

## Ohlone College Respiratory Therapist Application Guidelines



Students need to be capable of performing the following skills. Please review this and make sure that you are able to perform all of the following:

### Essential functions/core performance standards:

Category	Standards measured	Skills
Gross Motor Ability	1.1 Move within confined spaces 1.2 Sit and maintain balance 1.3 Stand and maintain balance 1.4 Reach above shoulders 1.5 Reach below waist	Grasp, hold, and read small instruments such as volume measuring devices. Lift medication vials to eyes to read. Record patient data in record or change the settings on equipment by turning knob and observes change(s). Squeeze suction catheter button. Squeeze medication vials to empty. Write in patient chart.
Fine Motor Ability	2.1 Pickup objects with hands 2.2 Grasp small objects with hands 2.3 Write clearly and neatly with pen or pencil 2.4 Type on a keyboard 2.5 Pinch/squeeze or pick up objects 2.6 Twist knobs with hands 2.7 Possess manual dexterity for sterility and infection control purposes.	Change equipment settings above head and below waist. Function in an ICU environment by moving about in an ICU room in order to perform procedures on the patient. Student must also read patient chart, equipment settings, and/or equipment displays. Sit or stand to record findings.
Physical Endurance	3.1 Stand at client's side during procedure 3.2 Sustain repetitive movements 3.3 Maintain physical tolerance (continue tasks throughout a shift) 3.4 Work and complete tasks at a reasonable pace	Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, or above head. Gather equipment and manually resuscitate patient. Make rapid adjustments if needed to ensure patient safety. Make way to patient room if an emergency is called using stairs. Turn to change settings on monitor while standing at patient's bedside.
Physical Strength	4.1 Lift 25 pounds 4.2 Carry equipment/supplies 4.3 Squeeze with hands (e.g., use of	Procedures such as CPT and CPR require that you stand, move, and perform

## Ohlone College Respiratory Therapist Application Guidelines

	<p>a manual resuscitator)</p> <p>4.4 Able to push/roll 60 pounds</p> <p>4.5 Move heavy object weighing from 10-50 pounds by using upper body strength.</p>	<p>repetitive procedures on patients throughout the day. Repeat this procedure periodically throughout a shift</p>
<b>Mobility</b>	<p>5.1 Twist</p> <p>5.2 Bend</p> <p>5.3 Stoop/squat</p> <p>5.4 Move quickly</p> <p>5.5 Walk and climb ladders / stools / stairs</p>	<p>Help patient up in bed and from stretcher to bed and back. Carry medications, pulse oximeter, stethoscope, or other equipment to patient room. Push ventilator or other heavy equipment from respiratory care department to patient room. Lift equipment from bed height to shelf height above chest level.</p>
<b>Auditory</b>	<p>6.1 Hear normal and different speaking level sounds</p> <p>6.2 Hear audible alarms</p> <p>6.3 Hear telephones</p> <p>6.4 Hear sounds with stethoscope (e.g., lungs and heart sounds)</p>	<p>Hear audible alarms such as a ventilator alarm. Hear overhead pages to call for emergency assistance. Listen to heart sounds to determine if heart is beating. Determine the intensity and quality of patient breath sounds in order to help determine a diagnosis. Listen to patient breath sounds to determine if patient is breathing.</p>
<b>Visual</b>	<p>7.1 Distinguish color</p> <p>7.2 Distinguish color intensity</p> <p>7.3 See emergency lights/lamps</p> <p>7.4 See object up to 20 inches away</p> <p>7.5 Use peripheral vision</p> <p>7.6 Visually assess clients</p>	<p>Confirm settings visually such as with ventilator display. Read patient chart to determine correct therapy. Read settings on monitors and other equipment. Visually assess patient color to assess for hypoxia or any changes in patient condition.</p>
<b>Tactile</b>	<p>8.1 Detect environmental temperature</p> <p>8.2 Detect temperature</p> <p>8.3 Feel the differences in sizes, shapes (e.g. palpate artery/vein)</p> <p>8.4 Feel vibrations (e.g. pulses)</p>	<p>Assess patient by feeling for pulse, temperature, tactile fremitus, edema, subcutaneous emphysema.</p>
<b>Olfactory</b>	<p>9.1 Detect odors from client</p> <p>9.2 Detect smoke</p> <p>9.3 Detect gas or noxious smells (e.g. gas leak or smoke) Skills: Assess for unusual odors originating from the patient or environment</p>	<p>Assess for unusual odors originating from the patient or environment requiring attention.</p>

