



TYLER JUNIOR COLLEGE

A QUALITY EDUCATION • A VIBRANT STUDENT LIFE • COMMUNITY SERVICE

School of Nursing and Health Sciences

RESPIRATORY CARE PROGRAM

STUDENT HANDBOOK

2016 – 2017

NAME: _____

School of Nursing and Health Sciences

RESPIRATORY CARE PROGRAM

STUDENT HANDBOOK

2016 – 2017

Tyler Junior College
School of Nursing and Health Sciences

Respiratory Care Program

Table of Contents

To The Respiratory Care Student.....	4
Definition of Respiratory Care & Polysomnography.....	4
Respiratory Care.....	5
Respiratory Care Degree Plan.....	6
Respiratory Care – Polysomnography Advanced Certificate Plan.....	7
Respiratory Care Program - <i>Student Essential Functions</i>	7
Philosophy/Mission.....	8
Goals Statements.....	8
Relationship of Program to the Student	9-10
Relationship of the Faculty to the Department.....	11
American Association for Respiratory Care Code of Ethics.....	11
Courtesy.....	12
Classroom Etiquette and Civility.....	12
Clinical Affiliates & Facilities.....	13
Key Personnel.....	14
Accreditation Agency: Committee on Accreditation for Respiratory Care.....	14
Credentialing Agency: The National Board for Respiratory Care.....	15
Licensing Agency: Texas Medical Board	15-16
Tuition and Fees/Refunds.....	16
Library.....	16
Room And Board.....	16
Transportation.....	16
Student Health Services.....	17
Immunizations.....	17
Vaccinations.....	17
Liability Insurance.....	17
Alcohol and Drug Policy.....	17
Classes and Clinical Experience.....	18
Attendance.....	18
Didactic	18
Didactic Classes, Attendance Policy.....	19
Hybrid/Online and Face-to-Face	19
Lab	20
Clinical-Absent Occurrence.....	20
Clinical Attendance & Tardiness.....	21
Probation Status.....	21
Bereavement Policy.....	22
Course Content.....	22
Exam Policy.....	22
Cheating, Lying, Stealing, and Misrepresentation.....	22
Grading Scale.....	22
Assignments.....	23
Student's Responsibility to Drop or Withdraw from a Course.....	23

Student Conferences and Evaluations.....	23
Classroom Dress Code for Fall–Spring Semesters.....	24
Classroom Dress Code for Summer Semester.....	24
Clinical Uniform, Dress Code, and Guidelines.....	25-27
Conferences/Professional Meetings/Orientations.....	27
Personal Cell Phone.....	27
Social Networking.....	27
Incident Reports.....	28
Federal Law-HIPAA.....	28
Working.....	28
Job Shadowing While in the Program.....	29
Stipend.....	29
TEXAS ASTHMA CAMP Requirements.....	29
Professional Behavior Standards.....	29-30
Unacceptable Behavior.....	30
Problem Solving.....	30
Student Dismissals’	31
Student Dismissal for Disciplinary Reasons.....	31
Clinical Dismissal Guidelines.....	31
Readmission Policy.....	32
Readmission Procedure.....	32-33
Bulletin Boards.....	33
Visitors.....	33
Coffee Shop/Cafeteria.....	33
Inclement Weather.....	33
TJC Standard for Drug Screening & Background Checks.....	34-36
TJC Grievance Procedures.....	36
Injections, Arterial Sticks, Capillary Sticks.....	37
Rules and Regulations.....	37
Honor Code.....	38
Clinical Rotation Placement.....	39
Student Records Release Form.....	40
Consent to Photography.....	41
Confidentially Agreement Form.....	42
Student Contact Information.....	43
Appendix	44
Respiratory Care Program -Student Essential Functions.....	45-47
American’s with Disabilities Act (ADA).....	48
Student Travel Policy.....	49-54
Promoting and Maintaining Classroom Civility	55-58
<i>The following is a reference transcript of the "Promoting and Maintaining Classroom Civility" multimedia presentation available here. [Tim Griffin, University Ombudsman at Northern Illinois University]</i>	
36 Character Qualities: http://www.characterfirst.com/aboutus/students-familie	58
Physicians’ Use of Text Messages Sparks HIPAA Compliance Concerns.....	59
Student Code of Conduct -Excerpts’ from TJC Student Handbook.....	60
Title IX.....	61-62
RSPT – Core Practicum Procedures.....	63-65
Matrix for Respiratory Care Program.....	66-73
PSO- Core Practicum Procedures.....	74-79
Matrix for Advanced Certificate in Polysomnography (PSO).....	80-87

TO THE RESPIRATORY CARE STUDENT:

The purpose of this handbook is to acquaint students enrolled in the Respiratory Care AAS Curriculum or Advanced Certificate in Polysomnography with the educational philosophy and culture of the Department Respiratory Care at Tyler Junior College.

This handbook contains general rules, regulations, and policies relating to the student's responsibility in the Respiratory Care Program. This handbook is to be part of your clinical notebook for easy reference. You will frequently refer to this handbook in the hospital (clinical) as well as classroom (didactic) portions of your training. The information contained in this handbook is specific to the Respiratory Care Program, and serves as supplement to the TJC Student Handbook. Information provided in this handbook must be read and compliance with listed policies is mandatory. It is also the responsibility of the student to thoroughly read and utilize the information as an on-going basis throughout the entire program.

Due to the need to contact students with possible changes, the Respiratory Care Program requires each student to keep current address and phone numbers available to the Department Chair.

DEFINITION OF RESPIRATORY CARE/ Polysomnography

Respiratory Therapists and Sleep Technologists are members of a team of health care professionals working in a variety of clinical settings to evaluate, treat, and manage patients of all ages with respiratory illnesses, cardiopulmonary and sleep disorders. As members of this team, respiratory therapists should exemplify the ethical and professional standards expected of all health care professionals.

Respiratory Therapists provide patient care which includes clinical decision-making and patient education. The respiratory care scope of practice includes, but is not limited to the following basic competencies:

- acquiring and evaluating clinical data;
- assessing the cardiopulmonary status of patients;
- performing and assisting in the performance of prescribed diagnostic studies such as: obtaining blood samples, blood gas analysis, pulmonary function testing, and polysomnography;
- evaluating data to assess the appropriateness of prescribed respiratory care;
- establishing therapeutic goals for patients with cardiopulmonary disease;
- participating in the development and modification of respiratory care plans;
- case management of patients with cardiopulmonary and related diseases;
- initiating prescribed respiratory care treatments, managing life support activities,
- evaluating and monitoring patient responses to such therapy and modifying the prescribed therapy to achieve the desired therapeutic objectives;
- initiating and conducting prescribed pulmonary rehabilitation;
- providing patient, family, and community education;
- promoting cardiopulmonary wellness, disease prevention, and disease management; and
- promoting evidence-based practice by using established clinical practice guidelines and by evaluating published research for its relevance to patient care.

Respiratory Care

Tyler Junior College Respiratory Care Program (RSPT) is a two-year curriculum that includes one semester (15 credit hours) of prerequisite courses and four semesters (51 credit hours) of didactic, laboratory, and clinical classes that prepare the student for a career as a Respiratory Therapist. Enrollment is limited. All prerequisite courses should be completed with a "C" or better and a grade point average of at least 2.0 must be maintained while in the Respiratory Care Program.

The graduate of the program will receive an Associate of Applied Science Degree and will be eligible to apply for the Entry Level Examination provided by the National Board for Respiratory Care (NBRC).

If the graduate scores high enough to pass CRT level, he/she will become a Certified Respiratory Therapist (CRT). However, if the graduate scores higher than CRT level and meets the Registry Level Score, he/she is a CRT and eligible to apply for Registry "Clinical Simulation" Examination. Once the score is met for Clinical Simulation level, the graduate's credentials will change from CRT to a Registered Respiratory Therapist (RRT).

Upon attainment of the RRT credential, the graduate is also eligible to apply for additional specialty examinations which include: neonatal/pediatric specialist (NPS), certified pulmonary function technologist (CPFT), the registered pulmonary function technologist (RPFT), and sleep disorders specialty (SDS) credentials, and Adult Critical Care Specialty examination (ACCS).

In addition, all graduates are trained American Heart Association, Advanced Cardiac Life Support (ACLS) providers, Pediatric Advanced Life Support (PALS) providers, and also complete the Neonatal Resuscitation Program (NRP) in accordance with the standards of the American Academy of Pediatrics.

Tyler Junior College Respiratory Care Program also provides a two-semester curriculum (16 credit hours) Advanced Certificate in Polysomnography (PSO). Enrollment is limited to six (6) per year. Prerequisites of an Associate Degree in respiratory Care and a current BLS course completion card is required.

Respiratory Care Program- Degree Plan

PREREQUISITES:

MATH	1314	College Algebra
CHEM	1406	Into Chemistry I - Allied Health Emphasis
BIOL	2401	Anatomy & Physiology I
SOCI	1301	Intro Sociology
RSPT	1101	Intro to Respiratory Care

SEMESTER I:

BIOL	2402	Anatomy & Physiology II
ENGL	1301	Composition I
RSPT	1227	Applied Physics for Respiratory Care
RSPT	1307	Cardiopulmonary / Anatomy & Physiology
RSPT	1329	Respiratory Care Fundamentals I
RSPT	2217	Pharmacology
RSPT	1166	Practicum I

SEMESTER II:

BIOL	2420	Microbiology for Non-Science Majors
SPCH	1315 / 1321	Public Speaking (or) Business & Professional Communication
RSPT	1331	Respiratory Care Fundamentals II
RSPT	2139	Advanced Cardiac Life Support
RSPT	2210	Cardiopulmonary Disease
RSPT	1267	Practicum II

SUMMER:

RSPT	2266	Practicum III
RSPT	2414	Mechanical Ventilation

SEMESTER IV:

ARTS	1301	Art Appreciation
RSPT	2353	Neonatal/ Pediatric Cardiopulmonary Care
RSPT	2425	Cardiopulmonary Diagnostics
RSPT	2267	Practicum IV

TOTAL SEMESTER HOURS – 66

RESPIRATORY CARE – POLYSOMNOGRAPHY:
Advanced Certificate in Polysomnography Plan

PREREQUISITES:

Associate Degree in Respiratory Care
American Heart Association – BLS

SEMESTER I:

PSGT	1301	Neuroanatomy & Physiology
PSGT	1300	Polysomnography I
PSGT	1260	Clinical - Polysomnography

SEMESTER II:

PSGT	2205	Sleep Scoring & Staging
PSGT	2311	Polysomnography II

SEMESTER III:

PSGT	2360	Clinical - Polysomnography II
------	------	-------------------------------

TOTAL SEMESTER HOURS – 16

Respiratory Care Program—Student Essential Functions

The following physical, cognitive, behavior and environmental factors are encountered by students throughout education process.

Physical Performance Standards:

- Mobility:
- Hearing:
- Sight:

Cognitive / Mental Standards:

- Mathematics:
- Reading/ Comprehension:
- Problem Solving/ Troubleshooting:

Behavioral Standards:

- Professional Behaviors:
- Interpersonal Skills:
- Communication Skills:
- Effective Use of Time:

Environmental Factors:

- Exposure to Blood-borne Pathogens:

Note: *For More Details-See APPENDIX, page 42-44*

Philosophy/Mission

The philosophy of the Tyler Junior College Respiratory Care Program reflects the Mission and Philosophy of the College by:

- *Maintaining a high standard of excellence in education*
- *Creating an environment in which development of human potential is the highest priority*
- *Offering open access and equal opportunity for all qualified students*
- *Meeting the needs of business and industry for competency in a global marketplace*
- *Providing service to the community and opportunity for lifelong learning*

The professor of the respiratory program is responsible not only to support the mission and philosophy of the college, but also to insure continuous accreditation of the program and eligibility of the graduates to seek licensure. Therefore, program policies for placement, progression, and graduation of respiratory students will differ in specific instances from those of the College.

The mission of The Respiratory Care Program is to prepare Respiratory Care Program graduates to be providers of care, coordinators of care, and members of the respiratory profession. Respiratory Care Program graduates are committed to a culturally, racially and ethnically diverse community. They provide direct respiratory care and/or coordinate care for customers with predictable and unpredictable health care needs in a variety of settings. The Associate of Applied Science Degree RCP is a vital member of the respiratory profession who practices within the guidelines of the RCP Practice Act, Standards of Care, and the Code of Ethics for RCPs, and participates in professional respiratory activities. The program prepares professional RCPs through respiratory education and the teaching-learning process.

We believe the domain of respiratory is immersed within, and permeated by, the holistic interaction of person, health and environment.

GOAL Statements:

Respiratory Care (AAS) and Advanced Certificate in Polysomnography

The program goals are established in accordance with the needs expressed by the communities of interest and the Respiratory Care Program Advisory Committee. Respiratory Care AAS program curriculum that is used to achieve the following goals are fully accredited by the Commission of Accreditation for Respiratory Care (CoARC).

1. To prepare graduates with demonstrated competence in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains of respiratory care practice as performed by respiratory care practitioners (CRT/RRT)
2. To prepare sleep disorder specialists with demonstrated competence in the cognitive(knowledge), psychomotor (skills), and affective (behavior) learning domains of polysomnography practice as performed by sleep disorder specialists (SDS)

Relationship of Program to the Students

The primary focus of the department is 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 departmental faculty will make every attempt to be readily available to assist with academic and personal inquiries of interest. Each student is advised to seek a faculty advisor/mentor to facilitate completion of the professional degree. Personal or professional concerns should be address to the student's instructor first, then if needed, another faculty member as appropriate. The department will create an environment that has positive qualities and characteristics that are important not only as a student but as a respiratory therapist.

The student expectations below are provided to assist you in anticipating the demands of the respiratory care curriculum:

- **Personal Interaction Skills you should have:**
 - **Attendance:** Regular class attendance is fundamental for success of the student; therefore, a student must report promptly and regularly to all classes. Class attendance will be taken in each course of study. Instructor may close the classroom door and a "late" student will be allowed in at break-time
 - **General:**
 - Be patient with each other, the faculty and yourself
 - Recognize the diversity within the class and the faculty
 - Develop support systems outside of school
 - **With faculty**
 - Communicate with faculty and classmates
 - Use faculty as resources
 - Agree to disagree on some topics/ approaches
 - Use class faculty advisor for guidance
 - **With classmates**
 - Communicate with faculty and classmates
 - Don't compare yourself to or compete with classmates
 - Facilitate learning by working with each other
 - Agree to disagree
 - Learn to appreciate diversity and grow from it
- **Ability to be a self-directed, independent learner**
 - **Establishing your Priorities**
 - Stay focus on the demands of the program
 - Know deadlines to complete assignments and projects
 - Make exercise/good nutrition an important aspect to your health
 - Commit yourself to successful completion of the program
 - Know and plan for financial obligation of the program
 - Embrace all learning opportunities presented
 - Be prepared to spend a lot of additional "out-of-class" time (including Saturday)
 - Maintain your notes from day one as you will need them for your comprehensive exam

- **Problem Solving Ability**
 - Re-assess/re-arrange learning habits from general education/pre-requisite learning- NO respiratory care information can be thrown away!
 - Be prepared to take a more active role in learning- step up in clinical setting and in classroom to engage in learning experience and don't sit back to watch others only.
 - Retain information learned: The program is cumulative/comprehensive which is needed to pass the CRT-RRT national board exam
- **Initiative for Learning**
 - Be motivated and "Self-Starter"
 - Learn from each other
 - Be prepared to work independently and collaboratively
 - Participate in group activities to enhance learning (study groups/ research partners)
- **Time management skills**
 - Study for quality not quantity
 - Make time to maintain your health and relationships
 - Commit to study as the priority
 - Recognize the time in and outside of class needed to complete assignments, do readings, research topics of interest
- **Review of pre-requisite course topics**
 - Mastering of medical terminology
 - Correct meaning
 - Correct spelling
 - Abbreviations
- **Attitude and mental health**
 - Expect to be overwhelmed – but know your sources for help!
 - Maintain a sense of humor
 - Prepare for educational experiences- there is little time for an outside job
 - Recognize everything is not concrete, absolute
 - Recognize that becoming a "lifelong learner" is one of your main objectives
 - 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
 - Maintain balance of academics, health, fitness, and relationships

RELATIONSHIP OF THE FACULTY TO THE DEPARTMENT

Faculty Members:

Tyler Junior College – Respiratory Care Program seeks to attract highly qualified and experienced educators to serve on the faculty. The department's faculty is committed to providing the quality academic and clinical instruction necessary to foster high ethical and professional standards. The faculty's commitment to education and striving to provide you with a valuable graduate experience in the Respiratory Care-AAS Program or Advanced Certificate in Polysomnography is focused and dedicated.

