hemodynamic Monitoring
J. Patient Case Senarios

Other Outside Assignments:

A. Selected readings from text and current journal articles
B. Lab exercises
C. Respiratory calculation problems to better understand data assessment
D. Group and individual evaluation of patient case scenarios
E. Computer assisted learning exercises
F. Out of class assignments may include:
    a. Evaluation of patient case scenarios
    b. Computer assisted learning exercises
    c. Written assignment pertaining to various application of respiratory concepts
    d. Discussion board participation
    e. 8 hours community service

To be Arranged Assignments:

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Participation
B. Class Performance
C. Class Work
D. Exams/Tests
E. Group Projects
F. Homework
G. Lab Activities
H. Projects
I. Quizzes
J. Simulation
K. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Competent performance and application of respiratory procedures. Quiz and exams will accompany each module. There will be a comprehensive final examination.

10. **REPRESENTATIVE TEXT(S):**

Possible textbooks include:

A. Robert M. Kacmarek. *Egan's Fundamentals of Respiratory Care***, 11th ed. Mosby, 2017
B. Gardenhire, D. S. *Rau's Respiratory Care Pharmacology*, 10th ed. Mosby, 2019

Other:

A. ** This title is available through Skyline College Library's e-Book collection, and students have free access by using their SMCCCD credentials.

Permalink:
https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910006434115053

** This is 2017 edition

Instructor Generated Handouts

Origination Date: October 2025
Curriculum Committee Approval Date: January 2026
Effective Term: Fall 2026
Course Originator: Anrey Bartoszynski

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 480 **TITLE:** Diagnostic/Interventional Procedures and Outpatient Respiratory Care
   Units: 2.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Admission to the Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Explore fundamental diagnostic testing in pulmonary function, cardiopulmonary testing, and bronchoscopy procedures, as well as opportunities for Respiratory Care Practitioners in various outpatient settings. Through various diagnostic testing studies, the student will learn to identify changes in the patient's pulmonary status and assist the healthcare team in the outpatient setting to improve patient's health status and quality of life.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Identify and apply diagnostic testing studies for various cardiopulmonary disorders.
   2. Analyze pulmonary function data to differentiate between obstructive and restrictive disease, assess pulmonary disease severity and evaluate effectiveness of various respiratory therapies.
   3. Demonstrate the role of Respiratory Care Practitioners in pulmonary rehabilitation, homecare, disaster management, and formulate effective treatment plans for these patient population.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Define and discuss terms and methods used in respiratory equipment instrumentation and quality control.
   2. Demonstrate how various pulmonary function tests are performed and how to interpret their results.
   3. Identify applicable exercise physiology components and be able to interpret exercise testing data.
   4. Identify goals for patients participating in pulmonary rehabilitation programs and the role of the Respiratory Care Practitioner in this process.
   5. Identify opportunities for Respiratory Care Practitioners in the home care setting and their role in providing patient care.
   6. Identify indications for bronchoscopy procedures and demonstrate application techniques appropriately.
   7. Understand the role of a Respiratory Care Practitioner in a disaster and apply effective triage systems for respiratory failure mass-casualty.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Instrumentation and Quality Control
      A. American Thoracic Society/European Respiratory Society standards
      B. Accuracy and precision
      C. Methods, frequency, and procedures
   2. Pulmonary Mechanics
      A. Forced vital capacity
      B. Flow/volume loops
      C. Pre and post bronchodilator
   3. Static Lung Volumes
      A. Helium dilution
      B. Nitrogen washout
      C. Body plethysmography
      D. Radiographic techniques
   4. Diagnostic Testing
      A. Diffusion capacity

B. Compliance
C. Bronchial Provocation
D. Exercise Physiology and Exercise Studies
a. Equipment
b. Exercise in Disease

5. Special Studies
A. P50
B. Hypoxic Studies
C. Hypercarbic Studies
D. P100
E. Altitude Simulation

6. Bronchoscopy
A. Techniques
B. Indications
C. Patient Selection and Preparation
D. Hazards and Complications

7. Pulmonary Rehabilitation
A. Functional Deterioration in Patients with Chronic Lung Disease
B. Educational Program Structure
C. Patient Assessment
D. Nutritional Assessment
E. Outcomes and Progress Documentation

8. Respiratory Homecare
A. Goals
B. Reimbursement
C. Equipment and Procedures
a. Oxygen Therapy
b. Mechanical Ventilation
c. Adjunct Therapies
D. Safety Considerations

9. Disaster Management
A. Scenarios resulting in mass-casualty respiratory failure
B. Role in disaster planning and management
C. Special equipment and devices
D. Triage systems of patients in mass-casualty respiratory failure

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
A. Lecture
B. Activity
C. Observation and Demonstration
D. Other (Specify): Computer-assisted learning exercises. Reading assignments. Pulmonary physiology interpretation case studies.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
Weekly respiratory pulmonary diagnostic calculation problems to better understand data assessment; 5-7 pages Weekly evaluation of patient case scenarios for diagnostic cases; 5-7 pages Weekly written assignment pertaining to various application of respiratory concepts; 5-7 pages
Reading Assignments:
Weekly selected readings from text and current journal articles; 5-15 pages
Other Outside Assignments:
Weekly group discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
A. Class Performance
B. Class Work
C. Exams/Tests

D. Quizzes
E. Written examination
F. Effective assessment, evaluation, treatment plan formulation of patient case scenarios.

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
A. Kacmarek, R., Stoller, J., Heuer, A. *Egan's Fundamentals of Respiratory Care***, 11 ed. https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma991000643411505308:: Mosby, 2017

Origination Date: November 2024
Curriculum Committee Approval Date: January 2025
Effective Term: Fall 2025
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 485 **TITLE:** Clinical Medicine Seminar and Professional Development
   Units: 2.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Successful completion of the first year Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Students will reinforce their current knowledge of respiratory care practices in selected areas of basic therapeutics, diagnostic procedures and critical care. Varying modes of instruction will be used – laboratory, research and skill development. Integration of pathology, pathophysiology, diagnostics techniques and therapeutic modalities through the utilization of patient case studies. Preparation for job placement by supporting professional development.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Approach patient cases in a systematic manner to synthesize and analyze assessment and diagnostic data to formulate and modify cardiorespiratory treatment plans.
   2. Effectively dialogue with physicians to formulate and modify cardiorespiratory treatment plans.
   3. Engage effectively with employers for employment in the field of Respiratory Care.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Define the difference between objective and subjective data and the difference between signs and symptoms
   2. Describe the value in reviewing the following parts of a patient's chart: a. Admission notes b. Physician orders c. Progress notes
   3. Organize, identify, and appropriately analyze assessment and diagnostic data pertinent to decision formulation
   4. Identify and recommend proper treatment modalities based on data assessment
   5. Discuss information with the health care team in an organized and rationale manner to modify and improve quality of treatment plans
   6. Explore work tasks, settings, salary, job opportunities and resources corresponding to the Respiratory Care career
   7. Support Respiratory lab activities for Freshmen students learning basic therapeutics
   8. Perform community service focused on Respiratory Care professional development

