The purpose of this handbook is to acquaint students enrolled in the BSRC 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 BSRC 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 BSRC program is nationally accredited by the Commission on Accreditation for Respiratory Care (CoARC).

*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 ............................................................................................................................... 8
Colleges ........................................................................................................................... 8-9
University Mission ........................................................................................................ 9
University Shared Values .............................................................................................. 9

THE COLLEGE OF HEALTH PROFESSIONS ................................................................. 9
Vision Statement ........................................................................................................... 9
Mission Statement ........................................................................................................ 9-10

THE DEPARTMENT OF RESPIRATORY CARE ............................................................... 10
Mission/Vision/Goals ...................................................................................................... 10-11
Commission on Accreditation for Respiratory Care .................................................. 11
Philosophy of Research ............................................................................................... 12

RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY ............... 12
University Community ................................................................................................. 12
Professional Community .............................................................................................. 12
Community at Large ..................................................................................................... 12

RELATIONSHIP OF THE PROGRAM TO THE STUDENTS ......................................... 13-14

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT ........................................ 14
Faculty Members .......................................................................................................... 14
Adjunct Clinical Faculty ............................................................................................... 15
Organizational Chart of the Department ...................................................................... 15

SECTION II. STUDENT INFORMATION ...................................................................... 16

ACADEMIC REQUIREMENTS ....................................................................................... 16
Course Requirements .................................................................................................... 16
Grading Policy ................................................................................................................ 16
Comprehensive Exams ................................................................................................. 16-17
Honor Code for Texas State ........................................................................................ 17-18
Policy on Acts of Dishonesty ....................................................................................... 18
Academic Advising ....................................................................................................... 18
Course Failure ................................................................................................................ 18
Grade Appeal Procedure .............................................................................................. 18-19
Student Rights .............................................................................................................. 19
Academic Progression/Curriculum Sequence ............................................................. 19
Requirements for Graduation

Written Assignments

Research

Criminal Background Check/Drug Screening

Clinical Education Assignments/Rotations

Professional Credit Requirements

Degree Plan

Comprehensive Exams

Student Records Release

Photography Release

Treatment Release

Open Lab Release

Licensure/Credentialing Requirements

National Credentialing

State Licensure

Professional Conduct

General Attendance

Class Lectures

Lab

Clinical Education

Absences

Preparation for Class

Dress

Lectures

Labs

Clinical Uniform Policy

Texas State Sleep Center

Professional Code of Ethics

Professional Conduct Code

Independent Work

Clinical Conduct Code

Maintenance of a Clean and Safe Learning Environment

Off-Campus Classes

Behavior

Classroom

Multiculturalism and Sexual Harassment

Professionalism in Respiratory Care: Core Values

Professional Behavior

Professional Probation

Program Compliance with CoARC Requirements
COMMUNICATIONS ................................................................. 34
  Faculty Office Hours ............................................................... 34
  Telephones ........................................................................... 34
  Electronic Communication ....................................................... 34
  Cell Phones ........................................................................... 34
  Computers in Classroom .......................................................... 34
  Faculty Mailboxes ................................................................... 35
  TRACS .................................................................................... 35

PROFESSIONAL INVOLVEMENT ........................................ 35
  Community ........................................................................... 35
  Profession .............................................................................. 35

CARDIOPULMONARY RESUSCITATION BLS/ACLS .......... 36

HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE ...... 36

UTILIZATION OF CLASSROOMS, LABS & EQUIPMENT ........ 36
  Health Professions Building .................................................. 36
  Classrooms ........................................................................... 36
  Teaching Labs (306, 307, 308, 333) ...................................... 37
  Computer Labs ....................................................................... 37-38
  Equipment ............................................................................... 38

SECTION III. MISCELLANEOUS INFORMATION ............. 38
  Phones ................................................................................... 38
  Professional Liability Insurance .............................................. 38
  Student Files .......................................................................... 38
  Contact for Important Offices .................................................. 39

SECTION IV. CONFIDENTIALITY ........................................ 39
  Health Information Privacy and Accountability Act (HIPAA) .. 39-40

SECTION V. GRADUATE CERTIFICATE IN POLYSOMNOGRAPHIC TECHNOLOGY ........................................ 40-41
  Graduate Certificate in Polysomnographic Technology Admission ............... 41
  Fall (graduate hours) ................................................................. 42
  Spring (graduate hours) ............................................................. 42

SECTION VI. ADVANCED STANDING AS-TO-BS COMPLETION .... 43
  Application and Completion Process ......................................... 43
ATTACHMENTS

#1 Respiratory Care Student Handbook Verification Statement
#2 CoArc & NBRC Therapist Multiple-Choice Examination
#3 CoArc & NBRC Clinical Simulation Examination
#4 Faculty Members
#5 Tips to Writing a Good Paper
#6 Professional Credits Documentation Form
#7 Student Records Release Form
#8 Consent to Photography Form
#9 Consent to Treat Form
# 10 Consent to Participate Form
#11 Clinical Expectations Form
#12 Clinical Dress and Attendance Policy Form
#13 Professional Behaviors
#14 Confidentiality Agreement/Verification Form
#15 Advanced Standing AS-to-BS Completion
#16 Clinical Rotation Placement
Welcome!

We are excited to have you as part of the new Bachelor of Science in Respiratory Care (BSRC) cohort in the Texas State University Department of Respiratory Care Program! 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 BSRC Degree 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 Faculty
SECTION I. GENERAL INFORMATION

TEXAS STATE UNIVERSITY

Texas State University is a public, student-centered, doctoral-granting university located in the Austin-San Antonio corridor, is the largest campus in the Texas State University System, and one of the largest campuses in the state.

Texas State’s 34,000 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 2000 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 entire College of Health Professions to the Round Rock campus dependent on adequate funding for the planning, construction, and equipping of the two new buildings.

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 it 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. Beginning the Fall of 2013, the name will drop the San Marcos descriptor and officially be Texas State University. Each name 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.
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 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 Mr. 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 and Goals

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.

Commission on Accreditation for Respiratory Care

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 (www.coarc.com). The Commission on Accreditation for Respiratory Care (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 RC program. Accreditation of a program is required for graduates to sit for the NBRC national board examinations for CRT and RRT. Student performance at the RRT level requires a specific knowledge base per CoARC and the NBRC in the following areas: See (Attachment #2) Therapist Multiple -Choice Examination and (Attachment #3) Clinical Simulation Examination.
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 RC 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. As such, research opportunities have been built into the curriculum with a strong expectation for RC students to engage in research activities individually, collectively, and in collaboration with faculty, as appropriate.

RELATIONSHIP OF THE PROGRAM TO THE ACADEMIC COMMUNITY

University Community
The Department faculty believe they should be involved in many component activities of the Texas State community to assure they are an integral part of that community. The faculty is 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. Collectively, the fulltime RC faculty has over 100 years of university teaching experience in the Respiratory Care Department. The faculty’s commitment to education and striving to provide you with a valuable undergraduate experience in the BSRCP Program is focused and dedicated. Currently, six full-time RC faculty serve the Department and students with an additional faculty to be added in January 2014.
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. There are currently 10 adjunct faculty serving on the Department faculty. (Attachment #4)

Organizational Chart of the Department
SECTION II. STUDENT INFORMATION

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
A minimal grade of 75 percent is considered to be passing for any professional course within the Department. All courses are offered in a lock-step sequence with each course being taught only once during the academic year. If a student does not successfully complete a RC course with a grade of “C” or higher, he/she is required to re-take the RC course according to the following:

1. The student will not be allowed to continue in the RC curriculum until successfully passing the course with a “C” or better and the student must step out of the program.

2. The student may apply for re-admission to the RC program one semester prior to the semester of return. Readmission is not guaranteed and dependent on clinical rotation space within the next cohort.

3. If re-admitted, the student will be required to demonstrate clinical proficiency on all previously covered clinical procedures prior to placement in a clinical rotation.

Comprehensive Exams
All students will sit for the NBRC RRT Written Secure Assessment Exam (SAE) comprehensive examination during the Senior Fall semester. The SAE is composed of information from all RC courses taken in the lecture, lab, and clinical settings from the
first semester. The student must retain a comprehensive understanding of all respiratory care theory, principles, and clinical procedures to successfully attain the NBRC RRT credential. The SAE provides a glimpse into the rigor of the written RRT exam. Students must pass the SAE at the set cut score before continuing to the final spring semester and becoming RRT eligible. Students requiring retesting must meet the set cut score and must continue to retest until the cut score is reached.

During the Senior Spring semester prior to graduation, students are required to sit for a mock Clinical Simulation Exam (CSE) in preparation for the clinical simulation questions associated with the NBRC RRT credential. Successful completion of the CSE is required of all seniors as part of the course requirements for RC 4223, ICU Internship. Course completion is dependent upon the clinical rotation requirements and completion of the CSE exam in order to graduate. Review materials for the SAE and CSE will be included in senior courses in preparation for the exams.

Honor Code, 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:

“\textit{l 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

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.

Course Failure
Failure of a course will result in termination of the student’s progression in the curriculum. The student must request to be reinstated in order to repeat the course. Successful completion of the repeated course is a requirement for progression in the curriculum.

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 only one time per year. Due to the sequencing, no variance is permitted. Students will complete the Program according to the 60 major 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.