## Ohlone College Respiratory Therapist Application Guidelines

	requiring attention.	
<b>Reading and Writing</b>	<p>10.1 Read and interpret orders</p> <p>10.2 Read and understand written documents</p> <p>10.3 Read very fine or small print</p> <p>10.4 Write using standard English conventions</p> <p>10.5 Use proper spelling, syntax, and grammar for charting purpose</p>	<p>Read and interpret physician orders and or physician, therapist, and nurse's notes. Read from a computer monitor screen. Gather data accurately, and in a reasonable amount of time to ensure safe and effective patient care relative to other caregivers.</p>
<b>Arithmetic</b>	<p>11.1 Calibrate equipment</p> <p>11.2 Compute fractions</p> <p>11.3 Convert numbers to metric</p> <p>11.4 Count rates (e.g. pulses, breathing rate)</p> <p>11.5 Tell time and measure time (duration)</p> <p>11.6 Perform basic arithmetic functions add, subtract, multiply, divide</p> <p>11.7 Read and understand columns of writing (e.g. flow sheets)</p> <p>11.8 Read digital displays and graphic printouts</p> <p>11.9 Read graphs ( e.g. vital sign sheets, ventilator flow</p>	<p>Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate minute ventilation, convert temperature, correctly place graduated tubing, and other functions.</p>
<b>Emotional Stability</b>	<p>12.1 Establish therapeutic boundaries</p> <p>12.2 Provide client with appropriate emotional support</p> <p>12.3 Adapt to changing environment/stress</p> <p>12.4 Deal with the unexpected (e.g. emergency situations, trauma)</p> <p>12.5 Perform multiple responsibilities concurrently</p> <p>12.6 Show appropriate compassion through communications</p>	<p>Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently such as delivering medication or oxygen in one room while performing an arterial blood gas in another (in an emergency room or general floor environment). Maintain enough composure to provide for safe effective patient care despite crisis circumstances.</p>
<b>Analytical Thinking</b>	<p>13.1 Evaluate outcomes</p> <p>13.2 Prioritize tasks</p> <p>13.3 Problem solve</p> <p>13.4 Process information</p> <p>13.5 Transfer/extrapolate knowledge from one situation to another</p> <p>13.6 Use long and short term memory</p>	<p>Evaluate priorities and different sources of diagnostic information to help arrive at a patient diagnosis. Appropriately evaluate data in order to notify physician and nurses when necessary.</p>
<b>Critical Thinking</b>	14.1 Identify cause-effect	Evaluate priorities and

## Ohlone College Respiratory Therapist Application Guidelines

	relationships 14.2 Plan/control activities for others 14.3 Synthesize knowledge and skills 14.4 Sequence information	different sources of diagnostic information to help arrive at a patient diagnosis and treatment plan.
<b>Interpersonal</b>	15.1 Respect differences in clients 15.2 Establish rapport with clients and coworkers 15.3 Work effectively with physicians, staff, clients and their families	Communicate effectively under any circumstance (courteous or offensive) with patients, families, doctors, nurses and other staff in order to meet therapeutic goals for the patient.
<b>Communication</b>	16.1 Convey information through writing 16.2 Explain procedure(s) 16.3 Give oral reports 16.4 Speak clearly and distinctly 16.5 Speak on the telephone	Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