6. **COURSE CONTENT:**
   Lecture Content:
   1. Patient History and Assessment Data
      A. Past History
      B. Current History
      C. Pulmonary Physical Assessment
      D. Basic Cardiac Assessment
      E. Other Physical Assessment
      F. Laboratory Data
      G. Basic Awareness of Cardio Pulmonary Problems
         a. Chronic Obstructive Pulmonary Disease
         b. Asthma
         c. Consolidation/Pneumonia
         d. Atelectasis
         e. Congestive Heart Failure/Pulmonary Edema

f. Pneumothorax
g. Pleural Effusion

2. Order Interpretation
   A. Indications, Contraindications and Hazards/Complications of Respiratory Therapy Modalities
      a. Cardiopulmonary Resuscitation
      b. Oxygen Therapy
      c. Humidity and Aerosol Therapy
      d. Lung Expansion Therapy
      e. Airway Clearance
      f. Ventilator Initiation and Management
3. Treatment Recommendation
   A. Patient Condition
      a. History
      b. Bedside Assessment
   B. Diagnostic Testing
      a. Noninvasive Monitoring
      b. Invasive Monitoring
      c. Radiographic Results
      d. Laboratory Data
      e. Pulmonary Function
   C. Health Care Team Communication
      a. Participants
         i. Patient and Family
         ii. Physicians
         iii. Nurses
         iv. Respiratory Care Practitioners
         v. Radiologists
         vi. Pharmacists
         vii. Dieticians
         viii. Specialists
      b. Information
         i. Preparation
         ii. Organization
4. Job Market
   A. Preparing Resume
   B. Attending Respiratory Care job fair
   C. Participation in mock interview
   D. Learn how to conduct a success job search
5. Professional Development
   A. Competency training
   B. Learning process engagement
   C. Interview skills
   D. Resumes
   E. Employer colleague networking

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
A. Lecture
B. Directed Study
C. Activity
D. Discussion
E. Guest Speakers
F. Individualized Instruction
G. Observation and Demonstration
H. Other (Specify): Computer-assisted learning exercises. Patient case scenarios.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:

Critical thinking will be required of students in such weekly assignments and activities as written and oral analysis and evaluation of readings and/or classroom materials, class discussion of readings, lectures.

A. Weekly computer assisted learning exercises; 5-7 pages
B. Students will write a comprehensive final case study 10 to 15 pages
C. Weekly draft written progress reports during the semester; 5-7 pages

Reading Assignments:

A. Weekly selected readings from text and current journal, 10 -15 articles. Students will be reading 300 - 450 pages material as part of the course.
B. Readings may include a general survey text, an anthology of articles, monographs, and/or any combination of these works which require individual comprehension at both a factual and interpretive level.
C. Critical thinking will be required of students in such assignments and activities as written and oral analysis and evaluation of readings and/or classroom materials, class discussion of readings, lectures, comments, and ideas, and assessing and evaluating historical data and theses.

Other Outside Assignments:

A. Weekly respiratory calculation problems to better understand data assessment
B. Weekly group and individual evaluation of patient case scenarios
C. Weekly computer assisted learning exercises
D. Weekly case study presentation
E. Weekly discussion board participation
F. Weekly outside class assignments may include any, some, or all of the following: reading, researching, writing, critiquing, summarizing, analyzing, and/or evaluating.

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Participation
B. Class Performance
C. Exams/Tests
D. Field Trips
E. Group Projects
F. Oral Presentation
G. Papers
H. Portfolios
I. Projects
J. Quizzes
K. Research Projects
L. Written examination
M. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Group case study project and class room. final presentation.

10. **REPRESENTATIVE TEXT(S):**

Possible textbooks include:

A. Dean R. Hess. *Respiratory Care: Principles and Practice***, 4th ed. Jones & Bartlett, 2021

Other:

A. Vary depending on specific assignment and outlined in learning contract.
B. ** This title is available through Skyline College Library's e-Book collection, and students can access it for free by using their SMCCCD credentials.

https://caccl-smccd.primo.exlibrisgroup.com/permalink/01CACCL_SMCCD/s0te9o/alma9910007878588053

Origination Date: January 2023
Curriculum Committee Approval Date: May 2023
Effective Term: Fall 2023
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 488 **TITLE:** Clinical Rotation IV and Respiratory Care Internship
   Units: 6.5 units **Hours/Semester:** 120.0-135.0 Work Experience hours; 192.0-216.0 Field Experience hours; 312.0-351.0 Total Student Learning hours
   Method of Grading: Pass/No Pass Only
   Prerequisite: Completion of the first year Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   This course provides supervised clinical training in adult, pediatric, and neonatal intensive care units, as well as other specialized areas within affiliated hospitals in Northern California. Students will develop proficiency in critical care skills essential to the practice of Respiratory Care and apply knowledge gained in the classroom to real-world patient care scenarios through a structured clinical internship with program affiliates. This experience fosters the integration of theoretical learning with practical application, promotes interdisciplinary collaboration, and prepares students for entry-level practice as professional Respiratory Care Practitioners.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Demonstrate proficiency in evaluating and implementing respiratory therapeutics and management for critically ill adult, pediatric, and neonatal patients.
   2. Evaluate, apply, and manage invasive and non-invasive positive pressure ventilation for critically ill adult, pediatric, and neonatal patients.
   3. Complete a structured 120-hour clinical internship with Respiratory Care Program Clinical Affiliates in Northern California. Through direct patient care, interdisciplinary collaboration, and guided mentorship, students will integrate classroom knowledge with clinical practice, demonstrating professional competence, clinical reasoning, and readiness for entry-level practice as Respiratory Care Practitioners.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Demonstrate effective communication with patients, families, and healthcare team members.
   2. Participate actively in patient handoffs, interdisciplinary rounds, and in-service activities in adult, pediatric, and neonatal care settings.
   3. Analyze patient histories and perform chart reviews to identify pertinent clinical data in intensive care units.
   4. Develop, implement, and evaluate patient care objectives across adult, pediatric, and neonatal populations.
   5. Apply laboratory-learned therapeutic procedures to real-world patient care in adult, pediatric, and neonatal settings.
   6. Exhibit professional behavior and collaborate effectively with healthcare professionals, patients, and visitors in clinical environments.
   7. Maintain and advance proficiency in critical care procedures for adult, pediatric, and neonatal patients.
   8. Explore clinical practice areas outside of critical care units to broaden clinical experience.
   9. Complete a structured clinical rotation that integrates classroom learning with direct patient care, interdisciplinary collaboration, and guided mentorship in affiliated Northern California hospitals, demonstrating competence and readiness for entry-level practice as a Respiratory Care Practitioner.

6. **COURSE CONTENT:**
   Lab Content:
   During each clinical day, students will perform procedures aligned with the course objectives, progressing toward competency and mastery. For each procedure, students will:
   - Conduct a chart review to gather relevant patient information.
   - Determine care plan objectives for respiratory therapy.
   - Deliver respiratory care therapy effectively and competently.

- Assess and evaluate the patient's response to therapy.
- Communicate findings and therapy outcomes to the instructor and/or clinical preceptor.

Clinical Skills Practiced:

Students will practice and demonstrate proficiency in:

- Establishing and maintaining professional interactions with nursing staff, medical personnel, emergency department staff, diagnostic services, outpatient services, and other relevant ancillary departments.
- Participating in patient rounds and interdisciplinary care discussions.
- Identifying, analyzing, and reviewing components of patient charts.
- Exhibiting professional and ethical behavior when interacting with healthcare professionals, patients, and visitors.

