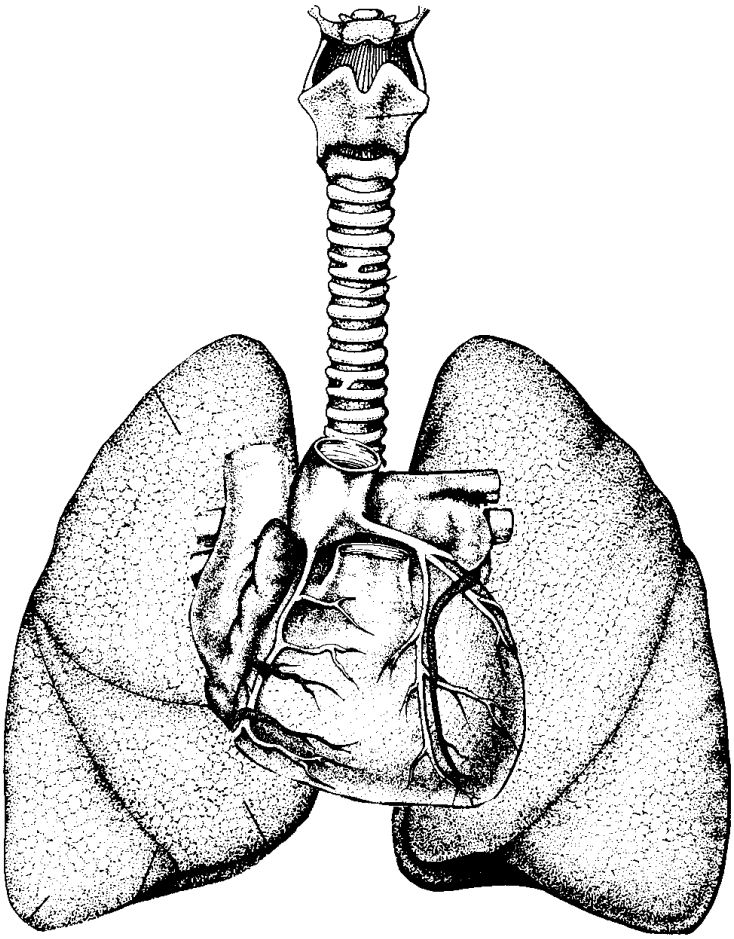
Student Handbook

Respiratory Therapy Program

Department of Cardiopulmonary Science
School of Allied Health Professions
LSU Health Sciences Center
New Orleans, Louisiana

https://alliedhealth.lsuhsc.edu/cp/defaultRT.aspx



June 2, 2024

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Introduction

Welcome to the Department of Cardiopulmonary Science and the Respiratory Therapy Program! Your acceptance into this program suggests that you are serious about your studies and motivated toward establishing a career in the allied health profession of respiratory therapy. We the faculty will do everything we can to help you achieve your goals and become a valuable contributor to patient care. We ask that you take your responsibilities seriously by attending all classes, being punctual, meeting all assigned deadlines, taking an active role in learning, and respecting the policies and procedures of the Respiratory Therapy Program.

The purpose of this handbook is to give you, the student, a convenient reference for familiarizing yourself with the policies and procedures of the Respiratory Therapy Program. This handbook deals with subjects that are pertinent primarily to our Program and is supplemental to the official LSU Health Sciences Center **(LSUHSC) Catalog/Bulletin**, and the School of Allied Health Professions **(SAHP) Student Handbook** and orientation packet/materials that are given out to all students at orientation by the Office of Student Affairs. Program academic and clinical policies apply to all students and faculty regardless of location of instruction. Although most of the information that you need is in one of these three sources, should you have any questions, feel free to ask a member of the faculty, who will be happy to assist you.

Description of the Cardiopulmonary Science Curriculum

The Department of Cardiopulmonary Science offers a Bachelor of Science degree in Cardiopulmonary Science. The Department provides professional preparation in the allied health specialties of respiratory therapy and cardiovascular sonography (cardiac and vascular ultrasound). Applicants choose whether to enter the respiratory therapy program track OR the cardiovascular sonography program track. Successful completion of the Cardiopulmonary Science curriculum requires two years of study at the LSUHSC. Students will have completed a minimum of sixty prerequisite semester credit hours prior to attending LSUHSC

Statement of Equal Opportunity

The LSU System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, or veteran's status in the admission to, participation in, or employment in the programs and activities, which the LSU System operates.

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LSUHSC
Department of Cardiopulmonary Science
Respiratory Therapy Program

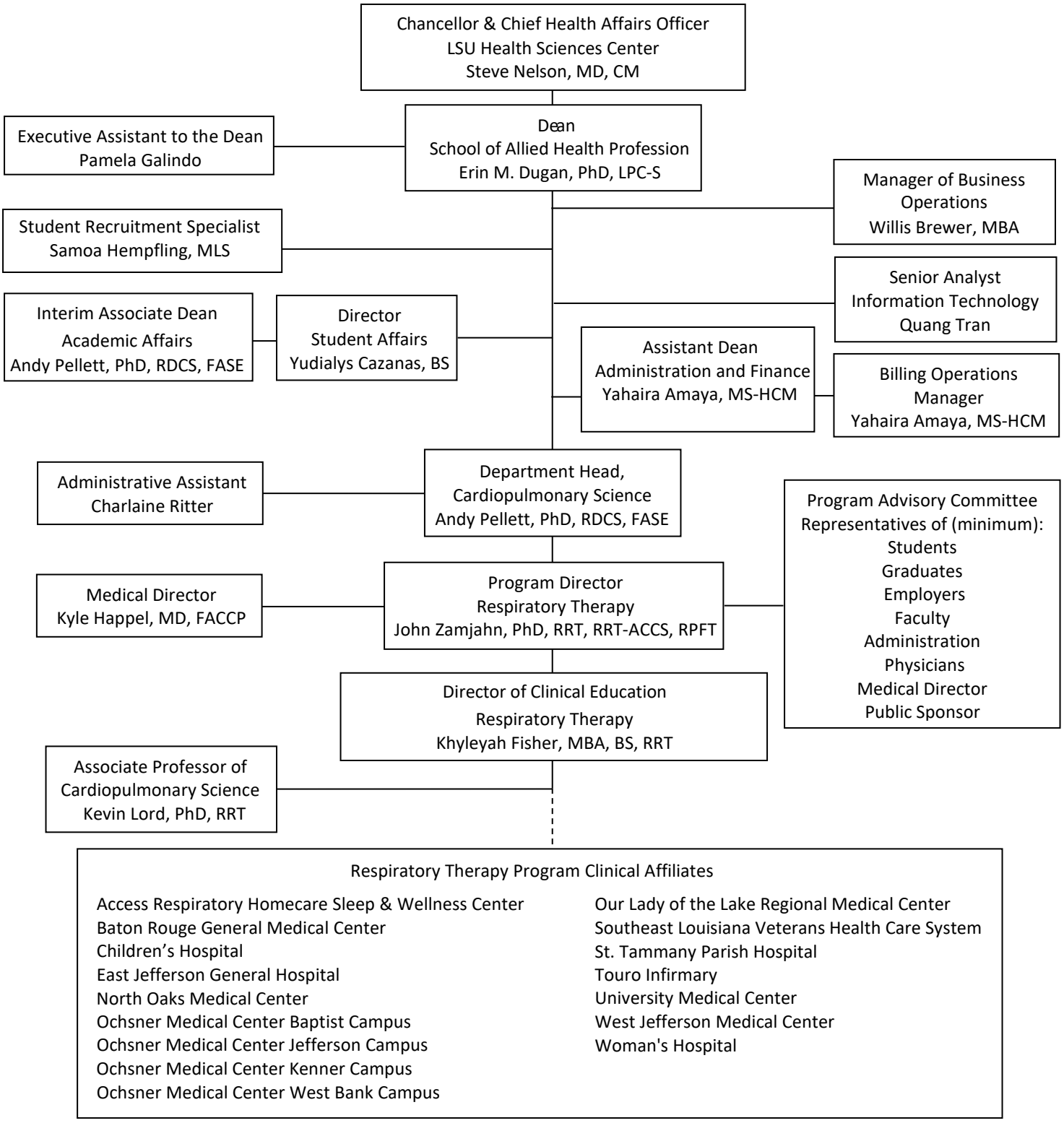


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Respiratory Therapy Program Accreditation

The Respiratory Therapy Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). The Program's current accreditation is for a period of 10 years from 7/11/2021 to 7/31/2031. Our CoARC Program Reference # is 200251. The Program is not accredited in polysomnography.

Commission on Accreditation for Respiratory Care
https://www.coarc.com
Phone: 817.283.2835; Fax: 817.354.8519

CoARC accredits respiratory therapy education programs in the United States. To achieve this end, it utilizes an 'outcomes based' process. Programmatic outcomes are performance indicators that reflect the extent to which the educational goals of the program are achieved and by which program effectiveness is documented.

Website link to Programmatic Outcomes:
https://www.coarc.com/Students/Programmatic-Outcome-Data/

Respiratory Therapy Program Goals and Objectives

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

Goal 2: To prepare leaders for the field of respiratory care by including curricular content that includes objectives related to the acquisition of skills in one or more of the following: management, education, research, and/or advanced clinical practice, which may include an area of clinical specialization.

Objective 1: Upon completion of the program, graduates will demonstrate the ability to comprehend, apply, and evaluate clinical information relevant to their roles as advanced-level respiratory therapists. Graduates will be competent in the application of problem-solving strategies, clinical decision-making, and patient education in the patient care setting.

Objective 2: Upon completion of the program, graduates will demonstrate technical proficiency in all skills necessary to fulfill their roles as advanced-level respiratory therapists. Graduates will be competent to perform all respiratory care diagnostic and therapeutic procedures required of a respiratory therapist entering the profession.

Objective 3: Upon completion of the program, graduates will demonstrate personal behavior consistent with professional and employer expectations for advanced-level respiratory therapists. Graduates will be competent in the application of ethical decision-making and

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professional responsibility. Graduates will be able to function within inter-professional teams and communicate effectively with patients and other members of the health care team, both as individuals and in groups, regardless of their beliefs, languages, and abilities. The ability to communicate effectively to diverse groups is basic to the provision of respiratory care services in a safe and effective manner.

Eligibility for National Credentialing Examinations and Earning CRT and RRT Credentials

The Therapist Multiple-Choice (TMC) Examination and the Clinical Simulation Examination (CSE) are the professional credentialing examinations taken by graduates of CoARC accredited programs to earn the Certified Respiratory Therapist (CRT) credential and Registered Respiratory Therapist (RRT) credential offered by the National Board for Respiratory Care (NBRC). **The American Association for Respiratory Care, CoARC, and the NBRC recognize the RRT credential as the "standard of excellence" for respiratory care professionals.**

Completion of LSUHSC-NO's Respiratory Therapy Program meets educational requirements to apply for the NBRC TMC examination to qualify for the CRT credential. There are two cut scores for the TMC Examination. Candidates who achieve the low-cut score earn the CRT credential. Candidates who achieve the high cut score earn the CRT credential AND become eligible for the CSE to qualify for the RRT credential. For more information on NBRC CRT and RRT credentialing visit **https://www.nbrc.org/**.

Advanced Placement

The Department's program in respiratory therapy does NOT offer advanced placement.

Academic Credit for Prior Education or Work Experience in Respiratory Therapy

Prior education or work experience in respiratory therapy will NOT be accepted in lieu of required coursework UNLESS the applicant has attained the RRT credential. Applicants who have previously earned the RRT credential will only be exempted from didactic and clinical courses related to the earned credential and only be considered for the **RRT to BS track**.

Becoming a Licensed Respiratory Therapist

According to the federal requirement of the Department of Education, Section 668.43(a)(5)(v), the Department of Cardiopulmonary Science Respiratory Therapy Program's curriculum meets the educational requirements for licensure in all states in the United States (U.S.), except Alaska. Licensure requirements in Alaska have not been determined because licensure is not currently regulated. The CRT or RRT credential is the basis for licensure in all 50 U.S. states, which regulate the practice of respiratory care. Students wishing to practice in Louisiana are encouraged during

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the months leading up to graduation to start the application process with the Louisiana State Board of Medical Examiners (**LSBME, http://www.lsbme.la.gov/**) to become a licensed respiratory therapist (LRT). A felony conviction may affect a graduate's ability to attain state licensure to practice. Please contact the LSBME for further details.

Additional Program Related Costs to Students

Required	***Approximate Costs***
• Clinical background check	$75
• Drug screening	$35
• Liability insurance (minimum limits of $1,000,000 per occurrence/$3,000,000 aggregate)	$70-120
• Clinical supplies (i.e., scrubs, stethoscope, bandage scissors, hemostat, and safety goggles) required for clinical training	$170
• Textbooks and lab supplies	$1500
• LSUHSC gate card for student parking (refundable)	$25
• Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS)	$75
• Diploma, Cap and Gown	$125
• AARC student membership	$25
• CoBGRTE membership	$5
Profession Related	
• NBRC Therapist Multiple-Choice Examination	$190
• NBRC Clinical Simulations Examination	$200
• Each NBRC credentialing exam (CPFT, RPFT, NPS, SDS, ACCS)	$200-$300
• Renewal of AARC Membership (before/after graduation date)	$25-60/$96
• Louisiana State Respiratory Care Conference and Exhibits Registration (Student-AARC Member/-Non-ARRC Member)	$0-$65/$65
• Louisiana Respiratory Therapy licensure fee/renewal	$125/85

Expectations and Guidelines

Acceptance into the Cardiopulmonary Science Bachelor of Science Degree Program at LSU Health Sciences Center - New Orleans indicates that the faculty and staff in the Department of Cardiopulmonary Science have chosen to dedicate their time, efforts, and expertise to train you to become an allied health practitioner. Your acceptance of our invitation to enter the program indicates that you are committed to becoming a professional in the cardiopulmonary sciences by fulfilling the degree requirements and taking all the appropriate board exams. Your acceptance also marks the beginning of an intense two-year didactic and clinical preparation to become a

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competent and caring professional in respiratory therapy. Successful completion of the Program demands the fullest commitment of time, effort, and energy from all parties involved. This section outlines the specific qualities, attributes and learning strategies required of a successful student in the Program, and further serves to define resources and references you may need throughout your course of study as well as those you may need in your career as a professional in the cardiopulmonary sciences.

I. Transitioning to Professionalism

Your tenure as a student in the Department of Cardiopulmonary Science will be unlike your past educational experiences. Unlike the general curriculum required for most bachelor's degrees, your coursework is streamlined and specialized to the cardiopulmonary sciences and will traverse classroom examination to demonstration of competency in clinical settings. The most successful graduates from the Cardiopulmonary Science Program demonstrate a triad of qualities including professional decorum, professional integrity, and educational leadership. The integrated incorporation of these qualities eases the transition from college student to health care professional.

A. Professional Decorum

First impressions go a long way in determining how one is perceived and treated in the classroom and in the clinic. Arriving on time or early demonstrates that you understand and respect the importance of your attendance in both the clinic and the classroom. Health care professionals should be well groomed, dressed in the appropriate attire, and prepared for the task at hand whether it be classroom activities (books, assignments, prior readings, etc.) or in the clinic (stethoscope, etc.). Students should also be respectful of those who may be sensitive to strong odors by limiting the use of scented products (i.e., colognes, lotions, cigarette smoke, etc.). Taken together, these guidelines define the professional decorum expected of each student enrolled in the Department of Cardiopulmonary Science as they pertain to both the classroom and clinical environments.

As a student, you are expected to:

- Arrive on time
- Be well-groomed with practiced bodily hygiene
- Dress in the appropriate attire
- Have the needed materials/equipment
- Wear your Identification Badge (on campus and in clinics)

B. Professional Integrity

Professional integrity is one key to professional success. The successful student is one who possesses effective communication skills, is self-directed and willingly participates in

all aspects of the educational process. These students demonstrate profound respect for themselves, their professors, and colleagues; they are honest and embrace clinical practice with ethical and moral standards.

As a student, you are expected to:

- Utilize effective interpersonal communication skills
- Be self directed and motivated in your studies and in clinic
- Demonstrate respect for yourself, the faculty and staff, and your peers
- Provide sympathetic and empathetic care

C. Educational Leadership

Your proficiency as a respiratory therapist will also be evaluated on your educational leadership. The most successful professionals not only understand and are proficient at the "how" of the tasks in their field, but also understand the "why" behind the actions on a fundamental level. It is not enough to memorize the material presented; students must possess an understanding of the material beyond recall. Such understanding of fundamental procedures and disease processes allows a professional to make the most informed decisions and anticipate realistic outcomes and complications in patient care. Furthermore, health care professionals are expected or required to continue their education after completion of the degree program. Educational leaders share their knowledge and skills with others (e.g., preceptorship, serving on advisory committees, hospital committees, and state and national professional societies).

As a student, you are expected to:

- Master the presented material at the application and analysis levels
- Demonstrate mastery of the fundamental principles and techniques
- Familiarize yourself with current topics in professional journals (RC Journal, **www.aarc.org**)
- Demonstrate competency in diagnostic and/or therapeutic procedures and patient care

II. A Lifetime of Professionalism

Opportunities are available for students/graduates to develop their professionalism. These include participation in Camp Pelican, health fairs, mentoring, and membership in professional organizations, attendance at state and national conferences, and earning advanced specialty credentials or degrees.

A. Camp Pelican (www.camppelican.org/)

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Camp Pelican is a weeklong summer camp sponsored by Louisiana Pulmonary Disease Camp Incorporated, a non-profit organization founded in 1976 by a group of respiratory therapists, nurses, and physicians to promote an appreciation of the plight of children with chronic and debilitating lung disease, such as cystic fibrosis, chronic asthma, and children who are ventilator assisted, and many others. Each year our respiratory therapy students are afforded the opportunity to share their technical and personal skills with the community by assisting campers with their specialized routine care, 24 hours a day. This is an extremely rewarding experience for both the student and camper. Students receive pediatric rotation credit for Respiratory Clinic III (see below under clinical fieldwork by semester).