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<tr>
<td>RC 3322</td>
<td>RC 4322</td>
</tr>
<tr>
<td>RC 3324</td>
<td>RC 4225</td>
</tr>
<tr>
<td>RC 3125</td>
<td>RC 4224</td>
</tr>
<tr>
<td></td>
<td>13 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SUMMER I &amp; II</strong></th>
<th><strong>SUMMER I &amp; II</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>RC 3333</td>
<td>RC Clinical Practice III</td>
</tr>
<tr>
<td>RC 3232</td>
<td>Hemodynamic Diagnostics</td>
</tr>
<tr>
<td>RC 3334</td>
<td>Neonatal Respiratory Care</td>
</tr>
<tr>
<td></td>
<td>8 hours</td>
</tr>
</tbody>
</table>
Requirements for Graduation
Eligibility for graduation requires satisfactory completion of all course work with a Texas State GPA of 2.0 or higher and a RC major GPA of 2.25 or higher. Students must apply for graduation online during the final semester of course work.

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 #5) 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 degree requirements. This process is integrated throughout the senior year and begins with RC 4211, Respiratory Care Research and concludes with RC 4224, Research Seminar. The scholarly project will consist of a respiratory care-related subject/topic of interest to the student focusing on either clinical practice or bench-top research.

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. The assignments will be completed following the student's requested Austin or San Antonio rotation city preference with no guarantee all requests can be fulfilled due to clinical space limitations at each facility. Roommates on the same clinical rotation will be taken into consideration, but specific student rotation groups will not be permitted. Although most clinical education experiences will be completed in the Central Texas area, some assignments may be outside of the immediate area.

Professional Credit Requirements
Professional Credits (PC) are required professional activities that promote service learning and foster future professional behaviors and expectations as a healthcare practitioner. The PC requirement represents the minimum number of credit activities the student engages in each semester and the PC requirement must be met in order to complete each clinical course. PC credits cannot be carried over to the next semester.
A grade of “I” will be given to the student at the end of the semester for clinical courses lacking the minimum number of professional credits until the semester requirement is completed.

The number of required professional credits per semester is as follows:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Semester</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC 3313</td>
<td>RC Clinical Practice I</td>
<td>Junior Fall</td>
<td>10</td>
</tr>
<tr>
<td>RC 3323</td>
<td>RC Clinical Practice II</td>
<td>Junior Spring</td>
<td>15</td>
</tr>
<tr>
<td>RC 3333</td>
<td>RC Clinical Practice III</td>
<td>Junior Summer</td>
<td>20</td>
</tr>
<tr>
<td>RC 4316</td>
<td>RC Clinical Practice IV</td>
<td>Senior Fall</td>
<td>20</td>
</tr>
<tr>
<td>RC 4223</td>
<td>ICU Internship</td>
<td>Senior Spring</td>
<td>20</td>
</tr>
</tbody>
</table>

The following is a list of suggested activities that will be awarded professional credits. The Respiratory Care faculty has assigned the number of credits each activity earns. The Director of Clinical Education (DCE) will consider additional RC activities not listed below based upon approval. A partial list follows:

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARC (student member)</td>
<td>8/semester</td>
</tr>
<tr>
<td>TSRC (student member)</td>
<td>8/semester</td>
</tr>
<tr>
<td>CoBGRTGE (student member)</td>
<td>8/semester</td>
</tr>
<tr>
<td>Attend AARC Convention (5 lecture hours &amp; tour exhibits)</td>
<td>20</td>
</tr>
<tr>
<td>Attend TSRC Convention (5 lecture hours &amp; tour exhibits)</td>
<td>20</td>
</tr>
<tr>
<td>RCSA membership good-standing (3 meetings &amp; 1 project)</td>
<td>5</td>
</tr>
<tr>
<td>RCSA member (paid dues)</td>
<td>5</td>
</tr>
<tr>
<td>RCSA community service projects</td>
<td>2 per hour</td>
</tr>
<tr>
<td>Attend regional TSRC meeting</td>
<td>10</td>
</tr>
<tr>
<td>CF/Asthma camp</td>
<td>12 per day</td>
</tr>
<tr>
<td>Attend “Better Breathers”</td>
<td>2 per hour</td>
</tr>
<tr>
<td>Article summary from a Respiratory Care or</td>
<td>1 per article</td>
</tr>
<tr>
<td>Chest, or Heart &amp; Lung, journals, etc.</td>
<td></td>
</tr>
<tr>
<td>On-line CEU credits</td>
<td>4 per CEU</td>
</tr>
<tr>
<td>Volunteer at the American Lung Association</td>
<td>2 per hour</td>
</tr>
<tr>
<td>Pulmonary screenings</td>
<td>2 per hour</td>
</tr>
<tr>
<td>Attend local RC seminars/symposia</td>
<td>2 per hour</td>
</tr>
<tr>
<td>Kettering/NBRC/Persing Review Program for RRT</td>
<td>20</td>
</tr>
</tbody>
</table>

Fill out (Attachment #6) *Professional Credits Documentation form*, to report professional credits earned with all supporting documentation and submit to the professional credit advisor.

**Degree Plan**
The Academic Advising Office in coordination with the RC Department will provide each student a copy of his/her degree plan, which should be maintained as a part of the student's own personal records. During the senior fall semester, the Advising Office will prepare a degree summary based on the degree plan to verify eligibility for degree.
Comprehensive Exams
Each student is required to pass the comprehensive examinations and all RC coursework must be completed with a grade of “C” or better to successfully complete a degree at Texas State. Upon successful completion of the curriculum, a Bachelor of Science in Respiratory Care will be awarded.

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 #7)*

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 #8)*

Treatment Release
Students may consent to receive treatments during classroom and lab and to provide treatment of others in classroom, lab or clinical education. Students must complete a release form and have it on file in the Department Office. *(Attachment #9)*

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 #10)*

LICENSURE/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).

Beginning January 2015, the CRT and RRT Written exams will be combined into one exam with two cut scores. The lower cut score awards the credential of Certified Respiratory Therapist (CRT) only. The upper cut score awards the credential of CRT plus eligibility to sit for the Clinical Simulation Exam (CSE) in order to become a Registered Respiratory Therapist (RRT). All exams are administered on-line and can be taken throughout the calendar year at multiple locations throughout the state and country. The CSE exam will be changing, as well. Instead of 10 long clinical simulations, there will be 20 shorter simulations. The NEW matrices for both the RRT Written and RRT CSE are described in *(Attachments #2)* and *(Attachment #3)*.
Because most healthcare facilities will not typically hire therapists with CRT credentials only, it is imperative that graduates complete the RRT credential prior to graduation. Our goal for Spring 2015 is to have all graduates RRT credentialed prior to graduation to make job placement rapid and successful.

State Licensure
The State of Texas, through the Texas Department of State Health Services (TDSHS), requires all respiratory therapists providing patient care to be state licensed. The TDSHS recognizes the CRT national credential as the entry-level credential appropriate for qualifying an individual to perform patient respiratory care procedures. Once the CRT credential is earned, the individual qualifies to apply for a license in the state as a Respiratory Care Practitioner (RCP). All but one state in the USA have similar state licensure acts and most recognize the CRT credential as qualification for their own particular state license as well. More recently, Ohio has passed legislation that will require RTs to possess the RRT credential in order to become state licensed. North Carolina and California are following suit, as well.

While enrolled as a student in the clinical portion of the Texas State Respiratory Care Program, a student is permitted, according to state law, to practice patient care under the “Student Status” provision; however, a graduate of a respiratory care program CANNOT work under the student status provision after graduation. Student Status allows students to practice RC in the hospital under the direct supervision of an RCP, the faculty, or to work part-time in the hospital as a Respiratory Therapy Assistant (RTA) while enrolled in the Program. Thirty (30) days prior to graduation, the prospective graduate can apply for a temporary state license through TDSHS at www.dshs.state.tx.us/respiratory/default/shtm. The temporary RC state license is valid for 6 months and during that time it is expected that the graduate will apply for and pass the NBRC’s CRT Entry-level Exam. Once the CRT exam is passed, the temporary license can be converted to the full RCP license by contacting TDSHS.

Graduates are NOT considered employable in Texas UNTIL the RCP license or a temporary license is obtained. CRT and RRT national credentials MUST be accompanied by the appropriate Texas license before a therapist can be legally employed. It is the student’s responsibility to obtain a temporary Texas license and to register for national board exams.

Students with prior misdemeanor or felony convictions under various titles of the Texas Penal Code may affect eligibility for state respiratory care practitioner license status following graduation and may affect hiring opportunities according to the hiring policies of healthcare facilities.

PROFESSIONAL CONDUCT

General Attendance
Students are expected to attend and participate in all scheduled lecture, laboratory and clinical rotations. If a class session is to be missed, the student must notify the course
instructor prior to the start of the class session. Failure to do so may result in the absence being considered unexcused. Electronic notification is required either as the original notice or as follow-up verification. 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. If a class session is to be missed, the student should notify the course instructor with sufficient time prior to the class. 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**
No clinical time may be missed. If a clinic day absence occurs, a makeup day will be assigned. Missed clinical time will be made up at one and one-half hours for every hour missed. For example, if a student misses one 8-hour day of a clinical rotation, the required make up time is 12 hours.

In addition to making up clinical time, students may be required to complete extra work to assure coverage of missed topics, i.e. research paper. Each faculty member will make assignments appropriate for missed content. Violation of the attendance policy will result in the student receiving an "F" in the clinical course.
For all RC clinical rotations (RC 3313, 3323, 3333, 4316, 4223, 4225), specific assignments and student rotation responsibilities will be provided by the DCE at the time of each assignment. The following general policies are required in all rotations:

1. Clinical placements are made at the discretion of the DCE. Assignments are made keeping in mind the learning value of a site, the student’s previous assignments and experiences, learning needs of other students, etc. Assignments will not be made based solely on the convenience for the student.