Respiratory Care Procedures and Therapeutics:

Students will observe, practice, and achieve competency in respiratory care procedures and therapeutics across adult, pediatric, and neonatal intensive care settings, which includes, but is not limited to:

1. Critical Care Procedures
   - A. Hand Ventilation Procedures
   - B. Airway Management
   - C. Extubation
   - D. Ventilator Set-up For Standby
   - E. Ventilator Management and Discontinuance
   - F. Weaning
   - G. Airway Clearance
   - H. Equipment Care and Cleaning
2. Neonatal/pediatric Acute Care Areas
   - A. High Risk Delivery and Stabilization
   - B. Hand Ventilation Procedures
   - C. Airway Management
   - D. Extubation
   - E. Ventilator Set-Up For Standby
   - F. Ventilator Management and Discontinuance
   - G. Weaning
   - H. Airway Clearance
   - I. Equipment Care and Cleaning
3. Specialty Rotation
   - A. Pulmonary Function Lab
   - B. Subacute
   - C. Long term acute care
   - D. Home Care
   - E. Pulmonary Rehabilitation
   - F. Neuromuscular Disease Clinic
   - G. Chart Review
   - H. Patient Assessment
   - I. Therapy Objectives
4. Communication of Patient Care with Preceptor and Health Care Providers

   Final clinical rotation to include a 120 hour unpaid internship program that will cover approximately 4 weeks. The primary goal of the internship is to allow the student an opportunity to spend additional clinical time in an area of practice that is of particular interest and will support transition to the workforce. Site and objectives are to be determined by the student with the advice of the Program Director.

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

- A. Critique
- B. Field Experience
- C. Individualized Instruction
- D. Observation and Demonstration
- E. Work Experience
- F. Other (Specify): Mentorship between student and practitioner. Observation, practice and return demonstration under supervision during delivery of patient care.

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

- Electronic medical record charting under clinical preceptor supervision for 3-5 patients/week (Total number may change based on number of assigned patients and detail of patient summary)
- Daily assigned self-evaluation (1 page each)

Reading Assignments:

Assigned evidenced based support/research related to patient care techniques employed during clinical experience. This will generally be in the form of a peer review journal article of 5 - 25 pages/semester.

Other Outside Assignments:

- One case history presentation (5-7 pages)
- Weekly discussion board participation (1 page)
- One written summary of internship experiences, integrated goals, and a self-reflection of overall performance (4-6 pages)

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Participation
B. Class Performance
C. Class Work
D. Group Projects
E. Homework
F. Oral Presentation
G. Papers
H. Projects
I. Quizzes
J. Research Projects
K. Simulation
L. Complete assigned procedural competencies. Daily evaluation (theory, practical application, appearance, attendance, communication, theory and application understanding and integration). Written evaluation (theory, practical application, appearance, attendance, communication, theory and application understanding and integration).

10. **REPRESENTATIVE TEXT(S):**

Other:

A. Respiratory Care Student Clinical Manual. In-house produced manual.

Origination Date: September 2025
Curriculum Committee Approval Date: January 2026
Effective Term: Fall 2026
Course Originator: Anrey Bartoszynski

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 490 **TITLE:** Neonatal and Pediatric Respiratory Care
   Units: 3.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 48.0-54.0 Lab hours; 64.0-72.0 Homework hours; 144.0-162.0 Total Student Learning hours
   Method of Grading: Letter Grade Only
   Prerequisite: Completion of year 1 Respiratory Care Program content.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   Examines the delivery of Respiratory Care on an age specific population by applying the normal and abnormal cardiorespiratory anatomy and physiology of the newborn and pediatric patient. Provides students with the necessary background to pursue further studies in this specialized area.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Evaluate neonatal/pediatric pulmonary diseases through assessment of etiology, pathophysiology, bedside critical observations and clinical data.
   2. Evaluate and analyze bedside assessment and clinical data to formulate effective neonatal/pediatric respiratory treatment plans.
   3. Demonstrate competency in neonatal/pediatric therapies and procedures.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Differentiate between normal and abnormal fetal development.
   2. Discuss and perform assessment of the healthy and ill neonate.
   3. Demonstrate airway management and resuscitation techniques of the neonate.
   4. Identify etiology, pathophysiology, clinical findings of respiratory disease and competently apply respiratory care modalities in the neonatal and pediatric patient.
   5. Master the basic foundation and competent delivery of respiratory care with this age specific population.
   6. Differentiate the normal and abnormal cardiorespiratory anatomy and physiology of the newborn and pediatric patients.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Conception to Birth
      A. Embryologic Development of the Fetus
      B. Development of the Pulmonary System
      C. Fetal Lung Fluid and Surfactant
      D. Cardiovascular System and Fetal Circulation
      E. Development and Function of Intrauterine Structures
   2. Assessment of Fetal Growth and Development
      A. Modalities to Assess Fetal Status
         a. Amniocentesis
         b. Fetal Heart Rate Monitoring
      B. Factors Identifying a High-Risk Pregnancy
   3. Labor, Delivery and Physiological Changes After birth
      A. Stages of Normal Delivery
      B. Abnormal Labor and Delivery
         a. Prematurity and Tocolysis
         b. Dystocia
         c. Placental Abnormalities
      C. Adaption to Extrauterine Life
   4. Resuscitation of the Newborn

A. Neonatal Resuscitation Guidelines for the Neonate
B. Skills
    a. Hand Ventilation
    b. Suctioning
    c. ET Tube Securement
    d. Airway management
    e. Skin intergrity

5. Physical Assessment of the Neonate and Pediatric Patient
    A. History
    B. Gestational Age Assessment
    C. Physical Examination
        a. Inspection, Palpation, Percussion, Auscultation
6. Respiratory Care Procedures
    A. Airway Clearance
    B. Aerosolized Medication Therapy
    C. Surfactant delivery
    D. Oxygen Therapy
    E. Specialized gas delivery
    F. Non-invasive Monitoring
7. Review of Ventilation Concepts and Application of the Following Mechanical Ventilation Strategies:
    A. Nasal Continuous Positive Pressure Ventilation
    B. Non-invasive ventilation
    C. Invasive mechanical ventilation
    D. Conventional modes of ventilation- Pressure/Volume
    E. Hybrid modes of ventilation
    F. NAVA
    G. HFOV
    H. HFJV
8. Management of the Neonate to Include Etiology, Pathophysiology, Clinical Findings, and Respiratory Care Including Acceptable Oxygenation and Ventilation Strategies for the Following Acute and Chronic Cardiopulmonary Diseases:
    A. Transtachypnea of the Newborn
    B. Respiratory Distress Syndrome
    C. Meconium Aspiration
    D. Air Leak
        a. Pulmonary Interstitial Emphysema
        b. Pneumothorax
    E. Pneumonia and Infectious Diseases
    F. Bronchopulmonary Displasia
    G. Congenital Heart Disease
9. Management of the Pediatric Patient to Include Etiology, Pathophysiology, Clinical Findings, and Respiratory Care Including Acceptable Oxygenation and Ventilation Strategies for the Following Acute and Chronic Cardiopulmonary Diseases:
    A. Asthma/Reactive Airways Disease (RAD)
    B. Cystic Fibrosis
    C. Croup
    D. Epiglotttitis
    E. RSV/Bronchiolitis

Lab Content:

Weekly Lab content:
Fetal Circulation
Neonatal Resuscitation
Disease of Premature Neonate
Disease of Full-term Neonate/Infant
Abdominal Defects and X-Rays
Acyanotic Heart Disease
Cyanotic Heart Disease
Oxygen Therapy and Non-Invasive Ventilation
Invasive Mechanical Ventilation
ECMO

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**
Typical methods of instruction may include:
A. Lecture
B. Lab
C. Activity
D. Discussion
E. Guest Speakers
F. Observation and Demonstration
G. Other (Specify): Group discussion and assignments. Computer-assisted learning exercises. Patient case scenarios and data analysis.

8. **REPRESENTATIVE ASSIGNMENTS**
Representative assignments in this course may include, but are not limited to the following:
Writing Assignments:
- Written reflections and discussion board posts pertaining to various application of respiratory concepts in neonataology and pediatrics (1-3 pages/week).
- Final written assignment, essay pertaining to a neonatal or pediatric respiratory disease process 5-7 pages/semester.

Reading Assignments:
A. Weekly selected readings from current journal articles. Student will be reading 400 to 550 pages of journal article content during the course.