B. Mentorship

By becoming a mentor to your fellow students, you are helping to provide them with the skills necessary to achieve their highest potential and thus strengthening your profession and community. Mentoring can be done silently by setting an example to others, or mentoring can be direct through sharing proven study skills, time management, knowledge and experience with fellow students. Senior students are mentors to juniors, which will have profound effects on their professionalism.

Respiratory therapists often give of their time, knowledge, and expertise to the advancement of their profession by becoming clinical instructors/preceptors to students, participating in research, and provide seminars, in-services and continuing education.

C. Service Learning

Students with faculty occasionally provide health screenings to members of the community. This is an opportunity for students to provide educational information related to respiratory therapy to the community, as well as gain valuable insight into patient care.

D. Membership in Professional Organizations

Membership in the AARC is critical to ensure a united, strong voice for patient advocacy in the areas of access to services and quality patient care by appropriate health care professionals. The respiratory therapy profession has a national organization called the American Association for Respiratory Care (**AARC, www.aarc.org/),** with an AARC State Society in most states. In Louisiana, the AARC State Society is the Louisiana Society for Respiratory Care (**LSRC, www.lsrc.net**). Since 1947, the AARC has been committed to enhancing our professionalism as respiratory care practitioners, improving our performance on the job, and helping us broaden the scope of knowledge essential to our success.

Your support of the AARC and LSRC is integral to the success of the profession. By joining the AARC, you help gain access and strengthen positions and credibility with lawmakers and administrative agencies. Each student can indirectly and directly strengthen the foundation of the respiratory profession by becoming a member today. The AARC is dedicated to helping you grow and develop as a respiratory care professional. They offer news, authoritative and up-to-date information, and resources, and provide life-long learning through continuing education, and career assistance. During LSRC and AARC conferences you can hear the latest research regarding the profession, be introduced to recent technology and equipment, and network with other professionals from around the nation.

E. Credentialing

To ensure superior health care to patients, health care professionals seek and demonstrate the highest level of competency in their profession. The respiratory therapist who has demonstrated the highest level of competency in their profession is the registered respiratory therapist. You are **expected** to obtain and perform at the highest level of competency, as evident by earning the RRT credential. **The American Association for Respiratory Care, the CoARC, and the NBRC recognize the RRT credential as the "standard of excellence" for respiratory care professionals.** In addition to earning the RRT credential, as a respiratory therapist you can provide leadership and specialized training by earning advanced credentials in critical care, sleep diagnostics, pulmonary diagnostics, neonatal and pediatric care. You may also become an Asthma Educator, or an instructor of Basic Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Neonatal Resuscitation.

III. Helpful Hints to Success

A. Commit Yourself

You cannot go about learning respiratory therapy in a halfhearted fashion. To integrate the many concepts of cardiopulmonary sciences you must be aggressive and be devoted to your studies. This may mean spending less time with family, friends, and co-workers and more time with fellow students, faculty, and patients.

B. Ask Yourself Why

Whenever possible, ask yourself why something is the way that it is, or happens the way that it does. If you are unsure of the answer, ask the instructor. This method will help you remember and integrate material and increase your level of understanding. The beauty of respiratory therapy is that so much of the physiology, pathophysiology, diagnostic techniques, and treatment modalities make sense. If something does not make perfect sense to you, make every effort to see that it does. Do not simply give in and memorize the material.

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C. Take Responsibility for What You Do Not Know

If you do not understand something, and you are like most students, you will do one of two things. You can forget about the material, attempt to learn it the day before the test when it is too late, completely botch it on the exam, and then blame the teacher for not explaining it to your satisfaction. Better yet, you can ask the teacher, preferably on the day of the lecture, about material that you do not understand. The teacher is here to help you, so take advantage of his or her knowledge. You cannot and must not be afraid of asking questions. You are paying for this, so get your money's worth.

D. Focus on the Material

To make your time here a rewarding experience, your goal must be to learn the material, not just pass the exams. The primary purpose of exams is to assess what you have learned. If you work hard and dedicate yourself to learning the material, the exams will take care of themselves. Do not continually ask, "Do we need to know this for the test?" If you familiarize yourself with everything presented in class, as well as each reference indicated by the instructor, you will do well.

E. Do Not Cram

To reduce stress in your life, keep up with the material! Read and refer to accompanying textbook(s) for more detailed information on presented material. There is far too much information to expect to learn it in a few hours or even days. Repeated exposure and further investigation strengthen your understanding.

Grading Policy

The Department of Cardiopulmonary Science employs the following grading policy for all didactic courses:

A = 90-100% **B = 80-89%** **C = 70-79%** **D = 60-69%**

The minimum passing grade is a C. Clinical courses are pass/fail. Any courses in which the student receives less than a "C" in a graded course or an "F" in a pass/fail course must be repeated, and a grade of "C" or higher or "P" earned before the sequence can be continued. Additional information regarding grading of clinical courses is in the Policies and Procedures Related to Clinics section of this handbook. Policy and Procedures Relating to Academic Misconduct are located in the **LSUHSC, SAHP Catalog/Bulletin** and **SAHP Student Handbook**.
Course syllabi provide specific guidelines on examinations. Faculty members administer and review exams at their discretion. Students may review exam results immediately after completing an exam through the School's secure course management system (Moodle). Students are encouraged to keep a record of their exam performances. A student may discuss exam results or

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review grades acquired during a course by scheduling a meeting with the course director. Grades are also viewable in Moodle.

Guidance and Advising

Guidance and advice are available to the student as follows:

- School and Departmental orientations are provided for students at the onset of the program.
- The School's Student Handbook and Catalog and Program Specific Student Handbook are available to the student on the School's and Program's websites.
- Students' may direct questions to faculty members at any time during the program.
- Advising on professional and career issues is available from any faculty member at any time during the program.
- The program director or director of clinical education provides advice on licensure and certification.
- Counseling for personal problems is available through the Campus Assistance Program. https://www.lsuhsc.edu/orgs/campushealth/cap.aspx
- Students with disabilities are required to register their need for accommodation with the Office of Disability Services as soon as their need is identified. Procedures and guidelines for accommodations is located on the Office of Disability Services website: https://www.lsuhsc.edu/administration/academic/ods/
- Financial assistance is available through the Office of Financial Aid and Services.
- Confidentiality and impartiality are maintained in accordance with the equal opportunity policy statement and the Family Education Rights and Privacy Act addressed in the LSUHSC Catalog/Bulletin as listed under Federal Regulations. All information contained in student files is kept confidential and not released without the student's written permission. Any information to be discarded by faculty that contains student identifying factors is placed in the School's shred bins.

Guidelines for Academic Counseling

A student whose grade on an exam or whose average during the course is below a letter grade of C is strongly advised to immediately contact the course director to discuss academic progression and means for improving academic performance. These may include scheduled meetings with the course director or instructional faculty, seeking out tutoring, additional practice assignments and/or practice time.

Tutoring

If a student is not earning a letter grade of C or better in a course, the course director may

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suggest tutoring. The department will ***attempt*** to find a recent graduate or a current student to function as a tutor for those students. The fee for tutoring will be set by the tutor. The payment for tutoring is from the tutored student directly to the tutor.

Remediation Policy

A full-time student who gets a letter grade of D in a course may petition the Department Head to remediate that course. The department head and course director will determine if remediation will be granted according to the following:

1. Remediation will not be considered for a student who earns a letter grade of D in more than one semester course.
2. Remediation will not be considered for a student who earns an F in any course.
3. A student may not remediate more than two courses throughout the duration of the program.
4. Remediation will not be considered for a returning student who is currently on scholastic probation.
5. In laboratory courses or lecture/laboratory combined courses, if student failure is due to inability to demonstrate mastery of written material, remediation may be considered. If student failure is due to unsatisfactory performance in the laboratory, remediation is not possible.
6. Remediation may postpone progression to clinical courses. Missed clinical rotation time will be scheduled according to clinical course syllabi policies.
7. Clinical courses may not be remediated.
8. Remediation may postpone graduation by one semester.
9. If remediation is granted, then a letter grade of "I" may be assigned in the final grade roster. If the course is successfully remediated, the **"I"** letter grade will be changed to a C; if the student does not successfully remediate the course or is subsequently deemed ineligible for remediation then the **"I"** letter grade will be changed to a D.

Remediation Specifics:

- The remediation exam will be comprehensive or other repeat exams or assignments may be given at the discretion of the course director.
- Exam format is at the discretion of the course director.
- Remediation will be scheduled at the end of the semester in which the unsatisfactory grade is earned.
- The length of time scheduled for remediation is at the discretion of the course director but must not exceed the date for converting "I" letter grades, as specified in the School of Allied Health Professions' academic calendar.
- The remediation plan developed by the course director will be given to the student.
- The student will indicate agreement by signing the plan.

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- The passing score on the remediation exam, repeat exams, or assignments is a letter grade of C or higher, according to each program's grading scale policy.
- A student must earn a letter grade of C or higher on the remediation exam or other repeat exams or assignments to have the "I" letter grade converted to a letter grade of C.
- If a student earns a letter grade less than C, the "I" letter grade is converted to the original earned letter grade of D.
- The highest letter grade that may be received for a remediated course is C.

Provisions for Academic Progression

The following requirements pertaining to the status of satisfactory academic progress apply to all students enrolled in the Department of Cardiopulmonary Science. To achieve the status of satisfactory academic progress the student must satisfy the following:

1. If an unacceptable grade is recorded in a required course the student will be placed on scholastic probation and must satisfactorily complete the required course before continuing the program sequence.
2. Students may not participate in clinical courses until all prerequisite course work has been completed successfully.
3. Students who receive a grade of D or F in more than one required course will be dismissed from the School.
4. Students placed on scholastic probation must repeat those courses in which an unacceptable grade was earned when next regularly offered and earn a satisfactory grade. Students will remain on scholastic probation until this requirement is met and the minimum scholastic requirement for cumulative professional GPA is achieved. Students who do not meet this requirement will be dismissed from the School.
5. A course, including those designated clinical, may be repeated one time only.
6. Students who fail to attain a minimum 2.0 cumulative and/or semester professional GPA in two consecutive semesters will be dismissed from the School.
7. Students on scholastic probation are not eligible for graduation.
8. Students must complete the 24-month curriculum in no more than 48 months after initial enrollment or the student will be dismissed from the program. If making a grade less than a C in a course will prevent a student from meeting the 48 months requirement, the student will be dismissed from the program.
9. Grades recorded in repeated course work do not replace the original grade. Both the original grade and repeated grade will appear on the academic transcript and both grades will be used in the computation of the academic grade point average.
10. Prior to the first semester of clinicals students must obtain certification in CPR for Health Professionals (American Heart Association) and provide proof of active certification throughout the remainder of the Program.*
11. Prior to the first semester of clinicals students must obtain liability insurance with minimum limits of $1,000,000 per occurrence/$3,000,000 aggregate) and provide proof of active liability insurance throughout the remainder of the Program.*

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12. Student must meet the LSUHSC, SAHP health requirements, including but limited to hepatitis vaccine series, annual tuberculin skin test, influenza (flu) vaccination.*
13. Students must complete all required monthly LSUHSC compliance training.*
14. Students must pass all competencies to pass the course in which the competencies are based.**
15. Students must meet the **technical standards** of the Cardiopulmonary Science Program as defined in the LSUHSC Catalog.***
16. Prior to the first semester of clinical students must successfully complete a criminal background check and drug screen****

*Students are required to submit evidence of compliance with all health requirements to the **Student Health Services and Records** (Lions Building, Rm 789, 2020 Gravier St.). Students are required to submit evidence of current CPR and liability insurance to the Program's Director of Clinical Education (DCE). Students are required to complete LSUHSC on-line compliance training through the Office of Compliance. The University's Compliance Training Policy requires students to complete training requirements within thirty days of initial notification by email from the Office of Compliance. Students in non-compliance will continue to receive monthly reminders from the **Office of Compliance** until they are up to date with all compliance training. The Executive Assistant to the Dean will inform the Department Head when students are in noncompliance. Students cannot enroll in semester courses or continue participation in semester coursework or clinical rotations until evidence of compliance is current.

**Student competencies combine and integrate assessments, behaviors, and treatment procedures reflective of respiratory therapy practice. These competencies are graded either pass or fail. Competencies that the student must demonstrate are listed in the respective course syllabi. Students are required to practice skills and pass a competency test on each procedure taught in the respective semester. Competency evaluations are comprehensive, and any competency previously tested may be included in course practical exams. If the student fails a competency evaluation, the student is required to continue to practice the skill until the evaluation is passed. Students must pass all competencies to pass the course in which the competencies are based. The student will not be allowed to attend clinic until successfully completing all competency evaluations and practical tests. Failure to pass all competency evaluations may result in non-progression of the student in the program and/or semester and thus prevent the student from enrolling in subsequent clinical courses. Policies related to remediation opportunities in each course are found in the course syllabus.

***In order to achieve satisfactory performance in the patient care setting, each respiratory therapy student must meet the Program's technical standards and exhibit conduct in a manner consistent with the policies and procedures related to clinics as outlined in this handbook. Unsatisfactory clinical practice is evidenced by behavior in any patient care setting that may jeopardize a patient's physical and/or psychological safety. Unsatisfactory clinical practice also includes unprofessional and uncaring behaviors. Any behavior that is not consistent with the Policies and Procedures Related to Clinics will be brought to the attention of the Office of the

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Associate Dean of Academic Affairs in accordance with the **SAHP's policy on student professional misconduct.**

****All students are required to successfully complete a criminal background check and drug screening prior to their first clinical rotation. The DCE will initiate background checks and drug screenings through Certiphi for all students entering their first clinical rotation. The student will then receive individual emails from Certiphi for initiating the enrollment process for background check and for drug screening. Results are available to both the student and the billing operations manager. Failure to meet these requirements may result in dismissal.

Each semester the Department reviews students' academic progress. The names of those students who have not achieved the status of satisfactory academic progress are forwarded to the Director of Student Affairs for appropriate action. **Additional Policy on Provisions for Academic Progression is located in the LSUHSC, SAHP Catalog/Bulletin.**

Student appeals may be made in accordance with the procedures set forth in the section of the catalog/bulletin under the SAHP Policies and Procedures related to Student Conduct entitled, **"Student Grade Appeals,"** and **"Professional Misconduct Appeal"**. These policies and procedures are also found in the **LSUHSC, SAHP Student Handbook**.

Requirements for Graduation

1. The student must have fulfilled all requirements of each course listed in the Cardiopulmonary Science curriculum and have received a grade of "C" or better in all didactic courses and a passing grade "P" in all clinic courses.
2. The student must have met all financial obligations to the LSU System at least ten days prior to graduation.
3. The student must be registered in the semester of anticipated graduation and pay the appropriate diploma fee.
4. The student must attend commencement ceremonies, unless excused in writing by the Dean.

Student Rights, Roles, and Responsibilities (Appendix A, CM-56)
https://www.lsuhsc.edu/administration/cm/cm-56.pdf

LSUHSC at New Orleans (LSUHSC-NO) is dedicated to providing an environment of respect, dignity, inclusivity, and support for all members of its student community, and to ensuring honesty, fairness, and respect for students' physical, educational, and emotional well-being. Likewise, as integral members of the LSUHSC-NO community, students have certain rights, roles, and responsibilities to themselves, the institution, their peers, faculty, staff, and patients. This policy describes the rights, roles, and responsibilities of LSUHSC-NO students. It also defines the processes and procedures for both student complaints and disciplinary proceedings, including

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those required for compliance with the "Louisiana Student Due Process and Protection Act" (La. R.S. 17:3394), to sustain a professional, ethical, and equitable learning community at LSUHSC-NO. There are nine sections defined in this policy: Purpose, Definitions, Student Responsibilities, Student Role in Institutional Decision Making, Student Rights, Guidelines and Procedures for Addressing Student Complaints, Guidelines and Procedures for Investigating Academic Infractions, Guidelines and Procedures for Investigating Non-academic Infractions, and Guidelines for Disciplinary Sanctions.

Respiratory Therapy Program General Policies and Procedures

I. Professional Behavior

A. Class Attendance

Students are expected to provide advanced notice of absences or a reasonable explanation to the faculty member whose class is missed as soon as possible (and not later than 24 hours) after the missed class. In case of serious illness, or other emergencies, the student will need to inform the instructor by phone or e-mail. If the faculty member is not available by phone, the student will need to leave a message with the office staff of the Cardiopulmonary Science Department at (504) 568-4227. If a serious illness or emergency occurs on the day the student is scheduled at a clinical facility, it is the student's responsibility to inform the DCE, as well as the supervisor of the clinical facility. Timelines for notification are described under the clinical policies and procedures section of this handbook. All missed clinical days must be made up. In the event of serious illness or emergency, the student and DCE will develop a written plan for making up missed clinical days.

B. E-mail Requirements

Upon registration in the Program, each student is assigned an LSUHSC email account. Students will be required to use their e-mail accounts for registration purposes, and to receive messages from the School and the Department. It is preferred that students correspond with faculty members through their LSUHSC email account. Students are expected to check their email regularly, at least daily, and promptly respond to faculty requests.

C. In Class Computer Use

Courses may require the use of computers for classroom assignments, including exams, quizzes, or other classroom activities. Please refer to course syllabi for specific policies for computer use and communicate with the course coordinator/instructor for answers to specific questions. When computers are used in class, they are expected to be used for

school classroom activities **only**. Any student using a computer during class for non-school related activities will be excused from the classroom.

D. Electronic Portable Devices

Silence Cell phones during all classes and during all meetings with faculty. Students whose electrical devices disrupt class may be asked to leave class and will not be permitted to return for the session. Recording devices to reinforce content acquisition may be used in lecture classes only with prior permission of the faculty. They may not be used in lieu of class attendance.

E. Dress Attire for all Classroom, Laboratory, and Clinic Sessions

Classroom and laboratory attire – We would like to limit the number of rules that we need to enforce, but we do not want students to dress inappropriately in class. Wearing anything that is too revealing will not be acceptable. For example, short shorts and halter tops are frowned upon, as are open-toed shoes. Preferred choices: specific LSUHSC-NO Cardiopulmonary Science polo shirts, or sweatshirts. Another option is matching solid color scrub tops and pants. Everyone must wear the official school ID badge while on campus.