Adjunct Clinical Faculty:

TJC recognizes the contributions of the clinical faculty by granting them clinical adjunct status. Adjunct faculty can 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 the state-of-the-art procedures in their respective fields of knowledge.

AMERICAN ASSOCIATION FOR RESPIRATORY CARE CODE OF ETHICS

As health care professionals engaged in the performance of respiratory care, respiratory care practitioners must strive, both individually and collectively, to maintain the highest personal and professional standards.

The principles set forth in this document define the basic ethical and moral standards to which each member of the American Association for Respiratory Care should conform.

- The respiratory care practitioner shall practice medically acceptable methods of treatment and shall not endeavor to extend his practice beyond his competence and the authority vested in him by the physician.
- The respiratory care practitioner shall continually strive to increase and improve his knowledge and skill and render to each patient the full measure of his ability. All services shall be provided with respect for the dignity of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- The respiratory care practitioner shall be responsible for the competent and efficient performance of his assigned duties and shall expose incompetence and illegal or unethical conduct of members of the profession.
- The respiratory care practitioner shall hold in strict confidence all privileged information concerning the patient and refer all inquiries to the physician in charge of the patient's medical care.
- The respiratory care practitioner shall not accept gratuities for preferential consideration of the patient. He or she shall guard against conflicts of interest.
- The respiratory care practitioner shall uphold the dignity and honor of the profession and abide by its ethical principles. He or she should be familiar with existing state and federal laws governing the practice of respiratory care and comply with those laws.
- The respiratory care practitioner shall cooperate with other health care professionals and participate in activities to promote community and national efforts to meet the health needs of the public.

COURTESY

Courtesy is the foundation of satisfactory service to our patients. In your every contact, politeness is essential. Remember that persons who are ill or under stress are not normally themselves and you must take this into consideration. Courtesy costs nothing and produces large dividends for you and your profession. Tact, thoughtfulness, and kindness will help make your educational experience and the patient's hospital stay a pleasant one.

CLASSROOM ETIQUETTE AND CIVILITY

Tyler Junior College and the Respiratory Care Program are committed to promoting a level of classroom etiquette conducive to maximum teaching and learning. It is with this context that the following statements on expected level of classroom etiquette are prepared. Thus, you are expected to:

- Attend class each time the class meets.
- Be on time for class and remain for the entire period. You are inconsiderate of your classmates if you arrive late and leave early.
 - The Respiratory Care Program has a closed door policy.
 - Students will not be permitted to enter the classroom once the class has begun, unless the professor has initiated the 50 minute break rule.
 - For each class that extends beyond 50 minutes, the class will recess for a ten minute break at a point determined by the professor based on the current activity or lecture.
- Refrain from talking while the professor is lecturing. Idle chattering and giggling are disruptive to the class and disrespectful to your professor and your classmates. [You will be asked to leave class.]
- Mutual respect is the foundation of learning in any classroom environment. "Abusive, demeaning, or profane language is prohibited and students should use language that demonstrates both tolerance and respect for others."
- **During classroom or lab courses, cell phones are to be "off" position. A request may be made to place your cell phone at front of classroom until break or ending of session.**
- Be attentive and participate in class. *(Use the Third Person Rule*)*
 - *Third Person Rule: *Once that student has asked a question, they cannot ask another question until two other students have asked a question.*
 - *Each student is equally important, so each student will be given an opportunity to ask a question.*
 - Do not decide to take a cat nap during class
- TJC is a "TOBACCO FREE" campus.

*See Appendix: ***Promoting and Maintaining Classroom Civility***

*See Appendix: <http://www.characterfirst.com/aboutus/students-families>

CLINICAL AFFILIATES and FACILITIES

PRIMARY CLINICAL FACILITIES	ADDRESS	CITY	PHONE NUMBER
East Texas Medical Center : <i>ETMC - TYLER</i>	1000 S Beckham, Tyler	Tyler 75701	903-597-0351
Good Shepherd Medical Center: GSMC	700 East Marshall Ave.	Longview 75601	903-315-2000
CHRISTI'S -Trinity Mother Frances Hospital: <i>TMF - TYLER</i>	800 E Dawson Street	Tyler 75701	903-531-8441
UT Health Northeast : <i>UTHN - TYLER</i>	11937 US Hwy 271	Tyler 75708	903-877-7777
SPECIAL ROTATION CLINICAL FACILITIES	ADDRESS	CITY	PHONE NUMBER
Select Specialty Hospital	700 E Marshall Ave.	Longview 75601	903-315-1100
East Texas Specialty Hospital	1000 S Beckham, 5 th Floor	Tyler 75701	903-531-8527
Tyler Continue Care at TMFH	800 E. Dawson, 4th Floor	Tyler 75701	903-531-4080
CPS Medical, Inc.	2913 Teague Dr.	Tyler	903-592-7851
ETMC-Jacksonville	501 S. Ragsdale	Jacksonville 75766	903-541-5000
Truman W. Smith Children's Care Center	2200 Hwy 80 West	Gladewater	903-845-2181
Texas Spine & Joint Hospital	1814 Roseland Blvd	Tyler	903-525-3300
Polysomnography- ETMC Sleep Disorders Center	3900 South Park Drive	Tyler	903-531-8079
Polysomnography- UT Northeast- Center for Sleep Disorders	11937 US Hwy 271	Tyler	903-877-5427
Polysomnography GSH – Center for Sleep Disorder Longview Center	705 East Mashall Ave Suite 4001	Longview	903-315-2366

KEY PERSONNEL

The following are individuals at Tyler Junior College that are responsible for the overseeing the Respiratory Care Program:

President:	L. Michael Metke, Ed.D.
Provost:	Juan Mejia, Ed.D.
Dean of School of Nursing and Health Sciences:	Paul R. Monagan, M.Ed.
Medical Director:	James Stocks, M.D., <i>UT Health Northeast</i>
Professor/Department Chair:	Phyllis Brunner, BS, RRT-SDS, CPFT
Professor/Director of Clinical Education:	Marilyn Craig, MHA, RRT, CPFT
Professor/Respiratory-Polysomnography:	Dewayne Marsh, RRT, RPSGT

Program Advisory Committee Members and Organizations respresented:

James Stocks, M.D.	Medical Director – <i>UT Health Northeast</i>
Ms. Hallie Peoples, CRT, RN	Director of Respiratory Therapy: <i>ETMC – Jacksonville</i>
Kevin Lassen, RRT	Director of Pulmonary Services: <i>GSMC – Longview</i>
Michael Bonham, MHA, RRT	Director of Pulmonary Services: <i>TMFHS – Tyler</i>
Angela Green, RRT	Supervisor for Cardiopulmonary Services: <i>UT Health Northeast</i>
Phil Jones, RRT	Director of Pulmonary Services: <i>ETMC – Tyler</i>
Todd Cox, RRT	Director of Respiratory Care: <i>Continue Care at TMFHS – Tyler</i>
Denise Walker	Director of Polysomnography – <i>ETMC, Tyler</i>
Kim Hazel	Director of Polysomnography – <i>UTHSC, Tyler</i>

ACCREDITATION AGENCY

Tyler Junior College is fully accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). Tyler Junior College – Respiratory Care program offers an Advanced Certificate in Polysomnography and an Associate Degree (AAS) in Respiratory Care.

CoARC- Commission on Accreditation for Respiratory Care
1248 Harwood Rd
Bedford, Texas 76021-4244

Phone: 817.283.2835
Fax: 817.354.8519
Web: www.coarc.org

NOTE:

Tyler Junior College – Respiratory Care Program's:

CoARC # 200171

Polysomnography Specialty Option:

CoARC # 400171
(Affective 11/2017)

CREDENTIALING AGENCY

The National Board for Respiratory Care (NBRC) is the credentialing agency for our profession that provides nine credentialing examination including:

- Entry Level Examination: Graduates that complete this examination are referred to as Certified Respiratory Therapists (CRT) and are licensed by the state of Texas as Respiratory Care Professionals (RCP).
- Registry Examination: If the graduate scores high enough to pass CRT level, he/she will become a Certified Respiratory Therapist (CRT). However, if the graduate scores higher than CRT level and meets the Registry Level Score, he/she is a CRT and eligible to apply for Registry "Clinical Simulation" Examination. Once the score is met for Clinical Simulation level, the graduate's credentials will change from CRT to a Registered Respiratory Therapist (RRT).
- PSO Completers are eligible to test for SDS exam and/or for RPSGT exam.

Other credentials that can be earned include:

- Certified Pulmonary Function Technologist (CPFT) Examination.
- Registered Pulmonary Function Technologist (RPFT) Examination.
- Neonatal-Pediatric Specialist (CRT-NPS) Examination
- Neonatal-Pediatric Specialist (RRT-NPS) Examination
- Sleep Disorders Specialty (CRT-SDS) Examination
- Sleep Disorders Specialty (RRT-SDS) Examination
- Adult Critical Care Specialty (RRT-ACCS) Examination

NBRC - National Board for Respiratory Care - Executive Office

18000 W. 105th Street
Olathe, KS 66061-7543

Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.895.4650
Web: www.nbrc.org

LICENSING AGENCY

Texas Medical Board (TMB) is the program that issues licensure and regulates Respiratory Care Practitioners in Texas. **Steps for Applying include:**

- **Complete the TMB Application**
 - Go to <https://applications.tmb.state.tx.us/rt/ident1.aspx>
 - Complete the application
- **Self-Query**
 - Go to <https://www.npdp.hrsa.gov/ext/selfquery/SQHome.jsp>
 - Click on Place a Self-Query Order
 - Read and accept the terms
 - Click Submit and Continue
 - Complete the Query
 - Click on the PDF and Print results
- **Proof of Identity**
 - Make a copy of your Birth Certificate or Passport
- **Email or Fax the following to TMB**
 - Email: Scan your Proof of Identity/Passport + Self-Query report to:
 - Screen-cic@tmb.state.tx.us
 - If you do not want to e-mail, it can be faxed or sent via mail.
 - Fax Number: 1-888-790-0621

- **Set an Appointment to complete Fingerprinting**
 - The day after your application has been completed, call the TMB at (512)305-7030 and ask for your 6-Digit ID#
 - Go to <http://www.identogo.com/FP/texas.aspx>
 - Click on online-scheduling
 - Being registration
 - Type your name
 - When you come to the screen that says: "Please select the reason you are being fingerprinted", Click on "Physician Licensing". You will click on Respiratory Therapist when it is added, but it is not there yet.
 - Complete your scheduling of an appointment
 - Go to <http://www.tmb.state.tx.us/idl/66BB47F3-55F0-A727-2F5A-38084F4463AA> and print the FAST Fingerprint Pass
 - Complete the document to take with you on your scheduled appointment day NOTE: Time to complete 2-8 weeks for in State
 - For Out-of-State Fingerprinting, follow the direction at <http://www.tmb.state.tx.us/page/licensing-respiratory-care-practitioner> "Hard Copy Fingerprinting- For use outside of Texas"
- **Official Transcript**
 - Order an official transcript from your college/university where you completed your RT Program and have it sent to:
 - Texas Medical Board
P.O.Box 2029
mc-906
Austin, Texas 78768
 - FAX: 888-790-0621

TUITION AND FEES/REFUNDS

Tuition and fees are payable at the beginning of each semester. Tuition, books, fees and other expenses are subject to change as deemed necessary by Tyler Junior College. Students who officially withdraw from Tyler Junior College by completing proper forms in the Registrar's Office may have their tuition and mandatory fees refunded according to the College's refund policy.

LIBRARY

The student is expected to visit the library on the main campus for orientation. A section of Respiratory Therapy materials is maintained for student use. Students may also have access to limited library privileges at some of our clinical affiliates.

ROOM AND BOARD

Each student must provide his/her own lodging and meals. When on duty, the hospitals have a cafeteria which is open to the student and meals may be purchased. The student has 30 minutes for lunch while assigned in the clinical area.

TRANSPORTATION

Transportation to and from assigned clinical sites and classes is the student's responsibility. The Respiratory Care Program does not assume any responsibility associated with the costs associated with the use of personal transportation and/or garage parking. Any incurred expenses or damages as a result of the student's use of personal transportation to and from any clinical site and/or college is regarded as the student's liability. **See Appendix: Student Travel Policy*

STUDENT HEALTH SERVICES

Each student is responsible for his/her own medical care. Students must make their own arrangements for Hospitalization Insurance. **In the event a student needs to make an appointment with his/her private physician, it must be scheduled so that it does not conflict with classes, lab, or practicum.** All students have access to the TJC campus clinic is located in the second (2nd) floor of the Rogers Student Center.

IMMUNIZATIONS

ALL immunizations must be current and students should be prepared to provide a copy of documented proof of completion. **Noncompliance with any immunization requirements will result in the student not being allowed to perform clinical rotations in clinical affiliate sites; hence you will be dropped from the program.** Any student not current on immunizations prior to the start of classes risks being **Administratively Dropped** from the program.

VACCINATIONS

*See Appendix: *Texas Administrative Code and Texas Education Code*

LIABILITY INSURANCE

All health science students that participate in a clinical practicum are required to pay a liability insurance fee, each year, to receive blanket coverage as a precautionary measure. This is a mandatory insurance provided to cover the student in clinical practice in patient care. Fees are included in each clinical practicum course.

ALCOHOL AND DRUG POLICY

Consumption of alcohol and drugs is inconsistent with a good learning experience.