2. The clinical assignments are made in various Texas hospitals and healthcare facilities. The rotations will involve travel and is the responsibility of the student on a carpool basis.

3. While attending a clinical assignment, a student is not to be used as, or substituted for paid staff of the facility. Maintaining the integrity of the learning experience is of utmost concern.

4. Regular attendance is required – NO absences will be permitted. In case of illness, it is the student’s responsibility to contact the clinical instructor within one hour of reporting time. The DCE should also be notified as soon as possible. Students must arrange a make-up time with the clinical instructors.

5. The students should be pleasant and tactful while in the hospital. Remember, you are a guest of the hospital and the respiratory care department.

6. Students are to abide by departmental rules and regulations, and hospital regulations in general, particularly regarding coffee breaks and lunch periods. Personal calls while at the clinical site should only be made when absolutely necessary.

7. All students are to observe professional ethics at all times.

8. Students are required to utilize the DATA ARC system for all clinical evaluations and documentation.

The Clinical Expectations (Attachment #11) and the Clinical Attendance & Dress Policy (Attachment #12) will be signed and dated by all respiratory care majors.

Absences
For Texas State sanctioned events, the absence from class and lab sessions may be excused with permission of the course instructor; however, it is the student’s responsibility to make up missed class work.

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.

Dress

Lectures
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).

Labs
Lab dress will vary and requirements will be covered by each course instructor. No specific requirements for dress is set during on-campus labs, except for Gross Anatomy Lab.

Clinical Uniform Policy
Students are expected to dress in an appropriate professional manner as described in the Clinical Uniform Policy. The clinical scrub uniform must be worn each Tuesday and Thursday for clinical rotations, including the Junior Fall semester for the RC 3313, Clinical Practice I course.

A professional appearance and attitude are expected at all times. The impression made while in the HPB and in the hospital is critically important to the continued success and reputation of the university and program. The COMPLETE uniform must be worn for all clinical events including RC 3313 on campus, health fairs, community outreach projects, and health screening events in the community, and for all clinical rotations in the hospital.

1. All students must wear the designated color of scrubs with the Texas State embroidered RC emblem above the left pocket in gold stitching.

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

3. All students must wear a white lab coat with the Texas State embroidered RC emblem above the left pocket in maroon stitching.

4. 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.

5. Facial jewelry is not permitted in the clinical sites.
6. 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.

7. 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 hospital 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 #12) must be signed by all students prior to attending clinical rotations.

Texas State Sleep Center
The Texas State Sleep Center is an accredited sleep center with a mission of education, research, and providing diagnostic services to the University and San Marcos rural area communities. When assigned a rotation at the Sleep Center, the complete clinical uniform will be required at all times. Additional requirements are addressed during clinic orientation each semester.

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.
• 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 program 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.
Off-Campus Classes
At various times in the program, classes may be scheduled at various medical facilities. Attendance is mandatory at these sessions, as there is no mechanism for that class session to be made up. The course instructor will provide specific course requirements/procedures. It will be the student’s responsibility to obtain transportation to the off-campus activity unless the University provides such transportation.

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, 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** is 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. (Attachment #13) 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 that 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, they 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 drop 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.

TRACS
Teaching Research and Collaboration System (TRACS) enables faculty to enhance classroom instruction. Students can view course and campus announcements in one location and access course web sites and projects or groups. The faculty uses TRACS for course support. Students should become familiar with the TRACS sites since all instructors use for courses and each RC Class has a TRACS Project Site. Questions to instructors are welcome.

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.

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/ACLS
All students are expected to maintain CPR certification throughout all clinical education assignments. Basic Life Support (BLS) will be taught during the Junior fall semester and all students are required to have a current BLS card prior to clinical rotations in the hospital. CPR certification expires in 2 years and if the student makes other arrangements for BLS certification, the card must remain current throughout the clinical education courses for the student to remain in patient care at a clinical setting. ACLS will be taught prior to ICU rotations and will be current for 2 years, as well.

HEALTH STATUS/HEALTH INSURANCE/MALPRACTICE INSURANCE
Due to the nature of a RT student's 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 or labs. 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, RC lecture courses are scheduled to be taught in the CHP building, as rooms/times are available.
Teaching Labs (HPB 306, 307, 308)
Eating in the respiratory care labs is limited to lunch from 12 PM – 1 PM or for other approved times when class is not in session. This is a negotiated privilege and subject to revocation if the labs are not kept clean. All students are responsible for cleaning up after the lunch break. Drinks in containers with tops are allowed in the labs during class time. Any spill should be cleaned up immediately.

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 Respiratory Care 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.

A student 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
Financial Aid – www.finaid.txstate.edu, 245-2315
Multicultural Student Affairs Office – www.msa.txstate.edu/, 245-2278
Alcohol and Drug Resource Center – www.adrc.txstate.edu/, 245-3601
Career Services – www.careerservices.txstate.edu, 245-2645
Counseling Center – www.counseling.txstate.edu/, 245-2208
Disability Services – www.ods.txstate.edu/, 245-3451
Student Health Center – www.healthcenter.txstate.edu, 245-2161
Writing Center – writingcenter.english.txstate.edu/, 245-3018
Alkek library – www.library.txstate.edu, 245-3681
Bookstore – www.bookstore.txstate.edu, 245-2273
University Police Department – www.police.txstate.edu/, 245-2805

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 #14). This signed form will be kept in the student's academic file in the respiratory care department.

SECTION V. GRADUATE CERTIFICATE IN POLYSOMNOGRAPHIC TECHNOLOGY

The Graduate Certificate in Polysomnographic Technology at Texas State is offered through the Department of Respiratory Care and 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 a Sleep Disorders Specialist (SDS) 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/SDS 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/SDS 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. The curriculum begins each fall and continues to the spring with a new PSG class is admitted only in the fall.

Students completing the Graduate Certificate in Polysomnographic Technology will receive 15 Graduate hours with qualifications to immediately 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.

**Graduate Certificate in Polysomnographic Technology**
Admission to the Graduate Certificate in Polysomnographic Technology at Texas State University-San Marcos must be made through the Graduate College. Upon completion of the course of studies, 15 graduate hours will be posted to the student’s graduate transcript through the Graduate College. Upon completion of the Graduate Certificate in Polysomnographic Technology, the students transcript will show the awarding of this graduate certificate and the student will receive an official graduate certificate from Texas State.

In addition to the PSG course requirements, all graduate-level students must complete an assigned research project and present the findings to the PSG/RC class. The
following course sequence details the required course offerings for completion of the Graduate Certificate in Polysomnographic Technology:

**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**
SECTION VI. ADVANCED STANDING AS-to-BS COMPLETION

Application and Completion Process
Respiratory Care Practitioners holding the Registered Respiratory Therapist (RRT) credential awarded by the National Board for Respiratory Care (NBRC) and graduates of a regionally accredited college/university and CoARC accredited program are eligible to apply to the bachelor’s degree completion program. Applicants holding the RRT credential may be eligible to receive 40 semester credit hours of credit based on the RRT credential. Completion of the remaining 20 hours of upper-level BSRC courses in addition to all remaining Texas Core Curriculum are required to complete the BSRC.

All transfer students must be advised on an individualized basis due to varied college backgrounds, but typically the RRT credentialed individual with an associate degree may complete the required BSRC major courses within a 1-year period plus any additional remaining general education courses (Attachment #15). The current BSRC degree is 124 hours in length and all RC and academic requirements must be satisfied before the degree can be conferred. Proof of RRT credentialing is an admission requirement to the program. Please make an appointment with the department chair to discuss your individual degree plan.
Attachment #1
Respiratory Care Student Handbook
Verification Statement

This is to verify that I have read and understand the policies and procedures contained in Texas State University Department of Respiratory Care 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
Therapist Multiple-Choice Examination
Detailed Content Outline

Items are linked to open cells.

<table>
<thead>
<tr>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
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<tbody>
<tr>
<td>I. PATIENT DATA EVALUATION AND RECOMMENDATIONS</td>
<td>12</td>
<td>26</td>
<td>17</td>
<td>55</td>
</tr>
<tr>
<td>A. Evaluate Data in the Patient Record</td>
<td>3</td>
<td>5</td>
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</table>

1. Patient history, for example,
   - admission data
   - orders
   - medications
   - progress notes
   - DNR status / advance directives
   - social history

2. Physical examination relative to the cardiopulmonary system

3. Drainage and access devices, for example,
   - chest tube
   - artificial airway

4. Laboratory results, for example,
   - CBC
   - electrolytes
   - coagulation studies
   - culture and sensitivities
   - sputum Gram stain
   - cardiac enzymes

5. Blood gas analysis results

6. Pulmonary function testing results

7. 6-minute walk test results

8. Cardiopulmonary stress testing results

9. Imaging study results, for example,
   - chest radiograph
   - CT
   - ultrasonography
   - MRI
   - PET
   - ventilation / perfusion scan

10. Maternal and perinatal / neonatal history, for example,
    - Apgar scores
    - L / S ratio
    - gestational age
    - social history

11. Metabolic study results, for example,
    - O₂ consumption / CO₂ production
    - respiratory quotient
    - energy expenditure

12. Sleep study results

13. Trends in monitoring results
    a. fluid balance
    b. vital signs
    c. intracranial pressure
    d. weaning parameters
    e. pulmonary compliance, airways resistance, work of breathing
    f. noninvasive, for example,
       - pulse oximetry
       - transcutaneous O₂ / CO₂
       - capnography
Therapist Multiple-Choice Examination
Detailed Content Outline1

Items are linked to open cells.