Student clinical attire – Solid navy-blue scrub top and pants; style is student's choice, should be ordered from the LSUHSC bookstore with 'LSU Health' and the student's program (Respiratory Therapy) embroidered on the front. "Hoodies" are not worn while at clinical sites. Everyone must always wear the official school ID badge. Clean tennis shoes (recommended leather), no open-toed or slingback shoes of any kind, this includes crocs.

F. Confidentiality of Clients, Patients, and Colleagues

Students are required to respect the dignity, individuality, privacy, and personality of every individual. Information about a client should be shared on a "need to know" basis only, and not for reasons of personal interest. In other words, to provide services, it is necessary for various professional personnel to know personal information about a client. If a client's information is discussed related to official class business (e.g., during seminars, classes), the client's identity must remain anonymous, and information about the client that is not necessary to the learning situation must not be shared, (e.g., identity of known relatives, legal or moral issues not related to respiratory services being rendered). This is also true about personal discussions that students participate in during class time. Students are expected to respect the confidentiality and privacy of their classmates.

G. Unprofessional, unethical, and illegal conduct of any kind, including cheating on examinations or classroom assignments, plagiarism, and theft, etc., will subject the

offending students to appropriate disciplinary measures that can include expulsion. See the SAHP Student Handbook under Policy and Procedures Relating to Student Academic and Professional Conduct.

H. Hall Conduct

Students need to be cognizant when talking and gathering in the halls that noise travels easily. We ask that students try to keep the noise at a minimum, particularly since we share the floor with other offices.

I. Classrooms

Students are expected to demonstrate respect for the School and courtesy to others. Students are expected to take responsibility for keeping the classrooms free of trash and debris, i.e., soft drink cans, paper, etc. Bulletin boards are intended for the display of instructional and professional materials, not personal or social items.

J. Student Lounge

Room 6A12 is designated as a student lounge. The microwave and refrigerator in this room are for student use on the condition that students always keep them clean. Any food left in the refrigerator or in this room must be marked with the student's name. Food items left in the refrigerator or in the student lounge without a name attached are to be discarded by students. The refrigerator and microwave are to be emptied and cleaned at the end of each semester. During hurricane season (June 1 to November 30), items should be removed at the end of each week. It is the responsibility of the students to see that these tasks are performed on a regular basis. Failure to keep both items clean may result in the termination of the use of these items.

K. Alcohol, Controlled Substances, and Illegal Drugs

The use of alcohol is prohibited in classroom buildings, laboratories, auditoriums, library buildings, faculty and administrative offices, and all other public campus areas. The complete policy is in **CM-38 (Substance Abuse and Drug Free Workplace Policy**). **Unauthorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while at work, on call, on duty, at school, or engaged in LSUHSC – New Orleans campus business on or off LSUHSC-New Orleans premises.**

L. Violence-free workplace.

Everyone has a reasonable expectation of a safe and secure working and learning environment free of threats and assaults. Students have a responsibility to ensure the

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safety and security of the campus. LSUHSC-NO is committed to maintaining a campus free from violence including sexual assaults, threats of violence including verbal and non-verbal threatening behavior, and harassment. Such behavior is unacceptable and is not permitted on campus. **The Campus Violence Risk Reduction Plan is in CM-44.**

II. Appointments with Faculty

A. It is preferred that students make non-emergency appointments with faculty members in advance.
B. Faculty members are available during office hours as listed on course syllabi and on an as-needed basis.
C. Students or faculty may initiate a meeting.
D. The student or faculty member will need to make an appointment at a time that is convenient to both parties.
E. Ways in which one can make an appointment:
   1. A student may stop by a faculty member's office.
   2. A student may call or send an e-mail.
   3. A student may request a Zoom meeting.
   4. A student or the faculty member can ask for an appointment before class, during a class break, or after class. Keep in mind that faculty often do not take their calendars to class, so the student may need to accompany the faculty member to his or her office after class to set the appointment.
   5. A student can leave a message in writing in the faculty member's box (located in the Cardiopulmonary Science Office, room 6C1)
   6. If a message is left (either over the phone or in writing), indicate two to four meeting times in order to expedite the process of establishing an appointment, along with a phone number.
   7. If a faculty member's door is open, it is preferred that students knock and directly request to speak with the faculty member.
   8. When a faculty member's door is closed, it is often because he or she is addressing job related responsibilities requiring privacy or time away from the office. In such situations, office staff or the student is to call the faculty member from a telephone to request permission to speak with the faculty member.
F. Students are not permitted in faculty offices unsupervised.
G. Students should meet with the faculty member(s) responsible for a course to discuss course-specific policies and procedures. If a student is not satisfied with the results of a meeting with a faculty member, then discuss the issue with the Program Director. If a student is still not satisfied with the results of a meeting with the Program Director, then discuss the issue with the Department Head. **For information about academic appeals, students can refer to that section under the SAHP in the LSUHSC Catalog/Bulletin, also available in SAHP Student Handbook.**

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III. Written Reports

Written reports are required to be in AMA style according to the ***American Medical Association Manual of Style*.**

IV. Building Access

Students have access to the student lounge 24-7. All lecture rooms of the Department are available to students when not being used for lectures. Laboratory access after 5:00 pm and weekends requires faculty approval.

V. Mailboxes

Faculty mailboxes are located in the main Cardiopulmonary Science office, room 6C1.

VI. Computer Access

Computers are available for student use in the LSUHSC library. Other departmental equipment is off limits to students unless faculty or staff permission is received. Use of the LSUHSC information technology (IT) infrastructure is a revocable privilege granted to those with an official affiliation with LSUHSC. Access to specific services on the IT infrastructure is based on a business need. Access to the IT infrastructure, and any components on the infrastructure, requires authorization. The LSUHSC IT infrastructure must be used in a manner consistent with protecting patient care and the critical business functions of the organization. No one should perform any activity on the IT infrastructure that undermines the public's confidence in LSUHSC to fulfill its mission. The owner of an LSUHSC user ID shall be held accountable for any violations associated with that ID, regardless of the ownership or the location of the equipment where the violation may have occurred. Students should review **Chancellor Memorandum (CM) 42 - Information Technology (IT) Infrastructure** for more information on policy and procedures related to the LSUHSC IT infrastructure.

VII. Clinical Course Work Expenses (i.e., parking, tolls, gas, lodging, meals, background check, drug screening, liability insurance, uniforms, and supplies)

Expenses may be incurred by students enrolled in clinical course work and experiences in off-campus or out-of-state clinical sites. These expenses are the responsibility of the individual student and should be anticipated. Students are responsible for their transportation to all clinics.

VIII. Safety Tips

The campus is located in an urban environment and theft can occur in and around LSUHSC. Therefore, keep your property secure at all times, even when moving between classrooms. Do not leave your backpacks, purses, or bags in one classroom while in another.

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When walking to and from your vehicle, be vigilant of your surroundings. Attacks on people are infrequent, but they do happen. If possible, do not walk alone, especially at night. **The University Police (568-8999)** will escort you if you request the service. **Look out for each other and BE SAFE!**

IX. Student Notification of Changes

The University has attempted to centralize all communication among faculty, staff, students, and administration by providing e-mail service and web-assisted technology for instruction and information. In the event that student notification is necessary, the e-mail service and Moodle course activities are the primary means to do so. Students are required to access Moodle courses to download handouts and assignments according to course requirements. Students are required to check the University e-mail often to ensure timely access to School and Program announcements. In the event that a student has no access to computers or internet at home, the University Library is available during the week and weekends. Students should determine when the University Library is open to students in advance of assigned work to insure timely completion.

X. Difficulties Accessing E-mail and Moodle

Difficulties accessing e-mail and Moodle should be reported to the **HELP desk at 568-HELP (4357)**. The HELP desk is available 24 hours/7 days a week. Some areas of the LSUHSC have computer supporters that only work Monday through Friday, 8:00 a.m. until 5:00 p.m. If you need assistance after 5:00 p.m. on Friday and before 8:00 a.m. on Monday, please contact the New Orleans Help Desk at (504) 568-HELP. Because technology is unpredictable at times, students may experience difficulties submitting assignments or accessing announcements at times of high demand. Students are expected to check the Moodle sites, gradebook, and announcements several times a week. In the event that a problem occurs, it is the student's responsibility to e-mail the course instructor immediately to report the problem. There are occasions when a simple adjustment by the instructor can remediate the problem. Instructors reserve the right to decide if assigned work can be re-submitted.

XI. Faculty Office Hours and Student Counseling

Faculty members have an open-door policy regarding student counseling and allow students to make appointments to meet with them regarding their academic concerns and problems. Included in all course syllabi is the course director's office location and semester office hours and/or a statement informing students how they can make an appointment to meet with them. Faculty assess student performance throughout a course of study, including clinics, and strongly recommends to students who receive a deficient performance evaluation to seek immediate guidance from the course director on means for improving their performance. These might include scheduled meetings with the course director or instructional faculty, additional practice assignments and/or practice time. Students seeking guidance should make an appointment with the appropriate course

director and refer to the Appointments with Faculty Members section of the Respiratory Therapy Program Student Handbook. Faculty may keep secure and in confidence a written record of all out-of- class counseling with students.

XII. Use of Skills Labs

The Respiratory Therapy skills labs in room 6C3/6B3 and 6A10 are available to students during regular building hours and at other times by arrangement. The lab houses equipment and supplies for use by students enrolled in the Respiratory Therapy Program. Students are encouraged to use the skills laboratories for practice and self-evaluation throughout clinical semesters. All equipment must be managed carefully. No items or equipment may be removed from labs. Contact a faculty member for access to labs if locked during regular hours. Students are obligated and expected to comply with the rules and regulations that follow. Any misuse of equipment or deliberate failure to follow instructions will result in disciplinary action. All equipment and supplies must be stored in their assigned cabinets or drawers.

A. Declaration of Risk

Students are required to participate in all assigned lab activities. Students are instructed in precautions, indications, and contraindications for each therapeutic modality, prior to participating in lab practice. It is the responsibility of the student to promptly notify the course director or program director of any illness, injury or condition that could present the risk of potential danger in either the lab or clinical settings. Personal information will be kept confidential, unless otherwise authorized by the student. Students should refer to the policies and procedures of student conduct sections of the **SAHP Student Handbook**.

Students who demonstrate psychomotor behaviors indicative of injury or illness will not be allowed to participate in clinical education or laboratory activities until evaluated, and released, by a physician. In the event that a student is under a physician's care, the faculty must receive documentation of restrictions or release from care, in order to ensure that accommodation can be made in the lab or clinic. In the event that a student's health status changes due to an accident, pregnancy, or illness at any time while enrolled in the Program, the student must have a doctor's documentation of release and/or restrictions in order to return to class or clinic. A copy of the documentation will be maintained in the student's Departmental file.

B. Rules

1. Horseplay is prohibited.
2. Children are not permitted in class or the skills labs without faculty approval.
3. Students are responsible for storing all equipment and supplies after use.
4. Students are responsible for ensuring the general tidiness of the lab at all times.

5. Use of derogatory, provocative, or obscene language among students will not be tolerated.
6. Eating and drinking is prohibited in the skills laboratory.

C. Safety

1. Proper body mechanics must be practiced when positioning, transferring, or moving mannequins or humans.
2. Do NOT sit on tables.
3. Students may NOT perform invasive procedures on each other. Procedures such as arterial puncture and suctioning may be performed on mannequins ONLY.
4. Sharps must be disposed of in an appropriate container.

D. Equipment

1. The faculty maintains equipment manuals. Students may refer to these manuals when operating specific items of equipment.
2. Medical gas cylinders are to be stored secured (strapped) to the wall. Guidelines for safely managing medical gas cylinders will be distributed to students during lab and must be followed.
3. Regulators must be removed from cylinders when not in use.
4. Label any broken equipment as "BROKEN" OR "DEFECTIVE" and notify Program Director of any non-working equipment.
5. Do not use equipment with frayed, loose, or observable dysfunctional wiring. Students should report any dysfunctional equipment to Program faculty immediately.

XIII. Student Illness / Injury

All students in clinical courses with health conditions (illnesses / infections / injury) which necessitate extended absences (three or more days) must discuss the reason for the absence with the DCE. The student may continue in the program with the written approval of his/her physician.

An illness that requires an extended absence that prevents the completion of course work because of circumstances beyond the student's control may necessitate the student's withdrawal, from course(s), resignation from the University and/or issuance of a grade of "I" (incomplete). In such cases, the student must consult the Program Director for Respiratory Therapy for guidance.

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Emergency Crisis Plan

I. General Information

In the event of an emergency situation, LSUHSC administration has the capability to transmit pertinent information through the mediums of websites, phone trees, e-mail, text messaging, and digital signage to the entire spectrum of students, faculty, and staff. Students should reference the **"Stay Informed"** section, located below the left side menu of the **https://911.lsuhsc.edu/eas/** to learn how to stay informed during a crisis.

Web Alerts: During an emergency, LSUHSC will provide web updates via the LSUHSC-NO homepage (www.lsuhsc.edu) and emergency communications site (http://911.lsuhsc.edu).

How to report an emergency links are located in the menu on **https://911.lsuhsc.edu/**.

- **Phone Police**
  - Call 568-8999 (Downtown Campus / After Hours - Florida Avenue Campus)
  - Call 941-8100 (6 am to 6 pm - Florida Avenue Campus)
- **LSU Shield Mobile App**
  - ***Emergency Feature*** when activated shares your location with campus safety.
  - ***iReports*** enables you to send text, photo, and video tips of non-emergencies or suspicious activity to campus safety; iReports can be used anonymously.
  - ***FriendWatch*** enables you to enter your activity and end time to start a countdown… enter your passcode before 0:00 or Safety Check contacts are notified.
  - ***Emergency Response Plans*** enable you to call up information about how you should respond to an emergency by showing you plans for distinct types of emergencies
  - ***Services*** button takes you to icons for campus maps and the University Medical Center shuttle schedule.
- **uTip (Send a Text to University Police)**
  - By sending a text message to **79516** (formerly 50911) and beginning your message with LSUHSC followed by a space, you can notify University Police of an emergency situation, just as you would by calling the Emergency University Police Telephone Line.

Emergency Preparedness links are located in the menu on **https://911.lsuhsc.edu/**. This is where you can learn how to sign up for alerts and make yourself available to this service.

- **Alert Signup (SMS text)**
- **Emergency Alert System Overview**
- **Emergency Procedure (CM-51) for Weather Related Emergencies**
- **Emergency Response Actions**
  - Emergency Response Plan
  - Incident and accident reporting
  - Communication

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- Evacuation vs. Shelter in Place
- Emergency Evacuation Areas
- Hurricanes
- Active Shooter
- Bomb Threat
- Hazardous Material Incident
- Fire
- Natural Gas Leaks, Odors, and Fumes
- Suspicious Package/Mail

- **Evacuation Guide**
- **Outbreaks**

II. Departmental Disaster Plan

It is each individual's responsibility, whether faculty, staff or student, to obtain essential information about a hazardous condition from television, radio, or newspaper. It is each individual's responsibility to evaluate the situation and determine the course of action that is in the individual's best interest. The Department of Cardiopulmonary Science does not guarantee that every individual will be notified, nor assumes any liability for failure to contact any individual. Given these conditions, the Department will try to notify faculty, staff, and students of important information regarding hazardous conditions (e.g., hurricane information). This effort will include one or more of the following means of communication: mass communication, telephone, and/or answering machine. In the case of mass communication, faculty, staff, and students will be advised to listen to major television and radio stations for information. In case of telephone communication:

A. Andy Pellett will be the first point of contact.
(504) 957-8200 (cell)
(504) 568-4229 (office)
(504) 484-7879 (home)

Alternatively, the following individuals may be contacted:

B. John Zamjahn
(504) 237-0728 (cell)
(504) 568-4228 (office)

C. Khyleyah Fisher
(817) 307-1631 (cell)
(504) 568-4234 (office)

The Department Head or alternate will contact faculty, staff, and students. Student representatives within the Department may be enlisted to contact other students within the program. With respect to communication with the answering machine, if possible, the

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answer machine in the Department central office (568-4227) will be programmed with an appropriate message or notification.

Crisis Incidents

LSUHSC Campus Assistance Program (CAP) is available to support the mental, emotional, and physical well-being of students, faculty, staff, and immediate family members in order to promote the overall health and effectiveness of the LSUHSC-NO community. The Campus Assistance Program is a free service provided by LSU Health Sciences Center at New Orleans to assist faculty, staff, residents, students and their immediate family members in resolving personal, academic or work-related problems. Faculty, staff, or residents who are enrolled or employed with LSUHSC-NO programs in other cities are also eligible for CAP services.

LSUHSC-NO recognizes that everyone, at some time, needs a "helping hand" or assistance. Whether you have a simple or a complex problem, the Campus Assistance Program can help. **A counselor is on call 24 hours a day to assist in time of crisis**. If you feel you have an emergency or need immediate assistance at any time, contact the counselor on call.

Location and Contact Information

Phone: (504) 568-8888

Human Development Center
411 S. Prieur St., Suite 233
New Orleans, LA 70112
Phone: (504) 568-8888
Email: ***cap@lsuhsc.edu***



Types of Problems

CAP is a resource that offers individuals assistance with solving life, school, and work problems. Any problems, regardless of severity, that are interfering with one's peace of mind or personal effectiveness are appropriate to bring to this service. The counselors will work with you to either resolve the problem or find the resources in the community to help you. Examples of problem areas include:

- Crisis Management
- Mental Health
- Interpersonal/Family Relationships
- Child/Adolescent Development
- Workplace Conflict/Resolution
- Job Productivity/Career Satisfaction
- Alcohol and Other Drug Use, Loss
- Bereavement/Financial

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Use of program services is voluntary. All information conveyed during use of the services, including use of the service itself, is confidential.