Other Outside Assignments:
A. Respiratory calculation problems to gain better understand data assessment
B. Group and individual evaluation of patient case scenarios
C. Lab assignments
D. Computer assisted learning exercises
E. Other out-of-class assignments may include:
    a. Evaluation of patient case scenarios
    b. Computer assisted learning exercises
    c. Discussion board participation

9. **REPRESENTATIVE METHODS OF EVALUATION**
Representative methods of evaluation may include:
A. Class Participation
B. Class Performance
C. Class Work
D. Exams/Tests
E. Field Trips
F. Group Projects
G. Homework
H. Lab Activities
I. Oral Presentation
J. Papers
K. Quizzes
L. Research Projects
M. Simulation
N. Written examination
O. Exams including multiple choice, short answer, and short essay questions. Effective assessment, evaluation, treatment plan formulation of patient case scenarios. Competency based lab practicum. Competent performance and application of respiratory procedures. Comprehensive final exam.

10. **REPRESENTATIVE TEXT(S):**
Possible textbooks include:
A. Brian K. Walsh. *Neonatal and Pediatric Respiratory Care*, 6th ed. Saunders, 2022

Origination Date: October 2024
Curriculum Committee Approval Date: November 2024
Effective Term: Fall 2025
Course Originator: Heather Esparza

Skyline College
Official Course Outline

1. **COURSE ID:** RPTH 495 **TITLE:** Respiratory Care Board Examination Preparation and Review
   Units: 2.0 units **Hours/Semester:** 32.0-36.0 Lecture hours; 64.0-72.0 Homework hours; 96.0-108.0 Total Student Learning hours
   Method of Grading: Grade Option (Letter Grade or Pass/No Pass)
   Prerequisite: Completion of the first year Respiratory Care Program.

2. **COURSE DESIGNATION:**
   Degree Credit
   Transfer credit: CSU

3. **COURSE DESCRIPTIONS:**
   Catalog Description:
   This course prepares students for the National Board for Respiratory Care (NBRC) credentialing examination. Emphasis is placed on patient data evaluation, device management, initiation and modification of interventions, patient condition assessment, and clinical judgment skills across the lifespan. Students engage in case-based scenarios, practice examinations, and skill-building exercises to ensure readiness for credentialing.

4. **STUDENT LEARNING OUTCOME(S) (SLO'S):**
   Upon successful completion of this course, a student will meet the following outcomes:
   1. Apply patient data evaluation and clinical judgment strategies to accurately interpret and respond to case-based exam questions aligned with the updated NBRC credentialing exam blueprint.
   2. Demonstrate proficiency in identifying and managing appropriate therapeutic interventions, device selection, and patient care modifications across diverse clinical scenarios and patient populations.
   3. Evaluate personal readiness and implement test-taking strategies to improve performance and achieve passing outcomes on NBRC-style practice examinations.

5. **SPECIFIC INSTRUCTIONAL OBJECTIVES:**
   Upon successful completion of this course, a student will be able to:
   1. Understand the structure, content areas, and expectations of the updated NBRC credentialing examination.
   2. Review and integrate knowledge from across the respiratory care program to reinforce clinical decision-making and patient care skills.
   3. Apply strategies to analyze patient data, evaluate clinical scenarios, and make appropriate interventions consistent with NBRC exam competencies.
   4. Develop confidence in test-taking and implement strategies to efficiently complete NBRC-style practice examinations.
   5. Complete practice examinations and case-based scenarios that reflect the breadth and depth of the new NBRC exam to assess readiness for credentialing.

6. **COURSE CONTENT:**
   Lecture Content:
   1. Patient Data
      A. Evaluation of Patient Records
         a. Patient history (HPI, social/family/medical history, consultations, orders, medications, DNR/advance directives, vaccination status)
         b. Laboratory results (CBC, electrolytes, cultures, biomarkers, blood gases/hemoximetry)
         c. Pulmonary function testing (spirometry, lung volumes, DLCO)
         d. Imaging studies (X-ray, CT, ultrasound/echo, V/Q scan, ECG)
         e. Maternal, perinatal, and neonatal history (APGAR, gestational age, L/S ratio)
         f. Sleep study results (apnea-hypopnea index)
         g. Trends in monitoring (vital signs, hemodynamics, ICP, ventilator parameters, pulmonary mechanics, cuff pressures, pulse oximetry/capnography/transcutaneous)
         h. Determination of patient condition
      B. Clinical Assessment
         a. Observation/interview (appearance, mental status, pain, dyspnea, cough, smoking/vaping history, ADLs, airway characteristics, neonatal assessments, skin integrity, learning needs,

social determinants of health)
b. Palpation (pulse, chest movement, crepitus, tactile fremitus, tracheal deviation)
c. Chest radiograph evaluation (image quality, device/tube placement, pathology identification, mediastinal/tracheal shifts)

C. Procedures to Gather Clinical Information
a. ECG
b. Noninvasive monitoring (SpO2, SpCO, capnography, transcutaneous)
c. Mechanics of spontaneous ventilation
d. Blood gas sampling and analysis
e. Cardiopulmonary calculations (A–a gradient, VD/VT, P/F, OI, SpO2/FiO2)
f. Pulmonary compliance and resistance, plateau pressure, auto-PEEP
SBTs, apnea testing, overnight oximetry, CPAP/NIV titration during sleep
g. Cuff management
h. Sputum induction and mini-BAL
i. 6-minute walk test, oxygen titration
j. Pulmonary function testing (spirometry, lung volumes, DLCO, MIP/MEP/MVV)

D. Evaluation of Procedure Results
a. ECG, noninvasive monitoring, peak flow, ventilatory mechanics
b. Blood gases/hemoximetry, cardiopulmonary calculations, hemodynamics
c. Pulmonary compliance/resistance, plateau pressure, auto-PEEP
d. SBTs, apnea monitoring, overnight studies
e. Sputum evaluation, pulmonary function results

E. Recommendation of Diagnostic Procedures
a. Laboratory tests, imaging studies, bronchoscopy/BAL, PFTs
b. Noninvasive monitoring, blood gases/hemoximetry, ECG
c. Exhaled gas analysis (CO2/CO), hemodynamic monitoring, sleep studies
d. Thoracentesis

2. Management of Devices & Patient Safety

A. Troubleshooting Devices
a. Medical gas systems, high-flow, CPAP/NIV, humidifiers, nebulizers, inhalers, resuscitation devices
b. Mechanical ventilators, intubation equipment, artificial airways, suctioning devices
c. Blood analyzers, breathing circuits, hyperinflation/clearance devices, inhaled gas delivery systems
d. Pulmonary function testing equipment, chest drainage systems, bronchoscopes, hemodynamic monitors

B. Infection Prevention & Quality Assurance
a. Infection control protocols and isolation precautions
b. Disinfection and handling of biohazardous materials
c. Equipment quality control (blood/gas analyzers, PFT equipment, ventilators, monitors)
d. Prevention of ventilator-associated events

3. Initiation & Modification of Interventions

A. Airway Management
a. Positioning, difficult airway recognition, establishing airway (OPA/NPA, supraglottic, ETT, tracheostomy, laryngectomy, speaking valve, advanced intubation devices)
b. Tracheostomy care, airway exchange, humidification, extubation

B. Airway Clearance & Lung Expansion
a. Postural drainage, suctioning, mechanical clearance devices, assisted cough, hyperinflation, inspiratory muscle training

C. Support of Oxygenation & Ventilation
a. Prevention of hypoxemia, oxygen therapy, heated high-flow, CPAP
b. Mechanical ventilation (invasive, noninvasive, HFV), alarm management
c. Dyssynchrony correction, ventilator graphics, recruitment maneuvers, ventilator liberation