### Respiratory Therapist General Duties

- Set up and operate devices such as mechanical ventilators, therapeutic gas administration apparatus, environmental control systems, and aerosol generators, following specified parameters of treatment.
- Provide emergency care, including artificial respiration, external cardiac massage, and assistance with cardiopulmonary resuscitation.
- Determine the requirements for treatment, such as type, method, and duration of therapy; precautions to take; and medication and dosages compatible with physicians' orders.
- Monitor patient's physiological responses to therapy, such as vital signs, arterial blood gases, and blood chemistry changes, and consult with physician if adverse reactions occur.
- Read prescription, measure arterial blood gases, and review patient information to assess patient condition.
- Work as part of a team of physicians, nurses and other health care professionals to manage patient care.
- Enforce safety rules and ensure careful adherence to physicians' orders.
- Maintain charts that contain patients' pertinent identification and therapy information.
- Inspect, clean, test, and maintain respiratory therapy equipment to ensure equipment is functioning safely and efficiently, ordering repairs when necessary.
- Educate patients and their families about their conditions and teach appropriate disease management techniques, such as breathing exercises and the use of medications and respiratory equipment.

In addition to performing respiratory care procedures, respiratory therapists are involved in clinical decision-making and patient education. The scope of practice for respiratory therapy includes, but is not limited to the:

## **Ohlone College Respiratory Therapist Application Guidelines**

- Acquiring and evaluation of clinical data, and cardiopulmonary status of patients
- Assisting and implementation of prescribed diagnostic studies such as arterial puncture and analysis, pulmonary function testing, and polysomnography
- Evaluation of data to assess the appropriateness of prescribed respiratory care
- Establishment of therapeutic goals for patients with cardiopulmonary disease
- Contribution, development, and modification of respiratory care plans
- Initiation of prescribed respiratory care treatments, evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives
- Recommendation, initiation and administration of prescribed pulmonary rehabilitation
- Promotion and continued support of patient, family, and community education, cardiopulmonary wellness, disease prevention, and disease management
- Participation of life support activities as required; and promoting evidence-based medicine; research; and clinical practice guidelines
- Familiarization of the various “Clinical Standards and Guidelines” presented by organization such as the American Association of Respiratory Care (AARC), American Thoracic Society (ATS), University of Chest Physician (CCP) and other nationally known organizations

# Ohlone College Respiratory Therapist Application Guidelines

## AARC Statement of Ethics and Professional Conduct

**Preamble:** Ethics is defined as "...the science of moral duty or the science of ideal human character and the ideal ends of human action. The chief problem with which ethics deals concerns the nature of the *summum bonum*, or highest good, the origin and validity of the sense of duty, and the character and authority of moral obligation." Webster's New International Dictionary, 2nd Edition.

We exist in a world that is filled with uncertainty. In order to bring more meaning to our short existence, we humans have sought to bring control to our lives and thus reduce this element of uncertainty. In the activity of health care and its delivery to our fellow humans, chaos can lead to worsening health, rampaging disease and death. Thus, we have developed intricate financial plans, marvelous educational systems, brilliant research techniques and well-defined laws to order this most vital of human efforts.

Despite all of these attempts to control the uncertainty, human character itself undermines and degrades the outcome. In an attempt to control this last and most errant aspect of human action, the science of ethics has taken a vital position in our culture. Ethics under girds all aspects of our enterprise of health care, the financing of it, the education of its practitioners, the growth and development of its knowledge and how it is to be adjudicated.

The American Association for Respiratory Care is a living, breathing and growing organization dedicated to improving all aspects of the science of respiratory care. As evidence of its evolutionary nature, the Association has seen fit to initiate a process which will continuously amplify its ethical statements in order to meet the growing complexity of what the profession of respiratory care is asked to accomplish.

This "Statement" is part of this process of growth and is to be passed on to generation after generation of practitioners who will wisely see the importance of remolding, restating and adding to these statements as the field of respiratory care expands and evolves.

Co-chairs: Richard L. Sheldon, MD, FAARC  
Carl P. Wiezalis, MS, RRT, FAARC

*In the conduct of their professional activities respiratory therapists shall be bound by the following ethical and professional principles. Respiratory therapists shall:*

### **1. Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals. Actively maintain and continually improve their professional competence and represent it accurately.**

It is incumbent upon the respiratory therapist to exhibit actions and carry our activities in a scrupulously honest manner, unbiased and free from personal feelings or prejudices. In so doing, personal, peer and public confidence is promoted in the individual practitioner and in the profession. This behavior pattern is maintained and sustained for the life of one's professional career through continuing education. Patient care continues to improve as scopes of practice change, new technologies and disease management strategies emerge and learning is validated.

