The purpose of this handbook is to acquaint students enrolled in the Polysomnographic Technology program with the educational philosophy and culture of the Department of Respiratory Care at Texas State. The handbook has been developed to familiarize students with Departmental policies and procedures not addressed in the University catalog or other University publications.

This handbook provides general information only and it not intended to contain all policies and regulations related to students enrolled in the curriculum. The provisions of this handbook do not constitute a contract, either expressed or implied, between the enrolled student and Texas State University. The University reserves the right to withdraw courses at any time, to change fees or tuition, calendar, curriculum, degree requirements, graduation procedures, and any other requirements affecting students. Changes in the above will become effective as determined by the Texas State University Administration and will apply to both prospective students and those currently enrolled.

Texas State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). The Texas State University Respiratory Care Program offers the Bachelor of Science in Respiratory Care degree program (CoARC #200197) and the Polysomnography Option Program (CoARC #400197) at the San Marcos, Texas campus with both programs being fully accredited by the Commission on Accreditation for Respiratory Care (www.coarc.com).

Commission on Accreditation for Respiratory Care (CoARC)
1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-2835

Texas State University is a member of The Texas State University System.
# TABLE OF CONTENT

WELCOME .............................................................................................................. 7

SECTION I. GENERAL INFORMATION
TEXAS STATE UNIVERSITY
  Location ............................................................................................................. 8
  History ............................................................................................................... 9
  Colleges ............................................................................................................ 9
  University Mission ........................................................................................... 9
  University Shared Values ................................................................................ 9

THE COLLEGE OF HEALTH PROFESSIONS .................................................. 10
  Vision Statement ............................................................................................. 10
  Mission Statement ........................................................................................... 10

THE DEPARTMENT OF RESPIRATORY CARE ............................................... 10
  Mission/Vision Statement ............................................................................. 11
  Goal Statements for the RC and PSG Programs ...................................... 12
  Commission on Accreditation for Respiratory Care ................................ 13
  Philosophy of Research ................................................................................ 13

RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY ...... 13
  University Community ............................................................................... 13
  Professional Community ............................................................................ 14
  Community at Large ...................................................................................... 14

RELATIONSHIP OF THE PROGRAM TO THE STUDENTS ....................... 14-16

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT ...................... 16
  Faculty Members ......................................................................................... 16
  Adjunct Clinical Faculty .............................................................................. 16
  Organizational Chart of the Department ................................................. 17

SECTION II. STUDENT INFORMATION .................................................. 18
  ACADEMIC REQUIREMENTS ....................................................................... 18
  Course Requirements .................................................................................. 18
  Grading Policy and Course Failure ............................................................ 18-19
  Honor Code for Texas State ........................................................................ 20
  Policy on Acts of Dishonesty ....................................................................... 20
  Academic Advising ....................................................................................... 21
  Grade Appeal Procedure ............................................................................ 21
  Student Rights ............................................................................................... 21
  Academic Progression/Curriculum Sequence ........................................... 22
Community .................................................................................................34
Profession .................................................................................................34
CARDIOPULMONARY RESUSCITATION BLS ........................................34
HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE ....35
UTILIZATION OF CLASSROOMS, LABS & EQUIPMENT .......................35
  Health Professions Building .................................................................35
  Classrooms .............................................................................................35
  Teaching Labs (306, 307, 308, 333) .....................................................36
  Computer Labs ......................................................................................36
  Equipment ...............................................................................................36
SECTION III. MISCELLANEOUS INFORMATION ..................................37
  Phones .....................................................................................................37
  Professional Liability Insurance .........................................................37
  Student Files ..........................................................................................37
  Contact for Important Offices .............................................................37-38
SECTION IV. CONFIDENTIALITY .........................................................38
  Health Information Privacy and Accountability Act (HIPAA) ..............38-39

Department of Respiratory Care
Polysomnographic Technology Program
Student Handbook 2015-2016 Page 5
ATTACHMENTS

#1 Polysomnographic Technology Student Handbook Verification Statement
#2 Polysomnographic Technology Faculty Members
#3 50 Tips to Writing a Good Paper
#4 Clinical Rotation Placement
#5 Student Records Release Form
#6 Consent to Photography Form
#7 Consent to Participate Form
#8 SDS – Sleep Specialist Examination
#9 Clinical Dress and Attendance Policy Form
#10 Confidentiality Agreement/Verification Form
Welcome!

We are excited to have you as part of the new Polysomnographic Technology Graduate Certificate Program within the Department of Respiratory Care at Texas State University. Congratulations on your decision to continue your education in becoming an essential member of the healthcare team. This Handbook has been designed and published to serve as a reference for all students enrolled in the Polysom Program to provide a preview of the University, College, and Department as you complete your degree. Please read this Handbook carefully and keep it accessible as a future reference. A downloadable version of the Handbook is also available at all times in the Student Resources section of the RC Department website at http://www.health.txstate.edu/RC. The Department faculty and staff wish you the very best during your time with us at Texas State and we are happy to answer your questions along the way.

All students are required to read and abide by the policies outlined in this Handbook. It explains the policies and procedures that will guide you through your educational experience, the curriculum design and rationale, and the educational philosophy and culture of the Department. All students are required to sign a form stating they have READ the handbook and agree to abide by all policies (Attachment #1). You will also be provided with copies of several forms found in the attachments requiring your signature. All required forms will be signed and submitted to the Chair of the Department of Respiratory Care to be filed in student’s personal file. This requirement meets standards set by the profession’s national accreditation agency, CoARC, and the university.

This Handbook is not intended to contain ALL policies and regulations as they relate to students. Please refer to the Texas State Student Handbook found on the university website for university policies and standards regarding student life.

The Respiratory Care/Polysom Faculty
Department of Respiratory Care
Polysomnographic Technology Program
Student Handbook 2015-2016     Page 7
TEXAS STATE UNIVERSITY
Texas State University is a public, student-centered, doctoral-granting university located in the Austin-San Antonio corridor, with the largest campus in the Texas State University System and one of the largest campuses in the state. Texas State is fully accredited by the Commission on Colleges (COC) of the Southern Association of Colleges and Schools (SACS), the regional accreditation organization for eleven states in the southeastern United States. In 2011, the Commission on Colleges of SACS reaffirmed its accreditation of Texas State University with an outstanding review. In January 2012, Texas State was awarded the Hispanic Serving Institute (HSI) status by the Texas Higher Education Coordinating Board (THECB) opening doors for further research and grant opportunities for the university. Also in 2012, the THECB recognized Texas State as an “Emerging Research Institution” joining Texas Tech University, the University of Houston, the University of North Texas, and the University of Texas at San Antonio, Dallas, Arlington, and El Paso. This Tier II classification makes possible additional funding for research and grants, as well.

Texas State’s 35,000 students choose from degree programs (97 bachelors, 87 masters, 12 doctoral) offered by the following colleges: Applied Arts, McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science and Engineering, University College, and the Graduate College. Texas State students come from around the globe representing a diverse student body.

Since 2005, Texas State has also offered bachelor’s and graduate courses in Round Rock, Texas at Texas State’s Round Rock campus located north of Austin. More than 2,000 students are enrolled at the Texas State Round Rock campus. The St. David’s School of Nursing is housed in the Nursing building that opened summer 2010 with enrollment of the first class in fall 2010. There are long term plans for the relocation of the College of Health Professions to the Round Rock campus incumbent upon special state funding for the planning, construction, and equipping of the two new buildings on that campus.

Location
Located on the edge of the Texas Hill Country where the black land prairies give way to the beautiful hill country, the 457-acre San Marcos campus enjoys a setting that is unique among Texas universities. The beautiful crystal-clear San Marcos River fed by the aquifer springs of Spirit Lake along with stately cypress and pecan trees on campus present a picturesque setting for students. The campus location along the banks of the river provides recreational and leisure activities for students throughout the year.
History
Authorized by the Texas Legislature in 1899, Southwest Texas State Normal School opened its doors in 1903. Over the years, the Legislature broadened the institution’s scope and changed its name to Normal College, Teachers College, College, University, and in 2003 to “Texas State University-San Marcos.” The fall of 2013 saw the deletion of the “San Marcos” descriptor and “Texas State University” became the new university name. Each name change reflects the University’s growth from a small teacher preparation institution to a major, multipurpose university. Texas State’s original mission was to prepare Texas public school teachers, especially those of south central Texas. It became renowned for carrying out this mission in the state, but it does far more today.

Colleges
The University offers programs in the colleges Applied Arts, McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science and Engineering, University College, and the Graduate College. In 2011, the Honors College was created to provide an opportunity for students to engage in an intellectual exploration dedicated to a more holistic academic experience.

University Mission
Texas State University is a public, student-centered, doctoral-granting institution dedicated to excellence in serving the educational needs of the diverse population of Texas and the world beyond.

The noblest search is the search for excellence.

--Lyndon B. Johnson
Thirty-Sixth President of the United States, 1963-1969
Texas State University Class of 1930

University Shared Values
In pursuing our mission as a premier institution, we, the faculty, staff, and students of Texas State University, are guided by a shared collection of values. Specifically, we value:

• An exceptional undergraduate experience as the heart of what we do;
• Graduate education as a means of intellectual growth and professional development;
• A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life;
• The cultivation of character and the modeling of honesty, integrity, compassion, fairness, respect, and ethical behavior, both in the classroom and beyond;
• Engaged teaching and learning based on dialogue, student involvement, and the free exchange of ideas;
• Research, scholarship, and creative activity as fundamental sources of new knowledge and as expressions of the human spirit;
• A commitment to public service as a resource for personal, educational, cultural, and economic development;
• Thoughtful reflection, collaboration, planning, and evaluation as essential for meeting the changing needs of those we serve.
THE COLLEGE OF HEALTH PROFESSIONS

Vision Statement
The Texas State College of Health Professions will be a nationally recognized premier center for educating professionals in a broad array of health care fields, increasing the knowledge, research, and community coalitions necessary to enhance and restore the health and well-being of the whole person and of society.

Mission Statement
The College of Health Professions educates and prepares healthcare professionals in a student-centered learning environment. The College excels in teaching, research, and service while responding to the health care needs of the state and nation. To accomplish this, the Texas State University's College of Health Professions unites faculty, students, the healthcare communities, and consumer in coalitions that nurture the academic, scholarly, and service aspect of health care.

The College of Health Professions (CHP), under the administration of Dean Ruth B. Welborn, is currently comprised of two schools, four academic departments, and two programs. In addition to the Department of Respiratory Care, the other departments include Communication Disorders (CDIS), Health Information Management (HIM), and Physical Therapy (PT). The School of Health Administration, the School of Nursing, and the programs in Clinical Laboratory Science (CLS) and Radiation Therapy (RTT) complete the College.

The CHP also includes the Academic Advising Center and three patient clinics: the Speech-Language-Hearing Clinic, the Physical Therapy Clinic, and the Texas State Sleep Center. To further its goals, the CHP has established a number of cooperating teaching sites and has more than 700 affiliations with hospitals and other healthcare facilities for student learning experiences.

THE DEPARTMENT OF RESPIRATORY CARE

The Department of Respiratory Care (Department) is a fully accredited, academically-based department distinguished as being the first program in the College in 1972. First offered as an Associate in Applied Science (AAS) degree, the program transitioned to a Bachelor of Science in Respiratory Care (BSRC) Degree program in 1996. In 2005, the Department added a specialty graduate certificate in Polysomnographic Technology (PSG) program in sleep. The BSRC and PSG Programs were last accredited by CoARC in 2006 for ten years, the highest rating awarded by the accreditation agency. Dr. Gregg Marshall serves as the Department Chair and Program Director for the RC and PSG programs with Dr. Chris Russian serving as the Director of Clinical Education for both programs.
Mission
The Department is committed to the development of competent respiratory care practitioners and sleep technologists through academic and clinical learning to master requisite healthcare competencies, to stimulate professional growth through scientific curiosity, and to promote leadership skill development. The programs are directed toward developing critical-thinking skills in preparation for respiratory care and sleep technology consulting and leadership roles in various healthcare delivery systems. The curriculum is structured to foster habits of research, continuing education, and professional skill growth.