D. Medication & Specialty Gas Administration
a. Aerosolized therapies (bronchodilators, mucolytics, antimicrobials, vasodilators, steroids, anticoagulants)
b. Endotracheal instillation
c. Specialty gases (He/O2, NO, epoprostenol)

E. Modification of Care Plan
a. Treatment termination for complications/adverse events

b. Adjustments to oxygenation, ventilation, fluid/electrolyte balance, pharmacologic therapy, mechanical support
c. Consultation and interdisciplinary coordination

F. Evidence-Based Practice
a. Use of protocols (oxygen titration, weaning, aerosol therapy)
b. Classification of disease severity
c. Application of national/international guidelines (ARDS, asthma, COPD, cystic fibrosis, brain death)

G. Respiratory Care in High-Risk Situations
a. Emergencies (cardiopulmonary, neonatal resuscitation, disaster response, MET calls)
b. Closed-loop communication, patient transport, debriefing after adverse events

H. Assisting in Procedures
a. Intubation, bronchoscopy (including EBUS/ENB), thoracentesis, tracheotomy, chest tubes, arterial/venous line placement, sedation, cardioversion, withdrawal of life support

I. Team & Family Interaction
a. Interdisciplinary teamwork, transitions of care, communication of concerns, patient/family education
b. Safety, home care, lifestyle modifications, pulmonary rehab, disease management

4. Patient Condition Types

A. Adults:
a. Chronic lung disease (COPD, asthma, restrictive disease, bronchiectasis, cystic fibrosis)
b. Trauma
c. Cardiovascular (HF, arrhythmia, pulmonary hypertension, MI, PE, shock)
d. Neurological/neuromuscular disorders
e. Medical (infectious, ARDS, immunocompromised, obesity, drug toxicity)
f. Pre- and post-operative care

B. Children:
a. Pediatric conditions (asthma, infections, bronchiolitis, congenital disorders, CLD of prematurity)
b. Neonatal conditions (resuscitation, RDS)

7. **REPRESENTATIVE METHODS OF INSTRUCTION:**

Typical methods of instruction may include:

A. Lecture
B. Activity
C. Discussion
D. Other (Specify): Development of test-taking strategies through case-based NBRC-style practice exams and structured reviews; weekly discussion assignments focused on patient scenarios and decision-making; assigned readings, guidelines, and instructional videos; an applied course project integrating clinical judgment and evidence-based practice; weekly quizzes simulating both breadth of knowledge and depth of clinical judgment items; and the use of NBRC practice resources, including online exam simulations and supplemental study guides.

8. **REPRESENTATIVE ASSIGNMENTS**

Representative assignments in this course may include, but are not limited to the following:

Writing Assignments:

Writing assignments will consist of:

- Weekly discussion board posts that consists of 1-3 pages.
- Course reflection essay (500 words)

Reading Assignments:

Weekly reading assignments may include:

- Open Educational Resources Curated for the RPTH-495 course
- Reading assignments and other resources will vary with course objective ranging from 5 - 30 pages.

Other Outside Assignments:

Other weekly out-of-class assignments may include:

- Utilization of supplemental study guides, practice questions, and case-based scenarios aligned with the NBRC credentialing examination to reinforce knowledge and assess readiness.

9. **REPRESENTATIVE METHODS OF EVALUATION**

Representative methods of evaluation may include:

A. Class Work
B. Exams/Tests
C. Homework
D. Projects
E. Quizzes
F. Simulation
G. Written examination
H. Online comprehensive exams using NBRC-style practice questions that cover both the breadth of knowledge and depth of clinical judgment. Asynchronous multiple-choice exams are administered through Canvas Learning Management System.

10. **REPRESENTATIVE TEXT(S):**
Other:
A. Website Resources may include:
Respiratory Therapy Zone Test-Bank Page RespiratoryTherapyZone.com

National Board for Respiratory Care Free Practice Exams
https://www.nbrc.org/examinations/rrt/#free-practice-exam

Skyline Library's Learning Express's RT Certification practice exams.
https://guides.skylinecollege.edu/az.php

Origination Date: August 2025
Curriculum Committee Approval Date: January 2026
Effective Term: Fall 2026
Course Originator: Anrey Bartoszynski

Forms

Form 1A

Required Abilities and Qualifications for Respiratory Care Students

The mission of the Skyline College Respiratory Care Program is to train competent, entry-level Respiratory Care Practitioners (RCPs) capable of providing care for a general patient population in today's dynamic healthcare settings. To be effective, RCPs must demonstrate flexibility, the ability to respond to rapidly changing demands, and maintain composure under stressful clinical situations.

The purpose of this section is to outline the physical, cognitive, and behavioral attributes required for successful completion of the program. Students who are unable to demonstrate these abilities are responsible for requesting reasonable accommodations. The program will collaborate with the Disability Resource Center to make appropriate modifications for students with documented disabilities.

A. Physical and Motor Abilities

The prospective Respiratory Care student must possess the strength, coordination, and manual dexterity to:

- Stand and walk for up to 90% of their clinical/work time.
- Bend and kneel to perform CPR.
- Climb stairs as needed in clinical settings.
- Lift up to 45 pounds and carry up to 25 pounds.
- Push and pull heavy wheeled equipment (e.g., ventilators, gas cylinders).
- Use hands and fingers continuously for tasks such as auscultation, percussion, equipment assembly/disassembly, and machine operation.
- Write legibly to document patient care in charts, reports, and other records.

B. Communication Abilities

- Communicate clearly and effectively in spoken English to instruct patients, explain procedures, and collaborate with healthcare staff.

C. Cognitive and Sensory Abilities

- Comprehend and respond promptly to verbal instructions, patient cues, and team communication.
- Assess and respond appropriately to visual and auditory alarms on medical equipment.
- Accurately auscultate breath sounds and differentiate critical changes.
- Maintain attention and focus under stress and during emergency care.

D. Visual Acuity

- Demonstrate sufficient near vision to:
    - Read medication labels, patient charts, and monitor displays (including LED lights).
    - Observe physical signs in patients.
    - Function effectively in both well-lit and dim environments.

E. Behavioral and Emotional Stability

Upon completion of the program, graduates must be capable of:

- Remaining composed and responsive during emergencies.
- Providing emotional and physical support to patients during procedures.
- Collaborating effectively with healthcare teams.

Health Screening and Immunization Requirements

All students enrolled in the Allied Health Programs must submit documentation of physical health clearance and immunization status as required by clinical affiliates. It is the student's responsibility to ensure all records are complete, current, and submitted on time.

1. Health Clearance

A licensed healthcare provider (MD, DO, PA, NP, or RN) must complete the official Allied Health Program Report of Health Screening. The form includes but is not limited to:

- Physical exam results (height, weight, vitals, lungs, heart, skin, neurological, and musculoskeletal status).
- Confirmation the student is free of communicable disease.
- Certification that the student is physically capable of performing the activities described in the Required Abilities section above.

2. Immunization & Titer Requirements

Required immunizations and titers include but not limited to:

Immunization	Requirements
Tuberculosis (TB)	**Required**: QuantiFERON within 2 months of program start. If positive, a chest X-ray is required.
Rubella (German Measles)	**Required**: Positive titer required. ● If the titer is negative, MMR vaccination or re-vaccination is required, followed by a positive titer.
Rubeola (Measles)	**Required**: Positive titer required. ● If the titer is negative, MMR vaccination or re-vaccination is required, followed by a positive titer.
Mumps	**Required**: Positive titer required. ● If the titer is negative, MMR vaccination or re-vaccination is required, followed by a positive titer.
Varicella (Chickenpox)	**Required:** Positive titer OR 2-dose vaccine series, followed by titer.