- **Students who come to the class after having ingested alcoholic beverages will be required to leave class and refer to the TJC Police for disposition, and an unexcused absence will be recorded.**
- **Students will not drink alcoholic beverages while performing Practicum experiences; nor within a period of 8 hours prior to such experiences; nor at any time or place when wearing the TJC uniform.**
- Students shall not perform Practicum experiences while under the influence of any drug that impairs performance, whether such drugs be prescription or over-the-counter.
- Students shall not be under the influence of any illegal drug.
- If there is a reason to believe that a student is under the influence of either alcohol or drugs during:
 - A TJC Didactic Class- the professor will confer with another professor regarding the situation. If both professors are of the opinion that the student's behavior reflects alcohol or drug impairment, the student will be asked to leave the classroom and request a drug screen immediately. **The incident will be documented in writing by both professors and submitted to the Dean of Nursing and Health Sciences for appropriate disciplinary action.**
 - A TJC Practicum experience- the professor will confer with another professor regarding the situation. If both professors are of the opinion that the student's behavior reflects alcohol or drug impairment, the student will be asked to leave the practicum experience and request a drug screen immediately. **The incident will be documented in writing by both professors and submitted to the Dean of Nursing and Health Sciences for appropriate disciplinary action.**
- **Violation of the drug and alcohol policy will result in dismissal from the program and grades of "F" will be assigned to each course.**

CLASSES AND CLINICAL EXPERIENCE

Lecture classes and lab sessions are generally scheduled on campus, see class syllabus for specific times and location. **Various shift assignments, duties, or specialty rotations may involve evening, night, or weekend rotation that are 8 to 12 hours.**

ATTENDANCE

Regular class attendance is fundamental for success of the student; therefore, a student must report promptly and regularly to all classes. Avoidable absence from **lecture, lab, and clinical** reflects a lack of responsibility or accountability and should be evaluated.

Therefore, when a student is absent or tardy for any reason, an explanation to the professor is required. Each case will be decided on its own merits, but job conflicts, business or pleasure trips, and demands of other course work are **not** valid reasons.

- Students must be on time for their assignments .Each student **must arrange any appointments and work schedules around the school schedule.**
- **Respiratory Care Students attain experience through clinical education. The program will REQUIRE students to participate in DAY, NIGHT, and WEEKEND shifts for educational experiences. Schedules are issued for each semester.**
- Regular attendance at classes is strongly associated with academic success. Students are responsible for regular attendance in credit classes in which they are enrolled.
- Students are expected to attend all lectures, labs, and clinical assignments as scheduled. An absence during a scheduled test, or other graded activity, will acquire a "zero" grade for that activity.
- No Makeup Exams will be given*

***Note:** *If an emergency (e.g. loss of electricity, car trouble, bad weather, illness in family, or any other situation the professor deems valid) should arise the student must notify the the director of clinical education or program director no later than 30 minutes before the start of the rotation or class.*

Professor may withdraw students from any courses (online, hybrid, and face-to-face) with a failing grade if the student has unexcused absences as defined by course type (Didactic, Lab, and Clinical) policy and procedure.

Didactic:

Due to the complexity of the Respiratory Care Profession, the content established in the NBRC exam matrix and CoARC's accreditation standards for advanced-practice Respiratory Care Programs, it is expected that students attend all classes.

If a student does not attend a class, it is the student's responsibility to:

- Arrange a meeting with the professor of the missed class in a timely manner.
- Obtain missed notes from classmates.
- Obtain handouts from professor.
- Complete any assigned work/projects on time.

Unexcused absence defined as:

- Student arrives after class has begun and *door is closed.* *
- Student fails to contact professor prior to absence

*** Closed door policy:** When class begins the professor will close the door and the student will not be allowed to enter until break time. Student is responsible all missed materials and notes.

Didactic Classes Attendance Policy:

- | | | |
|---------------------------|--|-----|
| • 1st Absence | Attendance Grade: | 90% |
| • 2 nd Absence | Verbal Warning - Attendance Grade: | 80% |
| • 3 rd Absence | Written Warning/Final Notice -Attendance Grade: | 70% |
| • 4 th Absence | <i>This will affect the student passing the course</i> | 50% |

Hybrid/Online and Face-to-Face combined classes:

Hybrid/Online:

Due to the complexity of the Respiratory Care Profession, the content established in the NBRC exam matrix and CoARC's accreditation standards for Respiratory Care Programs, it is expected that ***students will participate in all portions of the requirements for these classes.***

If a student does not participate in all portions of a class, it is the student's responsibility to:

- Arrange a meeting with the professor of the missed class in a timely manner.
- Complete any assigned work/projects on time.
- Follow the guidelines set forth in the course syllabus.

Hybrid/Face-to Face:

Due to the complexity of the Respiratory Care Profession, the content established in the NBRC exam matrix and CoARC's accreditation standards for advanced-practice Respiratory Care Programs, it is expected that students attend all Face-to-Face portions of Hybrid classes.

If a student does not participate in all portions of a class, it is the student's responsibility to:

- Arrange a meeting with the professor of the missed class in a timely manner.
- Obtain missed notes from classmates.
- Obtain handouts from professor.
- Complete any assigned work/projects on time.
- Follow the guidelines set forth in the course syllabus.

Unexcused absence defined as:

- Student arrives after class has begun and door is closed.*
- Student fails to contact professor prior to absence.

Attendance Policy and Procedure for Hybrid Face-to-Face Class:

- | | | | |
|--------------------------|--|-------------------|-----|
| • 1 st Absent | Verbal Warning | Attendance Grade: | 80% |
| • 2 nd Absent | Written Warning/Final Notice | Attendance Grade: | 70% |
| • 3 rd Absent | <i>This will affect the student passing the course</i> | | 50% |

*** Closed door policy:** When class begins the professor will close the door and the student will not be allowed to enter until break time. Student is responsible all missed materials and notes.

Lab:

Since laboratory sessions prepare the student for clinical practice and evaluations, absences from **three laboratory sessions** will result in dismissal from the program. **There are no make-up labs offered should a student be absent for an assigned laboratory session.**

Attendance Policy and Procedure for Laboratory Sessions:

- | | | | |
|--------------------------|--|-------------------|-----|
| • 1 st Absent | Verbal Warning | Attendance Grade: | 80% |
| • 2 nd Absent | Written Warning/Final Notice | Attendance Grade: | 70% |
| • 3 rd Absent | <i>This will affect the student passing the course</i> | | 50% |

If a student does not attend a lab session, it is the student's responsibility to/for:

- Arrange a meeting with the professor of the missed session before next scheduled lab time for missed lab materials/hand-outs.
- **He/she will not be eligible to make up any quiz missed as a result of the absence.**

Clinical:

ABSENT OCCURENCE

There are no make-up times offered should a student be absent for an assigned clinical practicum's.

Absent is defined:

- No Attendance
- 90 minutes or more of scheduled day is missed
- Three Tardies accumulated

It is the **student's responsibility to contact** the Clinical Adjunct Professor/facilitator (*or*) the Director of Clinical Education **30 minutes prior** to the scheduled time the clinical practicum is to begin (in the same manner an employee would be expected to contact an employer).

The acceptable form of communication is to CALL (No texting or SMS) the assigned Clinical Specialist/Professor for that day. If the Clinical Specialist is unavailable, the student is to call the Director of Clinical Education.

For any unattended clinical rotation:

- An absence day will be initiated on DataARC along with a paper form documenting the date of occurrence.
- The student is to sign the form at their next clinical practicum rotation, along with any other report form required based on the type of occurrence. [*i.e., Behavior Rating Form, Counseling Form, Medical Release Form. Etc...*].
- Any acquired forms will be turned in at the end of the semester as required by clinical practicum documentation standard. [*See practicum grade sheet*]

For Clinical Attendance:

- **Perfect Attendance:** *NO Absent Day or Tardy*
Attendance Evaluation will reflect two (2) points added to student's final semester grade.
 - **1st Tardy-Absent** Attendance Evaluation will be affected.
 - **2nd Absent Probation** - Attendance Evaluation will be affected and final semester course grade will be dropped by one letter grade. (*NOTE: This may affect the student passing the course*).
 - **3rd Absent** Attendance Evaluation will be affected and final semester course grade will be dropped by two letter grades. (*NOTE: This may affect the student passing the course*).
 - **4th Absent** Attendance Evaluation will be affected and final semester course grade will be dropped by three letter grades. (*NOTE: This will affect the student passing the course*).
-
- Any **medical absence will require a physician's release** stating that the student may return to full clinical activities.
 - An **ABSENT** occurrence can be created from **three (3) tardy** occurrences.

TARDINESS

It is equally important that a student be punctual for clinical practicums. In order for the student to obtain maximum benefit from the clinical practicum, they must be present for the report given at the change of shift.

Tardiness is defined: "not being in the assigned area at the assigned time"

- **Violation of this policy will render a tardy occurrence.**
 - If the student arrives later (1 minute to 90 minutes) than scheduled time is a TARDY will be issued.
 - If the student leaves earlier (1 minute to 90 minutes) than scheduled time is a TARDY will be issued. Students **MUST** have authorization from their respected clinical adjunct professor/ facilitator before leaving assigned area.
 - A TARDY can be accrued during scheduled clinical time.
Not being in assigned area at the assigned time.
 - **Three (3) tardy occurrences will be regarded as an ABSENT occurrence.**

PROBATION STATUS

Failure to notify:

An assigned clinical adjunct professor/ facilitator (or) director of clinical education prior to the scheduled time of the practicum **will be considered an unexcused absence - 'No Call, No Show'** and will be placed on probation.

Any student reporting for the wrong shift or to the wrong clinical site will result in being placed on probation.

- Student's final practicum course grade will **drop one letter grade for probation status.**
- **Any further violation while on probation** will drop practicum course grade with an additional letter grade. (*This may affect the student passing the course*).

NOTE: *Extenuating circumstances should be reported to the Director of Clinical Education for consideration.*

BEREAVEMENT POLICY

Students may miss up to three (3) days **during their educational year** without penalty for documented death of immediate family.

- After three (3) days, absences will be counted per attendance policy. The Department Chair of Respiratory Care Program **must be contacted** and **documentation submitted** prior to return to classes.

COURSE CONTENT

A syllabus will be provided for each course,

- It is the student's responsibility to keep up with the content described.
- In event of an absence or tardiness, it is the student's responsibility to ask another student for information or handouts that may have been missed.

NOTE: Due to the professional responsibilities and duties related to this profession, the student is expected to adjust to the various changes that may arise during the program. This includes the lecture, laboratory and clinical phases of the program.

EXAM POLICY

- Only **standard calculators** are permitted for some tests. **Calculators/computers that can store formulas/notes are not permitted.**
- **NO Cell Phones** will be allowed in room during exam times

CHEATING, LYING, STEALING, AND MISREPRESENTATION

Students, who cheat in any way, steal either information or tangible goods, lie about or misrepresent any material fact pertaining to any document or record are subject to dismissal from the program and a grade of "F" will be assigned in each course.

GRADING SCALE

A	100- 93
B	92 – 84
C	83 – 75
D	74 – 66
F	65 & Below

The calculation of course grades are included with each course syllabus.

- The course content for each course will be cumulative - the content will be brought up again in subsequent courses.
- With each unit test, a few questions from previous units may be included.
- With each semester, some of the course content from the professor's previous course/s will be repeated again.
- Course content from lectures will be applied during the clinical assignments, and again reviewed for the student's comprehensive application.
- The general statement "don't ever forget anything" would be ideal for each student, and this constant review and application of course content will prepare the student of the primary goal of this program: preparation for the board examinations and for employment responsibilities.

ASSIGNMENTS:

Homework or assignments are due **at the beginning** of each lecture, lab session, face-to-face class, or clinical rotation.

CLINICAL CORE (Competencies) form is a part of the program.

Total (100%) completion of the appropriate forms is required before graduation.

- ✓ During the Summer Semester a **Mock Therapist Multiple Choice (TMC) Exam must be passed to**
 - **Successfully complete the course RSPT 2266 (Practicum III) for advancement to the Fall Semester.**
- The student has two attempts to pass the Mock TMC Exam.
 - First attempt will count as Clinical Final-Exam Grade
 - *Second attempt counts as pass or fail.*

NOTE: The curriculum contains courses that are accumulative in knowledge and skills in preparation for NBRC examination(s).

- ✓ Each student must sit for the **Comprehensive Therapist Multiple Choice Exam** for successful completion of the program.

STUDENT'S RESPONSIBILITY TO DROP OR WITHDRAW FROM A COURSE

The date to drop a course is stated in the catalogue. Failure to drop a course by the stated date will result in a grade of "F" for the course.

**See Appendix: Midterm Grade Report*

A course grade calculation MUST include a 75% Grade as minimum for ALL Respiratory course semester grades.

Several courses are prerequisites for the next semester. A student must pass each prerequisite, with a "C" or better to continue in the program. As stated in the catalog, a respiratory care student cannot continue to the next semester if he/she does not pass with a grade of "C" or better in each required respiratory care course listed in the curriculum. Examinations will not be repeated and no self study courses will be offered.

STUDENT CONFERENCES AND EVALUATIONS

It is the responsibility of the student to contact the professor if a potential problem exists. For instance, discussing a test in which a score of less than 75% was achieved. Office hours are scheduled for each professor even though professors usually will remain for a short period after each class, unless class hours conflict. These times are provided in addition to scheduled office hours for student's convenience. It is not the professor's responsibility to contact each student who may have a potential problem; rather, it is the responsibility of the student to seek assistance. Documentation of the student's efforts to seek assistance is recorded for the purpose of demonstrating the student's initiative, motivation, problem solving techniques and predicting success within the program.

CLASSROOM DRESS CODE
- Professional Appearance -

FALL & SPRING SEMESTERS

- ***Business Casual or Scrubs with socks and shoes required***
 - Clothing should be clean and presentable at all times.
 - A professional image should always be maintained.
- In determining the guidelines for business casual, the following are examples of items that are **not acceptable at any time**:
 - Halter tops, low cut tops either front or back, flip flops, open toed shoes and shorts, other than walking shorts, pants with very low rise or sag, are not permitted.
 - In addition clothing or accessories that demonstrate a personal point of view or that have illicit, profane, suggestive, biased, sexually related, alcohol related or tobacco related text graphics or logos are not permitted.
- **Lanyards must be worn** and clearly visible at all times.
 - No one will be allowed into class without wearing his or her ID/lanyard.
 - Students who do not have their ID/lanyards may pick up a Day Pass at Campus Safety.
 - If a Day Pass is needed more than once per semester, students should go first to the Cashier's Office in WASC to pay \$5.00, then take the receipt to Campus Safety to pick up the Day Pass.

CLASSROOM DRESS CODE

SUMMER SESSION

-Permitted for on campus summer classes only-

- Casual dress or scrubs with socks and **closed toe shoe style is required**.
 - Clothing of all should be clean and presentable at all times.
 - Casual apparel is permitted throughout the summer (Late May, June, July and Early August); however, a professional image should always be maintained.
 - In determining the guidelines for casual apparel, the following are examples of items that are **not** acceptable at any time.
 - Halter tops, low cut tops either front or back, flip flops, and low rise shorts/pants are **not** permitted.
 - In addition clothing or accessories that demonstrate a personal point of view or that have illicit, profane, suggestive, biased, sexually related, alcohol related or tobacco related text graphics or logos are not permitted.
 - If approved for wear in a department:
 - Jeans or walking shorts must be clean and in good repair.
- **Lanyards must be worn** and clearly visible at all times. No one will be allowed into class without wearing his or her ID/lanyard.
 - Students who do not have their ID/lanyards may pick up a Day Pass at Campus Safety.
 - If a Day Pass is needed more than once per semester, students should go first to the Cashier's Office in WASC to pay \$5.00, then take the receipt to Campus Safety to pick up the Day Pass.

CLINICAL UNIFORM, DRESS CODE, & GUIDELINES

-For Professional Appearance-

Note: Students not meeting department, hospital, and/or clinic standards of dress and appearance may be denied access to patients/clients and may thereby jeopardize their grade and satisfactory completion of the rotation. Orientation to affiliate sites will address individual requirement of standards.