Vision Statement
The Department will strive to produce quality graduates who meet the expectations of the communities of interest served by the program, to maintain an excellent national reputation, and to be a leader in innovative educational endeavors in the profession. As a means to accomplish the vision, the Departmental Goals include:

- Updating the curriculum as national practice standards of care evolve,
- Maintaining external accreditation by meeting the new essentials set by CoARC to include polysomnography theory and clinical practice,
- Recruiting and maintaining racial, gender, and ethnic diversity in both the faculty and students,
- Encouraging faculty to pursue professional development through participation in specialty advanced credentialing and professional continuing education,
- Encouraging faculty and students to participate in professional organizations and community service projects,
- Increasing external funding for the university, college, and department through grant activities,
- Utilizing the Texas State Sleep Center to meet the educational and research needs of the students and faculty while meeting the diagnostic and treatment needs of the Texas State campus faculty, staff and student body,
- Utilizing the Texas State Sleep Center to meet the sleep diagnostic and treatment needs of San Marcos and the surrounding region as it pertains to education and research,
- Establishing articulation agreements with community colleges and associate degree respiratory care programs throughout Texas,
- Encouraging students to pursue graduate education to advance competency in education, research management, and professional specialties.
Goal Statements for the RC and PSG Programs

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

2. “To prepare sleep disorder specialists with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS).”

The Graduate Certificate in Polysomnographic Technology at Texas State is offered to individuals holding the CRT/RRT credential awarded by the National Board for Respiratory Care (NBRC). The Department of Respiratory Care is fully accredited by the Commission on Accreditation for Respiratory Care (CoARC) accreditation agency. Students completing the Graduate Certificate in Polysomnographic Technology are eligible to immediately sit for national board exams and become a Registered Polysomnographic Technologists (RPSGT) through the Board for Registered Polysomnographic Technologists (BRPT) and/or sit for the Sleep Disorders Specialty Credential (SDS) exam through the National Board for Respiratory Care (NBRC). The Texas State Sleep Center is a fully accredited sleep center by the American Academy of Sleep Medicine (ASSM) and is located in the Health Professions Building, Room 105.

There is a critical need for well-trained healthcare professionals in the area of polysomnography. The field of sleep studies, or polysomnography, is a rapidly growing area within the health professions. The field is currently underrepresented academically with only 13 CoARC accredited programs in the nation.

Estimates reflect over 18,000 sleep labs and sleep centers are currently performing sleep diagnostics with just over 8,000-credentialed sleep professionals in the nation. Medical practice and insurance guidelines require each sleep lab to have access to a RPSGT healthcare professional in order to process the diagnostic data before completing and returning the study results to the physician. The need for credentialed, well-trained RPSGT professionals is profound. According to the National Sleep Foundation, over 82 million Americans suffer from sleeping disorders with greater than 12 million Americans suffering from obstructive sleep apnea.

The Graduate Certificate in Polysomnographic Technology is offered at the graduate-level. The graduate certificate requires the student to complete 6 courses for a total of 15 graduate hours in order to qualify the student to sit for board exams. In addition, students completing the graduate certificate may choose to apply the 15 graduate hours toward the Master of Science in Interdisciplinary Studies (MSIS) degree. Completion of the MSIS degree is not a requirement for becoming sleep board exam eligible, but opens research and management doors for graduates.
Commission on Accreditation for Respiratory Care (CoARC)

The Texas State University Respiratory Care Program offering the Bachelor of Science in Respiratory Care degree and the Polysomnography Option Program at the San Marcos, Texas campus is accredited by the Commission on Accreditation for Respiratory Care (CoARC) (www.coarc.com). CoARC establishes standards and criteria that an educational program must meet to be eligible for accreditation. It is important for all students to understand the outcomes for which the program is held accountable.

Outcomes-based accreditation describes the level of competency and skills graduates must possess by the time they complete the degree. Employers of graduates are contacted and their direct input on new graduate performance as new employees is essential to determine a program’s status for accreditation. New graduates and current students are also surveyed for their input on the degree of preparation they experienced when attending the PSG program. Students admitted to the PSG Program must have already earned the CRT or RRT credential through the NBRC and possess an earned bachelor’s degree from a regionally accredited university.

PHILOSOPHY OF RESEARCH

In support of the growth of knowledge in the respiratory care and sleep professions and ultimate improvement in patient care services, the Department faculty value the importance of continued learning and development of the body of professional knowledge. As a result, the faculty believes the professional education environment must provide opportunities for, and involvement in research activities. These research areas include basic and applied clinical research with an emphasis on evidence-based practice and analysis of such practice, administrative research, and educational research activities. The Department is committed to the development of research resources with opportunities for the involvement of students, faculty, and community practitioners to include inter-professional and interdisciplinary research activities.

RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY

University Community

The Department is involved in many component activities of the Texas State community to assure it is an integral part of that community. The faculty are committed to contribute to the service activities of Texas State and accept the challenge by actively serving on Department, College, and University committees and organizations as a representative of the Department. As an outward expression of the university to the community, the faculty represent the Department and Texas State to civic and social groups, support student organizations, and operate the Texas State Sleep Center to serve the Texas State community staff, faculty, and students.
Professional Community
The Department faculty recognizes and greatly appreciates the support for the growth and development of the Program given by the professional community of Central Texas. Hospitals and healthcare institutions have opened their doors to students and clinical faculty for rotations through various areas where respiratory therapists serve as team members of the healthcare team. Without these clinical learning opportunities, the Program could not grow student numbers or meet educational outcomes. The faculty has a strong sense of commitment and obligation to their professional community and are active members of their professional organizations, as well as other community organizations, holding both elected and volunteer leadership positions in those organizations.

Community at Large
The State of Texas has diverse healthcare needs due to the large geographic area and varied population. As one of the fastest growing states in the country, rapid changes in healthcare are impacted by the population growth. As a state supported institution, the faculty recognize the Department’s obligation to first meet the needs of the State of Texas to the fullest extent possible.

RELATIONSHIP OF THE PROGRAM TO THE STUDENTS

The primary focus of the Department is, like the University, the student. The goal of assisting each enrolled student to achieve his/her chosen professional goal is achieved by providing academic counseling, academic instruction, and clinical experience in an atmosphere conducive to learning. The Department faculty make every attempt to be readily available to assist with academic and personal inquires. Each student has been assigned a faculty advisor/mentor to facilitate completion of the professional degree. Personal or professional concerns should be addressed to the student’s mentor or another faculty member as appropriate. The student expectations below are provided to assist you in anticipating the demands of this respiratory care curriculum.

1. Personal interaction skills you should have:

   a. General
      1. Be patient with each other, the faculty and yourself
      2. Recognize the diversity within the class and the faculty
      3. Develop support systems outside of school

   b. With faculty
      1. Communicate with faculty and classmates
      2. Use faculty as resources
      3. Agree to disagree on some topics/approaches
      4. Use class faculty advisor for guidance
c. With classmates

1. Communicate with faculty and classmates
2. Don’t compare yourself to or compete with classmates
3. Facilitate learning by working with each other
4. Agree to disagree
5. Learn to appreciate diversity and grow from it

2. Ability to be a self-directed, independent learner

a. Establishing your priorities

1. Stay focused on the demands of the Program
2. Know deadlines to complete assignments and projects
3. Make exercise/good nutrition an important aspect of your health
4. Commit yourself to successful completion of the Program
5. Know and plan for the financial obligation of the Program
6. Embrace all learning opportunities presented
7. Be prepared to spend a lot of additional out-of-class time (including Saturday)
8. Maintain your notes from day one as you will need them for your comprehensive exam
9. Consider your choices for living arrangements – ie: roommates, commuting

b. Problem-solving ability

1. Re-assess/re-arrange learning habits from general education/pre-requisite learning experience – NO respiratory care information can be “flushed!”
2. Be prepared to take a more active role in learning – step up in the clinical setting and in the classroom to engage in a learning experience and don’t sit back to watch others only
3. Retain information learned: the Program is cumulative/comprehensive which is needed to pass the RRT national board exam

c. Initiative for learning

1. Be motivated and a "self-starter"
2. Learn from each other
3. Be prepared to work independently and collaboratively
4. Participate in group activities to enhance learning (study groups/research partners)

d. Time management skills

1. Study for quality not quantity
2. Make time to maintain your health and your relationships
3. Commit to study as the priority
4. Recognize the time in and outside of class needed to complete assignment, do readings, research topics of interest
3. Review of pre-requisite course topics
   
a. Mastery of medical terminology
   1. Correct meaning
   2. Correct spelling
   3. Abbreviations
   
b. Application of concepts of statistical analysis
   1. Parametric versus nonparametric procedures
   2. Types of analysis
   
c. Mastery of the following anatomical concepts
   1. Pulmonary system: nomenclature/location/function
   2. Cardiovascular system: nomenclature/location/function
   
4. Attitude and mental health
   
a. Expect to be overwhelmed – but know your sources for help!
b. Maintain a sense of humor
c. Prepare for the educational experience – there is little time for an outside job
d. Recognize everything is not concrete, absolute
e. Recognize that becoming a “lifelong learner” is one of your main objectives
f. Recognize the Program is a “great equalizer” – everyone in your class met standards permitting your admission and other students are your equals in academic ability
g. Maintain balance of academics, health, fitness, and relationships

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT

Faculty Members
The University seeks to attract highly qualified and experienced educators to serve on the faculty. The Department’s faculty is committed to providing the quality academic and clinical instruction necessary to foster high ethical and professional standards. The faculty’s commitment to education and striving to provide you with a valuable graduate experience in the PSG Program is focused and dedicated.

Adjunct Clinical Faculty
The University recognizes the contributions of the clinical faculty by granting them clinical adjunct status. Adjunct faculty bring additional areas of expertise and specialization to the patient bedside and in the classroom/lab. These professionals are chosen on the basis of their interest and special credentials/skills in state-of-the-art procedures in their respective fields. (Attachment #2)
ACADEMIC REQUIREMENTS
For many students, a full-time professional education is a new experience that may pose a significant challenge. Professional education has the following characteristics:

- **Time:** many hours of class, study time on/off campus due to the breadth and depth of the curriculum
- **Schedule of classes and assignments:** class schedule will be as noted on your registration schedule with some exceptions. Special lectures or guest lectures may require some time adjustment with plenty of notice given to students.
- **Attendance:** required according to individual course syllabi and faculty. No absences for clinical education is permitted and time missed in the clinical setting must be made up due to CoARC requirements. In some courses, absences may jeopardize successful completion of the program.

Course Requirements
All course requirements are established by the individual instructor and are delineated in the course syllabus. The course instructor may establish requirements for the course in addition to the course syllabus if the instructor deems them necessary and beneficial to the course, the Department or the students.

Grading Policy and Course Failure
In accordance with the Department of Respiratory Care Program Standards for minimal competency, the following scale will be utilized for concept retention:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90-100</td>
</tr>
<tr>
<td>B</td>
<td>80-89</td>
</tr>
<tr>
<td>C</td>
<td>75-79</td>
</tr>
<tr>
<td>D</td>
<td>70-74</td>
</tr>
<tr>
<td>F</td>
<td>(\leq 69)</td>
</tr>
</tbody>
</table>

Students enrolled in the Polysom Program are required to maintain an overall grade of at least a "B" (80%) in all courses in the curriculum. Students must meet the university requirement of an overall 3.0 GPA in order to receive a graduate certificate of completion from the Graduate College and the Department of Respiratory Care.