Tdap	**Required**: Booster required within the last 10 years.
Influenza (Seasonal)	**Required** annually.
Hepatitis B	**(Varies per clinical site)**: 3-dose series with follow-up positive titer. If the titer is negative, re-vaccination may be required.
COVID-19	**(Varies per clinical site)**: Initial series and booster(s), if applicable. Documentation must specify type and date(s) of administration.

Important: Hard copies of all immunization records and lab test results must be submitted. All immunizations must be current within six (6) months prior to entering the program.

Consent to Release Medical Information

I give permission to release my background check, drug test results, medical examination records, and immunization records to the clinical facilities affiliated with Skyline College's Respiratory Care Program.

Student Name: _____

Student Signature: _____

Date: _____

Form B

Respiratory Care Program Handbook Affidavit

This is to acknowledge that I have received and read the ASRC Skyline College and Respiratory Care Program Handbook. I accept and will adhere to the obligations contained within and understand that my dismissal may result if I do not comply.

_____
DATE

_____
NAME (Print)

_____
Signatures

Form C

Skyline College
Respiratory Care Program

Respiratory Care Program Student Clinical Expectations Agreement

Student Name: _____ Semester/Year: _____

As a participant in the Respiratory Care Program clinical experience, I understand and agree to the following expectations. These requirements are in place to ensure patient safety, professional conduct, and completion of the program.

1. **Attendance and Professional Conduct**
   - I will arrive on time, engaged, and will present my assigned preceptor with clinical objectives for the assigned shift.
   - I will notify both the clinical site and Clinical Director before the start of the shift if I will be late or absent.
   - I understand that three tardies = one absence, and that more than **two** absences will result in dismissal from the clinical site and dismissal from the program. All absences MUST be made up.
   - I understand failure to notify the site and Clinical Director of an absence is considered a Failure-to-Report and is grounds for disciplinary action including possible dismissal from the program.
   - I understand that clinical hours are limited and critical to my success; missing hours negatively impacts my education.
   - I understand that clinical assignments, including rotation schedules, depend on site availability and student cohort size. The program will make every effort to accommodate students fairly.

2. **Patient Safety and Professionalism**
   - I understand that I am responsible for practicing with full alertness, adequate rest, and good judgment in a high-risk environment; Fatigue, illness, or any other physical impairment is incompatible with safe practice.
   - I will maintain aseptic technique ,and infection control precautions at all times. I will adhere to universal precautions and body substance precautions as instructed in this program.
   - I will treat patients, staff, and peers with respect and professionalism at all times.
   - I understand that unprofessional conduct (disengagement, disrespect, unsafe practice, or leaving a clinical site, without proper notification to program faculty) will result in removal from the clinical site resulting in a “no pass” for the clinical course and dismissal from the program.
   - I understand that if a clinical site requests my removal due to safety, performance, or professionalism concerns, reinstatement is not possible. An alternate site will not be an option.
   - I will promptly communicate any difficulties to program faculty, clinical staff, or relevant stakeholders as they arise, rather than after the fact

3. **Social Media/Electronics Professionalism**
   - I understand the explicit prohibition on the use of cell phones, social media posts, or photographing in clinical areas**.**
   - I understand that the consequences for unprofessional digital conduct (posting about patients, complaining publicly about sites, etc.) will result in a “no pass” grade for the clinical course and program dismissal.

4. **Health and Fitness for Duty**
   - I will inform the Clinical and/or Program Director if I am taking any medication or have a medical condition that could affect my ability to perform safely in the patient care areas of my clinical assignment.
   - I understand that I may not participate in clinical rotation while impaired or unable to meet essential safety standards.

- I understand that I may not report to a clinical site while impaired by medication, alcohol, or another substance.
    - I understand that evidence of impairment, including odor of alcohol, marijuana, or other substances, even from second-hand exposure, constitutes unprofessional conduct and is grounds for immediate removal from the clinical site and possible dismissal from the program.

5. Clinical Site Authority & Non-Negotiability

- I understand clinical affiliates are independent healthcare facilities with full discretion to accept, supervise, or dismiss a student. The college will not override a clinical affiliate's policy on student conduct and will not offer an alternate site. .
- I understand that as I enter the clinical site, I acknowledge that I am a guest in the healthcare facility and must comply with all hospital/site-specific policies (e.g., HIPAA, OSHA, infection control, and all other applicable policies).
- I will maintain patient confidentiality at all times. Any breach will result in immediate dismissal.

6. Leave of Absence (LOA)

- If I require a LOA for medical or personal reasons, I will submit a written request to the Program Director as soon as possible. If for medical reasons, A LOA request must be supported by documentation from a licensed healthcare provider indicating the reason for the leave and estimated duration.
- I understand that before returning from a medical leave, I must submit a licensed healthcare provider's clearance verifying I am fit to resume clinical responsibilities safely.
- I understand that an extended LOA may delay my program completion, and re-entry is not guaranteed; it is contingent upon program space, faculty approval, and the development of a Student Success Plan.
- Approval of an LOA is subject to review of my academic standing, clinical performance, and the availability of clinical placement.

7. Clinical Requirements

- I understand I must complete and submit all required clinical documents on the requested due dates outlined in the course syllabus.
- I understand that supervision by licensed practitioners is provided at all times, and clinical experiences may occur during day, evening, or night shifts.
- Transportation and parking are my responsibility; ride-sharing or public transit may be necessary in urban areas.

8. Grading, Progression, & Dismissal Clarification

- I understand that my course grade is directly tied to my clinical site performance. Failure to receive a passing evaluation or dismissal from a clinical site will result in a "no pass" grade for the course.
- I understand that successful completion of associated clinical competencies is mandatory for program progression. Failure to complete the clinical competencies will result in course failure and dismissal from the Respiratory Care Program.

9. Appeal & Grievance Awareness

- I understand that if I disagree with a decision, I may follow the formal grievance procedures outlined in the Skyline College Respiratory Care Student Handbook and College Catalog. However, grievances do not guarantee reinstatement, new placement, or alteration of site decisions.

10. Acknowledgment of Program Policies

- I acknowledge that my participation at a clinical site is governed by the Skyline College Respiratory Care Student Handbook Clinical Manual, course syllabus, and this agreement.

- I understand that dismissal from a clinical site by hospital staff is binding, and the program cannot override that decision. In such cases, course failure and program dismissal will follow, as no alternate placement is guaranteed.
- I agree to abide by all policies and expectations outlined in the Handbook, syllabus, and this agreement.
- I agree that my failure to meet these requirements will result in a grade of F and dismissal from the program.

Signatures:

Student: _____ Date: _____

Instructor: _____ Date: _____

Form D

Skyline College
Respiratory Care Program

ASRC Program Policy Agreement and Acknowledgement

Associate of Science in Respiratory Care (ASRC) Program

This document serves as the official **ASRC Program Policy Agreement and Student Acknowledgement** for all students enrolled in the Associate of Science in Respiratory Care (ASRC) Program at Skyline College.

By signing this document, the student acknowledges that they have received, reviewed, and agree to comply with all current ASRC Program policies related to:

- Course repetition and academic progression
- Cohort placement and enrollment continuity
- Lottery classification and reapplication processes
- Program dismissal standards
- Institutional inactivity and re-entry requirements
- Priority classification for returning students (Pool AA)
- All related Admissions & Records and Title 5 regulations

This agreement is aligned with:

- San Mateo County Community College District (SMCCD) policies
- Skyline College Admissions & Records requirements
- California Code of Regulations, Title 5
- CoARC accreditation standards and expectations
- Clinical affiliate and program operational requirements

I. Course Repetition and Program Dismissal (Title 5 Compliance)

In accordance with Title 5 of the California Code of Regulations, students enrolled in the ASRC Program are permitted a maximum of three (3) total attempts for any required respiratory care course.