<table>
<thead>
<tr>
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<tr>
<td>14. Trends in cardiac monitoring results</td>
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<tr>
<td>a. ECG</td>
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<td>b. hemodynamic parameters</td>
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<td>c. cardiac catheterization</td>
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<td>d. echocardiography</td>
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</table>

B. Gather Clinical Information

1. Interviewing a patient to assess
   a. level of consciousness and orientation, emotional state, and ability to cooperate
   b. level of pain
   c. presence of dyspnea, sputum production, and exercise tolerance
   d. smoking history
   e. environmental history
   f. activities of daily living
   g. learning needs, for example, literacy, culture, preferred learning style

2. Performing inspection to assess
   a. general appearance
   b. characteristics of the airway, for example, patency
   c. cough, sputum amount and character
   d. status of a neonate, for example, Apgar score, gestational age

3. Palpating to assess
   a. pulse, rhythm, force
   b. accessory muscle activity
   c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, and tracheal deviation

4. Performing diagnostic chest percussion

5. Auscultating to assess
   a. breath sounds
   b. heart sounds and rhythm
   c. blood pressure

6. Reviewing lateral neck radiographs

7. Reviewing a chest radiograph to assess
   a. quality of imaging, for example, patient positioning, penetration
   b. presence and position of tubes and catheters
   c. presence of foreign bodies
Therapist Multiple-Choice Examination
Detailed Content Outline

*Items are linked to open cells.*

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<th>d. heart size and position</th>
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<td>e. presence of, or change in,</td>
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<td>(i) cardiopulmonary abnormalities, for example,</td>
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<td>• pneumothorax • pleural effusion</td>
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<td>• consolidation • pulmonary edema</td>
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<td>(ii) hemidiaphragms, mediastinum, or trachea</td>
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</table>

C. Perform Procedures to Gather Clinical Information

1. 12-lead ECG
2. Noninvasive monitoring, for example,
   • pulse oximetry • transcutaneous capnography
3. Peak flow
4. Tidal volume, minute volume, and vital capacity
5. Screening spirometry
6. Blood gas sample collection
7. Blood gas analysis / hemoximetry
8. 6-minute walk test
9. Oxygen titration with exercise
10. Cardiopulmonary calculations, for example,
    • \( P(A-a)O_2 \) • \( P / F \)
    • \( V_D / V_T \) • oxygenation index
11. Hemodynamic monitoring
12. Pulmonary compliance and airways resistance
13. Maximum inspiratory and expiratory pressures
14. Plateau pressure
15. Auto-PEEP determination
16. Spontaneous breathing trial
17. Apnea monitoring
18. Overnight pulse oximetry
19. CPAP / NPPV titration during sleep
20. Tracheal tube cuff pressure and / or volume
21. Sputum induction
22. Cardiopulmonary stress testing
23. Pulmonary function testing

D. Evaluate Procedure Results

1. 12-lead ECG
2. Noninvasive monitoring, for example,
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4. Tidal volume, minute volume, and vital capacity
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<td>12. Maximum inspiratory and expiratory pressures</td>
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II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION CONTROL  

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<td>22. Gas analyzers</td>
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<td>23. Bronchoscopes and light sources</td>
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## Therapist Multiple-Choice Examination

**Detailed Content Outline**

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### Hemodynamic monitoring devices

- a. pressure transducers
- b. catheters, for example,
  - arterial
  - pulmonary artery

### Ensure Infection Control

1. Using high-level disinfection techniques
2. Selection of appropriate agent and technique for surface disinfection
3. Monitoring effectiveness of sterilization procedures
4. Proper handling of biohazardous materials
5. Adhering to infection control policies and procedures, for example,
  - Standard Precautions
  - isolation

### Perform Quality Control Procedures

1. Gas analyzers
2. Blood gas analyzers and hemoximeters
3. Point-of-care analyzers
4. Pulmonary function equipment
5. Mechanical ventilators
6. Gas metering devices, for example,
  - flowmeter
7. Noninvasive monitors, for example,
  - transcutaneous

### III. INITIATION AND MODIFICATION OF INTERVENTIONS

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#### A. Maintain a Patent Airway Including the Care of Artificial Airways

1. Proper positioning of a patient
2. Recognition of a difficult airway
3. Establishing and managing a patient’s airway
   - a. nasopharyngeal airway
   - b. oropharyngeal airway
   - c. laryngeal mask airway
   - d. esophageal-tracheal tubes / supraglottic airways, for example,
     - Combitube®
     - King®
   - e. endotracheal tube
   - f. tracheostomy tube
   - g. laryngectomy tube
   - h. speaking valves
4. Performing tracheostomy care
5. Exchanging artificial airways
6. Maintaining adequate humidification
## Therapist Multiple-Choice Examination

**Detailed Content Outline**

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<td><strong>C. Support Oxygenation and Ventilation</strong></td>
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Therapist Multiple-Choice Examination
Detailed Content Outline

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<td>d. mucolytics and proteolytics</td>
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<tr>
<td>e. cardiovascular drugs</td>
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<tr>
<td>f. antimicrobials</td>
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<tr>
<td>g. sedatives and hypnotics</td>
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<td>h. analgesics</td>
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<td>i. neuromuscular blocking agents</td>
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<td>j. diuretics</td>
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<tr>
<td>k. surfactants</td>
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<tr>
<td>l. vaccines</td>
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<tr>
<td>m. changes to drug, dosage, or concentration</td>
<td></td>
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<tr>
<td>F. Utilize Evidence-Based Medicine Principles</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>1. Determination of a patient’s pathophysiological state</td>
<td></td>
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<tr>
<td>2. Recommendations for changes in a therapeutic plan when indicated</td>
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<tr>
<td>3. Application of evidence-based or clinical practice guidelines, for example,</td>
<td></td>
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<tr>
<td>- ARDSNet</td>
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<tr>
<td>- NAEPP</td>
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# Therapist Multiple-Choice Examination

**Detailed Content Outline**

Items are linked to open cells.

<table>
<thead>
<tr>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Provide Respiratory Care Techniques in High-Risk Situations</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
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<tr>
<td>1. Emergency</td>
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<tr>
<td>a. cardiopulmonary emergencies, for example,</td>
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<tr>
<td>• cardiac arrest</td>
<td>• obstructed / lost airway</td>
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<tr>
<td>• tension pneumothorax</td>
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<tr>
<td>b. disaster management</td>
<td></td>
<td></td>
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<tr>
<td>c. medical emergency team (MET) / rapid response team</td>
<td></td>
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<tr>
<td>2. Patient transport</td>
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<tr>
<td>a. land / air between hospitals</td>
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<tr>
<td>b. within a hospital</td>
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<tr>
<td>H. Assist a Physician / Provider in Performing Procedures</td>
<td>2</td>
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<tr>
<td>1. Intubation</td>
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<tr>
<td>2. Bronchoscopy</td>
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<tr>
<td>3. Thoracentesis</td>
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<tr>
<td>4. Tracheostomy</td>
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<td>5. Chest tube insertion</td>
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<td>6. Insertion of arterial or venous catheters</td>
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<td>7. Moderate (conscious) sedation</td>
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<tr>
<td>8. Cardioversion</td>
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<tr>
<td>9. Cardiopulmonary exercise testing</td>
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<tr>
<td>10. Withdrawal of life support</td>
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<tr>
<td>I. Initiate and Conduct Patient and Family Education</td>
<td>1</td>
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<tr>
<td>1. Safety and infection control</td>
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<tr>
<td>2. Home care and equipment</td>
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<tr>
<td>3. Smoking cessation</td>
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<td>4. Pulmonary rehabilitation</td>
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<tr>
<td>5. Disease management</td>
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<tr>
<td>a. asthma</td>
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<tr>
<td>b. COPD</td>
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<tr>
<td>c. sleep disorders</td>
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<tr>
<td>Totals</td>
<td>31</td>
<td>61</td>
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</tr>
</tbody>
</table>

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~ 9 ~
| 01-GENERAL | 16-PULM EMBOLISM (pulmonary embolism) |
| 02-COPD     | 17-SHOCK |
| 03-ASTHMA   | 18-BARIATRIC |
| 04-HEART FAILURE | 19-NEONATAL |
| 05-POST-SURGICAL | 20-BRONCHIOLITIS |
| 06-GERIATRIC | 21-NEUROMUSCULAR |
| 07-CARDIOVASCULAR | 22-PSYCHIATRIC |
| 08-INFECT DISEASE (infectious disease) | 23-CON DEFECTS (congenital defects in newborns) |
| 09-PULM HYPERTENSION (pulmonary hypertension) | 24-CYSTIC FIBROSIS |
| 10-TRAUMA   | 25-INHALATION (inhalation injuries) |
| 11-IMMUNOCOMPR (immunocompromised) | 26-LUNG TRANSPLANT (lung transplantation) |
| 12-NEUROLOGIC | 27-APNEA |
| 13-ARDS     | 28-BURN (burn injury) |
| 14-PEDIATRIC |     |
| 15-CHRONIC LUNG (chronic lung disease of prematurity) |     |