UNIFORM:

- **Scrub Suit** of a designated color and style will be worn.
 - Top: with a Tyler Junior College and Respiratory Care Program official logo.
 - All tops must cover.
 - No bare midriff.
 - Bottom:
 - No low rise pants or sags where skin or undergarments will show.
 - Pant hems should not touch the floor **or** be more than 2" above the ankle.
- **Undershirt:** plain / no prints white, grey, or black may be worn for climate control needs.
 - Sleeves must not interfere with affiliate hand hygiene or infection control standards.
[The sleeve must be able to be pushed or pulled up to elbow.]
 - No visible silk screen, decal, logo, insignia, or brand name will be allowed
- **OPTIONAL: Lab Jacket** - clean, ironed and well maintained with a Tyler Junior College and Respiratory Care Program approved logo
 - **APPROVED: Jacket bought from fund raiser /TJC- Respiratory Care Program,** Name badge must be visible at all times while at clinical
 - **NOT APPROVED:** style of jacket would include (yet not limited to):
 - A hood,
 - Sleeves that interfere with affiliate hand hygiene or infection control standards.
[The sleeve must be able to be pushed or pulled up to elbow.] and/or
 - With a visible silk screen, decal, logo, insignia, or brand name.
- **Student's ID badge:** must be worn and clearly visible at all times.
- **Shoes:** with socks or hoses are required
 - They should be conservative style and **basic color of white, grey or black**, with no florescent accents.
 - The shoes should be comfortable, with flat non-marking soles that are "quiet" for walking in tile corridors.
 - No open-toed shoes, clogs, weave or mesh of any type, or sandals will be permitted.

HAIR:

- Off the collar
- Held back away from the face or pinned up
- Clean and of neat in appearance
- *Unconventional hair styles or colors should be avoided*

Beards:

- Very short and neatly trimmed

JEWELRY:

- No rings other than a wedding ring or class ring will be worn.
- Exposed piercings should be confined to the ear lobe and no more than one stud may be worn in each ear
- No tongue or face piercing
- Necklaces, if worn, must be covered / hidden so as not to be seen while in uniform
- Watch is required and MUST HAVE:
 - Digital or with a sweep second hand
 - Water resistant watch highly recommended

• **Note: Students not meeting department, hospital, and/or clinic standards of dress and appearance may be denied access to patients/clients and may thereby jeopardize their grade and satisfactory completion of the rotation. Orientation to affiliate sites will address individual requirement of standards.**

FINGERNAILS:

- Maintain clean, neat and tidy finger nails to facilitate effective hand hygiene.
- Keep your natural fingernails very short—**not be visible over the tip of your finger when viewing the palm side of hand.**
- **NOT APPROVED:**
 - Artificial nails, acrylic nails, gel-nails, and nail enhancements
 - Brightly colored nails, flashy polish/designs or chipped nail polish

PERFUME/COSMETICS:

- Cosmetics must be neat. Extremes are not acceptable.
- **NOT APPROVED:**
 - Perfume, including **scented** hairspray, soap, lotions, and deodorant are **NOT** to be worn during clinical rotations

CLEANLINESS:

- All students are expected to exemplify cleanliness of person and habits.
- Bathing and the wearing of clean garments to prevent offensive body odors is expected personal behavior.
- Habits include such action as depositing your meal/snack waste in appropriate receptacles provided.

NOTE: The student will be sent home if this policy is not followed at the discretion of the instructor

SMOKING:

- Smoking or use of any other tobacco products, are **not allowed** on the grounds at any of the clinical facilities.
- **Special note:** Smoking does not reflect a positive behavior of a Respiratory Care Professional. [Must comply with TJC and affiliate smoking policy]

SPEECH HABITS:

- Refrain at all times from profanity or crudeness.
- Refrain from gossip.

GOOD TELEPHONE ETIQUETTE:

- Be friendly, helpful, considerate, and professional
 - Answer promptly
 - Identify yourself by name and department
 - Transfer calls tactfully
 - Give accurate and careful answers

TATTOOS:

- Must be fully concealed at clinical setting

Note: Students not meeting department, hospital, and/or clinic standards of dress and appearance may be denied access to patients/clients and may thereby jeopardize their grade and satisfactory completion of the rotation. Orientation to affiliate sites will address individual requirement of standards.

OTHER: No gum chewing will be allowed in the clinical area.

NOTE: Failure to comply with guidelines may result in the student being sent home at the discretion of the instructor

CONFERENCES/PROFESSIONAL MEETINGS/ORIENTATIONS

Students are often afforded the opportunity of attending and/or presenting at local, regional and national meetings of professional societies. On such occasions, students are expected to dress appropriately for these conferences, as their appearance and conduct directly reflect upon the Tyler Junior College Nursing and Health Science Programs.

Student will be instructed by the director of clinical education or the department chair to wear one of the following:

- **Respiratory Care Program Designed Polo Shirt with Khaki Pants** of a designated color and style.
- **Approved "Student Designed" respiratory care program T-shirt** with designated color and style pants.

PERSONAL CELL PHONE

Use of personal cell phone 'in direct patient care areas' WILL NOT BE PERMITTED while on premises of any of our clinical affiliate sites.

- Students must step away from patient care areas to respond to their communication device.
- Students should refrain from personal business during their clinical rotation, unless on scheduled break or lunch. (Telephone messages will be accepted for the student in case of EMERGENCIES ONLY through the clinical professor.)
- **Failure to adhere** to the above mentioned rules will result in disciplinary action that could include dismissal from the clinical site and an "absent" occurrence will be given.

SOCIAL NETWORKING

- This includes, but is not limited to: wiki, any form of online publishing or discussion blogs, discussion forums, newsgroups, email distribution lists and social networking sites, such as Twitter, Facebook, LinkedIn, YouTube and MySpace, among others.
- While we encourage open communication both internally and externally in all forms, we expect and insist that such communication does not substantively demean our environment, or violate patient privacy and trust, or harm the reputation of any TJC entity or its affiliates.
- Failure to adhere to the above mentioned rules will result in disciplinary action that could include dismissal from the respiratory care program.

Do not engage in online communications during clinical or classroom time unless it is school related or you have authorization from an administrator to do so for school purposes.

INCIDENT REPORTS

If applicable, occurrence involving a respiratory care student, the TJC Adjunct professor/affiliate staff member **must be notified immediately**.

- The patient's physician will be notified by the student with assistance from the TJC Adjunct professor and/or affiliate staff.
- A report must be made in accordance with the policies of the clinical affiliate.
- An incident report must be filled out and submitted to the Department Chair for review. (Prompt notification to assist in the required remediation would be appreciated.)

**See Appendix: Policy & Procedures for Incidents*

Federal Law-HIPAA

- ✓ **Do not discuss your patient or anything else pertaining to them outside of clinical, on your phone, on the internet or with other patients.**
- ✓ This is grounds for dismissal, and you will be held personally liable for revealing confidential information about patients.
- ✓ However, the administrator, director of nursing services, or their designated representative shall inform you of any information about the condition of patients as the situation warrants.
- ✓ ***Health care providers' use of text messaging could violate HIPAA privacy and security rules if the messages contain protected health information and do not include adequate safeguards.***

Read more: <http://www.ihealthbeat.org/articles/2011/10/21/physicians-use-of-text-messages-sparks-hipaa-compliance-concerns.aspx#ixzz1rE7XxH92>

**See Appendix: Physicians' Use of Text Messages Sparks HIPAA Compliance Concerns*

WORKING

Working for a clinical affiliate of the program can be additional learning experience, but is not considered a substitute for clinical training or rotations.

- Working at a full time job while attending school, is not recommended.
- **Working is not considered a valid excuse for absence or for leaving early from assigned classes, laboratories, or clinical practicum**
- The student must remain in class or in an assigned work area until dismissed by the clinical adjunct professor.

JOB SHADOWING **WHILE IN THE PROGRAM**

Job Shadowing rotation outside of the Respiratory Care Program Clinical Practicum's cannot be associated with TJC or the Respiratory Care Program while you are enrolled in the program.

- Job shadowing rotations are between you and the facility in which you are pursuing occupational exposure.
- You are not permitted to represent yourself as a TJC Respiratory Care Program Student during any said rotation (i.e.: TJC Student ID or TJC Respiratory Care Program Attire). *Representing yourself in such manner will result in dismissal from the Respiratory Care Program.*
- This is in accordance with all TJC Respiratory Care Program Clinical Affiliation Agreements.

STIPEND

As recommended by the CoARC and the Clinical Affiliation Agreement, no stipend will be offered to students for clinical time or assigned tasks. A student that is working as a respiratory therapist aid at a clinical affiliate must clearly delineate work and educational responsibilities and schedules.

TEXAS ASTHMA CAMP REQUIREMENT

During Summer Semester: Camp for One Week

- ✓ Students have the opportunity to serve as Texas Asthma Camp as **Counselors**
- ✓ Students will receive clinical hour credit equal to those not attending
- ✓ All participants who commit to overnight assignments for the week will receive tuition reimbursement from the Texas Chest Foundation.
- ✓ A second background check will be conducted by UT-Northeast at no cost to student

PROFESSIONAL BEHAVIOR STANDARDS

Throughout the program the student will:

1. Follow the behavior expectations of the clinical site with specific attention to:
 - No disruptive behavior
 - Rule concerning smoking
 - Campus/Hospital parking guidelines.
2. All students are expected to follow the Tyler Junior College "Student Code of Conduct" listed in Student Handbook Online. In addition abide by "Classroom Etiquette and Civility" rules. Rules and guidelines for the most current edition of each of these publications will be followed.
3. Adhere to the program dress and hygiene code.
4. **Maintain patient confidentiality at all times.** Any non-compliance is grounds for dismissal from the program.
5. Complete all charting and related paperwork in an honest manner. Any non-compliance is grounds for dismissal.

PROFESSIONAL BEHAVIOR STANDARDS, Con't:

6. Display the following behavior and attitudinal characteristics:
 - Willingness to learn
 - Regular Attendance
 - Punctuality
 - Respect for patient, staff, visitors, peers, professors, etc.
 - Safety in all situations
 - Strict adherence to infections control procedures
 - Effective communication skills through both writing and verbal communication
 - Carries out personal business (phone calls, conversation, etc.) **during break time only**
 - Effectively manages time to complete all assignments
 - Uses and cares for equipment in a careful manner
 - Demonstrates honesty
 - Asks questions when in doubt
 - Exhibits dependability
 - Demonstrates flexibility
 - Demonstrates good interpersonal skills
 - Is self motivated
 - Has positive outlook
 - Gives others a chance to participate in all learning experiences by informing other students about unanticipated learning opportunities
 - Exhibits maturity
 - Demonstrates humanism
 - Is non-judgmental
 - Is a good role model

UNACCEPTABLE BEHAVIOR

Unacceptable conduct, as documented by written complaints from professor and clinical affiliate employees, that indicate the student does not possess the professional qualities nor characteristics expected of respiratory care practitioners will be reviewed by the professor and may result in student's dismissal from the program. It will be at the discretion of the Department Chair whether or not to suspend the student. The hospital respiratory director has the right to refuse to allow a student to practice in their hospital. If an affiliating hospital refuses the student to practice within their hospital, the Department Chair has no choice but to dismiss the student.

(See attached Clinical Dismissal Guidelines)

PROBLEM SOLVING

Any problem encountered during the didactic and clinical portions of the program will be resolved in the following manner by professors and student with documentation to follow:

1. Problem identification.
2. Propose possible solutions for the problem.
3. Discuss the problem and solutions with your professor.
4. Select the best logical solution to the problem.
5. Implement the solution and evaluate for effectiveness (seek assistance as needed).
6. Repeat the problem solving sequence as indicated.

NOTE: Most problems will be solved at step #3

STUDENT DISMISSALS'

The professor of the Respiratory Care Program reserves the right to recommend to the Department Chair, at any time, the dismissal of any student whose health, conduct, personal qualities, or scholastic record indicates that it would make it inadvisable for the student to continue with the program. If the student wishes to be reinstated at a later date, the records will be reevaluated by the Admissions Committee.

STUDENT DISMISSAL FOR DISCIPLINARY REASONS

Listed below are examples of acts of conduct that will be considered serious enough to warrant immediate dismissal from the Respiratory Care Program. All acts apply to all components of the program curriculum.

1. Unauthorized possession of firearms or other dangerous weapons.
2. Possession and/or use of illegal drug or other illegal materials.
3. Willful damage or theft of property.
4. Falsification or invention of information.
5. Intoxication, drinking, or possession of liquor.
6. Failure to maintain confidentiality.
7. Failure to accept criticism.
8. Cheating: using or attempting to use unauthorized material, information, or study aids during an academic exercise or examination.
9. Failure to meet expected level of course achievement.
10. Failure to maintain previous level of competence.
11. Failure to demonstrate safety.
12. Failure to demonstrate professional behavior. Professional behavior standards and expectations are discussed on page 29-30 of this handbook.
13. Verbal or physical threatening behavior.
14. Failure to follow policies of college.
15. Excessive absences or failure to follow program guidelines as stated in the student handbook, syllabus, or guidelines of each course.
16. Misrepresentation as a student of the TJC Respiratory Care Program

CLINICAL DISMISSAL GUIDELINES

1. The clinical specialist, facilitator, coordinator or appropriate designated clinical supervisor will document any student behavior demonstrative of unsafe practice. When possible, this documentation will be verified by a second professional witness.
2. A confidential conference will be held immediately with the student. An appropriate professional witness may be present during the conference when available. The student may be dismissed for the remainder of the day. The conference will be documented for the student's file and reviewed by the department chair, clinical professor and student within 48 hours of dismissal.
3. The hours missed will be documented as an unexcused absence and will be cumulative for the semester.

READMISSION POLICY

A cumulative maximum of 2 admissions may be permitted to the Tyler Junior College Respiratory Care Program. Candidates for readmission to the Respiratory Care Program must follow and complete the readmission policy guidelines in order to be considered. Readmission application review will be limited to one year. Readmission to the Respiratory Care Program will be considered on an individual basis and space availability.

Students on disciplinary probation at the time of withdrawal or dismissal may be ineligible to reapply to the program. Students who have had a **clinical failure due to unsafe clinical practice** are **not eligible for readmission**.

If a School of Nursing and Health Sciences student is deployed for active military duty after enrollment or acceptance into the Respiratory Program, a place will be reserved for the student in the next available class at Tyler Junior College upon returning within one calendar year. It is based on space available in the designated courses.

A student who leaves the Respiratory Care Program for any reason other than a Clinical Failure will be permitted **ONE** other opportunity to re-enroll. Readmission to the Respiratory Care Program will be considered as a 2nd admission.

Former students will be ranked according to the reason for withdrawal, GPA in required courses. It is highly recommended for readmission to audit any co-requisite courses for that semester.

Re-enrollment must occur within 12 months after leaving the program. The student who re-enters the Respiratory Care Program must complete courses and competencies as prescribed by the Respiratory Care Program.

The student accepted for readmission will function under the current policy and procedures of the School of Nursing and Health Sciences, Respiratory Care Program and Tyler Junior College Student Handbook at the time of readmission.