Because PSG courses are offered in a lock-step sequence, each course is offered only once each academic year. A student not earning a grade of at least a “C” in a course is not eligible to continue progression to the next semester in the PSG program and will be stepped-out of the curriculum sequence. Additionally, students withdrawing from a
sequenced PSG course will not be permitted to continue in the program and will be stepped-out of the program at the end of the semester. If a grade of at least a “C” is not earned or if a student withdraws with a “W” in a PSG course, the course must be repeated according to the following:

1) The student must reapply to the PSG Program and meet the initial GPA requirement of an overall GPA of 3.0;

2) Reapplication must be submitted the one semester prior to the semester course to be repeated;

3) The Admissions Committee will oversee the readmission process and any decision to readmit will be based on academic progress, clinical rotation space, and reassessment of all appropriate clinical competencies,

“Two Strikes” Policy: Failure to earn a grade of at least a “C” in a repeated course OR any two will result in being dismissed from the program and the student will be ineligible for readmission to the program.
The Honor Code at Texas State University

As members of a community dedicated to learning, inquiry, and creation, the students, faculty, and administration of our University live by the principles in this Honor Code. These principles require all members of this community to be conscientious, respectful, and honest.

WE ARE CONSCIENTIOUS.  We complete our work on time and make every effort to do it right. We come to class and meetings prepared and are willing to demonstrate it. We hold ourselves to doing what is required, embrace rigor, and shun mediocrity, special requests, and excuses.

WE ARE RESPECTFUL. We act civilly toward one another and we cooperate with each other. We will strive to create an environment in which people respect and listen to one another, speaking when appropriate, and permitting other people to participate and express their views.

WE ARE HONEST.  We do our own work and are honest with one another in all matters. We understand how various acts of dishonesty, like plagiarizing, falsifying data, and giving or receiving assistance to which one is not entitled, conflict as much with academic achievement as with the values of honesty and integrity.

THE PLEDGE FOR STUDENTS
Students at our University recognize that, to insure honest conduct, more is needed than an expectation of academic honesty, and we therefore adopt the practice of affixing the following pledge of honesty to the work we submit for evaluation:

“I pledge to uphold the principles of honesty and responsibility at our University.”

THE PLEDGE FOR FACULTY AND ADMINISTRATORS
Faculty at our University recognize that the students have rights when accused of academic dishonesty and will inform the accused of their rights of appeal laid out in the student handbook and inform them of the process that will take place.

“I recognize students’ rights and pledge to uphold the principles of honesty and responsibility at our University.

Policy on Acts of Dishonesty
Students accused of dishonest conduct may have their cases heard by the faculty member. The student may also appeal the faculty member’s decision to the Honor Code Council. Students and faculty will have the option of having an advocate present to insure their rights. Possible actions that may be taken range from exoneration to expulsion. [http://www.txstate.edu/effective/upps/upps-07-10-01.html](http://www.txstate.edu/effective/upps/upps-07-10-01.html)
Academic Advising
Once accepted into the Program, all academic advising will be accomplished within the Department. Students will be assigned to one of the faculty as their academic Faculty Advisor. The student should schedule a time to meet with the Faculty Advisor once per semester to discuss program progression and general student well being. The Faculty Advisor should be consulted if problems arise that challenge student success for solutions and advice. Faculty Advisors will provide guidance to assigned students throughout the program until graduation.

Grade Appeal Procedure
If a student does not agree with a final course grade, he/she may appeal that grade. This must be done in writing using the CHP form (available on the CHP web site, http://www.health.txstate.edu/About/College-Policies-and-Procedures.html) within two years following the date that grades are due to the registrar's office using the following guidelines:

• First level: The first level of appeal will be to the faculty member. The formal appeal should be in writing with supporting documentation. The student should meet with the faculty member with written results available to the student within 1 week following the meeting.

• Second level: The second level of appeal will be the Department Chair. Again, this must be in writing with supporting documentation and should be done within two weeks following receipt of written results of the first level appeal. The student shall be notified in writing within 1 week following action of the Department Chair.

• Third level: The third level of appeal is to the Dean of the College of Health Professions whose decision is final. Again, the written appeal and supporting documentation should be submitted to the Dean within 2 weeks of receiving results of the second level appeal.

Student Rights
In the event of student problems, academic or personal, every effort will be made to resolve the difficulties at the Department level. In the event of unresolved problems, RC students are granted the same due process regulations as any other student enrolled at the University.
Academic Progression/Curriculum Sequence
All courses are offered in a lock-step sequence and taught once per year. Due to the sequencing, no variance is permitted. Students will complete the Program according to the 15 graduate hours required. The Department will review the academic progress of students enrolled in the Department at the end of each semester and recommend specific individual action, as needed, to the Department Chair. Academic status will be reported to the Department faculty and the individual student’s Faculty Advisor. Recommendations will be made to the Chair for students requiring further action on status.

FALL (8 graduate hours)
RC 5310 Fundamentals of Polysomnography. (3-0) Introduction to the physiology of sleep including sleep neurology, sleep architecture, classification of sleep disorders. Review of basic cardiac physiology and ECG arrhythmia recognition. Sleep pathologies will be discussed according to etiology, pathophysiology, symptoms, diagnosis, treatment and prognosis.

RC 5211 Polysomnography Instrumentation I. (2-0) Designed to teach the function, operation and design of electroneurodiagnostic equipment. Monitoring devices, electrode application and patient connection will be covered in detail.

RC 5312 Clinical Polysomnography-Sleep Staging I. (0-10) Direct patient diagnostic monitoring is performed under close supervision in a sleep lab. Differential amplifiers, amplifier calibration, artifact correction and the professional role of the sleep tech will be demonstrated.

SPRING (7 graduate hours)
RC 5313 Polysomnographic Therapeutic Intervention. (3-0) In-depth study of the treatments available for sleep apnea including CPAP, BiPAP, oxygen therapy, patient adjunctive fitting, surgical intervention and the role of the sleep tech in titration. Special attention will be given titration algorithms, nocturnal seizure disorder studies, REM behavior disorder studies, MSLTs and MWTs.

RC 5214 Polysomnography Instrumentation II. (2-0) Advanced study of waveform characteristics and montage development, filters and PSG electronics. Signal pathways, reference electrodes, impedance checking and filter settings in calibration waves will be covered.

RC 5215 Clinical Polysomnography-Sleep Staging II. (0-10) Advanced clinical education in sleep staging rules, light, delta and REM sleep scoring and analysis. EEG, EMG, ECG and respiratory events will be discussed in depth are components of the polysomnogram report.

Total: 15 graduate hours
Written Assignments
All papers should conform to the American Medical Association style. The AMA Manual of Style is routinely available for purchase in the bookstore. Consult the Writing Tips (Attachment #3) for helpful hints. The manual is also available at the library or online at http://www.amamanualofstyle.com/view/10.1093/jama/9780195176339.001.0001/med-9780195176339-div1-37.

Research
Each student is required to complete a research project as part of the certificate requirements. This process is integrated throughout the two semesters under the guidance of a PSG faculty member and in an area of interest to the student. Faculty with sleep research in progress may invite PSG students to assist in research if there is interest and agreement.

Criminal Background Check/Drug Screening
Background checks/drug screening requirements are based on individual hospital requirements and results are held confidentially in student files available for hospital inquiries. Additional drug testing and background checks may be required on demand as requested by Clinical affiliates.

Clinical Education Assignments/Rotations
The clinical education experiences are a privilege earned by successful progression through the academic curriculum and not a right of enrollment in the curriculum. All appropriate course work must be successfully completed in the prescribed sequence before a student will be allowed to participate in the clinical education portion of the curriculum. Education experiences are not to be arranged by the student, but are the responsibility of the Director of Clinical Education (DCE) and coordinated through the Dean's office. Clinical rotations will be restricted to the Texas State Sleep Center located in the Health Professions Building for the first fall semester of clinical education until initial skillsets and clinical evaluations can be completed. The spring semester may also be completed at the Texas State Sleep Center or at one of the clinical affiliates, if the student makes the request. (Attachment #4)

Student Records Release
Students may consent to have their records released for any number of purposes including scholarships and financial aid, awards, and employment consideration. Students must complete a release form and have it on file in the Department Office. (Attachment #5)

Photography Release
Students may consent to have photographs or videos taken for use in educational presentations or advertising and promotion of the program. Students must complete a release form and have it on file in the Department Office. (Attachment #6)
Open Lab Release
Guests may consent to serve as practice partners during “open lab” experiences for students. They must complete a release form and have it on file in the Department Office. (Attachment #7)

CREDENTIALING REQUIREMENTS

National Credentialing
The National Board for Respiratory Care (NBRC) is the national credentialing agency. The NBRC creates, administers and monitors all board exams. Information and application for credentialing exams can be made by contacting the NBRC direct or through their web site at [www.nbrc.org](http://www.nbrc.org). Completion of the PSG Graduate Certificate Program at Texas State will allow the individual to sit for either/both the NBRC Sleep Disorders Specialty Credential (SDS) (Attachment #8) or through the Board for Polysomnographic Technologists (BRPT) the Registered Polysomnographic Technologist (RPSGT) credential exam.

PROFESSIONAL CONDUCT

General Attendance
Students are expected to attend and participate in all scheduled lecture, laboratory and clinical rotations. Make-up of any missed material such as in-class projects, quizzes and exams is at the discretion of the instructor as outlined in the course syllabus.

The current excused attendance policy covers typical life events and emergencies (i.e. illness of student, illness or death of an immediate family member, military deployment of an immediate family member). If a student anticipates an important life event other than the typical or emergency situations listed, he or she should notify the course instructor as soon as possible to discuss whether altered class expectations are possible.

Each instructor will establish criteria in the course syllabus addressing specific class participation expectations and missed work. Should a student miss class, it is the student’s responsibility to obtain the missed information and meet with classmates to discuss/practice missed material. Responsibility for make-up of missed work or evaluation criteria for excused absences is the responsibility of the student.

Class Lectures
Attendance at all class sessions is expected. Individual instructors will provide specific course requirements in event of absence. Make-up of course work or exams is at the discretion of the individual instructor and specific attendance requirements will be covered in each course syllabus.
Lab
It is expected that students in a professional program will use their time wisely. Appropriate use of laboratory practice time will lessen the additional time required for clinical skill acquisition and practice outside of the scheduled class time.

Clinical Education
Absences
No clinical time may be missed. If a clinic day absence occurs, a makeup day will be assigned.

Preparation for Class
Students are expected to complete reading and course assignments on time. The course instructor reserves the right to exclude unprepared students from class or lab (this includes improper attire – see next page.) As a general practice, it is expected that for every contact hour of class, students spend an additional one to three hours of preparation outside of class time, depending on student learning styles and the specific course requirements.

Lectures/labs
Unless a guest lecturer is scheduled there are no specific requirements for dress for on-campus lectures. For all guest lectures and off-campus lectures, students are required to dress professionally (i.e., no jeans, T-shirts, athletic shoes, etc.; however, Texas State logo apparel is appropriate).

Clinical Uniform Policy
A professional appearance and attitude are expected at all times. The impression made while in the HPB and in the sleep center is critically important to the continued success and reputation of the university and program.