1 Each scored form will include 20-item pretests.
I. PATIENT DATA EVALUATION AND RECOMMENDATIONS

A. Evaluate Data in the Patient Record

1. Patient history, for example,
   - admission data
   - progress notes
   - orders
   - DNR status / advance directives
   - medications
   - social history
2. Physical examination relative to the cardiopulmonary system
3. Drainage and access devices, for example,
   - chest tube
   - artificial airway
4. Laboratory results, for example,
   - CBC
   - culture and sensitivities
   - electrolytes
   - sputum Gram stain
   - coagulation studies
   - cardiac enzymes
5. Blood gas analysis results
6. Pulmonary function testing results
7. 6-minute walk test results
8. Cardiopulmonary stress testing results
9. Imaging study results, for example,
   - chest radiograph
   - MRI
   - CT
   - PET
   - ultrasonography
   - ventilation / perfusion scan
10. Maternal and perinatal / neonatal history, for example,
    - Apgar scores
    - L / S ratio
    - gestational age
    - social history
11. Metabolic study results, for example,
    - O₂ consumption / CO₂ production
    - respiratory quotient
    - energy expenditure
12. Sleep study results
13. Trends in monitoring results
    - fluid balance
    - vital signs
    - intracranial pressure
    - weaning parameters
    - pulmonary compliance, airways resistance, work of breathing
    - noninvasive, for example,
      - pulse oximetry
      - transcutaneous O₂ / CO₂
      - capnography
14. Trends in cardiac monitoring results
    - ECG
    - hemodynamic parameters
    - cardiac catheterization
    - echocardiography
B. Gather Clinical Information

1. Interviewing a patient to assess
   a. level of consciousness and orientation, emotional state, and ability to cooperate
   b. level of pain
   c. presence of dyspnea, sputum production, and exercise tolerance
   d. smoking history
   e. environmental exposures
   f. activities of daily living
   g. learning needs, for example,
      • literacy
      • culture
      • preferred learning style

2. Performing inspection to assess
   a. general appearance
   b. characteristics of the airway, for example,
      • patency
   c. cough, sputum amount and character
   d. status of a neonate, for example,
      • Apgar score
      • gestational age

3. Palpating to assess
   a. pulse, rhythm, force
   b. accessory muscle activity
   c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, secretions in the airway, and tracheal deviation

4. Performing diagnostic chest percussion

5. Auscultating to assess
   a. breath sounds
   b. heart sounds and rhythm
   c. blood pressure

6. Reviewing lateral neck radiographs

7. Reviewing a chest radiograph to assess
   a. quality of imaging, for example,
      • patient positioning
      • penetration
   b. presence and position of tubes and catheters
   c. presence of foreign bodies
   d. heart size and position
   e. presence of, or change in
      (i) cardiopulmonary abnormalities, for example,
         • pneumothorax
         • pleural effusion
         • consolidation
         • pulmonary edema
      (ii) hemidiaphragms, mediastinum, or trachea
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

C. Perform Procedures to Gather Clinical Information

1. 12-lead ECG
2. Noninvasive monitoring, for example,
   • pulse oximetry
   • transcutaneous capnography
3. Peak flow
4. Tidal volume, minute volume, and vital capacity
5. Screening spirometry
6. Blood gas sample collection
7. Blood gas analysis / hemoximetry
8. 6-minute walk test
9. Oxygen titration with exercise
10. Cardiopulmonary calculations, for example,
    • P(A-a)O₂
    • P / F
    • V₀ / Vₜ
    • oxygenation index
11. Hemodynamic monitoring
12. Pulmonary compliance and airways resistance
13. Maximum inspiratory and expiratory pressures
14. Plateau pressure
15. Auto-PEEP determination
16. Spontaneous breathing trial
17. Apnea monitoring
18. Overnight pulse oximetry
19. CPAP / NPPV titration during sleep
20. Tracheal tube cuff pressure and / or volume
21. Sputum induction
22. Cardiopulmonary stress testing
23. Pulmonary function testing

D. Evaluate Procedure Results

1. 12-lead ECG
2. Noninvasive monitoring, for example,
   • pulse oximetry
   • transcutaneous capnography
3. Peak flow
4. Tidal volume, minute volume, and vital capacity
5. Screening spirometry
6. Blood gas analysis / hemoximetry
7. 6-minute walk test
8. Oxygen titration with exercise
9. Cardiopulmonary calculations, for example,
    • P(A-a)O₂
    • P / F
    • V₀ / Vₜ
    • oxygenation index
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

10. Hemodynamic monitoring
11. Pulmonary compliance and airways resistance
12. Maximum inspiratory and expiratory pressures
13. Plateau pressure
14. Auto-PEEP determination
15. Spontaneous breathing trial
16. Apnea monitoring
17. Overnight pulse oximetry
18. CPAP / NPPV titration during sleep
19. Tracheal tube cuff pressure and / or volume
20. Sputum induction
21. Cardiopulmonary stress testing
22. Pulmonary function testing

E. Recommend Diagnostic Procedures
1. Skin testing, for example,
   • TB
   • allergy
2. Blood tests, for example,
   • electrolytes
   • CBC
3. Imaging studies
4. Bronchoscopy
5. Bronchoalveolar lavage (BAL)
6. Sputum Gram stain, culture and sensitivities
7. Pulmonary function testing
8. Noninvasive monitoring, for example,
   • pulse oximetry
   • transcutaneous
   • capnography
9. Blood gas analysis
10. ECG
11. Exhaled gas analysis, for example,
   • CO₂
   • NO (FeNO)
   • CO
12. Hemodynamic monitoring
13. Sleep studies
14. Thoracentesis

II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION CONTROL

A. Assemble and Troubleshoot Equipment
1. Oxygen administration devices
2. CPAP devices
3. Humidifiers
4. Nebulizers
# Clinical Simulation Examination

**Detailed Content Outline**

*Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.*

<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Metered-dose inhalers (MDI), spacers, and valved holding chambers</td>
<td></td>
</tr>
<tr>
<td>6. Dry powder inhalers</td>
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<tr>
<td>7. Resuscitation devices</td>
<td></td>
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<tr>
<td>8. Mechanical ventilators</td>
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<tr>
<td>9. Intubation equipment</td>
<td></td>
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<tr>
<td>10. Artificial airways</td>
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<tr>
<td>11. Suctioning equipment, for example,</td>
<td></td>
</tr>
<tr>
<td>- regulator</td>
<td>tubing</td>
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<tr>
<td>- canister</td>
<td>catheter</td>
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<tr>
<td>12. Gas delivery, metering, and clinical analyzing devices, for example,</td>
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<tr>
<td>- concentrator</td>
<td>gas cylinder</td>
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<tr>
<td>- liquid system</td>
<td>blender</td>
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<td>- flowmeter</td>
<td>air compressor</td>
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<td>- regulator</td>
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<tr>
<td>13. Blood analyzers, for example,</td>
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<tr>
<td>- hemoximetry</td>
<td>blood gas</td>
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<tr>
<td>- point-of-care</td>
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<td>14. Patient breathing circuits</td>
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<tr>
<td>15. Incentive breathing devices</td>
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<tr>
<td>16. Airway clearance devices, for example,</td>
<td></td>
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<tr>
<td>- high-frequency chest wall oscillation</td>
<td>intrapulmonary percussive ventilation</td>
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<tr>
<td>- vibratory PEP</td>
<td>insufflation/exsufflation device</td>
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<tr>
<td>17. Heliox delivery device</td>
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<td>18. Nitric oxide (NO) delivery device</td>
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<tr>
<td>19. Spirometers – hand-held and screening</td>
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<tr>
<td>20. Pleural drainage devices</td>
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<tr>
<td>21. Noninvasive monitoring devices, for example,</td>
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<tr>
<td>- pulse oximeter</td>
<td>transcutaneous</td>
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<tr>
<td>- capnometer</td>
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<tr>
<td>22. Gas analyzers</td>
<td></td>
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<tr>
<td>23. Bronchoscopes and light sources</td>
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<tr>
<td>24. Hemodynamic monitoring devices</td>
<td></td>
</tr>
<tr>
<td>a. pressure transducers</td>
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<tr>
<td>b. catheters, for example,</td>
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<tr>
<td>- arterial</td>
<td>pulmonary artery</td>
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<tr>
<td>- transcutaneous</td>
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**B. Ensure Infection Control**

<table>
<thead>
<tr>
<th>Section</th>
<th>Content</th>
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</thead>
<tbody>
<tr>
<td>1. Using high-level disinfection techniques</td>
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<tr>
<td>2. Selection of appropriate agent and technique for surface disinfection</td>
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<tr>
<td>3. Monitoring effectiveness of sterilization procedures</td>
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<tr>
<td>4. Proper handling of biohazardous materials</td>
<td></td>
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<tr>
<td>5. Adhering to infection control policies and procedures, for example,</td>
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</tr>
<tr>
<td>- Standard Precautions</td>
<td>isolation</td>
</tr>
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</table>
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

C. Perform Quality Control Procedures
   1. Gas analyzers
   2. Blood gas analyzers and hemoximeters
   3. Point-of-care analyzers
   4. Pulmonary function equipment
   5. Mechanical ventilators
   6. Gas metering devices, for example,
      • flowmeter
   7. Noninvasive monitors, for example,
      • transcutaneous

III. INITIATION AND MODIFICATION OF INTERVENTIONS

A. Maintain a Patent Airway Including the Care of Artificial Airways
   1. Proper positioning of a patient
   2. Recognition of a difficult airway
   3. Establishing and managing a patient’s airway
      a. nasopharyngeal airway
      b. oropharyngeal airway
      c. laryngeal mask airway
      d. esophageal-tracheal tubes / supraglottic airways, for example,
         • Combitube®
         • King®
      e. endotracheal tube
      f. tracheostomy tube
      g. laryngectomy tube
      h. speaking valves
   4. Performing tracheostomy care
   5. Exchanging artificial airways
   6. Maintaining adequate humidification
   7. Initiating protocols to prevent ventilator associated pneumonia (VAP)
   8. Performing extubation