If the request for readmission is greater than 12 months, the candidate will be required to go through the complete admission process and beginning student. (All RSPT course work will be required to be repeated)

Readmission Procedure:

1. The student submits a letter of intent and readmission form for re-entry into the respiratory care program:
 - Address request to Department Chair of the Respiratory Care Program
 - Indicate the course desired for re-entry
 - Include current address and phone number
 - Enclose an official college transcript
2. Written letter of intent, readmission form, and transcript must be received in the Respiratory Care Program office by the following deadlines:
 - **June 1st** **Fall Semester Class**
 - **October 15th** **Spring Semester Class**
 - **March 1st** **Summer I or II Class**
3. The student must meet current admission requirements:
 - Eligible for readmission to the college
 - Prerequisite courses completed with at least a "C"

Readmission Procedure: Con't

4. A written response regarding readmission will be sent to the student via the address provided in the initial request for re-entry.
5. Have a personal guidance interview with the Department Chair of the Respiratory Care Program and secure a plan of program completion.
6. A current physical examination, immunizations, negative drug screen, and satisfactory criminal background are required.
7. A current CPR, NRP, ACLS, or PALS card will be required (based on semester of readmission).
8. If readmission is denied because of lack of space in the desired course, the student must reapply the following year.

BULLETIN BOARDS

In order to keep informed of program policies, lectures, etc., you are urged to refer to the bulletin boards placed in the departments.

VISITORS

No visitors are allowed in the classroom without permission from the Dean for the School of Nursing and Health Sciences.

COFFEE SHOP/CAFETERIA

Food services in the hospital are available to students. Breaks will be scheduled by the adjunct clinical professor/facilitator, assigned affiliate staff, or as workloads allow.

INCLEMENT WEATHER

Occasionally, inclement or threatening weather may force delays or cancellation of classes or clinical. In such cases, the latest schedule information will be communicated to students using the following methods:

1. A notice will be recorded on the Weather Information Line, 903-510-3000.
2. A text message will be sent to all Apache Alerts subscribers. (To subscribe to this opt-in service, log into Apache Access at <http://apacheaccess.tjc.edu>).
3. Area news media will be notified.
4. An Announcement will be sent via Apache Access.
5. A news release will be posted on the TJC Web site, at www.tjc.edu/news
6. The latest information will be posted on the College's educational access television station, for SuddenLink Cable subscribers residing in Whitehouse or Tyler.

Tyler Junior College

Standard for Drug Screening & Background Checks

Prescreening requirements have been introduced into Tyler Junior College clinical affiliation agreements. These prescreening requirements are the same as those required of employees (background checks and drug screens). The rationale for extending these requirements to clinical students and professor was the concept of due diligence and competency assessment of all individuals whose assignments bring them in contact with patients or employees. Competency extends beyond technical skills to an individual's criminal and substance abuse history. This approach ensures uniform compliance with Joint Commission standards pertaining to human resource management. Moreover, the public is demanding greater diligence in light of the national reports of deaths resulting from medical errors.

Timing of Prescreening Requirements

All drug screen tests and background checks must be conducted after conditional acceptance to the Respiratory Care Program. Verification of the satisfactory results must be received prior to the mandatory respiratory care program orientation date. Drug screen and background checks will be honored for nine (9) months or otherwise deemed necessary to random screening while student is enrolled in program courses. By all hospitals for the duration of the student's enrollment in the clinical program during the initial Fall and Spring semester, if the participating student has not had a break in the enrollment at the college/school. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. The above information must be verifiable through the college/school. Drug screen and background checks will be required to be updated prior to the start of the Summer Session. Drug screen and background checks of professor will be honored for the duration of the employment of the professor member at the college/school.

Reciprocity

Students must meet these requirements prior to the start of the program orientation and as aforementioned.

a. Pre-Assignment Drug Screening

- **Method of Urinalysis**

An unobserved collection of urine should be collected at a facility that follows *Substance Abuse and Mental Health Services Administration (SAMHSA)* guidelines.

- **Type of Test**

Substance Abuse Panel 10 ("SAP 10"), with integrity checks for Creatinine and PH levels. Acceptable and unacceptable test ranges are listed below.

Pre-Assignment Drug Screen Panel with Ranges:

<u>Integrity Checks</u>	<u>Acceptable Range</u>
CREATININE	.20 mg/dl
PH	4.5-9.0

<u>Substance Abuse Panel</u>	<u>Initial Test Level</u>	<u>GC/MS Confirm Test Level</u>
AMPHETAMINES	1000 ng/mL	500 ng/mL
BARBITURATES	300 ng/mL	200 ng/mL
BENZODIAZEPINES	300 ng/mL	200 ng/mL
COCAINE METABOLITES	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	50 ng/mL	15 ng/mL
METHADONE	300 ng/mL	200 ng/mL
METHAQUALONE	300 ng/mL	200 ng/mL
OPIATES	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	25 ng/mL	25 ng/mL
PROPOXYPHENE	300 ng/mL	200 ng/mL

SAP 10 test results that fall outside any of the acceptable ranges are considered positive test results and are automatically sent for a separate confirmatory test by a Gas Chromatography Mass Spectrometry (GCMS) method. If the results remain positive, they are sent to a Medical Review Officer (MRO) who calls the students to determine if there is a valid prescription for the drug in question. If a valid prescription exists, the test results are deemed to be "negative" and acceptable.

The MRO is a medical doctor who specializes in the interpretation of drug screen results. Medical Review Officers do not make placement decisions; they simply pass along information required, but are beneficial in making placement decision. Medical Reviews are a separate cost since they entail a separate service. The cost of Medical Reviews varies from about \$25 to \$75 dollars per donor. It is important to note that although any physician could perform this service, only certified MRO's are considered by experts in this field.

An individual with a positive drug screen will not be allowed to attend any clinical agency/rotation for a minimum of 12 months. Prior to returning to the clinical affiliate rotation, a student must provide proof of a negative drug screen as verified by the college.

A clinical affiliate reserves the right to remove a student/professor from the facility for suspicion of substance use or abuse (including alcohol.) The clinical affiliate will immediately notify the professor/college to facilitate immediate removal of the student. In all instances, the clinical affiliate will provide written documentation of the student's/professor's behavior(s) by two or more representatives to Tyler Junior College.

Criminal Background Check

Criminal background checks should review a person's criminal history seven (7) years back from the date of application. The check should include the cities and counties of all known residences. The following histories will disqualify an individual from consideration for the clinical rotation:

- **Lack of disclosure.**
- **Pending Charges/Cause.**
- **Felony convictions.**
- **Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse).**
- **Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, etc.).**
- **Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances.**
- **Registered sex offenders.**

Notes: 1) If background check is flagged for any reason, Tyler Junior College will request a second review to qualify for admission to the program with student consent.
2) If the background check is flagged for any of the above reasons that would warrant further review beyond a second review, the applicant must follow through with the next step for consideration.

- The Applicant Must File A Petition for Declaratory Order:
<http://www.bon.state.tx.us/olv/pdfs/DOapp.pdf>

3) It is the student's responsibility to be aware that the disqualifications listed above are used for employment eligibility in most hospitals in the state of Texas.

4) All official documentation that clears any issues noted on original background check is due by Respiratory Care Program Orientation date. That means that Items 2 & 3 seen above has been completed and written documentation submitted to Director of Clinical Education.

5) NOTE: A second background check will be completed by UT-Northeast at no cost to student for "Entry into Summer Session".

Allocation of Cost for Tyler Junior College-Standard for Drug Screening & Background Checks:

Each clinical student must bear the cost of these requirements.

Verification of Compliance & Recordkeeping

The vendor will notify the College on all individuals who fail a criminal background check. Upon request, verification of the compliance with these standards will be sent to the designated representative of the clinical affiliate prior to the clinical rotation start date. Verification is accomplished by sending a letter from the appropriate Department Chair on letterhead stating that these standards have been met by the student/professor, listing the student's professor's full name and clinical rotation start date. If more than one student is attending a clinical rotation, a comprehensive list with all the student/professor names may be submitted.

It is the responsibility of Tyler Junior College to inform these persons of requirements prior to enrollment in this curriculum. This will give students/professor prior notice and an opportunity to decline the clinical training/assignment before investing their time and money in the class or agreeing to employment. The student/professor name and social security number will be the only information provided to the office of the Dean for the School of Nursing and Health Sciences. This information will be filed in a secured area to ensure confidentiality. In the event that the student/professor feels that an error has been made in the criminal background check, it is the responsibility of the student/professor to contact the external vendor for a verification check.

Tyler Junior College Grievance Procedures*

** online TJC Catalog; "Grievance Procedures"*

"To the extent that any provision contained in this handbook differs from or conflicts with Tyler Junior College Board Policy, then the Tyler Junior College Board policy will control in all circumstances. Tyler Junior College Board policies may be found at <http://pol.tasb.org/Home/Index/1076>."

TYLER JUNIOR COLLEGE

Department of Respiratory Care

INJECTIONS, ARTERIAL STICKS, CAPILLARY STICKS

I, _____, release Tyler Junior College Respiratory Care Program/Tyler Junior College and all professors of Respiratory Care from any liability resulting from the practice of the administration of injections/sticks. I am aware that this practice is a part of my Respiratory Care curriculum and will not hold the above or any fellow student responsible for any reaction that might occur as a result from practice injections/sticks.

RULES AND REGULATIONS

I, _____, have read the rules and regulations stated in the Tyler Junior College Respiratory Care Program Handbook and the Tyler Junior College Student Handbook.

I understand these rules and regulations and I agree to abide by them. I have read, I understand, and I agree to the stated Academic Grievances policies and procedures.

(PRINT) Student's Name

Student's Signature

Date

(revised: 8/2016)

**Tyler Junior College
School of Nursing and Health Sciences
Department of Respiratory Care**

Honor Code

Upon enrolling in the School of Nursing and Health Sciences, I assume an obligation to conduct my academic affairs in a manner compatible with standards of academic honesty (abstaining from cheating, plagiarism, falsifying documents, unprofessional conduct, breach of confidentiality, etc.) established by the College and its professor.

If I neglect or ignore this obligation, I understand that I will be subject to disciplinary action up to and including dismissal from the respiratory care program.

(PRINT) Student's Name

Student's Signature

Date

Department Chair, Respiratory Care

Date

Paul R. Monagan
Dean, School of Nursing and Health Sciences

**Tyler Junior College
Department of Respiratory Care**

Clinical Rotation Placement

The Department of Respiratory Care cannot guarantee future clinical placement of a **Respiratory Care [] or Polysomnography Specialty Option []** 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 course completion.

(Print) Student Name

Signature

Date

**Tyler Junior College
Department of Respiratory Care**

Student Records release form

I, _____, give consent to the Department of Respiratory
(Print Name)

Care to release the following information contained in my educational record. This information is to be provided to

for the purpose of _____

Signature

Date

Access to Student Records
Family Educational Rights and Privacy Act of 1974

**Tyler Junior College
Department of Respiratory Care**

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
 Print Name

Tyler Junior College (TJC) 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 TJC including, but not limited to, publication on official TJC web pages and in official TJC brochures, and alumni newsletters.

I hereby irrevocably release and waive any claims against TJC 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 TJC 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.

(Print) Student Name

Signature

Date

**Tyler Junior College
Department of Respiratory Care**

Confidentially 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 clinical faculty/specialists.

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

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 dismissal from the Program.

(Print) Student Name

Signature

Date



TYLER JUNIOR COLLEGE

A QUALITY EDUCATION • A VIBRANT STUDENT LIFE • COMMUNITY SERVICE

RESPIRATORY CARE PROGRAM

STUDENT CONTACT INFORMATION

Name: _____

Address: _____

(City)

(State)

(Zip)

Home Phone Number: _____ Cell Phone Number: _____
(Please provide numbers that you can be reached at while attending the program.)

Home Email Address: _____

TJC Email Address: _____

Emergency Contact Person: PRINT Name: _____

Phone: _____

NOTE:

Information contained on this page will not be shared with anyone outside of the respiratory care program. It will only be used by the respiratory care program professor/office support staff to contact you in case of emergency or to share important information relevant to your education.

APPENDIX

Respiratory Care Program ***Student Essential Functions***

The following physical, cognitive, behavior and environmental factors are encountered by students throughout education process.

Physical Performance Standards:

Mobility:

Ability to walk and stand for professional periods of up to twelve hours.
Ability to bend, twist, stoop and balance.
Ability to lift objects weighing 40 pounds or less.
Ability to push, pull and lift a medically fragile adult when positioning or transferring them during the delivery of health care.*
Ability to push, pull, and position mobile equipment weighing up to 200 pounds as needed for patient care.
Ability to use proper body mechanics for positioning a patient.
Ability to perform fine motor skills required for specialized invasive procedures as well as equipment manipulation.
Ability to perform manual therapy techniques.
Ability to work in confined and/or crowded spaces*
Ability to endure a 40 hour work week during clinical education courses.
Ability to adapt to protracted or irregular hours of work.*

Hearing:

Ability to hear sounds of both high and low frequency such as those associated with:
Equipment alarms
Breath sounds
Heart sounds
Ability to identify and distinguish subtle variations in body sounds such as breathing.*
Ability to hear normal conversation.
Ability to use a telephone and beeper.
Ability to communicate with:
Patients
Visitors
Physicians

Sight:

Ability to read dials, gauges and digital indicators.
Depth perception adequate to perform required health care procedures.
Color perception adequate to discriminate between various alarms and indicators on medical equipment.
Ability to observe a patient's response to treatment.
Ability to visually distinguish subtle diagnostic variations in physical appearance of persons served. An example would be "pale color".*
Ability to gather information from medical records and professional literature.

Respiratory Care Program
(Cont.) . . . **Student Essential Functions**

Cognitive / Mental Standards:

Mathematics:

Arithmetic
Add
Subtract
Multiply
Divide
Ability to use algebra to solve single variable equations.
Percentages
Decimals
Metric system

Reading/ Comprehension:

Ability to read and comprehend medical:
Textbooks
Journals
Equipment manuals
Dictionaries
Charts
Laboratory results
Physicians orders
Clinical Practice Guidelines
Ability to read, understand and apply printed material which may include instructions printed on medical devices, equipment and supplies*

Problem Solving/ Troubleshooting:

Ability to analyze a patient care situation, gather information quickly and make important decisions quickly in order to stabilize a patient's condition.
Ability to think on your feet.
Ability to maintain focus under stressful patient conditions.
Ability to recognize a problem.
Ability to solve a problem.
Ability to communicate rationale or reasoning to justify decisions made.
Ability to consult with others to clarify and solve problems.

Behavioral Standards:

Professional Behaviors:

Ability to arrive on time.
Ability to adhere to a dress code.
Ability to uphold the AARC Code of Ethics.
Ability to follow policies and procedures.
Ability to maintain patient confidentiality.
Ability to recognize and respond appropriately to potentially dangerous situations.
Ability to demonstrate the emotional health and stability to fully utilize intellectual capabilities and demonstrate good judgment in delivering Respiratory Care to a patient.
Ability to practice professional, respectful physical touch across genders.

Respiratory Care Program
(Cont.) . . . **Student Essential Functions**

Interpersonal Skills:

Ability to maintain professional demeanor in all clinical interactions.
Ability to interact professionally with individuals of all ages, genders, races, socio-economic, religious, and cultural backgrounds.
Ability to influence people and motivate others to achieve.
Ability to work independently as well as with coordinated teams.*
Ability to establish trust with patients, family members, coworkers and physicians.
Ability to work effectively with challenging and terminally-ill patients.
Ability to respond effectively to unexpected experiences.
Ability to delegate to others as needed.
Ability to receive direction from supervisors.