1. All students must wear the designated color of scrubs.

2. All students must wear white socks and soft sole shoes. White gym shoes are acceptable. Shoes must be clean and neat.

3. The uniform must be clean, neat, and wrinkle free. Students are expected to practice good personal hygiene. Hair must be clean and neatly groomed. Perfume or cologne should not be worn in the clinical site due to specific patient allergic reactions or those of coworkers. Shoulder length or longer hair must be tied back in a pony tail or similar fashion.

4. Facial jewelry is not permitted in the clinical sites.
5. Off campus, students must wear/display the Texas State Student ID identifying them as a Texas State student. ID tags must be worn where they are easily seen, i.e. on lapel or front pocket at all times. Plastic sleeves with a clip can be purchased at the university bookstore. If a facility requires additional ID, it is considered a student expense.

6. Through the affiliation agreement signed between each clinical site and the University, the University agrees all faculty and students will abide by individual hospital policies regarding behavior and dress.

Students who do not meet the dress code cannot remain in the clinical site and will be sent home for the day (missed time must be made up at one and one half times for each hour missed). More than one dress code violation requires counseling by the Director of Clinical Education (DCE). The Clinical Attendance and Dress Policy form (Attachment #9) must be signed by all students prior to attending clinical rotations.

Professional Code of Ethics
The American Association for Respiratory Care has established a Code of Ethics binding the Respiratory Therapist to professional principles and ethical standards. Students and faculty are bound to these standards at all times. By accepting a place in the respiratory care program, the student inherently assumes the responsibility for ethical standards of the healthcare field and, more specifically, the ethics of the profession. The AARC Code of Ethics and Professionalism state the respiratory therapists shall:

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

Department of Respiratory Care
Polysomnographic Technology
Student Handbook 2015-2016    Page 26
• Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
• Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
• Encourage and promote appropriate stewardship of resources.

Professional Conduct Code
The following list presents those general areas considered to be inappropriate conduct and may be grounds for immediate dismissal from the RC program:

1. Chronic tardiness or absenteeism from class will be addressed by the assigned faculty member for each course.

2. Unexcused tardiness or absenteeism from assigned clinical rotations is a serious offense. In the event of an unavoidable delay or absence, a student must notify the clinical instructor and DCE or designee by appropriate means prior to the scheduled clinical rotation.

3. Failure to complete assignments or failure to demonstrate satisfactory course progress due to disinterest or other attitude indicators.

4. A violation of Respiratory Care Department policies or procedures.

5. Negative behavior that infringes on other students' ability to perform their duties.

6. Failure to report to clinical assignments as assigned.

7. Acts such as stealing, drug abuse, or alcohol use before or during class have zero tolerance. Such activity is grounds for immediate dismissal from the RC program.

8. Dishonesty and/or cheating through overt or covert acts (refer to Academic Dishonesty Section).

9. Unprofessional behavior such as loud boisterous, or obscene language in patient care or other areas of the hospital. Additionally, public displays of affection while in clinical sites will not be tolerated.

10. Failure to follow instructions from the faculty member, designated instructor, or other responsible persons in a patient care situation.

11. Failure to treat patients, family members, physicians, nurses, and other hospital employees with dignity and respect.

12. Clinical endangerment of patients, family members, hospital staff, faculty, or other students.
Independent Work
Students are expected to do their own work unless an individual course instructor has indicated that group activity is acceptable.

- It is considered unethical for one student to ask another for copies of papers, projects, old exams, or to show answers during exams.

- It is considered unethical for a student to offer or make available this material for another to use in an unacceptable manner.

- It is considered unethical for a student to make copies of an exam that is to be administered or one that has previously been administered.

Any conduct considered to be unethical is cause for immediate dismissal from the program according to the Texas State Student Handbook. Any observances of such conduct by faculty or reports to faculty will immediately be investigated.

Clinical Conduct Code
Students are expected to conduct themselves in a professional manner while in all clinical rotations. Speech and behavior should represent the respiratory care profession, the Department of Respiratory Care, and Texas State in a positive light. Students will treat one another and clinical professors in a professional and courteous way. Patients, family members, physicians, and hospital staff will be treated courteously and respectfully by all respiratory care students. Deliberate, unprofessional, or inappropriate behavior will be addressed by the clinical professor initially and referred to the DCE or department chair, as required.

There is zero tolerance for the use of alcohol and illicit drugs. Students reporting to clinical rotations under the influence of such substances will be reported and dismissed from the respiratory care program immediately. Drug testing may be required on demand, if necessary.

Maintenance of a Clean and Safe Learning Environment
Smoking is prohibited on the campus of Texas State as is all tobacco use (Tobacco Free Campus). Students are expected to keep their belongings orderly to avoid cluttering the classroom and lab areas. Bicycles are not allowed in the classrooms or labs or hallways. Students are expected to return any lab equipment or supplies to the appropriate storage area and discard any waste materials at the end of each class session so that lab rooms remain orderly.
BEHAVIOR
Classroom
Students are expected to behave in a manner commensurate with their status as health professions students in a professional program.

Multiculturalism and Sexual Harassment
Texas State believes in freedom of thought, innovation and creativity and consequently it seeks to encourage diversity of thought and to nurture sensitivity, tolerance and mutual respect. Discriminating against or harassing anyone based on race, color, national origin, age, religion, sex, sexual orientation, or disability is inconsistent with the University's purpose and will result in appropriate disciplinary actions. Any student who believes he/she has been a victim of discrimination or has observed incidents of discrimination should call the Dean of Students at 512-245-2124, or the Department Chair. Texas State does not allow sexual harassment. Should a Texas State student believe himself/herself to have been sexually harassed, he/she should contact the Dean of Students. Texas State enforces a strict drug policy. Texas State complies with the Family Educational Rights and Privacy Act of 1974 (FERPA), protecting certain confidentiality rights of students.

Professionalism in Respiratory Care: Core Values
- Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the respiratory therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.
- Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility for placing the needs of the patient/client ahead of the respiratory therapist’s self-interest.
- Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.
- Caring is the concern, empathy, and consideration for the needs and values of others.
- Excellence in respiratory therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.
- Integrity is the possession of and steadfast adherence to high ethical principles or professional standards, truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.
- Professional duty is the commitment to meeting one’s obligations to provide effective respiratory therapy services to individual patient/clients, to serve the profession, and to positively influence the health of society.
- Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to society needs for health and wellness.
Professional Behavior

In addition to a commitment to lifelong learning, students are expected to demonstrate professional behavior. This is defined by the Program as the demonstration of values, attitudes and behaviors consistent with the expectations of the public and the profession. These values and behaviors are delineated for the profession by the AARC Code of Ethics. A violation of standards may be grounds for referral to the appropriate authority. Examples of such violation include making untruthful statements, plagiarism, or demonstration of discriminatory or harassing behavior.

Professionals are expected to have a strong work ethic and interpersonal skills. A pattern of tardiness, disrespect to others, disruptive behavior, or lack of attention in classes/meetings may also result in referral and review of the professional (generic) behaviors process.

Professional behaviors include those attributes, characteristics, or behaviors that are not explicitly part of a profession’s core of knowledge but are nevertheless required for success. Respiratory therapy-specific Professional Behaviors include:

1. Critical Thinking
2. Communication
3. Problem Solving
4. Interpersonal Skills
5. Responsibility
6. Professionalism
7. Use of Constructive Feedback
8. Effective Use of Time and Resources
9. Stress Management
10. Commitment to Learning

The faculty believe that each student should develop an entry-level mastery (behaviors demonstrated upon graduation and entry into the profession) of each of these skills by graduation. This belief is based on the following assumptions: the process of becoming socialized into a profession requires hard work and takes a long time and therefore must begin early; a repertoire of behaviors, in addition to a core of knowledge and skills, is important to be a successful respiratory therapist; professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively; whether behaviors can be “taught” or not, the fact remains that behaviors are learned; and behaviors can be objectified and assessed.

To assist the student in assessing and developing an entry-level mastery of these behaviors, it will be required that each student and advisor complete an assessment of the Professional Behaviors in the first semester and each year thereafter. The student should schedule a meeting with the advisor to discuss the self-assessment and the advisor’s assessment of the student. The form will be used by the student for the self-assessment, as well as by the faculty member, to provide input to the student on the student’s progression. Following each meeting with the advisor, the student may be required to set goals related to the Professional Behaviors to assist the student in
reaching the expected level of performance [beginning (by the end of the first year of the program), developing (by the end of the didactic course work), entry-level (by the end of all clinical assignments)]. It is expected that each student achieve entry-level mastery by graduation.

Professional Probation
Professional probation occurs when a student is put on notice that behavior in the classroom, laboratory, and with the faculty, staff or peers is not acceptable. A student will be placed on professional probation following the sequence of events that are outlined below.

Class Participation
Students are expected to attend and participate in all scheduled lecture, laboratory and clinical classes. Failure to meet these expectations should be provided in each course syllabus. Each instructor has established criteria in the course syllabus addressing class participation expectations. Examples may include: arrives on time for class participation and laboratory participation, demonstrates consistent attention and focus, changes laboratory partners often, works well with others, asks questions, leads discussion when asked, helps others with practice and discussion, volunteers for demonstrations, comes to instructors for help when needed and in a timely manner. The impact of failure to meet these expectations should be included in the course syllabus and discussed with the students during the first meeting of the course.

Outside Factors Influencing Academic Performance and/or Class Dynamics
Recognizing that there are other factors that may influence class participation; students will be excused for typical life events when they give notification by phone or e-mail to faculty and/or staff. Each instructor will specify in the course syllabus or in conversation with the student at the time of notification the expectation for makeup of any missed coursework.

- The current attendance policy covers typical life events and emergencies (e.g., illness, illness of a family member, death in the family).
- If a life event beyond an occasional illness, illness of a family member, or death in the family causes a student to miss more than two full class days (consecutive or non-consecutive) for a course, then the student must meet with his or her advisor, course instructor or instructors, and any other involved faculty to formulate a corrective action plan within two weeks of returning to class.

Behaviors Deemed Inappropriate for Successful Course Completion
Given this is a professional program, some behaviors will not be tolerated. Examples of behaviors that will not be tolerated include, but are not limited to, the following:

- repetitively interrupting
- repetitively speaking out of turn
- refusing to defer to the instructor’s direction
• using an accusatory tone of voice and/or cursing
• display of lack of respect to faculty, classmates and staff
• using inappropriate body language (e.g., rolling eyes, failing to make eye contact when speaking, huffing, placing hands on hips).

If the course instructor deems a student’s behavior to be egregiously inappropriate, then the student:
• will be held accountable according to the course syllabus criteria, when behavior occurs during class or as part of a course assignment
• must meet with his or her advisor, course instructor, and any other involved faculty to review the Professional Behaviors
• must formulate a corrective action plan before returning to class

If a faculty member observes an unprofessional behavior, he/she will coordinate with the student’s advisor and attempt to meet with the student to inform them that professional probation could ensue. If an action is egregiously inappropriate, no meeting is required and the faculty may place the student on professional probation immediately. When a corrective action plan is indicated, the student will be placed on professional probation. This corrective action plan should include expectations not only for behavior change but also for behavior maintenance throughout the student’s matriculation in the program.

Once placed on professional probation, the student will have until the end of the immediately following semester to correct behavior and meet all requirements stipulated in the corrective action plan. If requirements of the action plan are not met, the same policy for academic probation applies and the student will be suspended from the program. Students are afforded the privilege to go through the professional probation process at least one time. Additional behaviors which warrant professional probation may lead to immediate suspension at the discretion of the faculty. Students on professional probation are not allowed to begin/continue an off-campus clinical education course until the probation has been resolved. If an unprofessional behavior occurs as part of an off-campus clinical education experience, the clinical education policies apply.
PROGRAM COMPLIANCE WITH CoARC REQUIREMENTS
Texas State and the Department of Respiratory Care will submit all necessary fees and reports for accreditation as established by the Commission on Accreditation for Respiratory Care (CoARC). The University and the program are dedicated to the development of a comprehensive and sound educational environment in which to produce graduates who are ready to enter the profession. As such, we are dedicated to compliance with CoARC criteria. If any substantive change occurs in the programs administrative structure or function, the chair or designees will notify CoARC of such change within seven calendar days. The following are examples of substantive changes that require notification to CoARC – program leadership change; structure change, significant (25%) reduction in program support, greater than 10% increase in admission class size, change of program location, or major curricular changes.