B. Perform Airway Clearance and Lung Expansion Techniques
   1. Postural drainage, percussion, or vibration
   2. Suctioning, for example,
      • nasotracheal
      • oropharyngeal
   3. Mechanical devices, for example,
      • high-frequency chest wall oscillation
      • intrapulmonary percussive ventilation
      • vibratory PEP
      • insufflation / exsufflation device
   4. Assisted cough, for example,
      • huff
      • quad
   5. Hyperinflation, for example,
      • incentive spirometry
      • IPPB
   6. Inspiratory muscle training techniques
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

C. Support Oxygenation and Ventilation
   1. Initiating and adjusting oxygen therapy, for example,
      • low-flow
      • high-flow
   2. Minimizing hypoxemia, for example,
      • patient positioning
      • suctioning
   3. Initiating and adjusting mask or nasal CPAP
   4. Initiating and adjusting mechanical ventilation settings
      a. continuous mechanical ventilation
      b. noninvasive ventilation
      c. high-frequency ventilation
      d. alarms
   5. Correcting patient-ventilator dyssynchrony
   6. Utilizing ventilator graphics, for example,
      • waveforms
      • scales
   7. Performing lung recruitment maneuvers
   8. Liberating patient from mechanical ventilation (weaning)

D. Administer Medications and Specialty Gases
   1. Aerosolized preparations, for example,
      • MDI
      • SVN
   2. Dry powder preparations
   3. Endotracheal instillation
   4. Specialty gases, for example,
      • heliox
      • NO

E. Ensure Modifications are Made to the Respiratory Care Plan
   1. Treatment termination, for example,
      • life-threatening adverse event
   2. Recommendations
      a. starting treatment based on patient response
      b. treatment of pneumothorax
      c. adjustment of fluid balance
      d. adjustment of electrolyte therapy
      e. insertion or change of artificial airway
      f. liberating from mechanical ventilation
      g. extubation
      h. discontinuing treatment based on patient response
   3. Recommendations for changes
      a. patient position
      b. oxygen therapy
      c. humidification
      d. airway clearance
      e. hyperinflation
      f. mechanical ventilation parameters and settings
Clinical Simulation Examination  
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

<table>
<thead>
<tr>
<th>4. Recommendations for pharmacologic interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. pulmonary vasodilators, for example,</td>
</tr>
<tr>
<td>• sildenafil</td>
</tr>
<tr>
<td>• prostacyclin</td>
</tr>
<tr>
<td>b. bronchodilators</td>
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<tr>
<td>c. antiinflammatory drugs</td>
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<td>d. mucolytics and proteolytics</td>
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<tr>
<td>l. vaccines</td>
</tr>
<tr>
<td>m. changes to drug, dosage, or concentration</td>
</tr>
</tbody>
</table>

F. Utilize Evidence-Based Medicine Principles

1. Determination of a patient’s pathophysiological state
2. Recommendations for changes in a therapeutic plan when indicated
3. Application of evidence-based or clinical practice guidelines, for example,
   • ARDSNet
   • NAEPP

G. Provide Respiratory Care Techniques in High-Risk Situations

1. Emergency
   a. cardiopulmonary emergencies, for example,
      • cardiac arrest
      • tension pneumothorax
   b. disaster management
   c. medical emergency team (MET) / rapid response team
2. Patient transport
   a. land / air between hospitals
   b. within a hospital

H. Assist a Physician / Provider in Performing Procedures

1. Intubation
2. Bronchoscopy
3. Thoracentesis
4. Tracheostomy
5. Chest tube insertion
6. Insertion of arterial or venous catheters
7. Moderate (conscious) sedation
8. Cardioversion
9. Cardiopulmonary exercise testing
10. Withdrawal of life support
Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below.

I. Initiate and Conduct Patient and Family Education
   1. Safety and infection control
   2. Home care and equipment
   3. Smoking cessation
   4. Pulmonary rehabilitation
   5. Disease management
      a. asthma
      b. COPD
      c. sleep disorders

1 Each new scored form will include four pretest problems (e.g., 1A, 1B, 1C, 1D). The A and B problems will run for the first year. The C and D problems will run for the second year.

Specifications for Each Test Form

The type of each problem is coded. Problems are assembled according to these specifications.

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. COPD conservative management</td>
<td>2</td>
</tr>
<tr>
<td>A2. COPD critical care management</td>
<td>2</td>
</tr>
<tr>
<td>B. Adult trauma</td>
<td>3</td>
</tr>
<tr>
<td>C. Adult cardiovascular</td>
<td>3</td>
</tr>
<tr>
<td>D. Adult neurological or neuromuscular</td>
<td>2</td>
</tr>
<tr>
<td>E. Pediatric</td>
<td>2</td>
</tr>
<tr>
<td>F. Neonatal</td>
<td>2</td>
</tr>
<tr>
<td>G. Adult medical or surgical</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
Attachment #4

Department of Respiratory Care
Faculty

Prof. Kevin Collins, MS, RRT, RPFT, AE-C  KC35@txstate.edu
Assistant Professor
Clinical Interests: PFT, stress testing, asthma, disease management
Primary Teaching Areas: PFT, leadership, pulm rehab

Prof. Joshua Gonzales, MHA, RRT-NPS, RRT-SDS  JG61@txstate.edu
Associate Professor
Clinical Interests: Pedi/Neo, adult, critical care, sleep
Primary Teaching Areas: Adv instrumentation, mech ventilation

Dr. Lynda Harkins, PhD, RRT  LT01@txstate.edu
Clinical Associate Professor
Clinical Interests: Pedi/Adult critical
Primary Teaching Areas: Pharmacology, hemodynamics, A&P

Prof. Nicholas Henry, MS, RRT-NPS, AE-C  NH14@txstate.edu
Assistant Professor
Clinical Interests: Pedi/Neo, adult, critical care, transplant
Primary Teaching Areas: Cardiopulm Anatomy/Gross, Pathology

Dr. Gregg Marshall, PhD, RRT, RPSGT, RST  SM10@txstate.edu
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  BW02@txstate.edu
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  PP22@txstate.edu
Medical Director/Clinical Professor
Clinical Interests: adult pulmonary and internal medicine
Primary Teaching Areas: seminar, pulmonary rounds

Prof. Chris Russian, MEd, RRT-NPS, RPSGT, RST  CR23@txstate.edu
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
Dr. William Bartek, MD
Mr. Tim Farmer, MS, RRT-NPS, RRT-SDS
Dr. Aamir Malik, MD
Dr. Douglas Hudson, MD
Dr. Frank Mazza, MD
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 is 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 manuscript type, 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 “statisticales” - “Tukey post-hoc testing revealed significant decrease (p<.05) in perceived pain in groups that received cold, TENS, or the combined treatment”). Writing in statisticaleses 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.

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!
Attachment #6
Department of Respiratory Care

Professional Credits

Professional credits are a requirement for each clinical course in the BSRC Program. You must earn a minimum number of credits each semester to successfully complete each clinical course. A grade of “I” will be given to any clinical course in which the student has not earned the minimum number of professional credits until that semester’s requirement is completed.

The number of required professional credits per semester is as follows:

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Description</th>
<th>Semester</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC 3313</td>
<td>RC Clinical Practice I</td>
<td>Junior Fall</td>
<td>10 credits</td>
</tr>
<tr>
<td>RC 3323</td>
<td>RC Clinical Practice II</td>
<td>Junior Spring</td>
<td>15 credits</td>
</tr>
<tr>
<td>RC 3333</td>
<td>RC Clinical Practice III</td>
<td>Junior Summer</td>
<td>20 credits</td>
</tr>
<tr>
<td>RC 4316</td>
<td>RC Clinical Practice IV</td>
<td>Senior Fall</td>
<td>20 credits</td>
</tr>
<tr>
<td>RC 4223</td>
<td>ICU Internship</td>
<td>Senior Spring</td>
<td>20 credits</td>
</tr>
</tbody>
</table>

The following is a list of suggested activities that will be awarded professional credits. The Respiratory Care faculty has assigned the number of credits each activity earns. The Director of Clinical Education (DCE) will consider additional RC activities not listed below based upon approval. A partial list follows:

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARC (student member)</td>
<td><a href="http://www.aarc.org">www.aarc.org</a></td>
</tr>
<tr>
<td>TSRC (student member)</td>
<td><a href="http://www.tsrc.org">www.tsrc.org</a></td>
</tr>
<tr>
<td>CoBGRTE (student member)</td>
<td><a href="http://www.cobgrte.org">www.cobgrte.org</a></td>
</tr>
<tr>
<td>Attend AARC Convention</td>
<td>(5 lecture hours &amp; tour exhibits)</td>
</tr>
<tr>
<td>Attend TSRC Convention</td>
<td>(5 lecture hours &amp; tour exhibits)</td>
</tr>
<tr>
<td>RCSA membership good-standing</td>
<td>(3 meetings &amp; 1 project)</td>
</tr>
<tr>
<td>RCSA member (paid dues)</td>
<td></td>
</tr>
<tr>
<td>RCSA community service projects</td>
<td></td>
</tr>
<tr>
<td>Attend regional TSRC meeting</td>
<td></td>
</tr>
<tr>
<td>CF/Asthma camp</td>
<td></td>
</tr>
<tr>
<td>Attend “Better Breathers”</td>
<td></td>
</tr>
<tr>
<td>Article summary from a Respiratory Care or</td>
<td>1 per article</td>
</tr>
<tr>
<td>Chest, or Heart &amp; Lung, journals, etc.</td>
<td></td>
</tr>
<tr>
<td>On-line CEU credits</td>
<td></td>
</tr>
<tr>
<td>Volunteer at the American Lung Association</td>
<td><a href="http://www.lung.org">www.lung.org</a></td>
</tr>
<tr>
<td>Pulmonary screenings</td>
<td></td>
</tr>
<tr>
<td>Attend local RC seminars/symposia</td>
<td></td>
</tr>
<tr>
<td>Kettering/NBRC/Persing Review Program for RRT</td>
<td>20</td>
</tr>
</tbody>
</table>

Each reported professional credit should be submitted with supporting documentation verifying the professional credit. For example: If you report AARC student membership, you should submit a copy of your AARC membership card.
The deadline for turning in professional credits and all supporting documentation for each semester is the last day of clinical rotations. Turn in all documentation of professional credits to Mr. Nick Henry, professional credit advisor.