## Ohlone College Respiratory Therapist Application Guidelines

In the process of continuing education, the respiratory therapist will be aware of the required Continuing Education Units (CEUS) required by their state's license laws and will comply with these requirements. In so doing, they will choose only the highest quality CEU programs which will address the topics that represent new, proven techniques and knowledge. Areas of known weakness may require educational attention.

### References/Suggested Reading

1. Hemlen KM and Carroll C: Ethics of health care delivery. In Hess DR, et al: Respiratory care; principles and practice. W.B. Saunders Company, St. Louis, 2002, pp 73-75.
2. AARC Position Statement: *Respiratory Therapy Education*.
3. AARC Position Statement: *Requirements for the Provision of Respiratory Care*.

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

Respiratory care is a life-supporting, life-enhancing health care profession practiced under qualified medical direction. Any respiratory therapist providing cardiorespiratory care to patients, regardless of the care setting and patient demographics, shall successfully complete formal education and training and demonstrate initial and continuing competency via appropriate national or state certification, registration, or licensure prior to assuming their duties.

The practice of respiratory care encompasses activities in: diagnostic evaluation, therapy, research, infectious diseases and epidemiology, and education of the patient, family, and public. These activities are supported by education, research, and administration.

The respiratory therapist is expected to possess a recognized ability to render competent and efficacious care across the entire health care delivery spectrum, including, but not limited to: physician's offices; inpatient or outpatient clinics; acute and critical care settings; transport by land, sea, or air, subacute, transitional, skilled nursing, and long-term care venues; and home and self-care settings.

In light of the burgeoning explosion in healthcare science, each respiratory therapist is responsible to maintain knowledge and skills commensurate with the advances in the cardiorespiratory milieu. Today's respiratory therapist is a dedicated life-long learner. This requires a mind open to, in search of, and absorbent of new techniques and new and expanded applications of all aspects of cardiorespiratory care. Failure to stay abreast of the constantly changing nature and character of cardiorespiratory science and practice may result in a failure to perform competently in an ever-expanding scope of practice.

### References/Suggested Reading

1. AARC Position Statement: *Scope of Practice*.
2. AARC Position Statement: *Role of the Respiratory Therapist in the Hospital and Alternative Sites*.

### **3. Respect and protect the legal and personal rights of patients they treat, including the right to informed consent and refusal of treatment.**

## Ohlone College Respiratory Therapist Application Guidelines

Respect for patients' autonomy is vital to the practice of respiratory therapy. Respiratory therapists must accept that self-determination defines a patient's right to choose or refuse treatment. Essential to a patient's ability to exercise autonomy is informed consent. Respiratory therapists have a responsibility to provide the patient with a clear understanding regarding therapeutic interventions and outcomes. In those cases where patients do not have the capacity for autonomous choice, decisions may be made by advance directive or by a legal guardian.

The respiratory therapist must inform the attending physician in the event that the patient does not fully understand and has not fully consented to the proposed treatment or diagnostic procedure.

### References/Suggested Reading

1. Tom L. Beauchamp and Jason F. Childress. Principles of Biomedical Ethics: 5th Edition. New York, Oxford University Press, 2001.
2. Ruth Purtilo. Ethical Dimensions in the Health Professions: 3rd Edition. Philadelphia, W.B. Saunders Company, 1999.
3. Katz, Informed Consent- Must it Remain a Fairy Tale? 10 J. Contemp. Health L. & Policy 69, 80 (1994)
4. Szczygiel, Beyond Informed Consent, 21 Ohio N.U.L. Rev. 171, 217, 218, 220, 225, 226, 256 (1994)

#### **4. Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.**

In the performance of their duties, respiratory therapists have access to confidential medical information. Respiratory therapists have an ethical duty as professionals to respect the patients' trust and safeguard the privacy and security of this information. The obligation of confidentiality prohibits practitioners from disclosing patient information to other parties and encourages respiratory therapists to exercise caution with such information to ensure that only authorized access occurs.