COMMUNICATIONS

Faculty Office Hours
Each faculty member establishes office hours based on the semester’s schedule. The office staff manages the appointment calendar for office hours. Students are expected to check in for their appointments at the front desk. At that time, they will be announced to the faculty member. Faculty may agree to see students outside their posted office hours through an open door policy. Office staff will be glad to check the faculty member’s availability on an individual basis.

Telephones
Each faculty member has a direct office phone which has voicemail capability. Feel free to leave a voice mail message. When leaving a voice mail message, please use correct etiquette.

Electronic Communication
Each faculty member has an e-mail address and encourages students to communicate via e-mail. Students are required to use their Texas State e-mail account and to check their e-mail for regular announcements or specific messages. Faculty will check their email on a regular basis but will not always respond immediately; adequate time should be given for appropriate responses. When using electronic communication, please use correct etiquette. E-mail can be a valuable communication tool, however, can often create miscommunications if not used effectively.

Cell Phones
Cell phones should be turned to silent mode or in the off position during classes. Text messaging is prohibited as well as phone calls when classes are in session.

Computers in Classroom
Students are allowed to use personal computers in the classroom for class purposes and at the discretion of the instructor. Checking e-mail, surfing the Internet or other distracting activities are prohibited. Violation of this request may result in loss of privileges for all students.
Faculty Mailboxes
Faculty have mail boxes in the Department office by the front door of the department. You may place assignments, borrowed materials and other items in the drop box in the Department office or you may ask the office staff to place an item in the faculty mailbox in the workroom.

PROFESSIONAL INVOLVEMENT
Community
The Department faculty encourage all students to participate in community and professional activities. Involvement in such activities is one step toward becoming a complete professional. Such activities include participating as a volunteer at the Special Olympics, AWARE, health career days, Bobcat Days, Texas State student organizations or involvement in other professional groups.

Profession
The American Association for Respiratory Care (AARC) is the organization representing respiratory therapists and students in the United States through representation at the national level on federal legislation. AARC also provides significant opportunities for continuing respiratory care education (CRCE) credits at national conferences and conventions. The Texas Society for Respiratory Care (TSRC) is the state professional organization for Texas and represents RT concerns to state legislatures and provides continuing education. Both the AARC and TSRC have student membership opportunities for students to join the organizations at a greatly reduced membership fee cost. Student membership brings opportunities for scholarship/grants, monthly journal publications, and special discount rates for attending state and national conferences. Students are encouraged to become state and national members and Professional Credits are awarded to students for membership. Both the AARC and TSRC have Sleep Sections that welcome RT’s involved in sleep diagnostics and treatment.

The Coalition for Baccalaureate and Graduate Respiratory Therapy Education (CoBGRTE) is a national organization dedicated to help students, faculty, and the general public learn about baccalaureate and graduate respiratory therapy education in the US. Student membership in CoBGRTE is strongly encouraged as it provides a link and network across the country with hospital managers and programs that value the BSRC education and seek graduates for employment opportunities.

CARDIOPULMONARY RESUSCITATION BLS
All students are expected to maintain CPR certification throughout all clinical education assignments. Basic Life Support (BLS) for Healthcare Providers through the American Heart Association (AHA) should be obtained by each student. CPR certification expires in 2 years and the card must remain current throughout the clinical education courses for the student to attend clinical assignments.
HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE
Due to the nature of clinical contact, it is recommended that each student be enrolled in some type of health insurance program. Health insurance is available through the University for an additional fee if students are not currently covered by another policy. Health status of students is assessed continually and all potential risk exposures during clinical rotations should be immediately reported to the clinical instructor and the DCE.

UTILIZATION OF CLASSROOMS, LABS & EQUIPMENT

Health Professions Building
The Respiratory Care classes/labs will be conducted in the Health Professions Building. The Respiratory Care main office (Room 350-A) and faculty offices are on the 3rd Floor of the Health Professions Building. Hours of operation for all departments in the Health Professions Building, including the dean's office, are from 8:00 am to 12:00 noon and 1:00 pm to 5:00 pm. NO food or drinks are allowed in classrooms. A student refrigerator and microwave have been provided by the RC Department in the connecting storage room between HPB 306 and 307. Students are permitted to eat lunch in the RC lab areas only. The Texas State Sleep Center (HPB 105) will provide the lab setting for PSG classes with lectures in assigned lecture rooms or in the RC Department teaching labs in the Health Professions Building. The Health Professions Building and the campus is a tobacco free campus.

Other Departments and Schools in the Health Professions Building include: the Department of Physical Therapy (310-B), the Department of Communication Disorders (150-B), the Program in Clinical Laboratory Science (350-B), the Department of Health Information Management (310-A), the Program in Radiation Therapy (220), and the School of Health Administration, graduate and undergraduate (250). The St. David’s School of Nursing is housed in the Nursing Building and located on the Texas State Round Rock campus in Round Rock, Texas.

The Dean's Suite is located on the second floor (201) and the Advising Center is located on the second floor in HPB 207. The College of Health Professions Clinics includes the Physical Therapy Clinic (104), the Texas State Sleep Center (105), and the Speech Language Hearing Clinic (101) all located on the first floor. Restrooms are located on the main hallway of the first floor and along the back hall of both the second and third floors.

Classrooms
Lecture classrooms are located on the first and second floor and whenever possible, PSG lecture courses are scheduled to be taught in the CHP building, as rooms/times are available. However, for some lecture courses the university may assign classroom lectures in another adjacent building.
Teaching Labs
All labs should be left orderly at the end of each class session. Students from the scheduled classes held in the lab will be held responsible for the condition of that lab. There should be no lounging or sleeping in the labs. Students are encouraged to utilize teaching facilities and equipment to maximize their skill acquisition and, therefore, should have a specific reason to be in the lab during hours other than assigned class hours.

Several policies must be observed for utilization of the facilities outside of scheduled classes:
- The teaching laboratories and clinic are accessible to students after 5 p.m., on weekends, or during holidays or breaks only when the course instructor or a graduate assistant is available.
- All facilities are to be left cleaned following use, with equipment and supplies returned to the appropriate locations.
- All lights and equipment should be turned off following use of the lab and equipment.
- For safety of the students and equipment, all doors must be locked during and after any after-hours use.
- Any equipment leaving the lab is to be checked out and must have the approval of the course instructor.
- The student accepts full responsibility for any equipment being used or checked out.

Computer Labs
The College of Health Professions computer lab is located on the 2nd floor of the Health Professions Building to serve students, courses, and faculty. PRINTING IN THIS LAB IS ONLY ALLOWED WITH PRE-PAID CARDS. The CHP Computer Lab is not maintained through student fees and is utilized primarily to serve computer assignments made by CHP faculty for courses taught in the College of Health Professions. Use of the computers in the CHP Computer Lab are available for all Texas State Students, but printing requires PRE-PAID cards. Please check with the staff in the CHP Computer Lab, Room 203, for more details.

Student computer fees associated with tuition supports six open computer labs to serve students. These labs permit students to print out class materials at no addition cost. The labs are spread across campus for student convenience are found in the following locations:

- ASB South, Room 201
- Assistive Technology Lab in ASB South, Room 201
- Agriculture Building, Room 301
- Derrick Hall, Room 114
- Jowers, Room 201
• McCoy Business Building, Room 338
• Family Consumer Science Building, Room 179
• Alkek Library 4th Floor Computer Lab

Equipment
Equipment is available for use in the teaching labs during class or when graduate assistants monitor the labs. Students should report malfunctioning equipment to a faculty member immediately to prevent injury to another student using the equipment and so that it can be repaired. Equipment is not to be removed from the lab area and should be returned to the proper lab after use.

SECTION III. MISCELLANEOUS INFORMATION

Phones
The Department phone number is 512.245.8243 and this number may be used by a family member in an emergency situation to contact a student.

Professional Liability Insurance
Students enrolled in any program within the College of Health Professions are required to purchase professional liability insurance for each year they are enrolled. Payment is required to be made by the posted date each fall to maintain enrollment in the Program. A money order made payable to Texas State is the only form of payment accepted for payment for the liability insurance policy. A copy of the policy coversheet will be provided to each student. Student may not enter the clinical setting until liability insurance premiums are paid. ($14.50 per year; $9.00-spring and summer session; $5.00 summer session only). Costs are subject to change without notice.

Student Files
All students in the PSG Program have an official student file that is maintained in the main office. The academic file is maintained by the department chair. This file includes the program application form, correspondence between the student and the program, copies of transcripts, degree outlines and summaries as they are completed, student exams, clinical performance records, any disciplinary documentation, and student comprehensive examinations. Students will not have access to their personal files. Files are maintained to satisfy accreditation requirements for documentation of students course work only.

Contact for Important Offices

College of Health Professions, Dean’s Office – http://www.health.txstate.edu, 245-3300

Registrar’s Office – http://www.registrar.txstate.edu/, 245-2367
SECTION IV. CONFIDENTIALITY

Health Information Privacy and Accountability Act (HIPAA)
In 1996, Congress passed HIPAA mandating the adoption of Federal privacy protections for individually identified health information. In response to this mandate, the Department of Health and Human Services (HHS) published the Privacy Rule in the Federal Register on December 28, 2000. Final rules were issued in August 2002 making modifications to the Privacy Rule. Final Privacy Rules can be found at www.hhs.gov/ocr/hipaa/finalreg.html. These rules provide comprehensive federal protection for the privacy of health information. The Privacy Rule sets a federal floor of safeguards to protect the confidentiality of information. The rule does not replace federal, state or other law that provides individuals even greater privacy protections. Confidentiality is certainly a key element of HIPAA.

Specific to the responsibilities of the respiratory care student and patient privacy, confidentiality includes ALL information contained in the patient's medical record as well as other information that flows through the respiratory care department and to physician/facility businesses. This applies to information presented in the classroom, laboratory, and clinical rotations. The HIPAA (Health Insurance Portability & Accountability Act) guidelines will be followed at all times.
Students must not disclose information to unauthorized individuals including hospital personnel, family, or friends. In classroom discussions, information will be discussed in a "de-identified, de-personalized" manner.

Students are not to have access to their own medical records or those of family or acquaintances while at the clinical sites. There are proper procedures one must follow to access one’s own medical information and the clinical setting is not the appropriate or LEGAL place or time.

Students may not photocopy or duplicate the medical record for any purpose.

Students should not access records of patients who are not receiving respiratory care. "Snooping" or "exploring" a patient's records for the express purpose of gathering information is unacceptable.

The primary purpose of a medical record is to document the course of the patient's health care and to provide a medium of communication among health care professionals for current and future patient care. In order to fulfill these purposes, significant amounts of data must be revealed and recorded. The patient must be assured that the information shared with health care professionals will remain confidential; otherwise, the patient may withhold critical information that could affect the quality of care provided.