Policies and Procedures Relating to Clinics

Clinical Goal and Objectives

Clinical Goal:

The goal for clinics is for students to achieve competency primarily in the respiratory care of geriatric, adult, pediatric, and neonatal patients in the following settings: acute care, long term acute care, critical intensive care, emergency/trauma care, pulmonary rehabilitation, home care, pulmonary/metabolic diagnostic testing, patient transport/safety, and outpatient pulmonary disease management.

Clinical Objectives:

Psychomotor: The student will be able to perform under supervision the following skills

- Support oxygenation and ventilation
- Maintain a patent airway including the care of artificial airways
- Perform airway clearance and lung expansion techniques
- Administer aerosolized medications and specialty gases
- Modifies respiratory care plan as indicated
- Provide respiratory care in high-risk situations (emergency, patient transport, intubations)
- Assist physicians in performing procedures
- Participate in “patient rounds” by physicians and other healthcare professionals
- Initiate and conduct patient and family education
- Utilize evidence-based medicine principles (protocols)
- Assemble, operate, and troubleshoot equipment
- Ensure infection prevention
- Perform quality control procedures
- Recommend diagnostic procedures
- Evaluate procedure results
- Perform diagnostic procedures to gather information
- Gather clinical information through interviewing the patient, performing inspection, palpation, percussion, auscultation, and reviewing x-rays/CTs, and other laboratory data
- Evaluate data in the patient record

Cognitive: The student will be able to

- Describe the physiology, indications, contraindications, goals, and side effects of each therapy or diagnostic test administered to their patients
- Describe the classifications, actions, side effects, and dosages of all respiratory medications

administered to their patients
- Describe the classification and indications for all non-respiratory medications administered to their patients
- Interpret the results of diagnostic tests and therapeutic interventions administered to patients

Affective: The student will

- Demonstrate ethical and compassionate care and professional behaviors regarding interactions with patients, patient's relatives and acquaintances, faculty, clinical instructors, and other health professionals and colleagues.

Clinical Fieldwork by Semester

Students participate in five consecutive semester clinical courses to develop the clinical skills necessary to become a competent respiratory care professional. Students develop and present patient case studies emphasizing the skills and knowledge applied during the semester (Clinics I-IV).

I. Junior Year

A. Respiratory Clinics I (Fall Semester)

The clinical experience in respiratory therapy begins during the first fall semester. Students gain competence in the respiratory care of adult patients receiving non-intensive care. Emphasis is placed on routine patient care that includes patient assessment and monitoring and the administering of treatment modalities, such as oxygen therapy, aerosol and humidity therapy, delivery of aerosolized medications, and airway clearance and lung expansion therapies. The fall clinical rotation is composed of a total of six weeks (3 days per week) of experience at different clinical sites. Students experience 144 hours of adult general floor care.

B. Respiratory Clinics II (Spring Semester)

Students gain competence in the respiratory care of pediatric patients receiving non-intensive care, with an emphasis on patient assessment and monitoring and the administering of treatment modalities learned in the previous semester, and adult patients in critical care units during their first spring semester. During adult critical care rotations students employ advanced monitoring techniques, blood gas sampling and analysis, airway suctioning and specimen collection, mechanical ventilation, and the care and removal of artificial airways. The spring clinical rotation lasts approximately 8 weeks (3 days per week). Students rotate between clinical sites spending 2-3 weeks at each site. Students experience 144-168 hours of adult critical care and 24 hours of pediatric general floor care. Students have the opportunity to attend the Louisiana Society for Respiratory Care State Convention and Exhibits held during one of the weeks of this

rotation. If students choose not to attend, they are required to attend an adult critical care clinic that week. Students also spend a half-day involved in an interprofessional education (IPE) simulation with nursing and occupational therapy students designed to improve communication, teamwork, and understanding of the roles and responsibilities of nurses and occupational therapists caring for patients in a homecare setting patients.

II. Senior Year

A. Respiratory Clinics III (Summer Semester)

Students gain competence in the respiratory care of neonatal and pediatric patients in critical care units. During rotations students employ neonatal and pediatric monitoring techniques, blood gas sampling and analysis, airway suctioning and specimen collection, mechanical ventilation, and the care and removal of artificial airways. This summer clinical rotation lasts approximately 8 weeks (3 days per week). Students will rotate between clinical sites spending approximately 208 hours in clinics (neonatal critical care, 100 hours; pediatric critical care, 52 hours; and an additional 56 hours in adult critical care units performing skills mastered in previous clinical semesters).

B. Respiratory Clinics IV (Fall Semester)

Students gain competence in the respiratory care of critically ill patients, patients receiving pulmonary diagnostic tests, pulmonary rehabilitation including smoking cessation and COPD management, home care, and hyperbaric oxygen therapy, as well as caring for patients with amyotrophic lateral sclerosis. Students also gain teaching and leadership skills as teaching assistants to junior respiratory therapy students who are attending their second clinical course, as described above. Emphasis is on advanced monitoring and pulmonary diagnostic techniques, advanced modes of mechanical ventilation, chronic pulmonary disease management through exercise prescription, smoking cessation, and education, and application of skills learned from previous clinical experiences. This clinical rotation lasts approximately 13 weeks (2-3 days per week). Students will rotate between clinical sites spending approximately 260 hours in clinics (adult critical care; 76 hours, neonatal critical care, 24 hours; long-term acute care; 24, adult/children pulmonary diagnostics, 72 hours; pulmonary rehabilitation including COPD management and smoking cessation; 40 hours; LSU Muscular Dystrophy Association/Amyotrophic Lateral Sclerosis Clinic, 8 hours; hyperbarics, 8 hours; and teaching assistant, 8 hours.

C. Respiratory Clinics V (Spring Semester)

Students advance their time management skills while acquiring the clinical experiences necessary to develop the psychomotor skills and clinical competence in the specialized areas that they desire to work upon graduation (pulmonary diagnostics, adult/neonatal/ pediatric critical care, rehabilitation, or acute trauma/emergency room care.) Students

provide airway assessment and management/intubation under certified registered nurse anesthetists' supervision in an operating room setting, complete a management rotation with respiratory therapy department managers, and attend outpatient clinics where they gain additional physician interaction with pulmonologists who specialize in the management of patients with chronic lung diseases. Students provide community outreach in the forms of respiratory services and education related to pulmonary disease management and the respiratory therapy profession. Students also spend a half-day with nurse anesthetist students and medical students while engaging in an IPE experience designed to improve communication, teamwork, and understanding of the roles and responsibilities of other healthcare team members during a high-fidelity simulated emergency patient resuscitation. Students have the option of sleep diagnostics rotations. This clinical consists of approximately 208 hours over the course of the semester (Time management, 136 hours; airway management/intubation, 24 hours; management, 24 hours; chronic pulmonary disease outpatient clinics, 16 hours; IPE and community and professional service, 8 hours.

The Pre-Clinical Competencies/Requirements

Students should refer to the ***Section on Provisions for Academic Progression (p. 13)*** for more details. In order to determine that a respiratory therapy student can safely apply modalities and data collection techniques on patients in the clinic, the student must demonstrate competency in the laboratory. These competencies combine and integrate assessments, behaviors, and treatment procedures reflective of respiratory therapy practice. Course syllabi list evaluated competencies, which are graded pass/fail. Students are required to practice skills and pass a competency test on each procedure taught in the respective semester. Competency evaluations are comprehensive, and any competency previously assessed may be included in course practical exams. In the event that the student fails a competency evaluation, the student is required to continue to practice the skill until the evaluation is passed. Students must pass all competencies in order to pass the course in which the competencies are based. The student will not be allowed to attend clinic until successfully completing all competency evaluations and practical tests. Failure to pass all competency evaluations may result in non-progression of the student in the program and/or semester and thus prevent the student from enrolling in subsequent clinical courses.

Additional student requirements to begin and/or continue clinical rotations include

- Active certification in CPR for Health Professionals (American Heart Association)
- Proof of liability insurance with minimum limits of $1,000,000 per occurrence/ $3,000,000 aggregate
- Successfully completed full background check and drug screening
- Up to date LSUHSC compliance training, which includes but not limited to HIPPA, confidentiality, social media, portable devices, removable media, and fire and safety

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- Up-to-date health records as required by LSUHSC, including but not limited to hepatitis vaccine series, annual negative tuberculosis diagnostic test, and annual influenza (flu) vaccination.
- Proof of student health insurance as required by LSUHSC
- Signed Acknowledgement of Program's Policies and Procedures and Consent to Fieldwork Experiences (Appendix E)
- Signed Clinical Semester Rules Acknowledgement Form (Appendix F) attesting to having read and understood the policies and procedures related to clinics, as outlined in the Respiratory Therapy Program's Student Handbook.

Clinic sites may request from LSUHSC verification of the above requirements at any time.

Fieldwork Tracking

Our Program uses Trajecsys Report System (**www.trajecsys.com**) to track students' clinical fieldwork. Students must log their daily attendance (login and logout times are verified by a global positioning system), the type and number of daily procedures and the levels performed (discussed, observed, assisted, performed with assistance, performed), patient pathologies, types of ventilators managed (critical care), types of physician interaction, and complete evaluations of clinical sites' preceptorship. In addition, preceptor evaluations of students and completed (approved/disapproved) student procedural competency exams are logged in Trajecsys.

The Trajecsys system enables students to build a clinical resume of experience and is essential to our Program's continued accreditation. Students are instructed on how to register and use Trajecsys prior to the start of their first clinical course. The cost of using Trajecsys is free to the student.

Communication between Program Faculty, Students and Preceptors

Communication between faculty, students, Clinical Coordinators and Supervisors is most important to achieving successful clinical outcomes/experiences for all parties involved. Communications may be achieved through email, Trajecsys postings, phone calls, or direct face-to-face meetings. All students, key Program Personnel, Clinical Coordinators and Supervisors who are registered in Trajecsys can submit emails to one another while logged into Trajecsys.

Standards of Student Appearance and Conduct

Students are guests of the various clinical affiliations and therefore must abide by the policies and practices of each host affiliation. The affiliation may ask for the removal of any student based on violation of any of the Program's standards or policies described below.

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Preceptors, after informing a student of a violation, will dismiss the student immediately from clinics and notify the DCE.

I. Dress Attire and Grooming

Students are viewed by patients and hospital workers as a segment of a professional health care team and therefore are expected to present a professional appearance. A student's dress attire and grooming are key factors in a student's ability to interact effectively with patients. The hospital expects students to adhere to its standards. Students should refer to the general guidelines below and to each clinical site's specific policies and procedures available to them upon starting their rotation.

General Dress Code:

A. Solid navy-blue scrub top and pants; style is student's choice, should be ordered from the LSUHSC bookstore with 'LSU Health' and the student's program (Respiratory Therapy) embroidered on the front.
B. School I.D. badge must be worn at all times.
C. "Hoodies" or sweatshirts are not to be worn during clinical hours.
D. Clean, tennis shoes (recommended leather), no open-toed or slingback shoes of any kind, this includes crocks.
E. Possession of required supplies: stethoscope; watch capable of indicating seconds; safety goggles; bandage scissors; hemostats and black ink pen

General Grooming Code:

A. No visible tattoos, all tattoos must be hidden during clinics.
B. Hair and beards must be clean and neatly trimmed (hair must be pulled back securely).
C. Fingernails should be clean and short within reason.
D. Nail polish is according to hospital standards.
E. Artificial fingernails cannot be worn when providing hands-on patient care.
F. Jewelry is appropriate to society's expectations. It should be minimal and, in all cases, out of the way if it interferes or distracts.
G. Colognes are not recommended. Certain odors can be distressing to patients.

II. Student-Patient Interactions

Patience and understanding are necessary to interact with people who are not feeling well and therefore, not at their best. The student must respect the patient's rights to courtesy, dignity, and privacy at all times

Students must …

A. identify themselves as respiratory therapy students from LSUHSC when initiating patient contact. The student's School I.D. badge must be visible at all times.

B. not solicit, expect or accept material or monetary gifts or favors for the services they provide.
C. be ethical and abide by the statement of ethics and professionalism as outlined by the AARC (See Appendix G, AARC Statement of Ethics and Professional Conduct). They must strive to provide the maximum benefit to the patient for any treatment performed. Students are subject to dismissal for shoddy work or falsification of documents.
D. maintain confidentiality at all times. There should be no discussion of patients in public areas such as hallways, elevators, cafeteria, etc. Discussion of patients should occur in appropriate areas and only as necessary for proper patient care.
E. be reassuring, kind, and considerate to all patients at all times. Arguing with patients is not tolerated. Students should not allow personal problems, prejudices, or attitudes to affect the way they treat patients.
F. explain to the patient what therapy or diagnostic test is being provided, who ordered it and the benefits.
G. not release any information to the patient that relates to his or her condition, diagnosis, prognosis, or any therapy that they did not administer. Students should refer these questions to the patient's nurse and/or physician.
H. accept and respect a patient's right to refuse any therapy. The students must report the patient's refusal to his/her Supervisor and ensure that it is recorded in the chart along with the reason given by the patient.
I. respect the morals, privacy, and ideas of patients. At no time should one violate the privilege of knowledge of their patient's personal lives in any way other than dealing with medical care. Idle chatter and gossip are just not acceptable.

III. Student-Preceptor Interactions

The student is a guest of the clinic affiliation, the department, and the administration. As a guest, the student is to behave at all times in the following manner to maximize his/her learning opportunities.

Students must …

A. be respectful and professional at all times.
B. be mindful that there are several ways to do any procedure and may address procedural differences tactfully and in private with their clinical preceptors. (Students are encouraged to make suggestions that are appropriate to the improvement of patient care, not to criticize in a random or inappropriate manner.)
C. accept constructive criticism. It is offered as guidance and advice, not as admonishment. The Supervisor should provide clarification if the rationale or content is not understood.
D. perform to the best of their ability under duress. The clinical situation can be stressful and upsetting for some students. When individuals become overly nervous under stress, patient safety may be affected. Students are expected to ask for help from their Supervisor to prevent errors.

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Policy on Student Harassment and Discrimination

Purpose

Everyone has the right to an environment free from harassment during clinical training at our program's clinical affiliates. This policy is intended to communicate that inappropriate behavior that demonstrates harassment in any form is unacceptable and is not to be tolerated by students. Harassment during clinical training can come from anyone — preceptors, supervisors, staff employees, volunteers, vendors, patients, etc.

Harassment is offensive conduct, which may include but is not limited to:

- Offensive physical actions, written or spoken, and graphic communication (e.g., obscene hand or finger gestures, sexually explicit drawings, or intentionally exposing oneself).
- Any type of physical contact when the action is unwelcomed by the recipient (e.g., brushing up against someone in an offensive manner).
- Expectations, requests, demands or pressure for sexual favors (e.g., submission to or rejection of such conduct is made a term or condition of clinical supervision/training, approval of student procedural competencies, favorable student evaluations, or future employment).
- Conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Policy Statement/Procedures

- LSUHSC-NO students have a reasonable expectation to a safe and secure working and learning environment free of threats and assaults.
- LSUHSC-NO is committed to providing a learning, working, and living environment that promotes integrity, civility, and mutual respect in an environment free from discrimination on the basis of sex, gender, sexual orientation, gender identity, & pregnant/parenting status as well as sexual misconduct which includes sexual harassment, dating violence, domestic violence, sexual assault, and stalking.
- Students who believe they experience discrimination or harassment are to report the incident promptly to the immediate preceptor/supervisor and/or director/manager of respiratory care. In addition, students should report the incident promptly to LSUHSC-NO, using the proper procedure found at this link: **https://www.lsuhsc.edu/titleix/how_to_report.aspx**.
- No form of retaliation may occur for pursuing a legitimate complaint of harassment.

LSUHSC New Orleans Campus Title IX Coordinator
Leigh Smith-Vaniz (she/her/hers)
504-568-2211
titleix@lsuhsc.edu

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Campus Assistance Program Confidential Advisors
https://www.lsuhsc.edu/titleix/confidential_advisors.aspx
Campus designees selected by Title IX campus coordinators and trained in accordance with Louisiana law to provide confidential services to students regarding reporting, supportive measures, rights to report to law enforcement and other information under this policy.

LSUHSC New Orleans Campus Police (504) 568-8999
Individuals are also strongly encouraged to report the offense to campus police or local law enforcement if they believe criminal conduct occurred (e.g., sexual assault, sexual battery, stalking, etc.). To the extent possible, the complainant and those who receive the complaint should preserve evidence and not disturb a potential crime scene. This includes preserving all text or email communications that may be related to the incident.

Resources
LSUHSC New Orleans Title IX Homepage **https://www.lsuhsc.edu/titleix/default.aspx**

Standards of Student Clinical Performance

Students must …

A. meet the **Technical Standards of the CPS Department**.
B. retain the level of competency gained in previous clinical courses. Students are accountable for any real/potential violation of critical elements on every skill taught in preceding semesters. If the Clinical Supervisor prevents an error, the student remains accountable and is still in error.
C. be responsible for the proper completion of all assigned procedures. Any ambiguous orders for therapy should be discussed with their preceptor or clinical faculty prior to starting treatments.
D. complete in a timely manner assigned workload and notify the Clinical Supervisor of any incomplete assignments well before the end of the shift.
E. **only perform procedures in clinic that they have been checked off to perform in labs or prior clinical rotations.**
F. **observe all procedures prior to performing them for the first time.**
G. **not provide patient care without a Supervisor, or Program faculty member at or near the bedside.**
H. **not be idle.** The majority of clinic time should focus on patient care skills. Time between patient care periods should be used to seek out additional therapy needing to be completed (the Clinical Supervisor is encouraged to find other therapists who have unfinished therapy), review charts, prepare case reports, or review for classes and procedural competency exams.
I. be ready to participate in discussion of their patient's care plan during physician rounds.
J. ask their Clinical Supervisor to 1) verify in Trajecsys their attendance and daily logs of procedures performed, 2) complete procedural competency evaluations when

applicable, and 3) complete their student evaluation at the end of each rotation.

K. not use cell phones in patient care areas during clinic hours.
L. expect lunch time to be scheduled around the patient's treatments, procedures, and meals.
M. always, attempt to conserve and protect hospital supplies and equipment.
N. comply with departmental paperwork, procedures, coffee breaks, meal breaks, etc., and must not criticize. Valid suggestions may be brought to the attention of clinical preceptors **in private.**
O. become familiar with the clinical affiliate's policy and procedure manual including emergency disaster plans.