When respiratory therapists exchange information with other staff for diagnostic, treatment, or for educational purposes, precautions must be taken to limit the ability of others to hear, view, or authorize access to confidential information. It is vital that Respiratory therapists follow prescribed policies related to security and disclosure whether oral, written, by telephone, or electronic transfer of information.

Respiratory therapists may only breach confidentiality when mandated by law or code such as when abuse is suspected or concern for public health arises. In such cases, the duty to protect the individual or public health outweighs the duty to maintain confidentiality.

### References/Suggested Reading

1. Minor, Identity Cards and Databases in Health-Care: The Need for Federal Privacy Protections, 28 Colum. J.L. & Soc. Probs. 253, 279 (1995).
2. Field, Overview: Computerized Medical Records Create New Legal and Business Confidentiality Problems, 11 HealthSpan 3, 4 (1994).

## **Ohlone College Respiratory Therapist Application Guidelines**

3. Glynn, Multidisciplinary Representation of Children: Conflicts Over Disclosure of Client Communications, 27 John Marshall L. Rev. 617, 625, 626, 630-32, 637, 639, 643 (1994).
4. AIDS: Establishing a Physician's Duty to Warn, 21 Rutgers L.J. 645, 652 (1990)

### **5. Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.**

In order to assure the highest quality care to all patients, the ethical caregiver must have a clear idea of the potential for abuse when discrimination occurs within the areas of class, color, race, gender, age, handicap, culture, religion, creed, ethnicity, sexual orientation, national origin, politics or any other factor that will make a human-being unique. Personal biases shall not allow them to stand in the way of a patient's right to the best care possible. Any lessening of the dignity of a patient in these areas during the course of treatment is below the ethical standard and should not be tolerated.

If a respiratory therapist is unable to provide care without discrimination, they have an ethical responsibility to request that they be assigned other duties so as to not lessen the rights or dignity of the patient in question.

### **6. Promote disease prevention and wellness.**

Respiratory therapists shall follow a system of personal health care that fosters and leads to optimal attainment of the physical, mental, emotional, social and spiritual aspects of health. Respiratory therapists need to look at the whole person, including analysis of physical, nutritional, environmental, emotional, social, spiritual, and lifestyle values. Practitioners must accept responsibility for their own level of well-being and for the everyday choices made which affect their own health.

By optimizing their own wellness, the respiratory therapist can best participate in programs that promote disease prevention and wellness in others.

### **7. Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.**

In the conduct of their professional activities, respiratory therapists will not engage in any illegal acts and shall adopt a zero tolerance approach to the illegal behavior of others. Knowing that when a minor infraction is tolerated, the door is open for further and more serious breaches, and any witnessed or suspected event must be promptly reported to an immediate supervisor and/or appropriate authority. These infractions include, but are not limited to, illegal behaviors such as theft, falsification of records, fraud and causing the injury or death of a patient.

## Ohlone College Respiratory Therapist Application Guidelines

Respiratory therapists shall resolve that they will neither engage in nor tolerate unethical behaviors in their coworkers including, but not limited to poor quality patient care, wasteful practices, destructive attitudes, sexual harassment, vulgar speech, and customer service failures.

Permitting illegal or unethical behavior to go unreported and uncorrected maligns the integrity of other respiratory therapists in the workplace and reflects badly on the profession at large. Respiratory therapists must resolve to personally promote organizational policies that detail reporting mechanisms for the identification and remediation of illegal, unethical, or incompetent behaviors. Within our current professional world of “blame and punishment”, the respiratory therapist has the right to protection by the organization for which he works, should they take the extremely difficult step of reporting illegal, unethical or incompetent behavior.

### References/Suggested Reading

1. Lieberman P, The Graveyard Shift. The Los Angeles Times, April 27, 2002.

### **8. Follow sound scientific procedures and ethical principles in research.**

Through the centuries there have been methodologies developed by which truth in science can be found. These methods include but are not limited to the concepts of the “randomized, prospective, double-blind, studies” which help to remove bias and other tendencies to arrive at conclusions that will help the researcher more than expand the body of scientific truth.