As students in the respiratory care program, you will have access to medical charts at the clinical sites. It is imperative that the confidentiality of this information be honored. For this reason, all students who enter the program will be required to read and sign a copy of the Confidentiality Agreement (Attachment #10). This signed form will be kept in the student's academic file in the respiratory care department.
This is to verify that I have read and understand the policies and procedures contained in Texas State University Department of Respiratory Care’s Polysomnographic Technology Student Handbook. I hereby agree to abide by all policies/procedures as addressed in this Handbook and understand the consequences of violating said policies/procedures. I have completed this page and returned the original form to the Department for inclusion in my student file and I have retained a copy for myself.

__________________________  ________________________  _________
Student Name (please Print)  Student Signature  Date
Attachment #2

Department of Respiratory Care
Polysomnographic Technology Faculty

Prof. Joshua Gonzales, MHA, RRT-NPS, RRT-SDS
Associate Professor
Clinical Interests: Pedi/Neo, adult, critical care, sleep
Primary Teaching Areas: Adv instrumentation, mech ventilation

Dr. Song "Joseph" Hong, MD
Co-Medical Director/Clinical Lecturer
Clinical Interests: Sleep research and pulmonary medicine
Primary Teaching Areas: Sleep case studies and disorders

Dr. Gregg Marshall, PhD, RRT, RPSGT, RST
Chair/Associate Professor
Clinical Interests: adult critical care, mech ventilation, sleep
Primary Teaching Areas: Administration, RC theory, sleep

Prof. Bill Wharton, BSHP, RRT, RPSGT, RST
Director of TxState Sleep Center/Instructor
Clinical Interests: adult critical care, sleep
Primary Teaching Areas: Clinical skills, acute care theory, sleep

Dr. Peter Petroff, MD
Medical Director/Clinical Professor
Clinical Interests: adult pulmonary and internal medicine
Primary Teaching Areas: seminar, pulmonary rounds

Dr. Chris Russian, PhD, RRT-NPS, RPSGT, RST
Director of Clinical Education/Associate Professor
Clinical Interests: pedi/neo/adult critical, sleep
Primary Teaching Areas: pedi/neo, adult critical care, sleep, clinical skills

Adjunct Clinical Faculty
Ms. Sherry Brockman, RPSGT
Ms. Shonda Waite, BS, RPSGT
Mr. Tim Farmer, MS, RRT-NPS, RRT-SDS
1. All manuscripts should contain the following, organized in the order listed below, with each section beginning on a separate page:
   - Title page
   - Abstract
   - Text
   - References
   - Tables, each on a separate page
   - Illustrations with legends

The only difference among manuscript types is how text (body of manuscript) is managed.

2. All pages from Abstract (page 1) through illustrations should be numbered. Variations from this may be required for submission of a thesis. Check the Texas State Theses and Dissertation handbook for specific requirements for thesis preparation.

TITLES

3. Titles should be brief within descriptive limits (a 16-word maximum is suggested).

ABSTRACTS

4. A comprehensive abstract of 75 to 300 words is suggested. The title should appear at the top, skip two lines, and begin the abstract. It should be structured as the body of the manuscript and should succinctly summarize the major intent of the manuscript, the major points of the body, and the author's results and/or conclusions. No references should be cited.

5. Suggested structures for abstracts:

   Literature Reviews
   - Objective - What was the purpose of the review?
   - Data Sources - What sources did you search to find the studies you reviewed? You might include key words and years searched.
   - Data Synthesis - Summary of the major themes, organized by themes not authors
   - Conclusions/Recommendations - Advice and clinical applications of the information

   Research Report
   - Objective - Problems or need for the study
   - Design and Setting - How was the study set up? Where did it take place?
   - Subjects - Characteristics of the subjects
   - Measurements - What was being measured? What types of tests were used? How were the subjects distributed within the study?
   - Results - Of the tests and measurements
   - Conclusions - major conclusions particularly related to theory and clinical application of the information

   Case Reports
   - Objective - Problem or need for the case to be presented
   - Background - On the particular injury or illness
   - Differential Diagnosis - What was it or what could it possibly have been?
   - Treatment - What was done for it? What is normally expected for this condition?
   - Uniqueness - What was different from the expected, or was it the same?
   - Conclusions - Clinical applications of the information
6. An abstract is not to be used as the introduction; the abstract is a summary of the entire manuscript while the introduction develops and proposes the manuscript's problem or purpose.

MANUSCRIPTS

7. In a scientific manuscript the introduction serves two purposes; to stimulate the reader's interest and to outline the reason for the study, that is, the controversy or knowledge gap that prompted the study.

8. Begin the text of the manuscript with an introductory paragraph or two in which the purpose or hypothesis of the article is clearly developed and stated. Tell why the study needed to be done or the article written and end with a statement of the problem.

9. The introduction is not the place for great detail. Highlights of the most prominent works of others as related to the subject may be appropriate for the introduction, but a detailed review of the literature should be reserved for the discussion section. Identify and develop the magnitude and significance of the controversy or problem with brief specific statements (referenced, of course). Pointing out differences among others' results, conclusions, and/or opinions often does this. Remember to keep the detail in the discussion.

10. In the introduction and discussion sections it is appropriate to use transition sentences to summarize points and link to the next point. Try not to leave the reader hanging, instead create a smooth flow of ideas.

11. The body or main part of the manuscript varies according to the type of paper you are writing; however, regardless of the subject may be appropriate for the introduction, but a detailed review of the body should include a discussion section in which the importance of the material presented is discussed and related to other pertinent literature. Liberal use of headings, subheadings, charts, graphs, and figures is recommended.

12. The term "methods" is more appropriate than "methodology". "Methodology" suggests a study of methods, whereas "methods" suggests a description of methods used, which is what the section is.

13. Begin with a description of the experimental design, which will serve as a road map to the entire section. Follow with descriptions of subjects, instruments, procedures, and statistical analysis. Confusion is often introduced when authors combine the instruments and procedures sections. Describe the instruments used in the instrument section, but describe how they were used in the procedure section.

14. The methods section should contain sufficient detail concerning the methods, procedures, and equipment used so that others can reproduce the study.

15. Methods used by others to study problems such as yours should be reviewed and referenced in your paper. Reference the methods of others as well as reliability and validity information in the methods section. The pros and cons of various methods and why you chose one over another should be discussed and referenced in the discussion or introduction.

16. IRB approval and informed consent procedures should be stated formally in the methods section of the manuscript.

17. Writing results is similar to writing a review of the literature. You state facts and then reference your source. In a results section, the statistics are your evidence or reference for the conclusions you present. The results should summarize the important results of the study, using descriptive and inferential statistics and a few well-planned and carefully crafted illustrations.

18. Report results by stating your conclusions in clear concise statements.
19. The statistical test should not be the focus of the sentence (as in "statisticalese" - "Tukey post-hoc testing revealed significant decrease (p<.05) in perceived pain in groups that received cold, TENS, or the combined treatment"). Writing in statisticalese often obscures the conclusions by emphasizing the method and not the meaning. The important information is the meaning of the results.

20. Statistics do not indicate or prove anything; they provide you with support for making a decision. When you review the literature, you make a statement and reference others' writings to support your statement. Use a similar approach when reporting results; make a statement and then reference that statement with your statistical results.

21. Statistical tests do not find differences. They provide evidence that a difference between groups is probably real. Looking at the group means tells you if the groups are different; however you must decide if the differences are real or if they occurred by chance. Real differences mean they were caused by your independent variable and not by chance. By chance means the differences were caused by variables other than your independent variable.

22. The symbol "p" when used to refer to the level of probability, is written italicized and in the lower case. (p<.05)

23. When indicating the level of significance or probability, use only three numbers if the first is not a zero. If the first number is a zero, continue numbers until the first non-zero (i.e., .0002; not .00 or .00023).

24. Put your results in perspective with your expectations and compare your results with the rest of the world. Don't repeat or rehash the results, discuss them.

25. The emphasis of the discussion should not be on other authors but rather on what they reported and how it relates to your work.

26. The discussion must address the contribution the study makes toward theory.

27. The last part of the discussion must suggest how readers might apply the information presented. While the application may be apparent to you, it may not be apparent to first time readers unless you point it out.

28. The body of a review of literature article should be organized into subsections in which related thoughts of others are presented, summarized, and referenced. Each subsection should have a heading and brief summary, possibly one sentence. Sections must be arranged so that they progressively focus on the problem or question posed in the introduction.

29. The body of a case study should include the following components; personal data, chief complaint history or present complaint, results of physical examination, medical history, diagnosis, treatment, and clinical course, criteria for return to activities, and deviation from the expected.

CITATIONS AND REFERENCES

30. Each citation in the text of the manuscript takes the form of a superscript number that indicates the number assigned to the citation. It is placed directly after the reference or the name of the author being cited. References should be used liberally. It is unethical to present others' ideas as your own. Also, use references so that readers who desire further information on the topic can benefit from your scholarship.
31. The reference page(s) should list authors numerically in the order used in the text and in alphabetical order and should be in the following form:

   Article - author(s) with surname and initials, title of article, journal title with abbreviations as per Index Medicus (italicized or underlined), issue month if journal is not consecutively paged from issue to issue, year, volume, inclusive pages. Example:


   Book - author(s), title of book (italicized or underlined), city and state of publication, publisher, year, inclusive pages of citation. Example:


   Secondary Source – the original source is stated with the addition of Cited by using the source where it was cited. See the AMA Manual of Style for other examples. Example:


32. All statements and ideas of others must be referenced. If the author(s) is (are) not mentioned by name, the reference should be placed after the phrase or first mention of the idea.

33. Anytime you mention another author by name; author must be referenced immediately after name in the same paragraph. Example:

   Sanders 22 reported... NOT Sanders reported...22

34. When referring by name to a work with multiple authors; if two authors use both names; if there are three or more authors, use the name of the first author and "et al" which means "and others". Note the punctuation with et al; there are no commas or periods. Reference immediately after et al.

35. When the reference is at the end of a sentence, it should be placed after the period and after any quotation marks.

36. It may be appropriate to refer to ideas or results from numerous authors in the same sentence. In doing so, you would list the references in numerical order. Example:

   “The sky is a shade of blue1,6,10,21...”

37. Personal communications are not included in the reference list, but may be included in the text. Example:

   In a conversation with B Sanders, PhD (April 1997)....."

STYLE

38. Always refer to the research and writing of others in past tense.

39. Subheadings should be used. Main or first level headers should be placed centered, typed in all capitals, bolded, and not underlined. If the information under a header needs to be subdivided
into two or more sections, use second level or subheads. These should be centered and bolded with the first letter of each word capitalized.

40. Begin numbering the pages of your manuscript with the abstract pages as #1; then consecutively number all successive pages including illustrations.

41. The purposes of tables are to centralize large amounts of data, to save space and to eliminate long paragraphs of text. Tables should not be redundant of text. Put your information either in the text or the table and not both. You must refer the reader to the table. Point out the highlights in the table, but do not be too explanatory with a lengthy text.

42. Don't put information in a table that can more easily be presented and understood in the text. Readers should be able to understand the information in the table without referring to the text. The title of a table should also be understood without referring to the text.

43. Identify the units of measurement of the tabled data in the most general way possible. If all data in the table have the same unit of measurement, that unit should be in parentheses following the table title. If the columns or rows have different units of measurement, but all data in a particular column or row have the same unit, identify the unit (within parenthesis) as part of the column header or row identifier.

44. When a table contains data that have been averaged, be sure to report the mean plus or minus SD.

45. Tables should stand alone. They should have both a title and a legend.

46. Illustrations are often helpful in presenting concepts that are difficult to describe.

47. Each illustration should have a legend that describes the illustration and emphasizes its important points.

48. If an illustration has been published previously, written permission for its use must be obtained from the copyright holder (usually the publisher). The original source should be cited as a reference.