For the purpose of this policy, an attempt is defined as any course enrollment resulting in one of the following outcomes:

- D+, D, or D−
- F
- NP (No Pass) or NC (No Credit)
- W (Withdrawal)

A student who has attempted the same ASRC course three (3) times and has not achieved a passing grade is not eligible to re-enroll in that course. All respiratory care students taking any course for a third attempt resulting in failure will be

automatically dismissed from the Respiratory Care Program with no opportunity to return. Program faculty and administration do not have the authority to grant exceptions.

II. Cohort-Specific Provisions

The following provisions apply specifically to students who began the ASRC Program in Fall 2023, Fall 2024, Fall 2025, Fall 2026, and any subsequent cohort, and who experienced course failure during their program progression.

A. Fall 2023 Entry Cohort – Returning After Second Unsuccessful Attempt to Complete the First Year of Respiratory Care Program.

Fall 2023 entry cohort students who failed a required ASRC course during the first year and subsequently did not successfully complete a required ASRC course on a second attempt will not automatically progress within their original cohort sequence and will not have a guaranteed place in the program.
Re-entry requires reapplication and participation in the lottery for placement in the next available cohort, contingent upon space and in accordance with Admissions & Records procedures, program capacity, and institutional policies. Students must refer to the New Lottery Policy published on the ASRC Webpage which governs eligibility criteria, selection methodology, and cohort placement.

B. Fall 2024 Entry Cohort – Returning After First Unsuccessful Attempt to Complete the First Year of Respiratory Care Program.

Fall 2024 entry cohort students who fail a required ASRC course during their first year and do not successfully pass on a second attempt will forfeit continuous admission. They must reapply and participate in the lottery for placement in the next available cohort, in accordance with Admissions & Records procedures and program policies. Students in this category must refer to the New Lottery Policy published on the ASRC Webpage which governs eligibility criteria, selection methodology, and cohort placement.

C. Fall 2025 Entry Cohort – Returning After First Unsuccessful Attempt to Complete the First Year of Respiratory Care Program.

Students who enter the ASRC Program in Fall 2025 and fail any required ASRC course during their first year will lose continuous admission. To continue in the program, these students must reapply and participate in the lottery for the next available cohort. Placement in the lottery does not guarantee admission. Students selected through the lottery will be enrolled in the appropriate course sequence necessary to continue their studies within the ASRC Program. Students not selected in a lottery cycle must reapply to be considered for future placement while retaining Pool AA eligibility, contingent upon compliance with all institutional and program policies.

Students who do not successfully complete a required ASRC course on a second attempt are permanently dismissed from the ASRC Program and are no longer eligible for re-admission or lottery consideration, unless they qualify for approved Exceptions and Accommodations.

Admission is contingent upon space availability and must comply with Admissions & Records lottery procedures, program capacity, and institutional policies. Students in this category should consult the New Lottery Policy on the ASRC Webpage, which explains eligibility criteria, selection process, and cohort placement.

D. Fall 2026 Entry Cohort and Subsequent Cohorts

Students who enter the ASRC Program in Fall 2026 or any later cohort and fail any required ASRC course during their first year will lose continuous admission. To continue in the program, these students must reapply and participate in the lottery for the next available cohort. Placement in the lottery does not guarantee admission. Students selected through the lottery will be enrolled in the appropriate course sequence necessary to continue their studies within the ASRC Program.

Students not selected in a lottery cycle must reapply to be considered for future placement while retaining Pool AA eligibility, contingent upon compliance with all institutional and program policies.

Students who do not successfully complete a required ASRC course on a second attempt are permanently dismissed from the ASRC Program and are no longer eligible for re-admission or lottery consideration, unless they qualify for approved Exceptions and Accommodations.

Admission is contingent upon space availability and must comply with Admissions & Records lottery procedures, program capacity, and institutional policies. Students in this category should consult the New Lottery Policy on the ASRC Webpage, which explains eligibility criteria, selection process, and cohort placement.

III. Enrollment Continuity and Institutional Inactivity Policy

In accordance with Skyline College Admissions & Records regulations, students are required to maintain continuous enrollment. A student who is inactive for three (3) consecutive semesters will have their Skyline College student account deactivated. For the purpose of this policy, semesters include: Fall, Spring, and Summer.

Institutional deactivation directly impacts ASRC Program status. A student who has matriculated into the ASRC Program and is inactive for three consecutive semesters (Fall, Spring, and/or Summer) will be dismissed from the Respiratory Care Program and will forfeit their program cohort seat, unless they qualify for approved Exceptions and Accommodations.

Exceptions and Accommodations for Re-Entry Following Institutional Inactivity

Students who experience involuntary interruption of enrollment may be considered for re-admission under documented, approved accommodations, consistent with Title 5 of the California Code of Regulations and Skyline College policies. Accommodations may include, but are not limited to:

1. **Military Duty and Active Service Obligations**
    - Students called to active duty, training, or other official military service may request re-entry consideration.
    - Placement will be reviewed to preserve prior academic progress and program eligibility.
    - Official military orders must be provided and coordinated with the Veterans Services Office and Admissions & Records.

2. **Extenuating Circumstances**
    - Serious illness, injury, or medically required treatment preventing enrollment or course completion.
    - Jury duty or other legally mandated obligations that conflict with enrollment.
    - Natural disasters or declared public emergencies.
    - Documentation must demonstrate impact on enrollment for the term(s) affected.

3. **Pregnancy, Childbirth, and Postpartum Recovery**
    - Students experiencing pregnancy or postpartum recovery may request re-entry consideration.
    - Appropriate medical documentation is required in accordance with Title 5 and Title IX protections.

4. **Students with Verified Disabilities**
    - Students with documented disabilities may request re-entry with accommodations necessary to support successful program continuation.
    - Accommodation plans are coordinated through the College's Disability Support Services.

5. **Medical Leave of Absence**
    - Students who interrupted enrollment due to documented medical conditions may be eligible for re-entry, subject to medical clearance and review by Admissions & Records.

6. **Public Emergency or Institutional Disruption**
    - Students impacted by campus closures, program disruptions, or verified administrative errors may be considered for re-entry without penalty associated with program interruption.

Conditions and Limitations:

- Re-entry under any of these accommodations is not guaranteed and is subject to program capacity, lottery procedures, and all current institutional and program admission requirements.
- Documentation supporting the accommodation request must be submitted prior to consideration and in compliance with Admissions & Records policies.
- Students approved for re-entry will be placed in the appropriate cohort and course sequence, as determined by program administration, to maintain academic progression and compliance with ASRC program standards.

IV. Priority Boarding and Lottery Pool Classification for Returning Students (Pool AA)

To ensure equitable access to limited program seats while supporting student progression, returning ASRC students who meet th criteria outlined in this addendum will be classified under Pool AA (Priority Boarding) for lottery consideration.

Pool AA Eligibility Criteria

Students will be considered for Pool AA (Priority) if they:

- Are returning ASRC students who have earned a passing grade in at least one required ASRC course; and

- Are reapplying to continue program progression following an interruption due to unsuccessful course completion or withdrawal, as evidenced by one or more of the following outcomes: D+, D, D−, F, NP, NC, or W.

Lottery Weighting and Priority Boarding Rules

Applicants classified under Pool AA will receive:

- Three (3) lottery entries upon initial reapplication; and
- One (1) additional lottery entry for each subsequent year the student reapplies and remains eligible under Pool AA criteria.

This priority boarding structure is designed to recognize prior academic progress while maintaining fairness and transparency in the allocation of limited program seats.