Policy on Student Attendance, Late Arrival, Early Dismissal, Weather Conditions

I. Attendance

A. The student is required to attend all days of a clinical rotation, as verified by Clinical Supervisors using Trajecsys.
B. Each clinic day lasts from the time report begins until report has been given to the next shift, but **no earlier than 30 minutes from the scheduled end of a clinic rotation**, as shown on course clinical rotation schedules.
C. Students are required to log daily attendance in Trajecsys (**www.trajecsys.com**) by clocking in (login) and clocking out (logout) of a clinic site from the student's Trajecsys homepage page, under Clock in/out **(see Appendix H, Trajecsys Screenshots).**
D. Failure to login or logout of clinic during an assigned clinic day will result in an absence if a time exception has not been filed by midnight of that assigned clinic day.
E. The third and any subsequent failure to login or logout of clinic during an assigned clinic day will result in an unexcused absence.
F. **Attendance must be verified in Trajecsys by the Clinical Supervisor in order for the student to receive credit for having attended clinic.**
G. Students unable to attend clinic are required to notify both their DCE and affiliate site's Clinical Coordinator of their absence in a timely manner (preferably before clinic start time or as soon as time permits). **Clinical Coordinators are asked to notify the DCE of any student not attending clinic**.
H. Failure to notify both the clinic site's Clinical Coordinator/Shift Supervisor and DCE of one's absence/tardiness from clinic in a timely manner will result in an unexcused absence.

II. Late Arrivals

A. Late is arriving 1 minute after the scheduled report time of the clinical affiliate site.
B. Students are required to notify the DCE and the Clinical Coordinator if they are going to be late or maybe late.

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C. **Clinical Coordinators must dismiss students who arrive more than 15 minutes after clinic report time. We ask that Clinical Coordinators notify the DCE if a student is dismissed.**
   - **The student is not to attend the clinic that day.**
   - **The student must notify the DCE that he/she has been dismissed.**

D. Students may remain at the clinic if they arrive no later than 15 minutes after report time and have properly notified their Clinical Coordinator and DCE.
   - **Three late arrivals result in the student receiving an unexcused absence.**
   - **Four late arrivals result in the student receiving a clinic grade of "F"** and not being allowed to continue in any remaining clinical site rotations.

III. Early Dismissal

A . Report must be given to the Clinical Supervisor before the student is allowed to leave for any reason.

B . Emergency/Illness: early dismissal is allowed by the Clinical Coordinator/Supervisor, and the DCE must be notified by the student as soon as time allows.

C . Non-emergency: permission (written or by phone call) from the DCE is required for early dismissal

D. Leaving the clinic or assigned area without proper approval will result in an unexcused absence.

IV. Weather Conditions

Students are to follow the inclement weather or disaster policy of the assigned affiliation. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the off-site clinical supervisor and clinical director. It may be necessary to extend the length of the clinical assignment to allow the student to make-up the missed days. The DCE will notify clinical sites to have students dismissed from clinics when there is a weather-related closure of the LSUHSC.

Policy for Unsatisfactory Student Clinical Behavior/Performance

Unsatisfactory clinical practice is evidenced by behavior in any patient care setting that may jeopardize a patient's physical and/or psychological safety. Unsatisfactory clinical practice also includes unprofessional and uncaring behaviors. **When such behavior is observed/ identified, the Clinical Supervisor shall notify the DCE or Program Director directly (phone, email) or through their Clinical Coordinator or Director/Manager.**

1. The student will be counseled by the Clinical Supervisor regarding the clinical behavior in question. The student will be advised that the behavior will be discussed with the Clinical Coordinator and DCE within 24 hrs to confirm the unsatisfactory clinical behavior.
2. If the student is dismissed from the clinic at the discretion of the Clinical Coordinator, the DCE should be notified as soon as time allows.

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3. If after meeting with the student, the DCE deems it necessary for further proceedings by the School, the Program will not allow the student to continue assigned clinical rotations while the matter is under review.
4. The alleged professional misconduct will be reported to the Office of the Associate Dean for Academic Affairs within 5 days for procedural matters according to the **SAHP's Policy and Procedures Related to Student Conduct**. Student behaviors that may be indicative of psychological maladjustments may result in immediate removal of the student from the clinical setting and mandatory counseling.

Clinical Remediation Policy and Procedures

I. Absence

A. Any absence will be made up during the week immediately prior to finals week of the respective semester of the missed day of clinical rotation. Excused absences may also be made up between semesters if an incomplete "I" grade is given.
B. Any absence will be made up at a ratio of 1:1 or ratio of 1:2 if the absence occurred the day before a course exam.
C. The first unexcused absence will result in a written warning and conference with the DCE and Program Director.
D. The second unexcused absence will result in a clinical grade of "F," which will prevent the student from continuing in the program.

II. Illness/Injury

A. All students in clinical courses with health conditions (illnesses/infections/ injury) which necessitate extended excused absences (three or more days) must discuss the reason for the absence with the Director of Clinical Education.
B. The student may continue in the program with the written approval of his/her physician.
C. An illness that requires an extended absence that prevents the completion of course work because of circumstances beyond the student's control may necessitate the student's withdrawal, from course(s), resignation from the University and/or issuance of a grade of "I" (incomplete). In such cases, the student must consult the Program Director for Respiratory Therapy for guidance.

III. Clinical Skills Deficiencies (Affective, Psychomotor or Cognitive)

A. The student's DCE will provide counseling to students whose clinic evaluations indicate deficiencies (scores < 3 on 5-pt Likert Scale).
B. Students must rectify all deficiencies prior to the next scheduled clinical rotation.
C. All counseling sessions with the student by the DCE will be written up by the DCE and signed by all parties involved. If a problem persists, the Program Director will be involved in future counseling sessions.

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D. Persistent problems after counseling with the Program Director will result in a failing clinic grade of "F" or disciplinary actions according to the **SAHP Student Conduct Policy and Procedures**.
E. Unsatisfactory clinical practice is evidenced by behavior in any patient care setting that may jeopardize a patient's physical and/or psychological safety. Unsatisfactory clinical practice also includes unprofessional and uncaring behaviors. Respectful, professional behavior and appropriate language is **REQUIRED** in all areas of the hospital, including patient rooms, corridors, cafeteria, elevators, and break rooms. Unsatisfactory clinical practice will result in a failing grade of "F" or disciplinary actions according to the SAHP Student Conduct Policy and Procedures (see Appendix G)
F. A student's use of a cell phone or smart watch during clinic hours for non-clinical purposes may result in dismissal from clinic, resulting in an unexcused absence. A dismissed student must meet with the DCE for counseling before attending the next scheduled clinic day. A second offense will result in the student receiving a failing clinic grade of "F" or disciplinary actions according to the **SAHP Student Conduct Policy and Procedures.**

IV. Mandated Withdrawal from Clinic Course

A. A student may be removed from a clinical course for the following reasons:
   1. Unable to make-up missed clinic days with a grade of "I" or incomplete prior to the last day to convert "I" grades from the previous term as appears in the **SAHP catalog** under **Academic Calendar**.
   2. Two unexcused absences; a student will receive an unexcused absence for any one of the following:

      - **The third and any subsequent late arrival**
      - **Failure to notify both the clinic site's Clinical Coordinator/Shift Supervisor and DCE of one's absence or tardiness from clinic in a timely manner, as stated in the student handbook**
      - **The third and any subsequent failure to login or logout of clinic during an assigned clinic day**
      - **Leaving the clinic or assigned area early without proper approval, as stated in the student handbook**
      - **Second use of a cell phone during clinic hours for non-clinical purposes**

   3. Persistent problems after counseling with the DCE or Program Director
   4. Unsatisfactory clinical practice/behavior
B. Students may appeal their grade according to the **SAHP, Student Grade Appeals Policy**.

V. Voluntary Withdrawal from Clinic Course

A. A student may voluntarily withdraw from a clinic course at any time. Withdrawal may result in a student receiving an "I," "W" or grade of "F" depending on the time and

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reason of withdrawal **(See SAHP, Grading System Policy and SAHP Academic Calendar for the dates of course withdrawal without "W" on transcript and last day to withdraw from course with "W" on transcript).**

B. Students who withdraw from a clinic course without receiving an incomplete "I" may not continue in the program until they complete the course when next offered by the CPS Program.

Clinical Evaluation of Students

Grading

Grading is pass or fail. To pass clinics students are required to show evidence of 1) complete attendance 2) completed daily procedural logs and 3) completed procedural competency exams, using the Trajecsys System. In addition, students must present case studies, receive average or above average student clinical evaluations that are completed by clinical preceptors/supervisors using the on-line student evaluations in Trajecsys, and demonstrate professional behavior throughout as evident in adhering to all clinical policies and procedures. Failure to complete or achieve a passing score in ALL components of the grading system will result in a failing grade.

Minimum competency is as follows:

A. Trajecsys Report System (see Appendix H, Trajecsys Screenshots)

1. Students are required to login and logout their attendance in Trajecsys, as described on course syllabi. Students must attend all scheduled clinic days. **Attendance must be verified in Trajecsys by the clinical preceptor/supervisor, in order to receive credit for having attended clinic.**
2. All required procedures and competency exams must be completed as noted in Trajecsys. All procedures must be performed at or above the stated criteria level (1, discussed, 2 observed, 3 assisted, 4 performed with assistance, 5 performed). No major performance errors are allowed for a procedural competency exam sign-off (approval). **All completed procedures must be verified in Trajecsys by the clinical preceptor/supervisor in order to receive credit.**
3. **Students are encouraged to ask their preceptors/supervisors to locate procedures that still need completing during their current clinical rotation or from previous clinical rotations due to unavailability of procedures or time constraints.**
4. The student must bring any procedures not available at an affiliate site to the attention of the student's DCE. The DCE will try to find these procedures for the student at another facility. If not available, the DCE will sign off the procedure in Trajecsys as not available (N/A).
5. Daily log sheets should be completed on a daily basis before leaving clinics. If done after clinics, they must be completed before 5 p.m. or else will not be accepted and deleted

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from the student's record by the DCE. The student will not receive credit for those procedures logged after 5 p.m.

B. Case Reports

1. Case reports must achieve a grade of 70% or greater to meet minimum criteria.
2. All content areas requested on the case study form as described in the clinical course syllabi must be addressed. Allowances for some incomplete areas will be based on the particular patient.
3. The student's ability to answer case-study related questions is included in the grading.
4. **Students MUST respect the confidentiality of their clients/patients and colleagues**. Students are required to respect the dignity, individuality, privacy, and personality of every individual. Information about a client should be shared on a "need to know" basis only, and not for reasons of personal interest. In other words, in order to provide services, it is necessary for various professional personnel to know personal information about a client. If a client's information is discussed related to official class business (e.g., during seminars, classes), the client's identity must remain anonymous, and information about the client that is not necessary to the learning situation must not be shared, (e.g., identity of known relatives, legal or moral issues not related to respiratory services being rendered). This is also true about personal discussions that students participate in during class time. Students are expected to respect the confidentiality and privacy of their classmates.

C. Student Clinical Evaluations

1. A minimum average passing score of 3 (5-point Likert scale) for each item assessed is required by the end of a clinical rotation.
2. **Clinical preceptors/supervisors are encouraged to provide daily feedback to students relating to their work (psychomotor and affective domains). Discussion should focus on identifying things done well and areas needing improvement. Students are to be given the opportunity to correct any problems as soon as possible.**
3. **Students receive within the Trajecsys System a formative evaluation by their clinical supervisors each time a clinical site rotation is completed.**

Clinical Affiliation Assignments

I. Assignment of Students to Clinical Affiliations

A. The DCE is responsible for assigning students to clinical affiliation sites. Clinical site placement is determined by many factors including, but not limited to, availability of placements, suitability of the clinical site to student competency and need, experience of clinical instructors, and the ability of the clinical site to provide quality learning experiences.

B. Requests by the student will be given consideration; however, all placements are determined by the DCE based upon criteria established by the Program.
C. The DCE emails assigned clinical site rotations to students prior to the start of clinicals.
D. Students can view assigned rotations within Trajecsys using the calendar feature.
E. Students are to review their assigned rotations in Trajecsys to ensure they match those emailed by the DCE. Students must notify the DCE of any discrepancies so they can be rectified before attending clinicals.
F. Some clinical sites require students to complete preclinical on-boarding paperwork for approval to attend clinics.

II. Clinical Assignments to Persons with Infectious Processes

A. Students in the clinical area have the responsibility to care for **all patients** regardless of their diagnosis.
B. Students must rigorously comply with the Centers for Disease Control and Prevention (CDC) guidelines for preventing the transmission of HIV, Hepatitis B, and other blood-borne pathogens in health care settings and Universal/Standard Precautions (**See Appendix C**).
C. Students prior to their first clinical rotation receive an N95 respirator fit test to verify that their appropriately sized respirator is both comfortable and provides the expected protection.
D. All patients should be considered as potentially infectious. Students at the beginning of each clinical course review current information concerning Universal Precautions.
E. Students who have been exposed to HIV or who are HIV/HBV/HCV infected, and who perform exposure prone procedures are encouraged to self-identify to the Chancellor (or designee) of LSU Health Sciences Center, to their immediate supervisor, who would then report to the Chancellor (or designee) of LSU Health Sciences Center, or directly to the Expert Review Panel (ERP). In reporting their status to the Health Sciences Center, HIV/HBV/HCV infected individuals are assured that every effort will be made by the LSUHSC Administration to maintain confidentiality, as determined by the Expert Review Panel (ERP), and that a mechanism is in place, through the HIV/HBV Policy/Procedure and Expert Review Panel (ERP), to maintain balance between the individual's job-related responsibilities and the institution's responsibilities to faculty, staff, students, patients and the community. There is a need to protect the HIV/HBV infected individuals, faculty, staff, and patients. The Expert Review Panel (ERP) in conjunction with the Administration is working to assure a system is in place to fulfill this need. Students should refer to **CM-25 - LSUHSC Policy on AIDS (HIV) and Hepatitis Virus (HBV)** for more information.

III. Service Work Statement for Students and Clinical Coordinators/Supervisors

A. **Respiratory care students must not be substituted for paid staff.** This does not prohibit a paid internship but is designed to assure that students gain experience to reinforce their competencies and skill sets and are not used simply for backlog work in the absence of appropriate staff.

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B. **Students may work in clinical settings outside of formal educational activities. Students must notify the Program Director upon employment that involves working in clinical setting and are required to submit work schedules during times of clinical.**
   1. According to the **Louisiana Respiratory Care Practice Act**, the practice of respiratory care by students is allowed only as a part of their prescribed curriculum; therefore, no respiratory care student may accept employment as a respiratory therapist.
   2. Students are not allowed to work in a role that requires therapeutic intervention. Employment in a support role (ex: respiratory therapy assistant, infection control aid, ward clerk) is permissible; **however, students who work in these roles must be on guard to limit their responsibilities to those that do not require a licensed, credentialed respiratory therapist.**

Policy for at "Risk" Student Exposure Incidents: i.e., Needle Stick, Splashes to Eyes, Nose, Mouth, Puncture Scrapes, Cuts, or Contact with Broken Skin from a Potentially Contaminated Source

All students must have with them (attached to LSUHSC I.D.) the "Splash Card" (LSUHSC Procedures for Students with Hazardous Exposures), and health and needle stick insurance cards.

**** In the event of exposure, refer to the information on the Splash Card and the "In Case of Needle Stick Injury" Link Needlestick Injury - Student Health (lsuhsc.edu) on the Student Health Website for details addressing post exposure measures and the BlueCross Blue Shield of Louisiana Insurance Company - Louisiana State University Needle Stick Standalone Benefit Summary.**

**** This summary details coverage and provider sites where services must be obtained. Any services provided outside of these providers are excluded from coverage.**

Summary of steps to take when an exposure incident occurs:

1. Administer first aid, wash, and clean injury/flush mucous membrane immediately
2. Report incident to Clinical Supervisor and Coordinator, and Program Director.
3. Follow clinical affiliate's policy and procedures for handling exposure incident
3. Assess risk: characterize exposure (route of exposure, biological material), evaluate exposure by medical history, and evaluate and test exposed individuals.
4. Perform Quick HIV test - this test is usually available at your nearest hospital ER (**see note above for covered provider sites, p. 43). The rapid HIV test should be performed on the Source Patient.
5. Decide whether or not HIV post-exposure prophylaxis is needed with your healthcare provider

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6. Follow-up with a healthcare worker for any pending labs, unknown source patient lab results, or any further questions. Appointments can be made at the LSU Campus Clinic, 478 S. Johnson St, 504-412-1366 or 504-412-1517.

Tips for Clinical Success

1. Wear School I.D. badge at all times.
2. Upon first meeting a clinical affiliate staff member, identify yourself as a respiratory therapy student from LSUHSC-NO.
3. Conform to Program's standards of dress, grooming, and attendance.
5. Accept that some therapists may feel burdened by the presence of students. This may exhibit itself as jealousy, ambivalence, or ridicule. Keep in mind that every person has worth and knowledge and none of us know everything.
6. Be responsible for complying with each clinical department's paperwork, policies and procedures, coffee breaks, meal breaks, etc. All of these things have reasons for being done in a certain way. Find out why and be responsible to conform to them. Do not criticize. If you have valid suggestions, bring them to the attention of clinical coordinators/supervisors in private.
7. Keep in mind that there are several ways to do any procedure. Even though you may have knowledge of a way to do something that may appear to be better, approach the subject tactfully and in private with your clinical coordinator/supervisor. You are encouraged to make suggestions that are appropriate to the improvement of patient care. You are not encouraged to criticize in a random or inappropriate manner.
8. Accept the responsibility that has been given to you.
9. Always follow established Departmental policies.
10. Always follow established clinical site policies and procedures.
11. You are responsible for completing all treatments (respiratory) assigned to you. If you cannot complete your assignment, notify your supervisor well in advance of the completion of your shift.
12. Accept constructive criticism as guidance and advice, not as admonishment. Seek clarification if the rationale or content is not understood.
13. The clinical situation can be stressful and upsetting. Everyone feels nervous or upset at some point. Students are expected to perform to the best of their ability under duress. When individuals become overly nervous under stress, patient safety may be affected. If you cannot function, ask for help from your preceptor/supervisor or clinical coordinator.