Department of Respiratory Care

*Professional Credits Documentation Form*

Name:__________________________   Semester:___________

<table>
<thead>
<tr>
<th>Professional Credit Activities</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td>________</td>
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<tr>
<td>_____________________________</td>
<td>________</td>
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<td>_____________________________</td>
<td>________</td>
</tr>
<tr>
<td>_____________________________</td>
<td>________</td>
</tr>
</tbody>
</table>

Total Credits for the semester   ________

The activities noted above and the documentation attached represents my Professional Credit activity for this semester.

_______________________________   ____________
Student Signature         Date
Attachment #7
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
Attachment #8
Consent to Photography

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-San Marcos (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
There are two sections to this consent form which must be completed: the first contains guidelines regarding receiving treatments during classroom and laboratory sessions; the second relates to your treatment of others in the classroom, laboratory or clinical education activities. You will be asked to complete a separate copy for our records.

Participation in treatment techniques/procedures during classroom and laboratory sessions:

I, ______________________, agree to participate in the practicing of treatment techniques/procedures provided by course instructors, guest lecturers, or my classmates during classroom and laboratory sessions for the duration of my enrollment in the undergraduate program in respiratory care. I understand that:

• all efforts will be made to provide safe conditions, as well as maintaining appropriate modesty, during these practice sessions.
• if I become uncomfortable with any draping, manner of touch, or treatment techniques/procedures being carried out as part of the classroom or laboratory session it is my responsibility to discuss this with the appropriate course instructors, guest lecturers, or classmates.
• the dress code established for the laboratory sessions, as explained in the RC Student Handbook or course syllabus, must be followed.
• notice to course instructors, guest lecturers, or classmates of any allergies or asthmatic conditions prior to the beginning of the laboratory session is my responsibility.

Signed: ______________________        Date: __________

Treating others during classroom, laboratory and clinical education experiences:

I, ______________________, will abide by the following expectations while treating my classmates or patients during classroom, laboratory, and clinical education activities:

• have the required health information form completed and submitted by the established deadline, as well as updated as required by a specific clinical site prior to participating in clinical education experiences at that site.
• abide by the AARC Code of Ethics and Guide to Professional Practice during all classroom and laboratory activities.
• follow the course rules and guidelines for the classroom, laboratory and clinical education activities.
• be considerate and respectful in all non-verbal and verbal communication during classroom and laboratory activities.
• promptly report any malfunctioning equipment to the primary course instructor as soon as the problem is noticed.

Signed: ______________________        Date: __________
Attachment #10
Consent to Participate

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 respiratory care student enrolled in the Department of Respiratory Care at Texas State University-San Marcos. 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 licensed respiratory therapists
- Notification to respiratory therapy 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: ____________________
Attachment # 11

TEXAS STATE UNIVERSITY
Department of Respiratory Care

CLINICAL EXPECTATIONS

Name __________________________________ Facility _______________________

BEHAVIOR

<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>STANDARD OF PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical attendance</td>
<td>1. Unplanned absences are unacceptable.</td>
</tr>
<tr>
<td>2. Punctuality in arriving to and preparing for</td>
<td>2. Tardiness is unacceptable.</td>
</tr>
<tr>
<td>clinical site.</td>
<td>3. Conforms to instructor's standards for therapy times and meals/break periods.</td>
</tr>
<tr>
<td>3. Observing therapy and break times</td>
<td>4. Tardiness in completing assignments is unacceptable. Work turned in late will be</td>
</tr>
<tr>
<td></td>
<td>penalized.</td>
</tr>
<tr>
<td>4. Meeting deadlines for assignments.</td>
<td>5. Acknowledges employees of clinical site in a prompt, pleasant and professional manner.</td>
</tr>
<tr>
<td></td>
<td>Displays courtesy, consideration, and respect for instructor, physicians, and co-workers.</td>
</tr>
<tr>
<td></td>
<td>Smiles frequently and uses eye contact as much as possible. Uses words and behavior</td>
</tr>
<tr>
<td></td>
<td>that express respect, empathy, and understanding.</td>
</tr>
<tr>
<td>5. Acknowledging patients and visitors of clinical</td>
<td>6. Acknowledges patients and visitors of clinical site in a prompt, pleasant and</td>
</tr>
<tr>
<td>site.</td>
<td>professional manner. Displays courtesy, consideration, and respect for all persons in</td>
</tr>
<tr>
<td></td>
<td>the hospital. Courteous at all times to patients and visitors. Smiles frequently and</td>
</tr>
<tr>
<td></td>
<td>uses eye contact as much as possible. Uses words and behavior that express respect,</td>
</tr>
<tr>
<td></td>
<td>empathy, and understanding.</td>
</tr>
<tr>
<td>6. Acknowledging patients and visitors of clinical</td>
<td>7. Personal appearance is professional, neat, clean, and appropriate for work. Personal</td>
</tr>
<tr>
<td>site.</td>
<td>appearance is suitable for environment. Personal appearance reflects a positive image</td>
</tr>
<tr>
<td></td>
<td>of self and the university.</td>
</tr>
<tr>
<td>7. Personal appearance in the clinical site.</td>
<td>8. Follows departmental and clinical site policy regarding personal use of the</td>
</tr>
<tr>
<td></td>
<td>telephone and other electronic devices.</td>
</tr>
<tr>
<td>8. Telephones or personal electronic devices.</td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that I have read the above clinical expectations. I also agree to abide by these rules. If I do not comply with these rules and the rules listed in the Student Handbook, I may be subject to receiving "No Credit" for the course.

_________________________________  _____________________________
Signature       Date
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 with a Texas State University embroidered RC emblem above the upper left pocket of the shirt in approved gold stitching.
2. All students must wear a white lab coat with the Texas State University embroidered RC emblem above the left pocket in maroon stitching. The lab coat must be long sleeved, long length, but otherwise may be any style. Lab jackets which are short in length (at or just below the hip) are not acceptable.
3. 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.
4. 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 hospital 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 hospital, 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
Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992 and revised by May, Kotney and Iglarsh in 2009. The ten abilities and definitions developed are:

<table>
<thead>
<tr>
<th>Professional Ability</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>1 Critical thinking</td>
<td>The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making.</td>
</tr>
<tr>
<td>2 Communication</td>
<td>The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing and listening) for varied audiences and purposes.</td>
</tr>
<tr>
<td>3 Problem-solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
</tr>
<tr>
<td>4 Interpersonal skills</td>
<td>The ability to interact effectively with patient, families, colleagues, other health care professionals, and the community in a culturally aware manner. The ability to Manage time and resources effectively to obtain the maximum possible benefit.</td>
</tr>
<tr>
<td>5 Responsibility</td>
<td>The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</td>
</tr>
<tr>
<td>6 Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Respiratory Care profession.</td>
</tr>
<tr>
<td>7 Use of constructive feedback</td>
<td>The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</td>
</tr>
<tr>
<td>8 Effective use of time and resources</td>
<td>The ability to manage time and resources effectively to obtain the maximum possible benefit.</td>
</tr>
<tr>
<td>9 Stress management</td>
<td>The ability to identify sources of stress and to develop And implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</td>
</tr>
<tr>
<td>10 Commitment to Learning</td>
<td>The ability to self-direct learning to include the identification of needs and sources of learning: and to continually seek and apply new knowledge, behaviors and skills.</td>
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1. Critical Thinking

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<tr>
<td>• Raises relevant questions</td>
<td></td>
<td>Feels challenged to examine ideas</td>
<td>Distinguishes relevant from irrelevant patient data</td>
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<tr>
<td>• Considers all available information</td>
<td></td>
<td>Critically analyzes the literature and applies it to patient management</td>
<td>Readily formulates and critiques alternative hypotheses and ideas</td>
</tr>
<tr>
<td>• Articulates ideas, understands the scientific method</td>
<td></td>
<td>Utilizes didactic knowledge, research evidence, and clinical experiences to formulate new ideas</td>
<td>Infers applicability of information across populations</td>
</tr>
<tr>
<td>• States the results of scientific literature but has not developed the consistent ability to critically appraise findings</td>
<td></td>
<td>Seeks alternative ideas</td>
<td>Exhibits openness to contradictory ideas</td>
</tr>
<tr>
<td>• Recognizes holes in knowledge base</td>
<td></td>
<td>Formulates alternative hypotheses</td>
<td>Identifies appropriate measures and determines effectiveness of applied solutions efficiently</td>
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<tr>
<td>• Demonstrates acceptance of limited knowledge and experience</td>
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<td>Critiques hypotheses and ideas at a level consistent with the knowledge base</td>
<td>Justifies solutions selected</td>
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<tr>
<td></td>
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<td>Acknowledges presence of contraindications</td>
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2. Communication