Lottery Selection and Program Placement

Placement in the lottery does not guarantee admission. Students selected through the lottery will be enrolled in the appropriate course sequence necessary to continue their studies within the ASRC Program, as determined by program administration and subject to course availability.

Reapplication Requirement

Pool AA students not selected in a lottery cycle are required to reapply to the ASRC Program to be considered for placement in a future cohort for their second attempt and to retain Pool AA (Priority Boarding) eligibility, contingent upon continued compliance with all applicable institutional admissions policies and ASRC Program requirements.

Dismissal Following Second Unsuccessful Attempt

Students who do not successfully complete a required ASRC course on a second attempt are permanently dismissed from the ASRC Program and are no longer eligible for re-admission or lottery consideration, unless they qualify for approved Exceptions and Accommodations.

V. Student Acknowledgment and Agreement

By signing below, I acknowledge that:

- I have received and reviewed this Addendum in its entirety.
- I understand that this Addendum supplements and forms part of the ASRC Student Program Handbook.
- I understand that these policies are governed by **Title 5 regulations** and Skyline College Admissions & Records rules.
- I agree to comply with all policies outlined herein as a condition of continued enrollment in the ASRC Program.

Student Name (Printed): _____

Student Signature: _____

Student ID G-Number: _____

Date: _____

Program Representative/Director: _____

Date: _____

This Addendum applies to all students enrolled in the ASRC Program, including the cohort categories outlined in this document, and is governed by California Code of Regulations, Title 5, as well as Skyline College Admissions & Records policies.

Document Control
Addendum Version: **v1.1**
Approval Status: Program-Level Implementation
Effective Term: **Fall 2026**
Supersedes: All prior informal or unpublished guidance related to course repetition, cohort progression, lottery eligibility, dismissal, or enrollment continuity within the ASRC Program.

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Form E

Transcript Evaluation Services (TES) – Student Acknowledgment Requirement

Students who have completed coursework at institutions outside of the San Mateo County Community College District (Skyline College, College of San Mateo, or Cañada College) are required to submit official transcripts for evaluation through Skyline College Transcript Evaluation Services (TES).

TES is responsible for the official evaluation and articulation of external academic coursework. Completed evaluations are used to update DegreeWorks and ensure accurate application of transfer credit toward ASRC program and degree requirements.

Transcript Submission Requirements

Students must: ● Request official transcripts from all external institutions attended ● Ensure transcripts are sent directly to Skyline College Transcript Evaluation Services ● Submit transcripts to: transevaluation@smccd.edu ● Verify receipt and follow up on evaluation status if needed	Students who have already submitted transcripts and need status updates may complete the TES Contact Form: ● TES Contact Form: https://www.skylinecollege.edu (TES inquiry portal)

Important Note

Failure to submit all official external transcripts in a timely manner may result in delays in:
- Transfer credit evaluation
- Degree audit updates (DegreeWorks)
- Program completion verification
- Degree conferral processing

Transcript evaluation must be completed in accordance with Skyline College Admissions and Records procedures and SMCCD district policy.

Student Acknowledgment of Understanding

By signing below, I acknowledge and understand the transcript submission and evaluation requirements outlined above. I understand that it is my responsibility to ensure all external transcripts are submitted for official evaluation and that failure to do so may delay academic progress and/or degree completion.

Student Name (Printed): _____Student Signature: _____

Student ID (G Number): _____Date: _____

Form F

Skyline College Respiratory Care Practitioner Program Code of Conduct

All students enrolled in the Associate and/or Bachelor of Science in Respiratory Care programs at Skyline College are expected to adhere to the Skyline College Student Code of Conduct, Due Process Policy, and all San Mateo County Community College District policies and procedures.

Due to the professional nature of the respiratory care profession, students are held to standards of conduct consistent with those expected of practicing healthcare professionals. Students are expected to demonstrate professionalism, integrity, accountability, and ethical behavior at all times in academic, clinical, simulated, and professional environments.

This includes all interactions occurring in classrooms, laboratories, simulation settings, clinical sites, allied health offices, and remote or online learning environments.

Students must demonstrate respectful and professional behavior in all interactions with peers, faculty, clinical instructors, staff, patients, families, and all members of the healthcare team. Students are expected to uphold patient dignity, privacy, and confidentiality at all times.

Students must comply with all applicable policies of Skyline College, the Respiratory Care Program, the San Mateo County Community College District, and all affiliated clinical agencies.

Professional Conduct Expectations

Students are expected to consistently demonstrate the ethical principles of the respiratory care profession, including standards established by the American Association for Respiratory Care (AARC), the National Board for Respiratory Care (NBRC), clinical affiliates, and applicable federal and state laws.

Professional expectations include, but are not limited to:
- Respectful communication and behavior in all settings
- Adherence to clinical site rules, procedures, and protocols
- Protection of patient privacy, dignity, and confidentiality
- Professional appearance, conduct, and accountability
- Compliance with all program and institutional policies

Failure to meet professional conduct expectations may result in disciplinary action in accordance with Skyline College and program policies.

Academic Integrity and Professional Misconduct

Academic dishonesty and professional misconduct are serious violations and may result in disciplinary action. Consequences may include, but are not limited to:
- Failing grade on an assignment, exam, or course
- Course grade reduction or course failure
- Disciplinary actions including warning, censure, probation, suspension, or expulsion

The Dean of Enrollment Services or designated disciplinary officer maintains records of academic integrity violations in accordance with district policy. Students have the right to due process and may appeal decisions through established college procedures.

Types of Violations

The following list includes, but is not limited to, behaviors that may result in disciplinary action.

Field and Clinical Violations

• Theft of college or clinical agency property
• Violation of patient or client confidentiality, including HIPAA violations
• Patient abandonment, including leaving a clinical or simulation site without proper notification
• Unauthorized recording or data capture of patients, families, staff, or clinical activities
• Unauthorized access, copying, photographing, or transmission of protected health information from any source, including electronic records, handwritten notes, or personal devices
• Unauthorized photocopying or duplication of documents without consent
• Recording an instructor without permission
• Misuse of recording accommodations not approved under disability services
• Violation of HIPAA policies at any clinical site
• Inappropriate, disruptive, discriminatory, or unprofessional behavior toward patients, families, staff, faculty, or peers
• Violation of AARC Code of Ethics

Academic Violations

• Cheating, plagiarism, self plagiarism without proper citation, or falsification of academic work
• Misuse or alteration of institutional or clinical documents, records, equipment, or data
• Disruptive behavior in classrooms, laboratories, clinical sites, or online environments
• Unauthorized recording or disruption of learning activities in any modality
• Submission of false or misleading information or documentation
• Violation of institutional student conduct policies
• Violation of AI use, plagiarism, or academic integrity policies
• Violation of student privacy rights

Commitment to Professionalism

Students represent Skyline College and the respiratory care profession at all times, including in academic, clinical, and public environments.

Professionalism extends beyond academic performance and includes development of leadership, clinical competence, communication skills, advocacy, research engagement, and service to the community.

Students are expected to consistently demonstrate the core values of the profession, including integrity, accountability, respect, cultural humility, and commitment to improving patient and population health outcomes.

Legal and Regulatory Compliance

Students are expected to comply with all applicable federal and state laws, including HIPAA and patient privacy regulations, as well as all policies and procedures established by Skyline College, the Respiratory Care Program, SMCCD, and affiliated clinical agencies.

Acknowledgment, Agreement, and Signature

By signing below, I acknowledge that I have read, understood, and agree to abide by the Skyline College Respiratory Care Practitioner Program Code of Conduct. I understand that failure to comply with these expectations may result in academic and/or disciplinary action in accordance with Skyline College and program policies.

Student Name (Printed): _____

Student Signature: _____

Student ID (G Number): _____

Date: _____

~END~