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Appendixes

Appendix A

AARC Position Statements to promote patient safety, quality care, access to respiratory therapy, and cost control
https://www.aarc.org/resources/professional-documents/position-statements/

- AARC Statement of Ethics and Professional Conduct
- Entry Requirements for Respiratory Therapy Practice: 2030 and Thereafter
- Respiratory Care Scope of Practice

Appendix B

Patient's Bill of Rights
https://www.healthcare.gov/health-care-law-protections/
https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Patients-Bill-of-Rights.html
https://medlineplus.gov/patientrights.html
https://www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/patients-bill-of-rights.html

Appendix C

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
https://www.cdc.gov/infectioncontrol/guidelines/core-practices/

Standard Precautions for All Patient Care
https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html

Appendix D (LSUHSC and SAHP web links)

Academic and Professional Misconduct, SAHP
https://alliedhealth.lsuhsc.edu/admin/studentconduct.aspx

Academic Calendar, SAHP
https://alliedhealth.lsuhsc.edu/admin/academiccalendar.aspx

Academic Standards, SAHP
https://alliedhealth.lsuhsc.edu/Admin/academicstandards.aspx

By-laws and Regulations & Chancellor's Memoranda (CM)
https://www.lsuhsc.edu/administration/subscriptions/

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Student Rights, Roles, and Responsibilities (CM-56)

- **LSUHSC Policy on AIDS (HIV) and Hepatitis Virus (HBV) (CM-25)**

Catalog/Bulletin, LSUHSC
http://catalog.lsuhsc.edu/index.php

Grading System Policies
http://catalog.lsuhsc.edu/content.php?catoid=15&navoid=3029

Office of Compliance Programs (Training Requirements for Students)
https://intranet.lsuhsc.edu/admin/ocp/training_requirements.aspx

Student Handbook, SAHP
https://alliedhealth.lsuhsc.edu/admin/docs/StudentHandbook.pdf

Student Health Info: In Case of Needle Stick Injury
https://www.lsuhsc.edu/orgs/studenthealth/needlestickinjury.aspx

Students with Disabilities, SAHP
https://alliedhealth.lsuhsc.edu/admin/studentswithdisabilities.aspx

Technical Standards, SAHP, CPS
https://alliedhealth.lsuhsc.edu/cp/technicalstandards.aspx

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Appendix E

LSU Health Sciences Center (LSUHSC)
School of Allied Health Professions
Department of Cardiopulmonary Science
Advanced Respiratory Therapy Program

Acknowledgment of Program's Policies and Procedures
And
Consent to Fieldwork Experiences

Return a signed copy of this form to the Program Director for Advanced respiratory Therapy. This will become part of your permanent academic record.

By accepting admission to the Department of Cardiopulmonary Science, Advanced Respiratory Therapy Program at LSUHSC, I agree to abide by the policies and procedures of the Respiratory Therapy Program, an all responsibilities associated with my duties in a student status. I have read the Respiratory Therapy Program's Student Handbook and I am aware of what will be required of me, both academically and professionally.

I understand that LSUHSC reserves the right to dismiss a student for incompetence, misconduct, or any violation of the policies and procedures of the Respiratory Therapy Program, School of Allied Health Professions, or the LSUHSC.

Student's Signature _____

Printed Name _____

Date _____

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Appendix F

Clinical Semester Rules Acknowledgment Form

1. Students are required to attend all clinic days. Each clinic day lasts from the time report begins until report has been given to the next shift, **but no earlier than 30 minutes from the scheduled end of a clinic rotation.**
2. Absences are made up at a ratio of 1:1 or 1:2 if absence occurred the day before a course exam.
3. **Two unexcused absences will result in receiving a grade of "F" for this semester's clinical course** and once two unexcused absences occur, the student will not be allowed to continue in any remaining clinical site rotations.
4. **A student will receive an unexcused absence for any of the following reasons:**

   A. The third and any subsequent late arrival (>1 min < 15 min after report time)
   B. Failure to notify both the clinic site's Clinical Coordinator/Shift Supervisor and DCE of one's absence/tardiness from clinic in a timely manner, as stated in the student handbook
   C. The third and any subsequent failure to login or logout of clinic during an assigned clinic day
   D . Leaving the clinic or assigned area early without proper approval
   E. Use of a cell phone during clinic hours for non-clinical purposes

5. Students are required to login and logout of Trajecsys as part of documenting their daily clinical attendance. Failure to login or logout of clinic during an assigned clinic day will result in an absence if a time exception has not been filed by midnight of that assigned clinic day.
6. Daily log sheets must be completed on a daily basis before 5 p.m. or else will not be accepted and deleted from the student's record by the DCE. The student will not receive credit for those procedures logged after 5 p.m.
7. Respectful, professional behavior and appropriate language is **REQUIRED** in all areas of the hospital, including patient rooms, corridors, cafeteria, elevators, and staff lounge.
8. It is the student's responsibility to obtain procedural competency evaluations from their clinical preceptors for all procedures requiring a competency evaluation.
9. Upon the student's completion of his/her clinical site's rotation, it is the student's responsibility to receive a student clinical evaluation by a clinical preceptor and evaluate the clinical site's preceptorship.
10. Students must submit a clinic site evaluation by the Monday following completion of a clinical site rotation. Students will not attend subsequent clinical assignments until the evaluation is submitted.

My signature indicates that I fully understand the clinical rules stated above and that I have read and understand all of the clinical guidelines/expectation/standards/rules as outlined in the course syllabus and Respiratory Therapy Student Handbook. I understand that if I have any questions regarding any policy that I am to ask the DCE for clarification/guidance). I understand that a clinic may refuse to allow me to provide patient care if my behavior is unprofessional or my clinical skills are below their standard. In addition, any behavior that is not consistent with the Clinical Policies and Procedures Relating to Students will result in a clinical course grade of "F" or failing.

Student's Name (Print)	Student's Signature	Date
DCE's Name (Print)	DCE's Signature	Date

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Appendix G

Important Contact Information

Louisiana State University Health Sciences Center
School of Allied Health Professions
Department of Cardiopulmonary Science
1900 Gravier Street
New Orleans, LA 70112-2262
Phone: 504.568.4227
Fax: 504.599.0410
https://alliedhealth.lsuhsc.edu/cp/default.aspx

Program Director: John Zamjahn, PhD, MHS, RRT, RRT-ACCS, RPFT
Room 6C2, Nursing/Allied Health Building
Office Phone: (504) 568-4228; Cell Phone: (504) 237-0728

Director of Clinical Education: Molly Quinn Jensen, MBA, RRT, RRT-ACCS, RRT-NPS
Room 6A5, Nursing/Allied Health Building
Office Phone: (504) 568-4234; Cell Phone: (612) 703-8550

American Association for Respiratory Care
9425 N. MacArthur Blvd. Suite 100
Irving, TX 75063-4706, USA
Phone: 1.972.243.2272
http://www.aarc.org/

Commission on Accreditation for Respiratory Care
264 Precision Blvd.
Telford, TN 37690
Phone: 817.283.2835
Fax: 817.354.8519
https://coarc.com

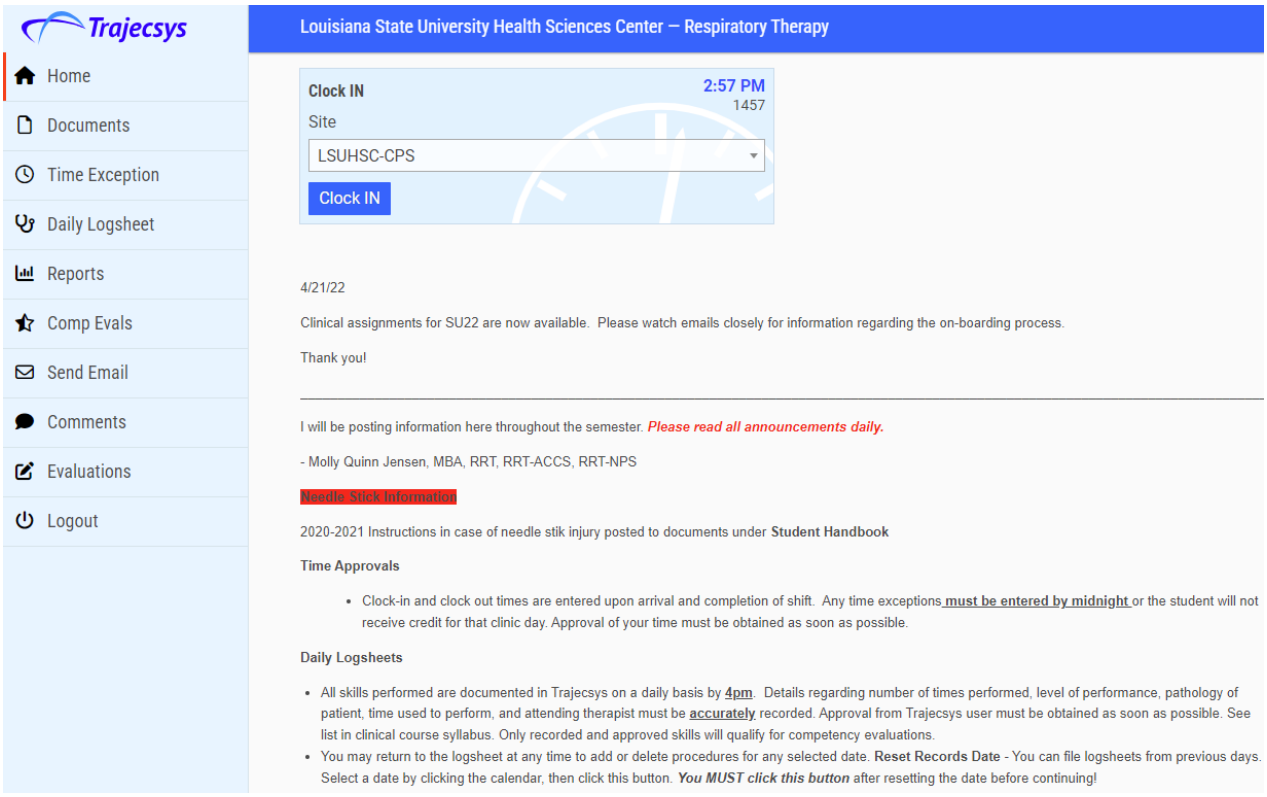
Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, LA 70130
Phone: 504.568.6820
http://www.lsbme.la.gov/

National Board for Respiratory Care Executive Office
10801 Mastin St, Suite 300
Overland Park, KS 66210
Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.712.9283
https://www.nbrc.org/

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Appendix H (Trajecsys Screenshots)

Student Home Page



Documents

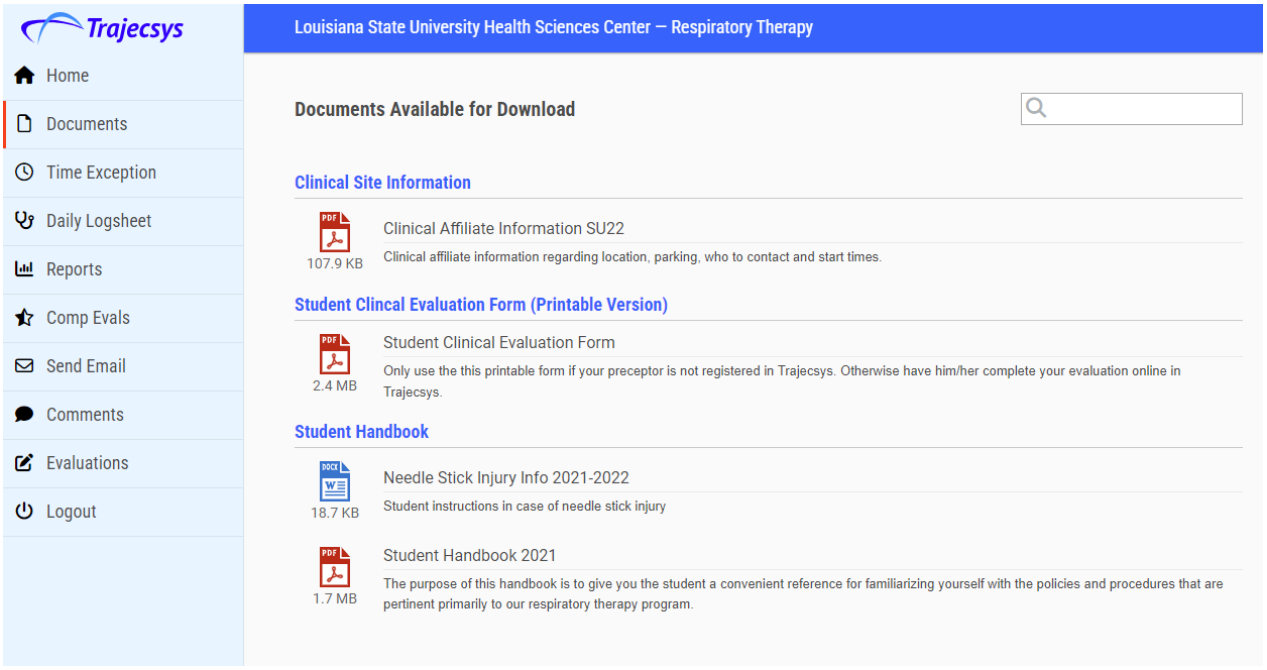
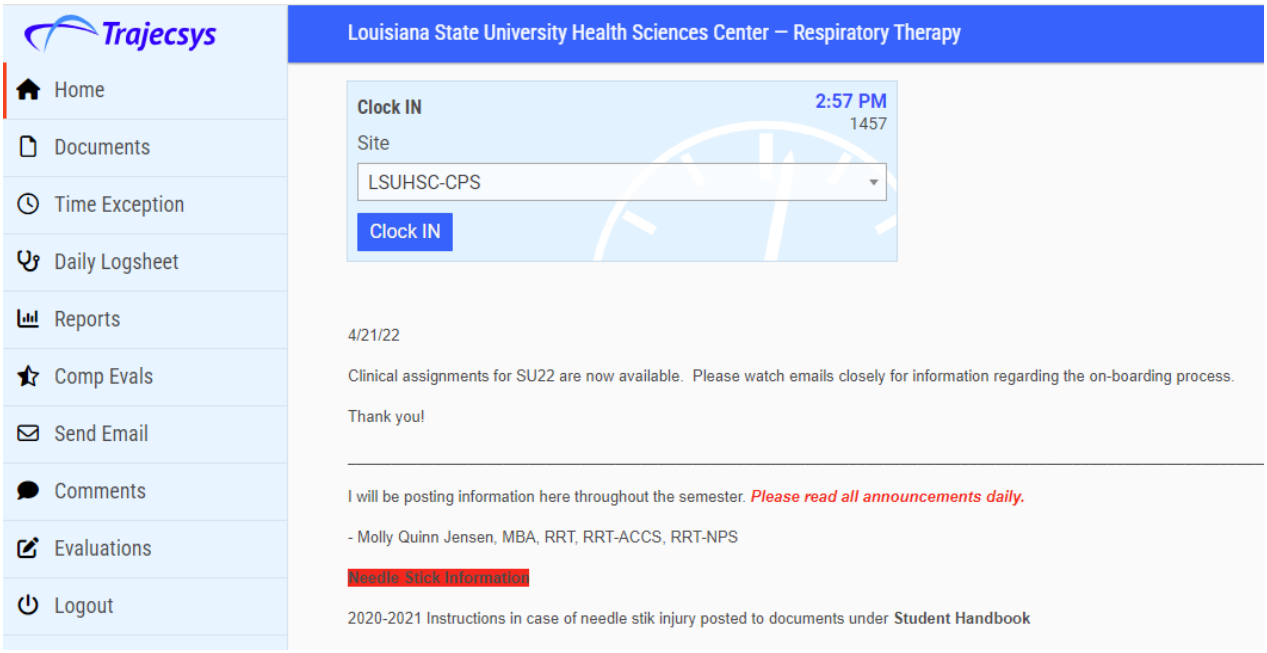