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<tr>
<td>• Demonstrates understanding of the English language (verbal and written)</td>
<td></td>
<td>Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</td>
<td>Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</td>
</tr>
<tr>
<td>• Uses correct grammar, accurate spelling and expression, legible handwriting</td>
<td></td>
<td>Restates, reflects and clarifies message(s)</td>
<td>Presents persuasive and explanatory verbal, written or electronic messages with local organization and sequencing</td>
</tr>
<tr>
<td>• Recognizes impact of non-verbal communication in self and others</td>
<td></td>
<td>Communicates collaboratively with both individuals and groups</td>
<td>Maintains open and constructive communication</td>
</tr>
<tr>
<td>• Recognizes the verbal and non-verbal characteristics that portray confidence</td>
<td></td>
<td>Collects necessary information from all pertinent individuals in the patient/client management process</td>
<td>Utilizes communication technology effectively and efficiently</td>
</tr>
<tr>
<td>• Utilizes electronic communication appropriately</td>
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<td>Provides effective education (verbal, non-verbal, written and electronic)</td>
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3. Problem Solving

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<tr>
<td>• Recognizes problems,</td>
<td></td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
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<tr>
<td>• States problems clearly</td>
<td></td>
<td>Identifies contributors to problems,</td>
<td>Accepts responsibility for implementing solutions</td>
</tr>
<tr>
<td>• Describes known solutions to problems</td>
<td></td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
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<tr>
<td>• Identifies resources needed to develop solutions</td>
<td></td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
</tr>
<tr>
<td>• Uses technology to search for and locate resources</td>
<td></td>
<td>Prioritizes resources</td>
<td>Evaluate outcomes</td>
</tr>
<tr>
<td>• Identifies possible solutions and probable outcomes</td>
<td></td>
<td>(analysis and critique of resources)</td>
<td>Modifies solutions based on the outcome and current evidence</td>
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<td></td>
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<td>Considers consequences of possible solutions</td>
<td>Evaluates current evidence to a particular problem</td>
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4. **Interpersonal Skills**

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- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions
- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust; seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate
- Demonstrates active listening skills and reflects back to original concern to determine course of action; responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional response during interactions and modifies own behaviors based on them

5. **Responsibility**

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- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients, families
- Provides evidence based patient care
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

6. **Professionalism**

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</table>

- Abides by all aspects of the academic program honor code and the AARC Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other health care professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient
faculty/staff, patients families, and other health care providers

- Discusses societal expectations of the profession

- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of respiratory care within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups

### 7. Use of Constructive Feedback

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<tr>
<td>Demonstrates active listening skills</td>
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<tr>
<td>Assesses own performance</td>
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<tr>
<td>Actively seeks feedback from appropriate sources</td>
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<tr>
<td>Demonstrates receptive behavior and positive attitude toward feedback</td>
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<tr>
<td>Incorporates specific feedback into behaviors</td>
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<tr>
<td>Maintains two-way communication without defensiveness</td>
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<tr>
<td>Critiques own performance accurately</td>
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<tr>
<td>Responds effectively to constructive feedback</td>
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<tr>
<td>Utilizes feedback when establishing professional and patient related goals</td>
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<tr>
<td>Develops and implements a plan of action in response to feedback</td>
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<tr>
<td>Provides constructive and timely feedback</td>
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<tr>
<td>Independently engages in a continual process of self-evaluation of skills, knowledge and abilities</td>
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<tr>
<td>Seeks feedback from patient/clients and peers/mentors</td>
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<tr>
<td>Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
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<tr>
<td>Uses multiple approaches when responding to feedback</td>
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<tr>
<td>Reconciles differences with sensitivity</td>
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<tr>
<td>Modifies feedback given to patients/clients according to their learning styles</td>
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### 8. Effective use of Time and Resources

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<tr>
<td>Comes prepared for the day's activities /responsibilities</td>
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<tr>
<td>Identifies resource limitations (i.e. information, time, experience)</td>
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<tr>
<td>Determines when and how much help/assistance is needed</td>
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<tr>
<td>Accesses current evidence in a timely manner</td>
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<tr>
<td>Verbalizes productivity standards and identifies barriers to meeting productivity standards</td>
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<tr>
<td>Utilizes effective methods of searching for evidence for practice decisions</td>
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<tr>
<td>Recognizes own resource contributions</td>
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<tr>
<td>Shares knowledge and collaborates with staff to utilize best current evidence</td>
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<tr>
<td>Discusses and implements strategies for meeting productivity standards</td>
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<tr>
<td>Identifies need for and seeks referrals to other disciplines</td>
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<tr>
<td>Uses current best evidence</td>
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<tr>
<td>Collaborates with members of the team to maximize the impact of treatment available</td>
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<tr>
<td>Has the ability to set boundaries, negotiated, compromise, and set realistic expectations</td>
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<tr>
<td>Gathers data and effectively interprets and assimilates the data to determine plan of care</td>
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<tr>
<td>Utilizes community resources in discharge planning</td>
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<tr>
<td>Adjusts plans, schedule etc. as required</td>
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9. Stress Management

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<tbody>
<tr>
<td>• Self-identifies and initiates learning opportunities during unscheduled time</td>
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<tr>
<td></td>
<td>patient needs and circumstances dictate</td>
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<tr>
<td>• Recognizes own stressors</td>
<td>6</td>
<td></td>
<td>7</td>
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<tr>
<td>• Recognizes distress or problems in others</td>
<td></td>
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<tr>
<td>• Seeks assistance as needed</td>
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<tr>
<td>• Maintains professional demeanor in all situations</td>
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<tr>
<td>• Actively employs stress management techniques</td>
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<tr>
<td>• Reconciles inconsistencies in the educational process</td>
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<tr>
<td>• Maintains balance between professional and personal life</td>
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<tr>
<td>• Accepts constructive feedback and clarifies expectations</td>
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<tr>
<td>• Establishes outlets to cope with stressors</td>
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<tr>
<td>• Demonstrates appropriate affective responses in all situations</td>
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<tr>
<td>• Responds calmly to urgent situations with reflection and debriefing as needed</td>
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<tr>
<td>• Prioritizes multiple commitments</td>
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<tr>
<td>• Reconciles inconsistencies within professional, personal and work/life environments</td>
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<tr>
<td>• Demonstrates ability to defuse potential stressors with self and others</td>
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10. Commitment to Learning

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<tr>
<td>• Prioritizes information needs</td>
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<tr>
<td>• Analyzes and subdivides large questions into components</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>• Identifies own learning needs based on previous experiences</td>
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<tr>
<td>• Welcomes and/or seeks new learning opportunities</td>
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<tr>
<td>• Seeks out professional literature</td>
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<tr>
<td>• Plans and presents an in service, research or case studies</td>
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<tr>
<td>• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</td>
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<td>7</td>
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<tr>
<td>• Applies new information and re-evaluates performance</td>
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<tr>
<td>• Accepts that there may be more than one answer to a problem</td>
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<tr>
<td>• Recognizes the need to and is able to verify solutions to problems</td>
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<tr>
<td>• Reads articles critically and understands limits of application to professional practice</td>
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<tr>
<td>• Respectfully questions conventional wisdom</td>
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<tr>
<td>• Formulates and re-evaluates position based on available evidence</td>
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<tr>
<td>• Demonstrates confidence in sharing new knowledge with all staff levels</td>
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<tr>
<td>• Modifies programs and treatments based on newly-learned skills and considerations</td>
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<tr>
<td>• Consults with other health professionals and physical therapist for treatment ideas</td>
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_________________________     ______________________    ____________
Student Name (please Print)             Student Signature    Date
Attachment # 14
Confidentiality Agreement Form

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 RC 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 RC Program.

_________________________     ______________________    ____________
Student Name (please Print)             Student Signature    Date
Attachment #15

STUDENT’S NAME_________________

BSRC Curriculum – RC courses for RRT Adv Standing

☐ US 1100 University Seminar
☐ BIO 1320 Modern Biology I  OR
☐ BIO 1421 Modern Biology II
☐ ENG 1310 College Writing I
☐ HIM 2360 Medical Terminology
☐ BIO 2430 Human Physiology & Anatomy
☐ ENG 1320 College Writing II
☐ PSY 1300 Introduction to Psychology
☐ HIST 1310 History of US to 1877
☐ MATH 1315 College Algebra
☐ HIST 1320 History of US 1877 to Date
☐ PFW 1 hour Physical Fitness
☐ PHIL 1305 Philosophy & Critical Thinking  OR
☐ PHIL 1320 Ethics & Society
☐ PHYS 1310 Elementary Physics
☐ PHYS 1110 Elementary Physics Lab
☐ BIO 2440 Principles of Microbiology  OR
☐ BIO 2400 Microbiology
☐ POSI 2310 Principles of American Government
☐ CHEM 1341 General Chemistry I
☐ CHEM 1141 General Chemistry Lab I
☐ POSI 2320 Functions of American Government
☐ COMM 1310 Fundamentals of Human Communication
☐ PFW 1 hour Physical Fitness

☐ 3 hours 2313-Introduction to Fine Arts choose from ART,DAN,MU, or TH
☐ 3 hours Eng. Literature
☐ 3 hours Statistics
☐ Foreign Language
☐ Computer Proficiency

☐ Writing Intensive ____________/9 (WI)
☐ Upper Division ____________/31 (3000/4000)
☐ Residency ____________/30
☐ Upper Division Residency ____________/24

I verify that I have received a copy of this form.

____________________
Signature

____________________
Date

Web site: http://www.health.txstate.edu/RC

RC Courses only offered in semesters shown
Texas State University
Department of Respiratory Care

Clinical Rotation Placement

The Department of Respiratory Care cannot guarantee future clinical placement of a Respiratory Care 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       Date