Communication Skills:

Ability to communicate with others in a respectful and confident manner.
Ability to communicate effectively both verbally and in writing in English.
Ability to palpate the body structures and be able to differentiate and report subtle variations in temperature, consistency, texture and structure.*
Ability to modify communication (verbal and written) to meet the needs of different audiences, such as patients, families, coworkers and physicians.
Ability to recognize the impact of non-verbal communication and modify accordingly.
Ability to provide verbal reporting at patient rounds.
Ability to prepare medical documentation using prescribed format and conforming to all rules of English punctuation, grammar, diction and style.
Ability to effectively use a telephone, beeper and computer to enhance communication and information gathering with regard to a patient's condition.

Effective Use of Time:

Ability to organize an assignment.
Ability to prioritize work within an assignment.
Ability to recognize when assistance is needed to complete an assignment.
Ability to simultaneously and rapidly coordinate mental and muscular coordination when performing respiratory therapy tasks*
Ability to perform multiple tasks simultaneously.
Ability to cope with heavy workloads, patient demands, and changes within the assignment.

Environmental Factors:

Exposure to Blood-borne Pathogens:

Willingness to treat patients regardless of health condition or infectious state.
Ability to adhere to Standard Precautions.

Tyler Junior College
Respiratory Care Program

American's with Disabilities Act (ADA)

The program would like to inform students of the essential functions demanded by our program. If you have any questions or wish to discuss further the essential functions required of Respiratory Care Program students, please contact:

Phyllis Brunner: (903) 510-2472

Margret Rapp: (903) 510-2878

The Federal American's with Disabilities Act (ADA) bans discrimination of persons with disabilities.

I have read and understand the Student Essential Functions of Tyler Junior College Respiratory Care Program.

(Print) Student Name

Signature

Date

Tyler Junior College
Respiratory Care Program
Center for Student Life & Involvement

Student Travel Procedure

College Sponsored Activities (Student Affairs):

Example: Athletic Teams, Intramural Teams, Clubs & Organizations

Procedure: This procedure is applicable to student travel undertaken by one or more currently-enrolled students to reach an activity or event that meets all of the following:

Criteria:

- A. An activity or event organized and sponsored by the College. The activity or event meets this requirement if it is planned and funded by the college and approved by an authorized college administrator or if attendance at the activity is sponsored by a registered student organization in good standing with the College and approved in accordance with this Policy;
- B. The activity or event is not at the College and requires travel by motor vehicle; and
- C. Travel to the activity or event is funded and undertaken using a vehicle owned or leased by the College.

Note: All students must travel together unless an exception is authorized, in writing, by the director/department head or designated representative.

Registered Student Organization Travel

A registered student organization that requires its members to travel more than 25 miles from the College to an activity or event covered by this Policy must obtain prior written approval for the proposed travel by an authorized College administrator.

Process Prior to Travel (Following Steps Must Be Completed):

Step 1: Departure

College personnel (e.g. coaches, directors, coordinators, advisors) will submit a list of student names to the Campus Safety Office before departure. This list should include the names (first and last), DOB, and emergency contact information of the student attending the event.

Step 2: Student Travel Form (Student/Group Authorization Form)

Campus Safety Personnel will file this form in their office and send a copy to the Vice President for Student Affairs, Director of Athletics and Director of Student Activities within 24 hours of the scheduled event (On weekends, send e- mail to the administrative personnel listed above).

College Personnel are encouraged to submit these forms in advance. However, if the student participants attending the scheduled event changes, please contact the Campus Safety Office with the updated information before leaving the college.

Student Travel on College-Sponsored Activities (When using a TJC fleet or rental vehicle)

Procedure:

This procedure is applicable to student travel undertaken by one or more currently-enrolled students to reach an activity or event that meets all of the following:

Criteria

- A. An activity or event organized and sponsored by the College. The activity or event meets this requirement if it is planned and funded by the college and approved by an authorized college administrator.
- B. The activity or event is not at the College and requires travel by motor vehicle; and
- C. Travel to the activity or event is funded and undertaken using a vehicle owned or leased by the College.

Note: All students must travel together unless an exception is authorized, in writing, by the director/department head or designated representative.

Registered Student Organization Travel

A registered student organization that requires its members to travel more than 25 miles from the College to an activity or event covered by this Policy must obtain prior written approval for the proposed travel by an authorized College administrator.

Process Prior to Travel (Following Steps Must Be Completed):

Step 1: Driver Approval

Driver must be approved through Campus Services.

Step 2: Prior to Departure – Travel Release Form, Release and Indemnity Agreement, & Student Travel Information Form

College personnel (e.g. coaches, directors, coordinators, advisors) will submit a list of student names to the Campus Safety Office and Campus Services before departure. Above forms must be filled out prior to departure. Forward the originals to Campus Safety and a copy to Campus Services. However, if student participants attending the scheduled event change, please provide an updated form as soon as possible before leaving.

The above forms can be obtained from the Campus Services directly or from the website.

RELEASE AND INDEMNITY AGREEMENT

Name of Participant: _____ ("Participant")

Name of Activity/Trip: _____ ("Activity")

Participant has voluntarily applied to participate in the Activity. I acknowledge that there are inherent risks associated with my participation in this Activity that may result in my illness; personal injury or death and I understand and appreciate the nature of such hazards and risks. I hereby release Tyler Junior College, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity, whether caused by negligence of Tyler Junior College, its governing board, officers, employees, or representatives, or otherwise (including but not limited to other students). I further agree to indemnify and hold harmless Tyler Junior College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

PRINT Name of Participant

Signature of Participant

Date signed

PRINT	Emergency Person Contact	Phone Number	Address
-------	--------------------------	--------------	---------

TRAVEL RELEASE FORM

Name of Participant: _____ ("Participant")

Name of Activity/Trip: _____ ("Activity")

From: _____ To: _____
Month, Day, Year Month, Day, Year

The welfare of the participant is of paramount concern to the administration of the college and of the _____. Tyler Junior College ("TJC") is not liable or responsible for any injuries that may occur as the result of participation in and traveling to the above Activity. By signing below, Participant agrees and understands that TJC will not be liable for any costs or damages associated with such injuries or travel.

While participating in the Activity, I agree to abide by the policies, rules, and regulations of TJC and of _____.

I understand that TJC is not financially responsible for any injury resulting from the participation in and traveling to Activity.

Participant thereby grants permission to emergency and/or hospital staff members to administer immediate treatment to my child/myself should I/he/she be injured or sick. No prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. I fully understand and agree that any and all expenses resulting from treatment are my sole responsibility.

I also agree to hold harmless TJC, its board, employees, staff, and any event facility for any injuries which result from or relate to my own/child's participation in the Activity.

(Print) Student Name

Signature

Date



Tyler Junior College



Student Travel INFORMATION FORM

APPLICANT: _____

DEPT/ORGANIZATION: _____

NAME(S) OF TRAVELER(S): 1) _____ 2) _____

*Note: Please
list names as
they appear
on legal ID.*

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

9) _____ 10) _____

CONTACT EMAIL (OR FAX):

TRAVEL PLAN

EVENT:

MODE OF TRANSPORTATION:

*(If rental vehicle, follow the procedure outlined in **Renting Vehicles for College Business.**)*

DESTINATION(S):

DEPARTURE:

(date/time) RETURN:

(date/time)

POINT OF DEPARTURE AND RETURN:

PROPOSED TRAVEL ROUTE AND ITINERARY:

TENTATIVE SCHEDULE:

| **Additional comments:**

HOTEL

Dates of stay: _____ City/State: _____

Number of nights: _____

Hotel: _____ Alternate Hotel: _____

Promoting and Maintaining Classroom Civility

The following is a transcript of the "Promoting and Maintaining Classroom Civility" multimedia presentation available [here](#).

This is Tim Griffin, University Ombudsman at Northern Illinois University. The Office of the Ombudsman is contacted by over 1000 individual members of the campus community each year for assistance with a university-related issue or concern. Some of those concerns involve matters of classroom deportment. Based on our experience with these individuals we have developed and are presenting here today some suggestions to foster a civil environment in your classroom.

Civility is a relative term. For the purposes of this presentation it is helpful to think about it in terms of a continuum. The type of behaviors displayed toward the left side of the continuum are more civil than those displayed and described toward the right.

A reasonable level of civility is important in the classroom. Incivility can disrupt the learning environment, making it impossible for students to learn – either through mere distraction or, in severe cases, through student psychological discomfort that may impact their ability to focus or even to attend class.

This quotation is from the NIU Undergraduate catalog and represents NIU's expectations for student classroom behavior. However, sometimes expectations may not match reality.

While college students are legal adults and presumed to have the maturity to comport themselves appropriately in the classroom setting, a few students may not always demonstrate appropriate and mutually respectful behaviors.

The professor has a **RESPONSIBILITY** to maintain a classroom environment that is safe and conducive to learning. An environment that is safe is one in which the physical safety of students is not threatened by other people or by physical conditions. An environment that is conducive to learning is one in which students are adequately free from distractions to be able to focus and concentrate on the educational process – in other words to learn.

In addition, the professor has the **RIGHT** to impose "reasonable" rules of classroom deportment and decorum. These rules might include behaviors that, while not necessarily distracting to other students, can be defended as facilitating the classroom process. For example, prohibiting texting during class or requiring students to raise their hands and be called on before speaking probably would be considered "reasonable" in most classroom situations.

Every professor has different expectations of students in his or her class. Students **WANT** to know the rules you have for the classroom environment. You want your students to adhere to your expectations. Both require the clear communication of these expectations. I suggest that there are 4 factors to consider in the development of these communications.

First, be proactive. Establish the environment early through inclusion in the syllabus and verbal announcements the first day of class. One of those announcements should be your expectation that all interactions in your class will be undertaken in a civil and mutually respectful manner.

Second, set an example. Model respectful behavior. Students are quick to observe hypocritical behavior on the part of professor.

Third, be specific. Describe precisely the behaviors you expect. Be honest about your own feelings and expectations in regard to student behavior. For example, share with them any pet peeves you have about student behavior

Finally, be consistent. Always address deviations from your expectations. And treat students consistently, as you enforce your rules.

Here are some academic expectations you should communicate with your students. Be sure to include how you will react if you suspect or detect such behaviors. How will you handle these situations?

Plagiarism – Be clear about citation style and the use of the Internet for research.

Cheating – Be clear about anything you might consider “cheating” that some other professor member might not, like checking text messages or wearing earphones during tests.

Reusing work from other courses – Can students turn in work that they have previously submitted for another course?

Late assignments – are they acceptable? Under what circumstances? Do they require advance approval or a Doctor’s note?

Collaboration – What types of collaboration are acceptable? Study groups? Co-researching papers?

These are just some of the academic department issues you will want to address.

This is a sampling of some non-academic decorum and department issues on which you may want to have a written and or verbal policy for your courses. Communicate to your students both the policy and the consequences of not following it.

Be sure to announce Emergency evacuation procedures early the first day. It sends an important message that you care about your students and their safety.

What procedure should students follow if they know in advance of a class absence (like their wedding or a military obligation)? How should they contact you in case of illness?

When I teach a class there is only one person allowed to speak at a time, and that person needs to raise his or her hand and be recognized in order to speak. What do you expect of your students?

You can almost guarantee two things on our campus today. First, that the room in which you teach will have a sign that prohibits all food and drink, and second that at least half your students will show up to class with food or a beverage.

It pays to give some forethought to how you will react to some of these inevitable issues of decorum. Think also about additional items or issues not on this brief list that you might want to address with your students. Remember: they know there will be rules of decorum and rely on you to provide them. The more proactive you are in establishing your expectations, the less likely it is that you will have to respond to uncivil behaviors.

When a student’s behavior in a classroom, laboratory, or other formal learning environment is such that the rights of other enrolled students to an effective learning climate are being violated, the student shall lose the privilege of attending or receiving credit in the class. This wording comes from the 2010-11 NIU Undergraduate catalog. This statement is available online at <http://catalog.niu.edu/>.

It is almost always the case that a student who is not being compliant with your classroom expectations is doing so out of forgetfulness rather than deliberately. When this is the case, a simple reminder is all it takes to regain compliance. Always assume that this is the case initially. The next most likely motivation is emotional or psychological upset.

There are different ways to react when a student is acting inappropriately. First you should identify and assess the situation, taking into account where the impact of the behavior falls on the civility continuum. Is it distracting other students or threatening someone's safety?

Next, determine when to take action. React immediately to decorum violations that are distracting, or persistent; or noticed by other students. You should react immediately to significant disruptions of the learning environment and to threats of physical harm.

It is preferable to react later and privately to less significant disruptions and to other decorum violations. "Later" communications might happen immediately after class, during office hours, or even by e-mail, telephone, or text. You might also consider giving the class a five minute break and speak to the student semi-privately during that break.

Remember, the threat of violence (or a medical emergency) ALWAYS warrants immediate action. In emergency situations, call 911.

If the situation has already taken place and is no longer a disruption but you have not acted on it, you can always consult with your chair, a colleague, a mentor or call the office of the ombudsman prior to addressing it. Sometimes classroom deportment situations develop cumulatively – over the course of several classes. When you sense a situation developing: **CONSULT!**

Whether you respond to a situation immediately or later, always do so in a civil, controlled, professional manner. It is important that when you react you do so in a way that does not aggravate the situation. It is your responsibility to take control of the classroom environment. This may be done with a simple look, or require something spoken. You are NEVER justified in sarcasm, screaming, or name-calling. More on the content of the verbal interaction later.

When speaking to a student about his or her classroom behavior privately, always inquire as to whether the student is OK. Indicate your concern for the student's well-being based on the uncharacteristic and/or disruptive behavior that you witnessed. If the student indicates a health problem, be prepared to refer him or her to the University Health Service or to the Counseling and Student Development Center for assistance.

If the student indicates no health problem, specifically describe the behavior you witnessed that was problematic and ask for the student's explanation or response. Be prepared to listen non-judgmentally to the student's perspective on the behavior. Try to engage the student in a civil and educational discussion to assist him or her in understanding why the behavior is problematic. While desirable, it is not necessary to receive confirmation of the student's understanding.

Whether you are addressing the behavior immediately in the classroom setting or later, there are four important elements to the content of your communication.

Begin by specifically identifying the problematic behavior. Avoid phrases like "what do you think you're doing?". If possible, use the student's name.
Briefly explain why the behavior is problematic. This may be because it distracts others, or because it is in violation of the rules for classroom deportment you have established.
Request that the behavior cease.
Identify what actions you will be compelled to take if the behavior doesn't cease.

This entire interaction can occur in just a couple of sentences. For example, you might say, "James, the ringing of your cell phone is distracting. Please turn it off." OR to Jill and Jane who are engaged in a side conversation while another student is asking a question, you may say, "Jill and Jane, remember our class rule about one person speaking at a time. Please raise your hand if you'd like to speak". If it's not first time you've had to speak to the student about this, you may want to add the phrase: "or I'll have to ask you to leave."

In conclusion, it is important for you to think about your expectations for student behavior. You should establish a civil environment early by communicating your expectations and modeling respectful behavior. When a disruption occurs, react in a civil manner and be clear in your message. Remind the student of your expectations. Remember – you have both the responsibility to establish an environment that is safe and conducive to learning and the right to establish reasonable rules of deportment.

Here are some web resources on classroom civility you might want to review.