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Clock In



Clock Out

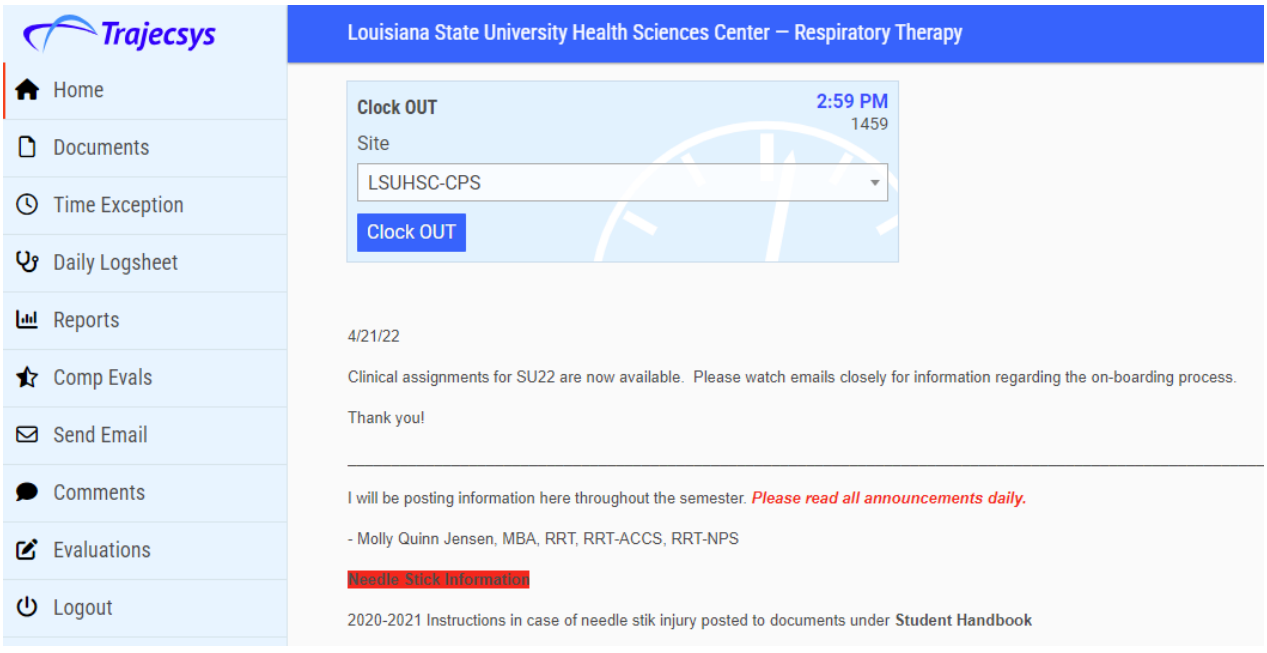
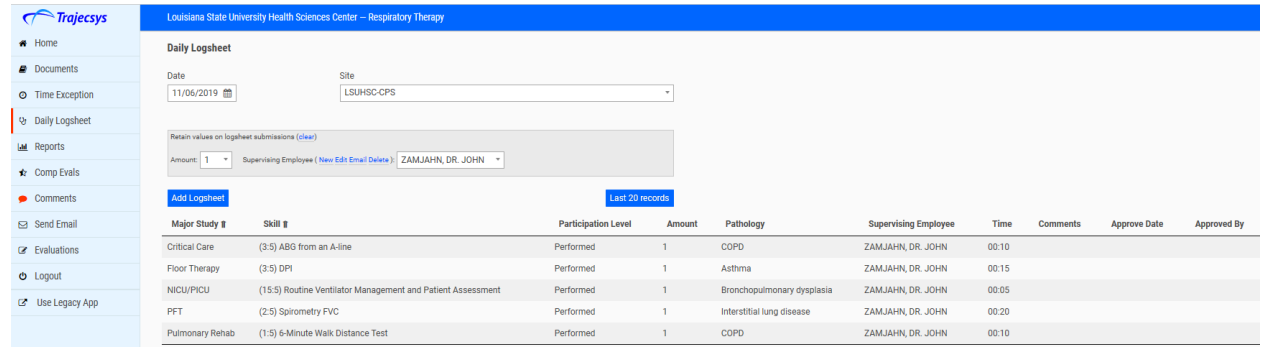


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Daily Logsheet



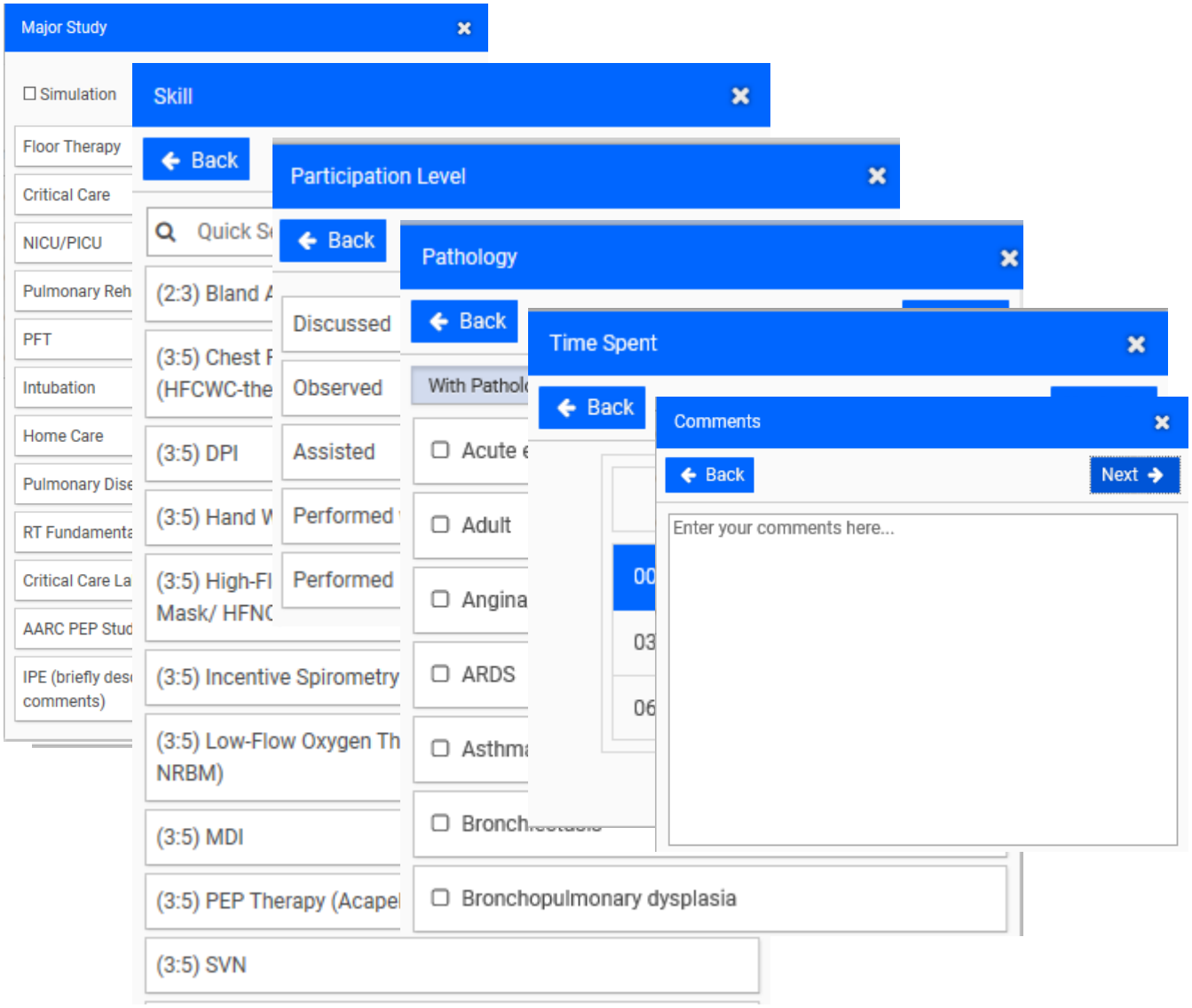


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Competency Evaluation for Approval/Disapproval by Supervisor/preceptor

(3:5) MDI Competency Evaluation

Competency Evaluation

Date: 12/15/2023 **Student:** TRAINING STUDENT **Site:** LSUHSC-CPS **Skill:** Floor Therapy - **(3:5) MDI**

Verifies the physician's order	○ Fail	◉ Pass	○ N/A
Obtain needed equipment/supplies SVN/ MDI + Chamber/ Spacer/ DPI	○ Fail	◉ Pass	○ N/A
Observes universal precautions, including washing hands	○ Fail	◉ Pass	○ N/A
Introduction	○ Fail	◉ Pass	○ N/A
Identifies patient/Explain therapy to the patient	○ Fail	◉ Pass	○ N/A
Prepares the medication in accordance with the physician's order (aseptic tech)	○ Fail	◉ Pass	○ N/A
Monitors the patient before therapy HR/RR/BBS	○ Fail	◉ Pass	○ N/A
Administers aerosol using the SVN/MDI/DPI	○ Fail	◉ Pass	○ N/A
Monitors therapy effectiveness	○ Fail	◉ Pass	○ N/A
Evaluate & Coach Patient's Technique 1. Inhales slowly and deeply (avoid inspiratory flow alert for too rapid flow) or coaches for rapid inhalation for DPI 2. Maintains adequate breath hold 3. Waits at least one minutes between each puff of a bronchodilator	○ Fail	◉ Pass	○ N/A
Monitors the patient after therapy HR/RR/BBS Encourages the patient to breath deep and cough Rinses mouth (water or mouthwash) after using an inhaled corticosteroid	○ Fail	◉ Pass	○ N/A
Disposes of excess equipment Leaves the patient's area clean and safe	○ Fail	◉ Pass	○ N/A
Washes hands before leaving the room	○ Fail	◉ Pass	○ N/A
Documents the therapy appropriately	○ Fail	◉ Pass	○ N/A
Student can state indications, hazards, contraindications for aerosol medication to be delivered	○ Fail	◉ Pass	○ N/A

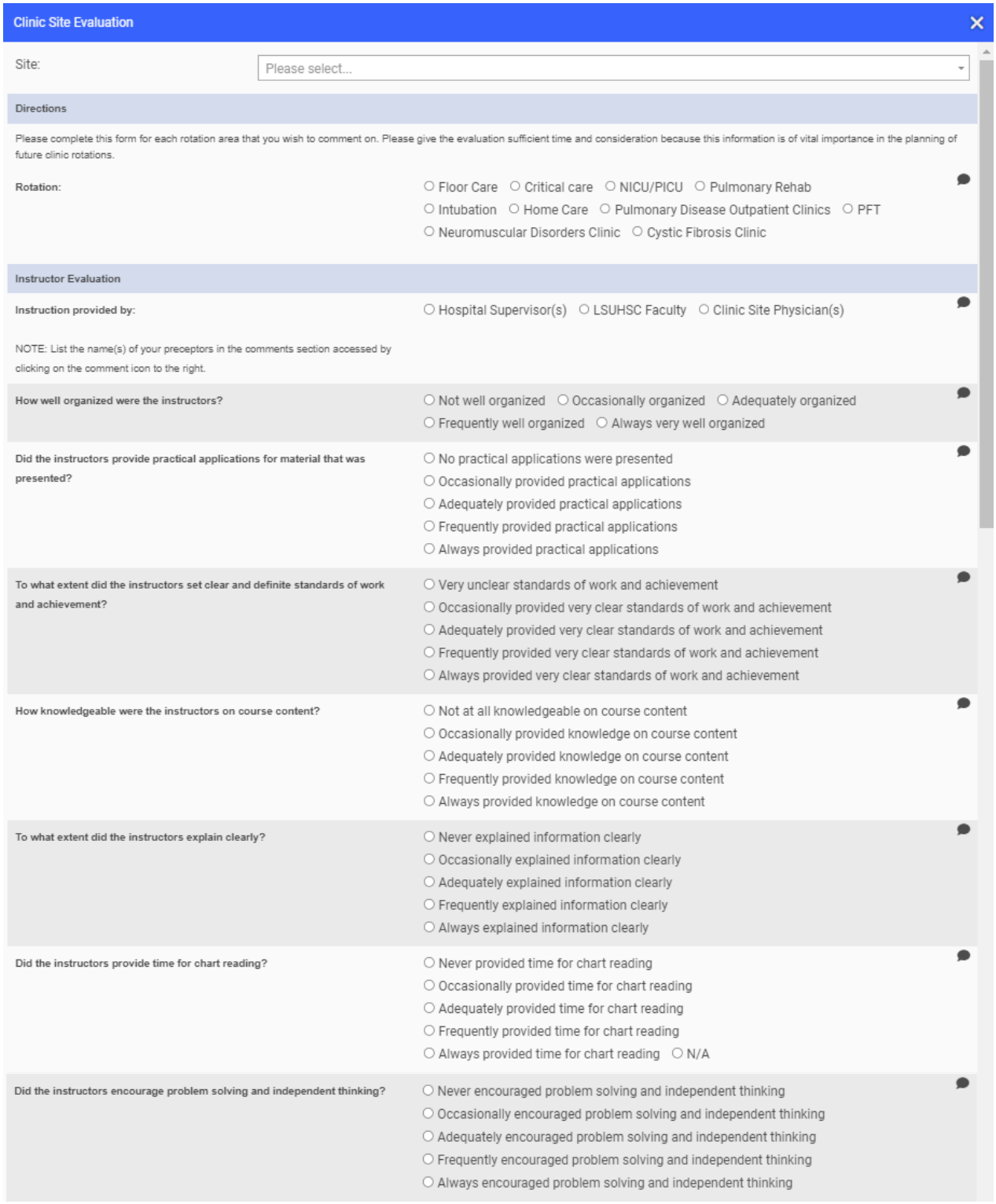
☐ Check to complete later, then click "Submit"

◉ Approved ○ Not Approved

☐ Simulated

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Clinic Site Evaluation



Clinic Site Evaluation

Site: Please select...

Directions

Please complete this form for each rotation area that you wish to comment on. Please give the evaluation sufficient time and consideration because this information is of vital importance in the planning of future clinic rotations.

Rotation:
○ Floor Care ○ Critical care ○ NICU/PICU ○ Pulmonary Rehab
○ Intubation ○ Home Care ○ Pulmonary Disease Outpatient Clinics ○ PFT
○ Neuromuscular Disorders Clinic ○ Cystic Fibrosis Clinic

Instructor Evaluation

Instruction provided by:
○ Hospital Supervisor(s) ○ LSUHSC Faculty ○ Clinic Site Physician(s)

NOTE: List the name(s) of your preceptors in the comments section accessed by clicking on the comment icon to the right.

How well organized were the instructors?
○ Not well organized ○ Occasionally organized ○ Adequately organized
○ Frequently well organized ○ Always very well organized

Did the instructors provide practical applications for material that was presented?
○ No practical applications were presented
○ Occasionally provided practical applications
○ Adequately provided practical applications
○ Frequently provided practical applications
○ Always provided practical applications

To what extent did the instructors set clear and definite standards of work and achievement?
○ Very unclear standards of work and achievement
○ Occasionally provided very clear standards of work and achievement
○ Adequately provided very clear standards of work and achievement
○ Frequently provided very clear standards of work and achievement
○ Always provided very clear standards of work and achievement

How knowledgeable were the instructors on course content?
○ Not at all knowledgeable on course content
○ Occasionally provided knowledge on course content
○ Adequately provided knowledge on course content
○ Frequently provided knowledge on course content
○ Always provided knowledge on course content

To what extent did the instructors explain clearly?
○ Never explained information clearly
○ Occasionally explained information clearly
○ Adequately explained information clearly
○ Frequently explained information clearly
○ Always explained information clearly

Did the instructors provide time for chart reading?
○ Never provided time for chart reading
○ Occasionally provided time for chart reading
○ Adequately provided time for chart reading
○ Frequently provided time for chart reading
○ Always provided time for chart reading ○ N/A

Did the instructors encourage problem solving and independent thinking?
○ Never encouraged problem solving and independent thinking
○ Occasionally encouraged problem solving and independent thinking
○ Adequately encouraged problem solving and independent thinking
○ Frequently encouraged problem solving and independent thinking
○ Always encouraged problem solving and independent thinking

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Clinic Site Evaluation Continued

Did the instructors show a genuine interest in students?	○ Never showed a genuine interest in students ○ Occasionally showed a genuine interest in students ○ Adequately showed a genuine interest in students ○ Frequently showed a genuine interest in students ○ Always showed a genuine interest in students
To what extent were the instructors sensitive to student's feelings and problems?	○ Never insensitive to student's feelings and problems ○ Occasionally insensitive to student's feelings and problems ○ Adequately sensitive to student's feelings and problems ○ Often sensitive to student's feelings and problems ○ Always sensitive student's feelings and problems
Please rate the instructors' ability to answer student's questions.	○ Never able to answer student's questions ○ Occasionally able to answer student's questions ○ Adequately able to answer student's questions ○ Frequently able to answer student's questions ○ Always able to answer student's questions
Did the instructors promote student interaction with physicians?	○ Never promoted student interaction with physicians ○ Occasionally promoted student interaction with physicians ○ Adequately promoted student interaction with physicians ○ Frequently promoted student interaction with physicians ○ Always promoted student interaction with physicians ○ N/A
Did the instructors provide timely feedback on student performance and allow time for remediation?	○ Never provide timely feedback on student performance or allowed time for remediation ○ Occasionally provide timely feedback on student performance and allowed time for remediation ○ Adequately provide timely feedback on student performance and allowed time for remediation ○ Frequently provide timely feedback on student performance and allowed time for remediation ○ Always provide timely feedback on student performance and allowed time for remediation ○ N/A
Overall instructors rating for this rotation:	○ Unsatisfactory - 1 ○ 2 ○ 3 ○ 4 ○ 5 - Excellent

Student's Comments	
Were you well received by the clinical staff? If no, explain.	
Were your expectations met by the clinic?	
Do you feel this clinical period enhanced your education as a respiratory student?	
What changes in this rotation period would you like to see and why?	
Please comment on any instructor who was a standout.	
Use this space to comment on any area(s) that were not covered by this evaluation.	