49. The following texts provide additional helpful information for writers.


50. A style manual is a collection of rules and regulations that editors get tired of repeating to authors. The answers to most questions can be found here. The AMA Manual of Style has been adopted as the official style manual of the American Physical Therapy Association and therefore, for the Department of Physical Therapy.

51. Structure is only half the battle. Grammar and style are equally important.

52. Numbers appearing at the beginning of a sentence, title, or subheading should be spelled out. Numbers greater than nine can use Arabic numerals with the previous exceptions. Numbers nine and under should be spelled out.

53. Appendices are discouraged by AMA style. However, this is in reference to publication. You may include appendices if the material is an adjunct to the text. An example might be a survey instrument.
54. Commas should be used to separate three or more elements in a series and should be used before the conjunction and the final item.

55. Em dashes are used to indicate an interruption or break in thought in a sentence.

56. Gender neutral language should be used when appropriate. Try to word sentences so that you avoid the use of “he and/or she.”

57. Abbreviations should be limited to internationally approved and accepted units of measure and well-recognized clinical and technical terms and symbols.

58. When you use the words "however" or "therefore" in the middle of a sentence and the phrases before and after could stand alone as complete sentences, place a semicolon before the "however" and a comma after it. If one or both phrases are not complete sentences, place a comma before the "however".

59. Go to the library and peruse various articles and theses - this is a great way to examine evidence of these writing tips!
Clinical Rotation Placement

The Department of Respiratory Care cannot guarantee future clinical placement of a Polysomnographic Technology student within a specific clinical site. Changes in affiliation agreements and/or changes in student background check or drug screening status might prevent placement.

I understand the above statement and the implication on clinical placement and clinical course completion.

______________________________  ____________________________
Print Name                                                Date

______________________________  ____________________________
Signature                                            Signature
Attachment 5
Student Records Release Form

I, ____________________________, give consent to the Department of
Respiratory Care to release the following information contained in my educational record. This information is to be provided to

________________________________________

________________________________________

for the purpose of ________________________________.

- 

Signature

_________________________

Date

UPPS 01.04.31 Access to Students Records
Family Educational Rights and Privacy Act of 1974
Consent Agreement and Release Statement to be Photographed/Videotaped and Named

You will be asked to complete a separate copy for our records.

I, __________________________, hereby acknowledge that I agree to give Texas State University (Texas State) the right and permission to make photographs and/or videotapes (audio-visuals) of me. I understand that I may be identified by name when such audio-visuals are used. Such audio-visuals may be published, reproduced, exhibited, copyrighted, and used anywhere in the world in connection with the following situations:

1. Educational presentations by faculty or students
2. Advertising and promotion of the programs and departments of Texas State including, but not limited to, publication on official Texas State web pages and in official Texas State brochures and alumni newsletters.

I hereby irrevocably release and waive any claims against Texas State and its faculty and staff relating to rights of privacy, rights of publicity, confidentiality, and copyright regarding the use of such audio-visuals when used by Texas State in the situations previously described.

I hereby declare that I am at least 18 years of age and have every right to contract in my own name in the above regard.

_________________________________________  __________________________
Signature                                      Date

_________________________________________  __________________________
Signature of Witness                         Date
Consent to Participate

I, ___________________________________________, voluntarily agree to participate during open laboratory (known as “open lab”) sessions in the practicing of evaluation and treatment techniques/procedures provided by a polysomnographic technology student enrolled in the Department of Respiratory Care at Texas State University. As such, I acknowledge the following:

• That the purpose of the “open lab” is to allow respiratory therapy students additional time for learning and practice of evaluation and treatment techniques outside of class and that during “open lab” the students are not supervised by credentialed sleep technologist
• Notification to polysomnographic technology students of any allergies, asthmatic conditions, or other health condition that could limit my ability to participate in any requested activity is my responsibility
• I am responsible for my own health and well-being and realize I can refuse any evaluation or treatment procedure at any time for any reason without penalty or explanation
• I may contact the Department of Respiratory Care at 512-245-8243 if I have any questions or concerns regarding my participation

Signed: ___________________________________________ Date: __________________________
### I. PRE-TESTING

<table>
<thead>
<tr>
<th>A. Identification and Care of At-Risk Individuals</th>
<th>Cognitive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize signs and symptoms associated with sleep disorders as revealed by history, interview, or clinical assessment</td>
<td>Recall 6</td>
</tr>
<tr>
<td>2. Identify special factors and co-morbid conditions affecting individuals with potential sleep disorders</td>
<td>Recall 2</td>
</tr>
<tr>
<td>3. Interact with members of the health care team</td>
<td>Recall 4</td>
</tr>
<tr>
<td>a. communicate findings</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. recommend diagnostic studies</td>
<td>Recall 1</td>
</tr>
<tr>
<td>c. recommend therapeutic intervention</td>
<td>Recall 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Study Preparations</th>
<th>Cognitive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review</td>
<td>Recall 4</td>
</tr>
<tr>
<td>a. a patient’s history, current medications, questionnaire, and notes</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. the physician’s order for a sleep study</td>
<td>Recall 1</td>
</tr>
<tr>
<td>2. Set up</td>
<td>Recall 2</td>
</tr>
<tr>
<td>a. equipment to achieve the desired data collection</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. special equipment as indicated</td>
<td>Recall 1</td>
</tr>
<tr>
<td>3. Select the appropriate study procedure and corresponding montage e.g.,</td>
<td>Recall 2</td>
</tr>
<tr>
<td>a. Polysomnography with or without PAP titration</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. Maintenance of Wakefulness Test</td>
<td>Recall 1</td>
</tr>
<tr>
<td>c. Multiple Sleep Latency Test</td>
<td>Recall 1</td>
</tr>
<tr>
<td>4. Set high and low filters, and sensitivity settings</td>
<td>Recall 1</td>
</tr>
<tr>
<td>5. Evaluate equipment calibrations to ensure accuracy and linearity of amplified signals e.g.,</td>
<td>Recall 4</td>
</tr>
<tr>
<td>a. pneumotach</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. EMG</td>
<td>Recall 1</td>
</tr>
<tr>
<td>c. EEG</td>
<td>Recall 1</td>
</tr>
<tr>
<td>6. Confirm adequate audiovisual signals</td>
<td>Recall 1</td>
</tr>
<tr>
<td>7. Recommend modifications to the physician’s order when necessary</td>
<td>Recall 1</td>
</tr>
<tr>
<td>8. Assess the patient’s current clinical condition</td>
<td>Recall 1</td>
</tr>
<tr>
<td>9. Explain testing procedures and potential interventions to the patient</td>
<td>Recall 1</td>
</tr>
<tr>
<td>10. Determine the patient’s expectations about the study</td>
<td>Recall 1</td>
</tr>
<tr>
<td>11. Recognize special needs associated with a patient’s</td>
<td>Recall 1</td>
</tr>
<tr>
<td>a. age</td>
<td>Recall 1</td>
</tr>
<tr>
<td>b. psychological status</td>
<td>Recall 1</td>
</tr>
<tr>
<td>c. physical status</td>
<td>Recall 1</td>
</tr>
</tbody>
</table>
### Sleep Specialist Examination
**Detailed Content Outline**¹

Multiple-choice items are linked to open cells.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cognitive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. culture</td>
<td></td>
</tr>
<tr>
<td>e. language</td>
<td></td>
</tr>
<tr>
<td>f. cognitive status</td>
<td></td>
</tr>
<tr>
<td>12. Identify patient medications that may affect test results</td>
<td></td>
</tr>
<tr>
<td>13. Document time and dose of medications taken prior to the study</td>
<td></td>
</tr>
<tr>
<td>14. Obtain informed consent</td>
<td></td>
</tr>
<tr>
<td>15. Apply electrodes and sensors at optimal locations to obtain data</td>
<td></td>
</tr>
<tr>
<td>a. airflow</td>
<td></td>
</tr>
<tr>
<td>b. snoring</td>
<td></td>
</tr>
<tr>
<td>c. body position</td>
<td></td>
</tr>
<tr>
<td>d. ECG</td>
<td></td>
</tr>
<tr>
<td>e. respiratory effort</td>
<td></td>
</tr>
<tr>
<td>f. EEG</td>
<td></td>
</tr>
<tr>
<td>g. leg movements</td>
<td></td>
</tr>
<tr>
<td>h. eye movements</td>
<td></td>
</tr>
<tr>
<td>i. chin EMG</td>
<td></td>
</tr>
<tr>
<td>j. SpO₂</td>
<td></td>
</tr>
<tr>
<td>k. exhaled CO₂</td>
<td></td>
</tr>
<tr>
<td>16. Verify the quality and interpretability of monitoring signals</td>
<td></td>
</tr>
<tr>
<td>a. appropriate electrode impedances</td>
<td></td>
</tr>
<tr>
<td>b. physiologic calibrations</td>
<td></td>
</tr>
<tr>
<td>17. Document the quality and interpretability of monitoring signals</td>
<td></td>
</tr>
</tbody>
</table>

### SLEEP DISORDERS TESTING

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Signal Maintenance During Testing</td>
<td>10</td>
<td>19</td>
<td>19</td>
<td>48</td>
</tr>
<tr>
<td>1. Recognize an inadequate signal from recording devices</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>2. Correct inadequate signals as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Recognize artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Correct artifacts as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Document corrections to signals and artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Sleep-Related Disorders and Therapeutic Interventions

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize disorders during testing</td>
<td>4</td>
<td>10</td>
<td>15</td>
<td>29</td>
</tr>
<tr>
<td>a. sleep e.g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• apnea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• parasomnias</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• bruxism</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• limb movements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. cardiac</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. neurological</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. pulmonary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. gastroesophageal reflux</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Effective Date: 01-01-2009

© 2013. NBRC. All rights reserved.
Sleep Specialist Examination
Detailed Content Outline

Multiple-choice items are linked to open cells.

<table>
<thead>
<tr>
<th>Items</th>
<th>Cognitive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recall</td>
</tr>
<tr>
<td>2. Implement therapy</td>
<td></td>
</tr>
<tr>
<td>a. positive airway pressure</td>
<td></td>
</tr>
<tr>
<td>b. supplemental oxygen</td>
<td></td>
</tr>
<tr>
<td>3. Monitor a patient’s response to therapy</td>
<td></td>
</tr>
<tr>
<td>4. Optimize therapy</td>
<td></td>
</tr>
<tr>
<td>5. Coach a patient in cooperative behaviors while adjusting therapy</td>
<td></td>
</tr>
<tr>
<td>6. Recommend modifications in therapy to the physician when nc</td>
<td></td>
</tr>
<tr>
<td>protocol applies</td>
<td></td>
</tr>
<tr>
<td>7. Recognize medical emergencies e.g.,</td>
<td></td>
</tr>
<tr>
<td>seizures</td>
<td></td>
</tr>
<tr>
<td>pneumothorax</td>
<td></td>
</tr>
<tr>
<td>life-threatening dysrhythmias</td>
<td></td>
</tr>
<tr>
<td>respiratory distress</td>
<td></td>
</tr>
<tr>
<td>8. Implement interventions for a medical emergency</td>
<td></td>
</tr>
<tr>
<td>9. Intervene when the testing environment becomes unsafe (e.g.,</td>
<td></td>
</tr>
<tr>
<td>combative patient or family member, fire)</td>
<td></td>
</tr>
<tr>
<td>C. Documentation During Testing</td>
<td>3</td>
</tr>
<tr>
<td>1. Record</td>
<td></td>
</tr>
<tr>
<td>a. lights out / on clock time</td>
<td></td>
</tr>
<tr>
<td>b. reason for prolonged awakenings</td>
<td></td>
</tr>
<tr>
<td>c. staff interventions</td>
<td></td>
</tr>
<tr>
<td>d. therapeutic interventions</td>
<td></td>
</tr>
<tr>
<td>2. Document times associated with events e.g.,</td>
<td></td>
</tr>
<tr>
<td>artifacts</td>
<td></td>
</tr>
<tr>
<td>EEG abnormalities</td>
<td></td>
</tr>
<tr>
<td>ECG abnormalities</td>
<td></td>
</tr>
<tr>
<td>parasomnias</td>
<td></td>
</tr>
<tr>
<td>seizure activity</td>
<td></td>
</tr>
<tr>
<td>D. Study Conclusion</td>
<td>1</td>
</tr>
<tr>
<td>1. Evaluate post-study calibrations</td>
<td></td>
</tr>
<tr>
<td>2. Remove electrodes and sensors</td>
<td></td>
</tr>
<tr>
<td>3. Process nondisposable equipment</td>
<td></td>
</tr>
<tr>
<td>4. Review post-study questionnaire</td>
<td></td>
</tr>
<tr>
<td>5. Provide information to the patient on the post-study process</td>
<td></td>
</tr>
<tr>
<td>6. Respond to questions from the patient</td>
<td></td>
</tr>
<tr>
<td>7. Summarize study observations</td>
<td></td>
</tr>
<tr>
<td>III. STUDY ANALYSIS</td>
<td>8</td>
</tr>
<tr>
<td>A. Record Review</td>
<td>1</td>
</tr>
<tr>
<td>1. Review pre- and post-study information e.g.,</td>
<td></td>
</tr>
<tr>
<td>questionnaires</td>
<td></td>
</tr>
<tr>
<td>nocturnal oximetry reports</td>
<td></td>
</tr>
<tr>
<td>arterial blood gas analysis</td>
<td></td>
</tr>
<tr>
<td>history &amp; physical</td>
<td></td>
</tr>
<tr>
<td>medications</td>
<td></td>
</tr>
</tbody>
</table>