This slide lists selected resources on classroom civility that provide useful information for anyone teaching college classes.

This has been a quick tutorial on developing and maintaining a civil environment in your classroom. For more information, you are invited to contact Tim Griffin in the NIU Office of the Ombudsman or to utilize any of the resources listed.

Last Updated: 10/06/2010

36 Character Qualities

Series 1	Series 2	Series 3	Series 4
Attentiveness	Responsibility	Diligence	Dependability
Obedience	Patience	Loyalty	Thoroughness
Truthfulness	Initiative	Hospitality	Determination
Gratefulness	Self-Control	Sensitivity	Thriftiness
Generosity	Punctuality	Enthusiasm	Availability
Orderliness	Resourcefulness	Flexibility	Deference
Forgiveness	Tolerance	Discernment	Compassion
Sincerity	Creativity	Cautiousness	Persuasiveness
Virtue	Discretion	Boldness	Wisdom

<http://www.characterfirst.com/aboutus/students-families/>

Physicians' Use of Text Messages Sparks HIPAA Compliance Concerns

Most physicians use text messaging to exchange patient information with other health care providers, but such communication could be a violation of federal privacy and security rules, experts said during a webinar Monday, ***BNA*** reports.

The webinar was hosted by TigerText, a provider of secure text messaging capabilities to health care organizations and other industries.

Brad Brooks, president and co-founder of TigerText, said that more than 70% of physicians use text messaging to communicate with other health care providers about patients.

Brooks said that text messaging allows health care providers to send and receive real-time information without relying on phone or email. He added that text messaging offers a "huge opportunity" to improve the cost and quality of health care.

However, Brooks warned that health care providers' use of text messaging could violate HIPAA privacy and security rules if the messages contain protected health information and do not include adequate safeguards.

Adam Greene -- an attorney with Davis Wright Tremaine and a former employee at HHS' Office for Civil Rights, which enforces HIPAA rules -- said that HIPAA regulations apply to all electronic protected health information and that data included in text messages could be covered under the broad definition of protected health information.

For example, a text message between two physicians could be considered protected health information if it includes admission or discharge data that could lead to the identification of the patient.

Greene urged health care organizations to include health care providers' text messaging capabilities and content in their HIPAA risk analyses to identify any potential vulnerabilities (Casey Plank, *BNA*, 10/19).

Read more: <http://www.ihealthbeat.org/articles/2011/10/21/physicians-use-of-text-messages-sparks-hipaa-compliance-concerns.aspx?p=1#ixzz1rGE6df3y>

Student Code of Conduct

A. General Policy

Students at Tyler Junior College assume an obligation to conduct themselves in a manner compatible with the College's function as an educational institution. The College community has developed standards of behavior pertaining to students and registered student organizations. Students and student organizations (hereafter referred to only as students) are subject to disciplinary action according to the provisions of the Student Code of Conduct and/or the *Student Handbook*.

All students at Tyler Junior College should clearly understand that the College is expressly concerned about student conduct both on and off campus. The College may enforce its own disciplinary policies and procedures when a student's conduct directly, seriously, or adversely impairs, interferes with, or disrupts the overall mission, programs, or other functions of the College. To these ends, any student who is found in violation of the Student Code of Conduct or federal, state, and/or local laws, even though in an off-campus setting, is subject to administrative discipline procedures.

[www.tjc.edu/sjp/PDF/Student Code of Conduct.pdf](http://www.tjc.edu/sjp/PDF/Student%20Code%20of%20Conduct.pdf)

The College takes care to assure due process and to define appeal procedures when students are accused of misconduct for which they are subject to disciplinary action.

B. Definitions

C. Misconduct

Any student found to have committed misconduct while classified as a student is subject to disciplinary sanctions, conditions, and/or restrictions. Misconduct or prohibited behavior includes, but is not limited to:

1. Academic Dishonesty
2. Alcoholic Beverages

ZERO TOLERANCE SECTION

3. Narcotics or Drugs
4. Firearms, Weapons and Explosives
5. Gang-Free Zones: See Texas Penal Code, Section 71.028 for the consequences of engaging in organized criminal activity within "gang-free" zones.
6. Flammable Materials/Arson
7. Theft, Damage or Unauthorized Use
8. Actions Against Members of the College Community
9. Sexual Misconduct
10. Gambling, Wagering, Gaming and/or Bookmaking
11. Hazing
12. False Alarms and Threats
13. Financial Irresponsibility
14. Unauthorized Entry, Possession or Use
15. Traffic and Parking Regulations
16. Failure to Comply
17. Abuse, Misuse or Theft of College Computer Data, Programs, Time, Computer or Network Equipment
18. Providing False Information or Misuse of Records
19. Violation of Published College Policies, Rules or Regulations
20. Violation of Federal, State and/or Local Law
21. Abuse of the Discipline System
22. Student Dress and Appearance

D. Disciplinary Procedures

E. Temporary Immediate Suspension

F. Disciplinary Sanctions, Conditions, and Restrictions

G. Disciplinary Appeal Procedures

Title IX

Tyler Junior College gives equal consideration to all applicants for admission, employment and participation in its programs and activities without regard to race, creed, color, national origin, religion, gender, age, marital status, disability, veteran status or limited English proficiency (LEP). Tyler Junior College respects the legal rights of each person to work and learn in an environment that is free from unlawful sexual discrimination including sexual harassment and sexual violence.

What is Title IX?

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance.

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance..." 20 U.S.C. § 1681

Under Title IX, discrimination on the basis of sex can include sexual harassment, rape, and sexual assault. A college or university that receives federal funds may be held legally responsible when it knows about and ignores sexual harassment or assault in its programs or activities. The university can be held responsible in court whether the harassment is committed by a faculty member, staff or student.

Camp Staff and Chaperones are also included. Please see the [Staff and Chaperone Handbook](#) on more information.

Who is Covered by Title IX?

Educational institutions that receive federal financial assistance are covered by Title IX. If only one of the institution's programs or activities receives federal funding, all of the programs within the institution must comply with Title IX regulations. In compliance with Title IX, Tyler Junior College prohibits discrimination in employment as well as in all programs and activities on the basis of sex.

Who to Contact:

Any person (student, faculty, staff, or guest) who believes that discriminatory practices have been engaged in based upon gender may discuss their concerns and file informal or formal complaints of possible violations of Title IX with the following Title IX Coordinators:

Kevin Fowler, Coordinator
Executive Director, Human Resources
Tyler Junior College
1327 South Baxter Ave
Tyler, Texas 75701
Telephone: 903-510-2307
Email: kfow@tjc.edu

Failure to Comply with Title IX:

The penalty for failure to comply with Title IX in the most extreme circumstances can include the termination of all or part of an institution's federal funding. This includes grants, subsidies, and other program funds from the federal government. In addition to the loss of federal funds, universities and colleges may be sued by those seeking redress for violations of Title IX. It is essential that institutions receiving federal financial assistance operate in a nondiscriminatory manner. To ensure the College's compliance with the law, adherence to Title IX regulations is everyone's responsibility.

The United States Department of Education's Office for Civil Rights (OCR) is in charge of enforcing Title IX. Information regarding OCR can be found at www.ed.gov/about/offices/list/ocr/index.html.

Texas Administrative Code

<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 97</u>	COMMUNICABLE DISEASES
<u>SUBCHAPTER B</u>	IMMUNIZATION REQUIREMENTS IN TEXAS ELEMENTARY AND SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION
RULE §97.64	Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education

-
- (a) This section applies to all students enrolled in health-related courses which will involve direct patient contact in medical or dental care facilities. This includes medical interns, residents, fellows, nursing students, and others who are being trained in medical schools, hospitals, and health science centers listed in the Texas Higher Education Coordinating Board's list of higher education in Texas; and students attending two-year and four-year colleges whose course work involves direct patient contact regardless of the number of courses taken, number of hours taken, and the classification of the student. Subsection (i) of this section also applies to veterinary medical students whose course work involves direct contact with animals or animal remains regardless of number of courses taken, number of hours taken, and the classification of the student.
 - (b) Students may be provisionally enrolled for up to one semester or one quarter to allow students to attend classes while obtaining the required vaccines and acceptable evidence of vaccination.
 - (c) Students cannot be provisionally enrolled without at least one dose of measles, mumps, and rubella vaccine if direct patient contact will occur during the provisionally enrollment period.
 - (d) Polio vaccine is not required. Students enrolled in health related courses are encouraged to ascertain that they are immune to poliomyelitis.
 - (e) One dose of tetanus-diphtheria toxoid (Td) is required within the last ten years. The Booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).
 - (f) Students who were born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses of measles-containing vaccine administered since January 1, 1968 (preferably MMR vaccine).
 - (g) Students must show, prior to patient contact, acceptable evidence of vaccination of one dose of rubella vaccine.
 - (h) Students born on January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose mumps vaccine.
 - (i) Students shall receive a complete series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.
 - (j) Students enrolled in schools of veterinary medicine shall receive a complete primary series of rabies vaccine prior to the start of contact with animals or their remains; and, a boost dose of rabies vaccine every two years unless protective serum antibody levels are documented.
 - (k) Students shall receive two doses of varicella (chickenpox) vaccine unless the first dose was received prior to 13 years of age.

Tyler Junior College
Respiratory Care Program

RSPT - Core Practicum Procedures

ADULT FLOOR THERAPIES

General: Basic Life Support (BLS), Hand washing, Isolation Procedures

Patient Data: Vital Signs, Chest Assessment, Patient Assessment, X-ray Interpretation

Oxygen Therapy: Nasal Cannula, Non-Rebreather, Air Entrainment Mask, Pulse Oximetry, Transport with Oxygen

Aerosol Drug Administration: Meter Dose Inhaler, Dry Powder Inhaler, Small Volume Nebulizer

Hyperinflation Therapy: Incentive Spirometry

Bronchial Hygiene Therapy: Chest Physiotherapy, Coughing, Breathing Exercises, Mucous Clearance Adjuncts

ADULT CRITICAL CARE

Resuscitation: Adult CPR Airway and Ventilation, Adult CPR Compressions

Suction Procedures: Tracheal Suctioning, In-Line Suctioning

Endotracheal Tube/Tracheostomy Care: Securing Artificial Airway, Tracheostomy Care, Cuff Management, Heat-Moisture Exchanger, Intubation-ACLS Class, Extubation

Aerosol Drug Administration: In-Line metered Dose Inhaler, In-Line Small Volume Nebulizer

Ventilator Care: Ventilator Setup, Routine Ventilator Check, Ventilator Parameter Change, Ventilator Graphics Analysis, Capnography

Weaning from Mechanical Ventilation: Weaning Parameters

Noninvasive Positive Pressure Ventilation: Noninvasive Ventilator Setup, Noninvasive Ventilator Check

Patient Transports: Manual Ventilation during Transport

ADULT DIAGNOSTICS

Pulmonary Function Testing: Peak Flow, Spirometry, Bedside Spirometry-Asthma Camp

Arterial Blood Gases: ABG Sampling, ABG Analysis

Hemodynamic Monitoring: Arterial Line Sampling, Pulmonary Artery Pressure Measurement, Thermodilution Cardiac Output Measurement

Cardiology Testing: Electrocardiography, Cardiac

PEDIATRIC

PEDIATRIC FLOOR THERAPIES

General: Basic Life Support (NRP & PALS)

Patient Data: Vital Signs, Chest Assessment, Patient Assessment, X-ray Interpretation

Oxygen Therapy: Nasal Cannula, Pulse Oximetry, Transport with Oxygen

Aerosol Drug Administration: Meter Dose Inhaler via Mask or Mouthpiece, Dry Powder Inhaler, Small Volume Nebulizer via Mask, Mouthpiece, or Blowby

Bronchial Hygiene Therapy: Chest Physiotherapy, Mucous Clearance Adjuncts

PEDIATRIC CRITICAL CARE

Aerosol & Humidity Therapy: Aerosol Trach Collar

Suction Procedures: Tracheal Suctioning, In-Line Suctioning

Endotracheal Tube/Tracheostomy Care: Securing Artificial Airway, Tracheostomy Care

Aerosol Drug Administration: In-Line Metered Dose Inhaler, In-Line Small Volume Nebulizer

Ventilator Care: Routine Ventilator Check

Noninvasive Positive Pressure Ventilation: Noninvasive Ventilator Check

Patient Transports: Manual Ventilation during Transport

NEONATAL

NEONATAL CRITICAL CARE

Patient Data: Vital Signs, Chest Assessment, Patient Assessment, X-ray Interpretation

Oxygen Therapy: Nasal CPAP, Pulse Oximetry

Aerosol Drug Administration: In-Line Meter Dose Inhaler (or) In-Line Small Volume Nebulizer

Resuscitation: Infant Apnea Monitoring

Suction Procedures: In-Line Suctioning

Endotracheal Tube/Tracheostomy Care

Ventilator Care: Routine Ventilator Check, Ventilator Parameter Change

Tyler Junior College
Respiratory Care Program

Matrix for Respiratory Care Program

Therapist Multiple-Choice Examination

Detailed Content Outline

Items are linked to open cells.

Each scored form will include 20-item pretests.	Cognitive Level			TOTALS
	Recall	Application	Analysis	
I. PATIENT DATA EVALUATION AND RECOMMENDATIONS	12	26	17	55
A. Evaluate Data in the Patient Record	3	5	0	8
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 • gestational age • L / S ratio • social history				
11. Metabolic study results, for example, • O ₂ consumption / CO ₂ production • energy expenditure • respiratory quotient				
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 • capnography • transcutaneous O ₂ / CO ₂				
14. Trends in cardiac monitoring results				
a. ECG				
b. hemodynamic parameters				
c. cardiac catheterization				
d. echocardiography				
B. Gather Clinical Information	2	7	4	13
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				

Each scored form will include 20-item pretests.	Cognitive Level			TOTALS
	Recall	Application	Analysis	
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				
C. Perform Procedures to Gather Clinical Information	3	9	0	12
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				

Each scored form will include 20-item pretests.		Cognitive Level			TOTALS
		Recall	Application	Analysis	
20. Tracheal tube cuff pressure and / or volume					
21. Sputum induction					
22. Cardiopulmonary stress testing					
23. Pulmonary function testing					
D. Evaluate Procedure Results		2	2	7	11
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 • $P(A-a)O_2$ • P / F • V_D / V_T • oxygenation index					
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		2	3	6	11
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 • CO_2 • NO (FENO) • CO					
12. Hemodynamic monitoring					
13. Sleep studies					
14. Thoracentesis					
II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT AND INFECTION CONTROL		7	10	3	20
A. Assemble and Troubleshoot Equipment		3	9	3	15
1. Oxygen administration devices					
2. CPAP devices					