The current scientific world is now filled with great incentive to arrive at conclusions which can be marketed and thereby allow the researcher to achieve financial and personal gain. The ethical approach to research does not disallow these kinds of gain, but does require that before information is released under the concept of “proven scientific data” the researcher(s) have scrupulously identified and removed bias, reported outlying data, and drawn conclusions which are supported by the data developed.

A primary purpose of science is the formulation and testing of hypotheses about the world around us, and the purpose of a scientific investigator is to report and explain the results of tests of these hypotheses. Data published by an investigator and the interpretation of those data must be the truth, and to the extent that an investigator’s work deviates from what is strictly true, it fails its mission and its readers. Anything that distorts the testing of hypotheses, or the interpretation of the results of this testing, is considered to be a form of bias, and is therefore antithetical to the fundamental nature of science.<sup>2</sup>

Dorland’s Medical Dictionary<sup>3</sup> defines bias as “deviation of results or inferences from the truth.” The potential for bias is everywhere in science. A lack of appropriate controls, inadequate sample sizes, and other defects in study design introduce bias, as do the selective reporting of data and the use of inappropriate statistical tests. Bias on the part of investigators, authors, or manuscript reviewers can stem from family and personal relationships, academic pressure, politics, religious beliefs, and a host of other sources. The form of bias that tends to receive the most attention in scientific publishing, though, especially from the general public, is that involving money, in which reported results deviate from the truth as a result of a financial relationship between the author and the product studied.

## Ohlone College Respiratory Therapist Application Guidelines

A major part of this activity focuses on the identification of conflicts of interest. In its Uniform Requirements for Manuscripts Submitted to Biomedical Journals, the International Committee of Medical Journal Editors (“The Vancouver Group”) states that “conflict of interest for a given manuscript exists when a participant in the peer review and publication process, author, reviewer, or editor has ties to activities that could inappropriately influence his or her judgment, whether or not judgment is in fact affected.”<sup>1</sup>

### References/Suggested Reading

1. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Respir Care* 1997;42(6):623-634.

### 9. Comply with state or federal laws which govern and relate to their practice.

Respiratory therapists must be aware of and responsive to the requirements for practice in their locale of practice, that their actual scope of practice be within the bounds set by local, state and federal regulations and laws, actions that they perform required by legally determined and promulgated rules, regulations and laws.

**Laws** are decisions of national, state or local legislative bodies that set conditions under which regulated activities can be practiced and detail the criteria which define the education, testing and scope of the practice of those permitted to practice. These laws may also define breeches of legal practice, establish and empower oversight boards for the regulated profession and set boundaries defining the limits of these boards to collect monies, investigate activities of the profession and determine limits of sanctions and punishment for breach of the law and board regulations and rules.

**Regulations** are descriptions of actions and activities promulgated and defined and enforced by the professional practice board under its legislative empowerment. Regulations are sometimes referred to as Administrative laws. Regulations set for requirements for practice under the law. Regulations also define the board’s powers to control areas of practice.

**Rules** are developed by the board to operationalize the broader mandates of the Laws and Regulations.

### The Therapist Must:

- Keep and maintain accurate records of patient contact and treatment
- Report suspected cases of spousal, elderly and child abuse
- Communicate honestly and effectively with other members of the care team
- Act as a patient advocate in all situations involving respiratory care
- Uphold the integrity of the Respiratory Therapy Licensure Act in their state, the integrity of the NBRC examination system and the integrity of the profession by reporting actions and activities detrimental to the proper function and administration of these processes.

### Respiratory Therapists May Not:

- Prescribe medicines, therapeutic activities or treatments other than those permitted under approved protocols or formal agreements with particular physicians

## **Ohlone College Respiratory Therapist Application Guidelines**

- Falsely hold themselves out to be physicians, nurses, or other types of healthcare practitioners
- Practice at a level or in a manner beyond their legal level of competence unless enrolled in a formal training program aimed at learning those advanced skills