© 2013. NBRC. All rights reserved.
Sleep Specialist Examination
Detailed Content Outline

Multiple-choice items are linked to open cells.

<table>
<thead>
<tr>
<th>B. Sleep Staging</th>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Score sleep stages for adult patients</td>
<td></td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>2. Score sleep stages for pediatric patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Sleep Event Identification</th>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize</td>
<td></td>
<td>2</td>
<td>5</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>a. sleep disordered breathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. abnormal limb movements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. abnormal cardiac rhythm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. bruxism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. abnormal EEG waveforms (e.g., seizure, voltage changes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. parasomnias</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. REM behavior disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. arousals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognize changes in</td>
<td></td>
<td>2</td>
<td>5</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>a. body position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. SpO₂</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. exhaled CO₂</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. airflow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Relate arousals to sleep events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Sleep Event Reporting</th>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summarize observations about a patient's</td>
<td></td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>a. behaviors during testing (e.g., parasomnias, limb movements)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. tolerance of therapeutic interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Summarize evidence of</td>
<td></td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>a. artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. adverse events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. technical problems, errors, and actions taken to resolve them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Document descriptive statistics for</td>
<td></td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>a. oxygen saturation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. sleep latency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. REM latency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. sleep efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. total sleep time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. total time in bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. total recording time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. sleep stage percentages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. wake after sleep onset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2013. NBRC. All rights reserved.
### Sleep Specialist Examination

#### Detailed Content Outline

*Multiple-choice items are linked to open cells.*

<table>
<thead>
<tr>
<th>Items</th>
<th>Cognitive Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. Document descriptive statistics for MSLT and MWT</strong></td>
<td></td>
</tr>
<tr>
<td>a. mean sleep latency</td>
<td></td>
</tr>
<tr>
<td>b. sleep onset REM periods</td>
<td></td>
</tr>
<tr>
<td><strong>5. Document the frequency of</strong></td>
<td></td>
</tr>
<tr>
<td>a. obstructive, central, and mixed apneas</td>
<td></td>
</tr>
<tr>
<td>b. hypopneas</td>
<td></td>
</tr>
<tr>
<td>c. arousals</td>
<td></td>
</tr>
<tr>
<td>d. periodic limb movements</td>
<td></td>
</tr>
<tr>
<td>e. snoring</td>
<td></td>
</tr>
<tr>
<td>f. Respiratory Effort Related Arousals (RERAs)</td>
<td></td>
</tr>
<tr>
<td>g. Cheyne-Stokes respirations</td>
<td></td>
</tr>
<tr>
<td>h. sleep-related hypoventilation</td>
<td></td>
</tr>
<tr>
<td>i. periodic breathing</td>
<td></td>
</tr>
<tr>
<td><strong>6. Document indices for</strong></td>
<td></td>
</tr>
<tr>
<td>a. apneas</td>
<td></td>
</tr>
<tr>
<td>b. hypopneas</td>
<td></td>
</tr>
<tr>
<td>c. apneas / hypopneas (AHI)</td>
<td></td>
</tr>
<tr>
<td>d. arousals</td>
<td></td>
</tr>
<tr>
<td>e. periodic limb movements</td>
<td></td>
</tr>
<tr>
<td><strong>7. Summarize results of the</strong></td>
<td></td>
</tr>
<tr>
<td>a. Multiple Sleep Latency Test</td>
<td></td>
</tr>
<tr>
<td>b. Maintenance of Wakefulness Test</td>
<td></td>
</tr>
<tr>
<td><strong>8. Document excessive</strong></td>
<td></td>
</tr>
<tr>
<td>a. spindles</td>
<td></td>
</tr>
<tr>
<td>b. beta activity</td>
<td></td>
</tr>
<tr>
<td>c. alpha activity</td>
<td></td>
</tr>
<tr>
<td><strong>9. Document abnormalities in</strong></td>
<td></td>
</tr>
<tr>
<td>a. EEG activity (e.g., alpha-delta, alpha intrusion)</td>
<td></td>
</tr>
<tr>
<td>b. REM (e.g., density, latency)</td>
<td></td>
</tr>
<tr>
<td>c. ECG activity</td>
<td></td>
</tr>
<tr>
<td><strong>10. Generate a written report including objective and subjective information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11. Confirm the written report is a valid reflection of the study</strong></td>
<td></td>
</tr>
</tbody>
</table>

© 2013. NBRC. All rights reserved.

- 5 -
### IV. ADMINISTRATIVE FUNCTIONS

<table>
<thead>
<tr>
<th>A. Archiving Data</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure adequate data archiving space</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>2. Ensure information from each patient is stored</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. in such a manner as to maintain data integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. according to government and industry standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. in compliance with HIPAA regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Maintenance</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>1. Correct problems with data acquisition and recording equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Perform</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. biomedical equipment quality control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. routine equipment processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ensure preventative maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Maintain supply inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Management</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>1. Implement policies and procedures that address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. accurate data processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. patient safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. staff safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. infection control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. response to an emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. patient confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. staff educational requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. current practice standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Implement quality improvement programs that address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. inter-scorer reliability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. implementation of a physician's order</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. compliance with protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. patient and physician satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### V. TREATMENT PLAN

<table>
<thead>
<tr>
<th>A. Development</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>a. educational needs of the patient or caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. a patient's barriers to optimal therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Select equipment and interface to ensure maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. compliance (e.g., comfort)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. efficacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sleep Specialist Examination
#### Detailed Content Outline

Multiple-choice items are linked to open cells.

<table>
<thead>
<tr>
<th>Items</th>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Communicate details of assessment to the physician / healthcare provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assist in the development of an individualized treatment plan (e.g., behavior modifications, comorbid condition management)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Implementation</strong></td>
<td></td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>1. Assist in the generation of the prescription</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. sleep disorder-specific education to the patient or caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. therapy-specific education to the patient or caregiver e.g.,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• oxygen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• oral appliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• positive airway pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• behavioral changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Coordinate equipment delivery and setup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Verify completion of equipment setup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Adjust equipment settings to comply with the prescription</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Verify patient’s comprehension of treatment plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Document educational assessments and interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C. Evaluation</strong></td>
<td></td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>1. Ensure optimal compliance with the treatment plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reassess the treatment plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Recommend revisions to the treatment plan as necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Document evaluation of outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Communicate treatment plan outcomes to the physician / healthcare provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>32</td>
<td>70</td>
<td>58</td>
<td>160</td>
</tr>
</tbody>
</table>

1 Each scored form will include 20-item pretests.
CLINICAL ATTENDANCE AND DRESS POLICY

No student will be allowed to attend clinic if the following conditions are not met:

1. Liability insurance premium must be paid prior to the beginning of the fall semester. The annual premium is $14.50 payable by cashier's check or money order only.
2. Wearing the required uniform while at the clinical affiliation (hospital) for any assigned class, lab, or clinical.
3. Meet facility requirements for criminal background check or drug screening.

Uniform Policy

1. All students must wear the approved color of scrubs.
2. All students must wear a photo ID card on the left lapel of the lab coat or below the university patch on the scrub shirt.
3. All students must wear white socks and shoes. White athletic shoes which are primarily white are acceptable. Shoes must be clean and neat.
5. The uniform must be clean, neat, and wrinkle free. Students are expected to practice good hygiene. Hair must be clean and neatly groomed. Shoulder length hair must be tied back in a pony tail or similar fashion.
6. Clinical practice requires that the student have a stethoscope and watch with a second hand at all times.
7. The university agrees that faculty and students will abide by individual sleep lab/center policies regarding behavior and dress.

Students who do not meet the dress code cannot remain in the hospital. More than one dress code violation requires counseling by the department chair.

Attendance

1. No clinical time may be missed without a make-up day or make-up project being assigned. In rare circumstances, an absence may be excused by the chair only.
2. In addition to making up clinical time, students may be required to complete extra work to assure coverage of missed topics.
3. Students are expected to arrive on time for the clinical shift. Students who will be more than 10 minutes late or absent for the full day must notify their clinical instructor and the DCE as close as possible to the start time of the shift.
4. Students are expected to remain at the sleep lab/center, including during lunch and breaks, until dismissed by the clinical instructor at the end of the day.
5. Violation of the attendance policy will result in a “F” in the course.

I understand the above policies. ____________________________  ________________

Signature  Date
I agree to respect and abide by all federal, state, and local laws pertaining to the confidentiality of identifiable medical, personal and financial information obtained, no matter what form this information is in. I agree to adhere to all hospital policies and processes adopted to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) governing the privacy, security and use of protected health information (PHI).

I understand that state and federal laws protect the confidentiality of this information and that I will be personally liable for any breach of these duties and may also be held criminally liable under the HIPAA privacy regulations for intentional and malicious release of identifiable health information.

I understand that my clinical rotation hospital login ID(s) is/are the equivalent of my legal signature, and I will be accountable for all representations made at login and for all work done under my login ID(s). I will use my hospital computer access into patient records ONLY FOR THE PURPOSE OF LOOKING UP PATIENT INFORMATION ON PATIENTS CURRENTLY ASSIGNED TO ME FOR CARE. I will NOT access patient information on patients NOT CURRENTLY ASSIGNED to me for care. I also agree to not discuss any information regarding the patients assigned to me with other students or third parties, unless so directed by my RC clinical instructor.

I further understand that I am responsible for maintaining the confidentiality of my login ID(s) and agree not to share this with other computer system users. If I believe someone has compromised or broken the security of my login ID(s) and password, I will immediately change my password and contact my clinical instructor.

I understand that the misuse of my access to the computer systems of the hospital or of any confidential information may subject me to corrective action up to and including termination of this rotation, resulting in a failing grade and potential expulsion from the Program.

__________________________  ________________________  ________
Student Name (please Print)  Student Signature  Date