Each scored form will include 20-item pretests.	Cognitive Level			TOTALS
	Recall	Application	Analysis	
3. Humidifiers				
4. Nebulizers				
5. Metered-dose inhalers (MDI), spacers, and valved holding chambers				
6. Dry powder inhalers				
7. Resuscitation devices				
8. Mechanical ventilators				
9. Intubation equipment				
10. Artificial airways				
11. Suctioning equipment, for example • regulator • tubing • canister • catheter				
12. Gas delivery, metering, and clinical analyzing devices, for example • concentrator • gas cylinder • liquid system • blender • flowmeter • air compressor • regulator				
13. Blood analyzers, for example • hemoximetry • blood gas • point-of-care				
14. Patient breathing circuits				
15. Incentive breathing devices				
16. Airway clearance devices, for example • high-frequency chest wall oscillation • intrapulmonary percussive ventilation • vibratory PEP • insufflation/exsufflation device				
17. Heliox delivery device				
18. Nitric oxide (NO) delivery device				
19. Spirometers – hand-held and screening				
20. Pleural drainage devices				
21. Noninvasive monitoring devices, for example • pulse oximeter • transcutaneous • capnometer				
22. Gas analyzers				
23. Bronchoscopes and light sources				
24. Hemodynamic monitoring devices				
a. pressure transducers				
b. catheters, for example • arterial • pulmonary artery				
B. Ensure Infection Control	2	0	0	2
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				
C. Perform Quality Control Procedures	2	1	0	3
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	12	25	28	65
A. Maintain a Patent Airway Including the Care of Artificial Airways	1	3	5	9
1. Proper positioning of a patient				
2. Recognition of a difficult airway				

Each scored form will include 20-item pretests.	Cognitive Level			TOTALS
	Recall	Application	Analysis	
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	2	3	6
1. Postural drainage, percussion, or vibration				
2. Suctioning, for example				
• nasotracheal				
• oropharyngeal				
3. Mechanical devices, for example				
• high-frequency chest wall oscillation				
• vibratory PEP				
• intrapulmonary percussive ventilation				
• insufflation / exsufflation device				
4. Assisted cough, for example				
• huff				
• quad				
5. Hyperinflation, for example				
• incentive spirometry				
• IPPB				
6. Inspiratory muscle training techniques				
C. Support Oxygenation and Ventilation	1	2	6	9
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	2	3	0	5
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	2	8	9	19
1. Treatment termination, for example,				
• life-threatening adverse event				
2. Recommendations				
a. starting treatment based on patient response				
b. treatment of pneumothorax				

Each scored form will include 20-item pretests.	Cognitive Level			TOTALS
	Recall	Application	Analysis	
9. Cardiopulmonary exercise testing				
10. Withdrawal of life support				
I. Initiate and Conduct Patient and Family Education	1	2	0	3
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				
TOTALS	31	61	48	140

Tyler Junior College
Respiratory Care Program

PSO-Core Practicum Procedures

PSGT Check off

Check off	Date	Satisfactory	Unsatisfactory
Patient Paper Work			
Hook up			
EKG			
RIP Belts			
Leg Leads			
Head 10/20 international			
Thermistor			
Pressure Transducer			
Pulse ox.			
Start Test			
Mechanical [equipment] cals			
Impedance			
Bio-Cals			
open eyes			
close eyes			
open eyes			
look Left & Right[3]			
look up & down[3]			
Breath			
Deep[3]			
nose only[3]			
mouth only[3]			
hold breath 10 seconds			
paradoxical breathing.			
EMG			
bite down or smile			
flex left foot[3]			
flex right foot[3]			
Monitor Study			
Lights out			
Stages of sleep			
N1 and characteristics			
N2 and characteristics			
N3 and characteristics			
REM and Characteristics			

Adult/Pediatric Sleep Acquisition

Diagnostic

Split

PAP

Circle the type of study acquired.

Student:

Clinical Instructor:

Clinical Site:

Patient & Area

Date:

Conditions:

Equipment:

Patient Preparation

1. ____ Verifies physician's order for appropriateness or evaluates procedure based on institutional protocol
2. ____ Reviews patient chart for significant findings and data, and evaluates indication for procedure or therapy based on appropriate standards of care (e.g. AARC CPG or other recognized Medical Guidelines)
3. ____ Applies 3 or more mL of an alcohol based hand rub to palm and rub hands together covering all surfaces of each hand until hands are dry (Caution: should take at least 15 seconds for hands to become dry); or if hands are visibly dirty or contaminated perform hand wash using a vigorous rubbing action for at least 15 seconds; and uses appropriate isolation precautions (CDC Ref #1)
4. ____ Introduces self to patient, stating name, department; confirms patient identification
5. ____ Explains the purpose of the procedure, including risks and safety precautions
6. ____ Confirms patient and/or family understanding of the procedure (CPG Ref. #2)

Device Preparation

1. ____ Identifies and gathers the necessary equipment (e.g. caregiver protection, gas sources, equipment and supplies, drugs)
2. ____ Communicates with personnel appropriate for the procedure
3. ____ Follows appropriate safety precautions and assures access and proper function of emergency equipment
4. ____ Confirms calibration or performs operational verification following manufacturers guidelines or institutional policy. Complete the text box below with as many operational steps as appropriate

Implementation of Procedure

1. ____ Performs patient assessment as appropriate
2. ____ Provides procedure specific instructions and patient training
3. ____ Monitors appropriate patient parameters, prior to, during, and after the procedure
4. ____ **Performs specific procedural steps following institutional policy or protocol. Describe:**

Operational Steps:

5. ____ Observes patient and physiologic data during the procedure to assure proper performance
6. ____ Evaluates procedure to determine if the results are within the acceptable standards and repeats as necessary
7. ____ Responds to hazards or complications as appropriate or discontinues procedure if adverse reaction occurs, and notifies appropriate personnel

Follow-up

1. ____ Assess indications for follow-up care and provides additional therapy as necessary
2. ____ Disassembles device and prepares non-disposal equipment for disinfection or sterilization as appropriate
3. ____ Discards disposables and/or hazardous materials appropriately following institutional guidelines
4. ____ Performs at least a 15 second hand wash
5. ____ Selects appropriate testing data and records relevant data in patient chart and appropriate departmental records
6. ____ Reports results to physician or appropriate personnel; provides suggestions for modification of the patient care plan, or modifies patient care plan following appropriate protocol

Demonstrates Knowledge of Fundamental Concepts

1. ____ Can explain fundamental concepts associated with diagnostic procedure
2. ____ Identifies indications of diagnostic procedure
3. ____ Identifies potential complications
4. ____ Can identify a variety of physiologic results associated with different patient scenarios or diagnoses

Clinical Competency Performance Criteria

1. ____ Displays rational judgment and is able to explain the relationship between theory and clinical practice
2. ____ Performs procedure in a reasonable time frame and with attention to appropriate detail
3. ____ Maintains aseptic technique and takes appropriate safety precautions
4. ____ Communicates clearly, and in a courteous manner

Additional comments: include errors of oversight or sequence, strengths and weaknesses during procedure (i.e. knowledge, communication skills, and patient interaction skills)

Summary performance evaluation

Please use the following criteria:

✓ **Satisfactory** - ready for clinical application with minimal supervision. Performed procedure accurately, or was able to correct performance without injury to the patient or decreasing effect of therapy being given.

x **Unsatisfactory performance** - not ready for clinical application. Requires remediation under one of the following categories

M Minor - Unsatisfactory Needs to review fundamental concepts or requires re-evaluation of minor deficiency(s) (ex. forgets to wash hands during the **Follow-up** stage. Must be re-evaluated on this step not the whole procedure).

R Major - Unsatisfactory: Requires additional supervised clinical practice and complete re-evaluation of the procedure

REQUIRED: ** Summary Performance Evaluation:


References

CDC, Guideline for Hand Hygiene in Healthcare Settings. MMWR Oct. 25, 2002; vol. 51(No. RR-16)

AARC Clinical Practice Guideline Providing Patient and Caregiver Training; Respiratory Care 1996;41(7):658-663

Tyler Junior College
Respiratory Care Program

**Matrix for Advanced Certificate in
Polysomnography (PSO)**

 Sleep Specialist Examination Detailed Content Outline¹ <i>Multiple-choice items are linked to open cells.</i>	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
I. PRE-TESTING	6	10	3	19
A. Identification and Care of At-Risk Individuals	2	2	1	5
1. Recognize signs and symptoms associated with sleep disorders as revealed by history, interview, or clinical assessment				
2. Identify special factors and co-morbid conditions affecting individuals with potential sleep disorders				
3. Interact with members of the health care team				
a. communicate findings				
b. recommend diagnostic studies				
c. recommend therapeutic intervention				
B. Study Preparations	4	8	2	14
1. Review				
a. a patient's history, current medications, questionnaire, and notes				
b. the physician's order for a sleep study				
2. Set up				
a. equipment to achieve the desired data collection				
b. special equipment as indicated				
3. Select the appropriate study procedure and corresponding montage e.g.,				
▪ Polysomnography with or without PAP titration				
▪ Maintenance of Wakefulness Test				
▪ Multiple Sleep Latency Test				
4. Set high and low filters, and sensitivity settings				
5. Evaluate equipment calibrations to ensure accuracy and linearity of amplified signals e.g.,				
▪ pneumotach				
▪ EMG				
▪ EEG				
6. Confirm adequate audiovisual signals				
7. Recommend modifications to the physician's order when necessary				
8. Assess the patient's current clinical condition				
9. Explain testing procedures and potential interventions to the patient				
10. Determine the patient's expectations about the study				
11. Recognize special needs associated with a patient's				
a. age				
b. psychological status				
c. physical status				



Sleep Specialist Examination Detailed Content Outline¹

Multiple-choice items are linked to open cells.

	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
d. culture				
e. language				
f. cognitive status				
12. Identify patient medications that may affect test results				
13. Document time and dose of medications taken prior to the study				
14. Obtain informed consent				
15. Apply electrodes and sensors at optimal locations to obtain data				
a. airflow				
b. snoring				
c. body position				
d. ECG				
e. respiratory effort				
f. EEG				
g. leg movements				
h. eye movements				
i. chin EMG				
j. SpO ₂				
k. exhaled CO ₂				
16. Verify the quality and interpretability of monitoring signals				
a. appropriate electrode impedances				
b. physiologic calibrations				
17. Document the quality and interpretability of monitoring signals				
II. SLEEP DISORDERS TESTING	10	19	19	48
A. Signal Maintenance During Testing	2	5	2	9
1. Recognize an inadequate signal from recording devices				
2. Correct inadequate signals as appropriate				
3. Recognize artifacts				
4. Correct artifacts as appropriate				
5. Document corrections to signals and artifacts				
B. Sleep-Related Disorders and Therapeutic Interventions	4	10	15	29
1. Recognize disorders during testing				
a. sleep e.g.,				
▪ apnea				
▪ parasomnias				
▪ bruxism				
▪ limb movements				
b. cardiac				
c. neurological				
d. pulmonary				
e. gastroesophageal reflux				

Multiple-choice items are linked to open cells.


© 2013. NBRC. All rights reserved.



Sleep Specialist Examination Detailed Content Outline¹

Multiple-choice items are linked to open cells.

	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
B. Sleep Staging	2	12	0	14
1. Score sleep stages for adult patients				
2. Score sleep stages for pediatric patients				
C. Sleep Event Identification	2	5	14	21
1. Recognize				
a. sleep disordered breathing				
b. abnormal limb movements				
c. abnormal cardiac rhythm				
d. bruxism				
e. abnormal EEG waveforms (e.g., seizure, voltage changes)				
f. parasomnias				
g. REM behavior disorder				
h. arousals				
2. Recognize changes in				
a. body position				
b. SpO ₂				
c. exhaled CO ₂				
d. airflow				
3. Relate arousals to sleep events				
D. Sleep Event Reporting	3	9	1	13
1. Summarize observations about a patient's				
a. behaviors during testing (e.g., parasomnias, limb movements)				
b. tolerance of therapeutic interventions				
2. Summarize evidence of				
a. artifacts				
b. adverse events				
c. technical problems, errors, and actions taken to resolve them				
3. Document descriptive statistics for				
a. oxygen saturation				
b. sleep latency				
c. REM latency				
d. sleep efficiency				
e. total sleep time				
f. total time in bed				
g. total recording time				
h. sleep stage percentages				
i. wake after sleep onset				


 Sleep Specialist Examination Detailed Content Outline¹ <i>Multiple-choice items are linked to open cells.</i>	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
4. Document descriptive statistics for MSLT and MWT				
a. mean sleep latency				
b. sleep onset REM periods				
5. Document the frequency of				
a. obstructive, central, and mixed apneas				
b. hypopneas				
c. arousals				
d. periodic limb movements				
e. snoring				
f. Respiratory Effort Related Arousals (RERAs)				
g. Cheyne-Stokes respirations				
h. sleep-related hypoventilation				
i. periodic breathing				
6. Document indices for				
a. apneas				
b. hypopneas				
c. apneas / hypopneas (AHI)				
d. arousals				
e. periodic limb movements				
7. Summarize results of the				
a. Multiple Sleep Latency Test				
b. Maintenance of Wakefulness Test				
8. Document excessive				
a. spindles				
b. beta activity				
c. alpha activity				
9. Document abnormalities in				
a. EEG activity (e.g., alpha-delta, alpha intrusion)				
b. REM (e.g., density, latency)				
c. ECG activity				
10. Generate a written report including objective and subjective information				
11. Confirm the written report is a valid reflection of the study				



Sleep Specialist Examination Detailed Content Outline¹

Multiple-choice items are linked to open cells.

	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
IV. ADMINISTRATIVE FUNCTIONS	3	5	6	14
A. Archiving Data	1	2	0	3
1. Ensure adequate data archiving space				
2. Ensure information from each patient is stored				
a. in such a manner as to maintain data integrity				
b. according to government and industry standards				
c. in compliance with HIPAA regulations				
B. Maintenance	1	1	2	4
1. Correct problems with data acquisition and recording equipment				
2. Perform				
a. biomedical equipment quality control				
b. routine equipment processing				
3. Ensure preventative maintenance				
4. Maintain supply inventory				
C. Management	1	2	4	7
1. Implement policies and procedures that address				
a. accurate data processing				
b. patient safety				
c. staff safety				
d. infection control				
e. response to an emergency				
f. patient confidentiality				
g. staff educational requirements				
h. current practice standards				
2. Implement quality improvement programs that address				
a. inter-scorer reliability				
b. implementation of a physician's order				
c. compliance with protocols				
d. patient and physician satisfaction				
V. TREATMENT PLAN	5	9	15	29
A. Development	1	3	5	9
1. Assess				
a. educational needs of the patient or caregiver				
b. a patient's barriers to optimal therapy				
2. Select equipment and interface to ensure maximum				
a. compliance (e.g., comfort)				
b. efficacy				

 Sleep Specialist Examination Detailed Content Outline¹ <i>Multiple-choice items are linked to open cells.</i>	Items			
	Cognitive Level			Totals
	Recall	Application	Analysis	
3. Communicate details of assessment to the physician / healthcare provider				
4. Assist in the development of an individualized treatment plan (e.g., behavior modifications, comorbid condition management)				
B. Implementation	2	3	5	10
1. Assist in the generation of the prescription				
2. Provide				
a. sleep disorder-specific education to the patient or caregiver				
b. therapy-specific education to the patient or caregiver e.g.,				
▪ oxygen				
▪ positive airway pressure				
▪ oral appliance				
▪ behavioral changes				
3. Coordinate equipment delivery and setup				
4. Verify completion of equipment setup				
5. Adjust equipment settings to comply with the prescription				
6. Verify patient's comprehension of treatment plan				
7. Document educational assessments and interventions				
C. Evaluation	2	3	5	10
1. Ensure optimal compliance with the treatment plan				
2. Reassess the treatment plan				
3. Recommend revisions to the treatment plan as necessary				
4. Document evaluation of outcomes				
5. Communicate treatment plan outcomes to the physician / healthcare provider				
Totals	32	70	58	160

¹ Each scored form will include 20-item pretests.