☐ Check to complete later, then click "Submit"

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Physician Interaction Record

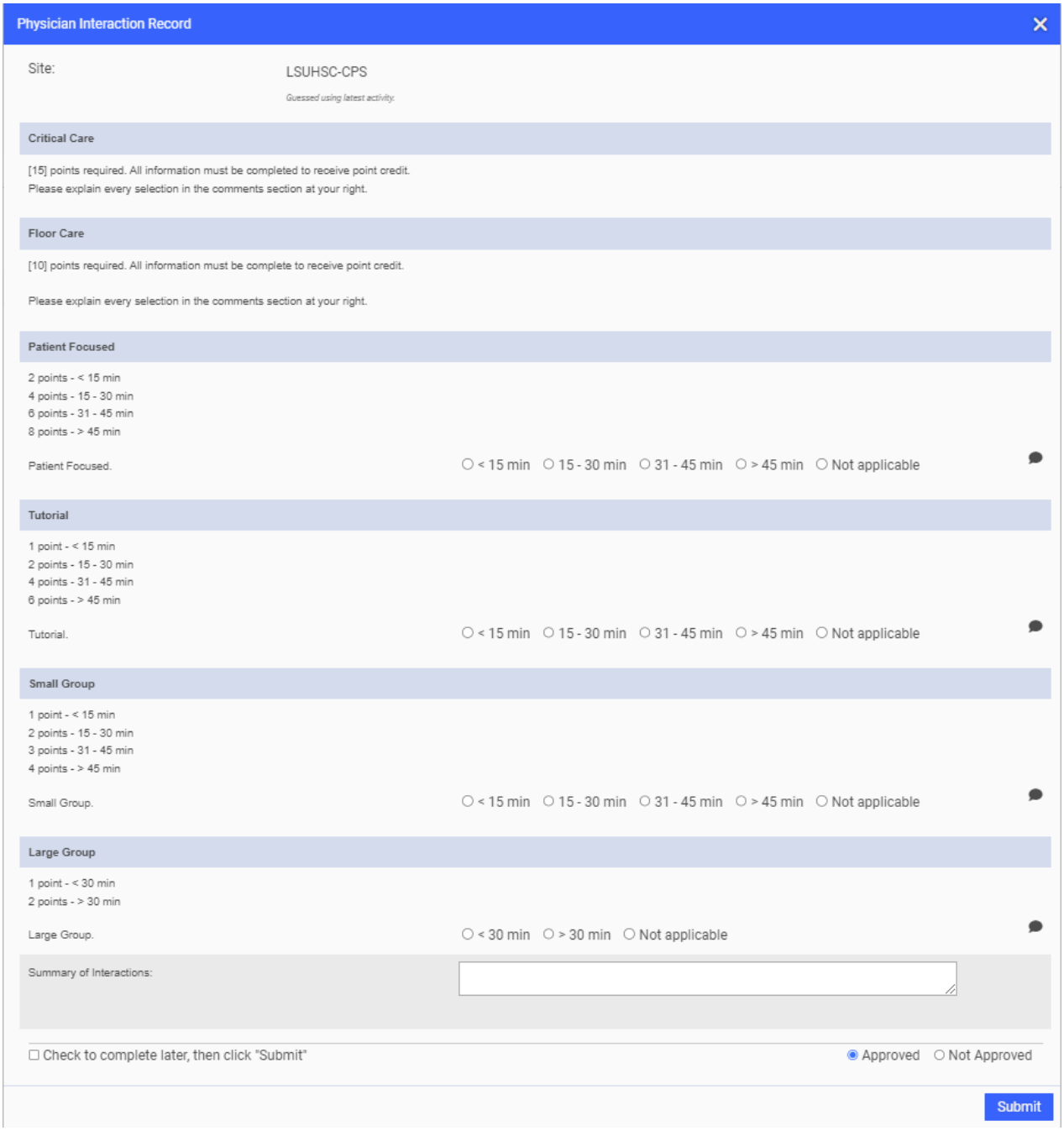
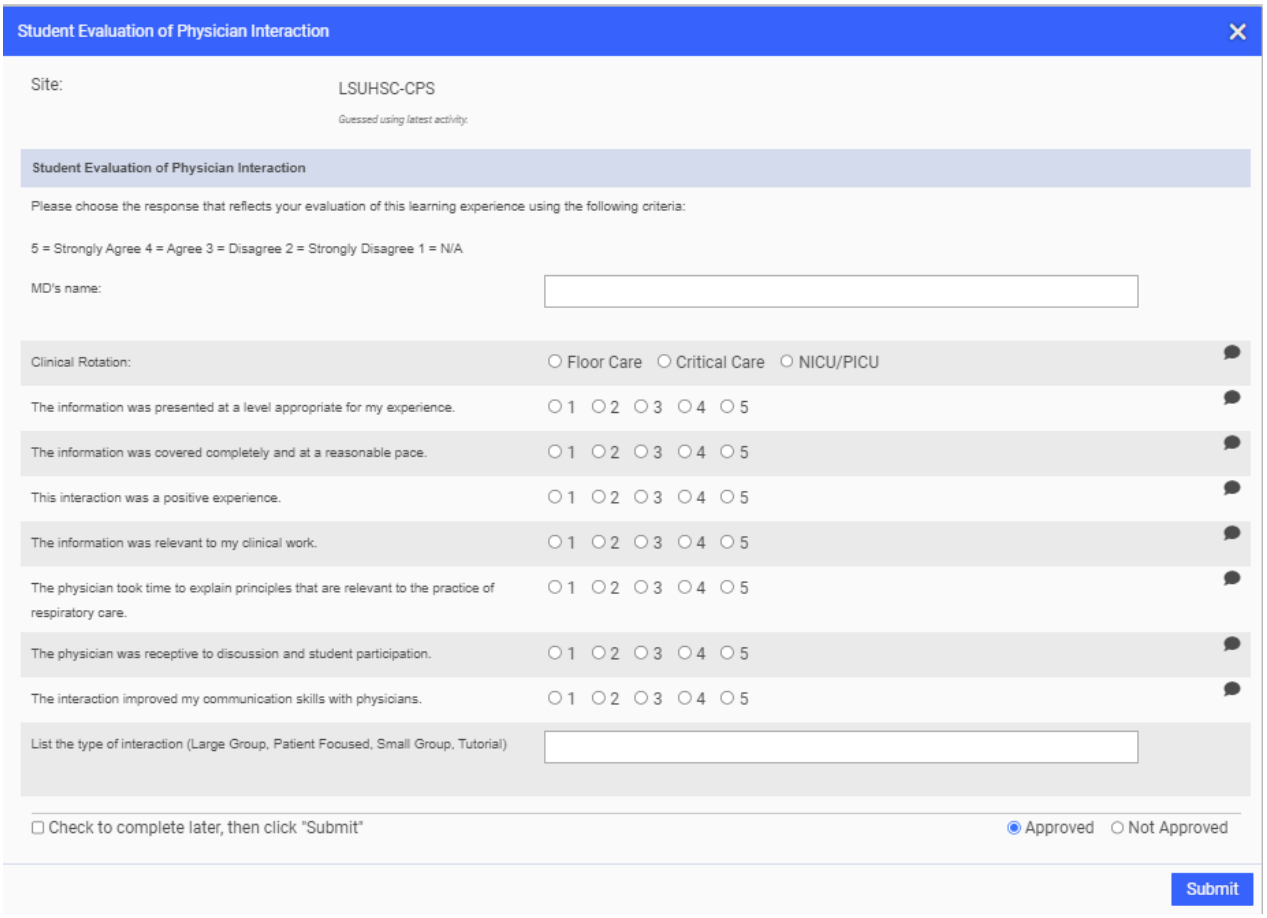


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Student Evaluation of Physician Interaction



Student Evaluation of Physician Interaction

Site: LSUHSC-CPS

Guessed using latest activity.

Student Evaluation of Physician Interaction

Please choose the response that reflects your evaluation of this learning experience using the following criteria:

5 = Strongly Agree 4 = Agree 3 = Disagree 2 = Strongly Disagree 1 = N/A

MD's name:

Clinical Rotation:	○ Floor Care ○ Critical Care ○ NICU/PICU
The information was presented at a level appropriate for my experience.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
The information was covered completely and at a reasonable pace.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
This interaction was a positive experience.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
The information was relevant to my clinical work.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
The physician took time to explain principles that are relevant to the practice of respiratory care.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
The physician was receptive to discussion and student participation.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
The interaction improved my communication skills with physicians.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
List the type of interaction (Large Group, Patient Focused, Small Group, Tutorial)	

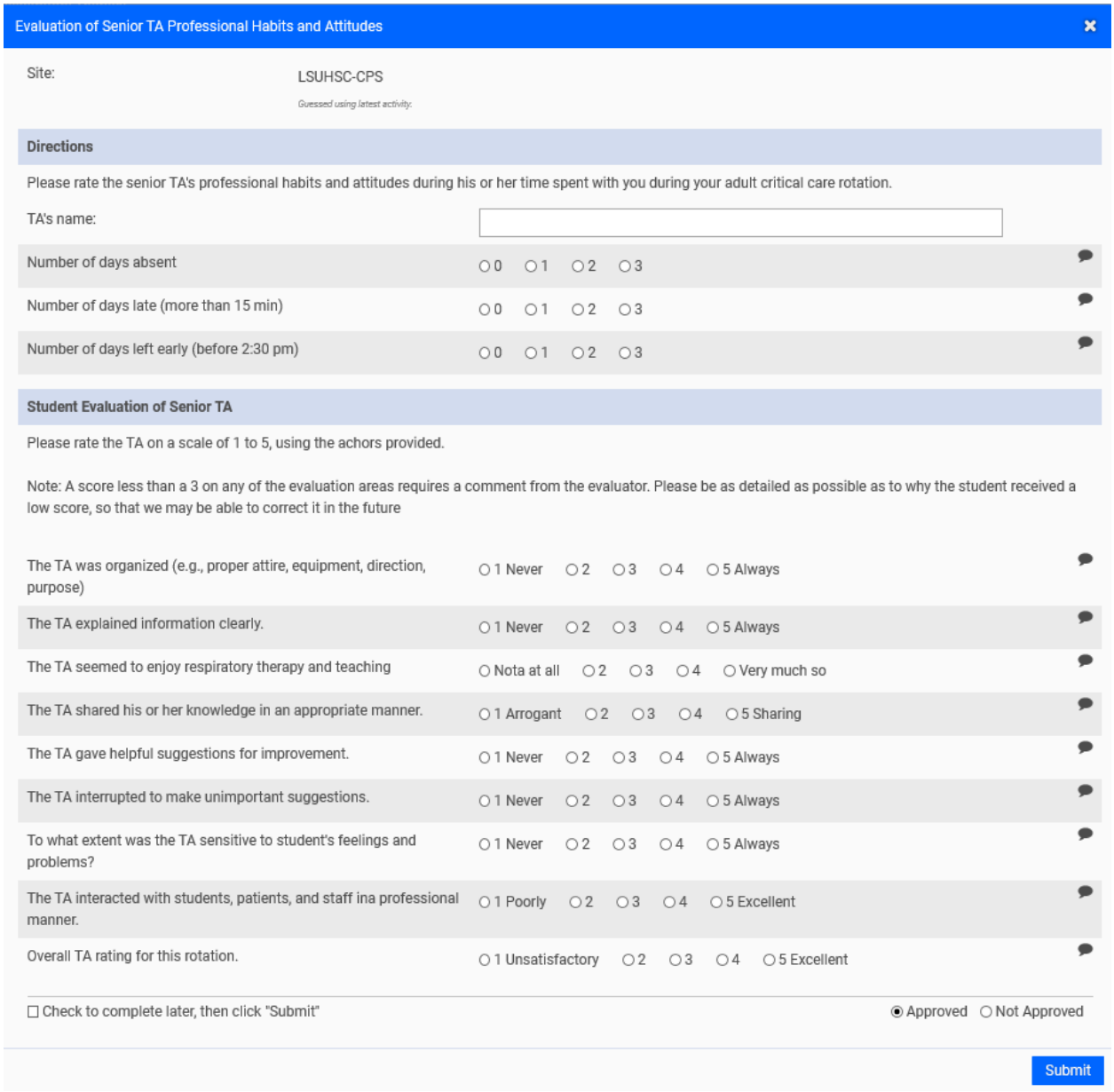
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Student Evaluation of Senior TA Professional Habits and Attitudes



Evaluation of Senior TA Professional Habits and Attitudes

Site: LSUHSC-CPS

Guessed using latest activity.

Directions

Please rate the senior TA's professional habits and attitudes during his or her time spent with you during your adult critical care rotation.

TA's name:

Number of days absent	○ 0 ○ 1 ○ 2 ○ 3
Number of days late (more than 15 min)	○ 0 ○ 1 ○ 2 ○ 3
Number of days left early (before 2:30 pm)	○ 0 ○ 1 ○ 2 ○ 3

Student Evaluation of Senior TA

Please rate the TA on a scale of 1 to 5, using the achors provided.

Note: A score less than a 3 on any of the evaluation areas requires a comment from the evaluator. Please be as detailed as possible as to why the student received a low score, so that we may be able to correct it in the future

The TA was organized (e.g., proper attire, equipment, direction, purpose)	○ 1 Never ○ 2 ○ 3 ○ 4 ○ 5 Always
The TA explained information clearly.	○ 1 Never ○ 2 ○ 3 ○ 4 ○ 5 Always
The TA seemed to enjoy respiratory therapy and teaching	○ Nota at all ○ 2 ○ 3 ○ 4 ○ Very much so
The TA shared his or her knowledge in an appropriate manner.	○ 1 Arrogant ○ 2 ○ 3 ○ 4 ○ 5 Sharing
The TA gave helpful suggestions for improvement.	○ 1 Never ○ 2 ○ 3 ○ 4 ○ 5 Always
The TA interrupted to make unimportant suggestions.	○ 1 Never ○ 2 ○ 3 ○ 4 ○ 5 Always
To what extent was the TA sensitive to student's feelings and problems?	○ 1 Never ○ 2 ○ 3 ○ 4 ○ 5 Always
The TA interacted with students, patients, and staff ina professional manner.	○ 1 Poorly ○ 2 ○ 3 ○ 4 ○ 5 Excellent
Overall TA rating for this rotation.	○ 1 Unsatisfactory ○ 2 ○ 3 ○ 4 ○ 5 Excellent

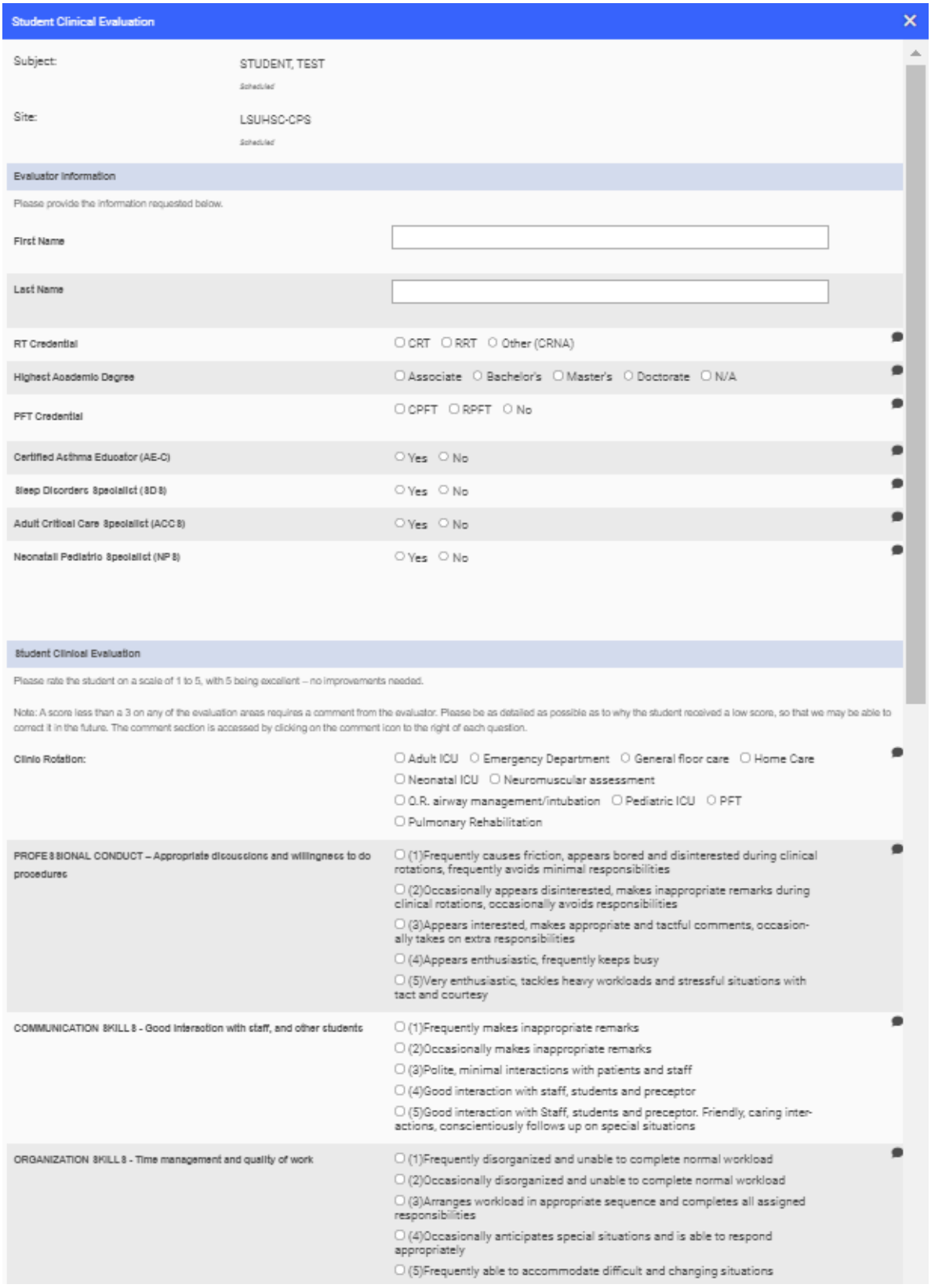
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◉ Approved ○ Not Approved

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Student Clinical Evaluation by Clinic Supervisor/Preceptor



Student Clinical Evaluation

Subject: STUDENT, TEST
Scheduled

Site: LSUHSC-CPS
Scheduled

Evaluator Information

Please provide the information requested below.

First Name

Last Name

RT Credential: ○ CRT ○ RRT ○ Other (CRNA)

Highest Academic Degree: ○ Associate ○ Bachelor's ○ Master's ○ Doctorate ○ N/A

PFT Credential: ○ CPFT ○ RPFT ○ No

Certified Asthma Educator (AE-C): ○ Yes ○ No

Sleep Disorders Specialist (SDS): ○ Yes ○ No

Adult Critical Care Specialist (ACCS): ○ Yes ○ No

Neonatal Pediatric Specialist (NPS): ○ Yes ○ No

Student Clinical Evaluation

Please rate the student on a scale of 1 to 5, with 5 being excellent – no improvements needed.

Note: A score less than a 3 on any of the evaluation areas requires a comment from the evaluator. Please be as detailed as possible as to why the student received a low score, so that we may be able to correct it in the future. The comment section is accessed by clicking on the comment icon to the right of each question.

Clinic Rotation: ○ Adult ICU ○ Emergency Department ○ General floor care ○ Home Care ○ Neonatal ICU ○ Neuromuscular assessment ○ O.R. airway management/intubation ○ Pediatric ICU ○ PFT ○ Pulmonary Rehabilitation

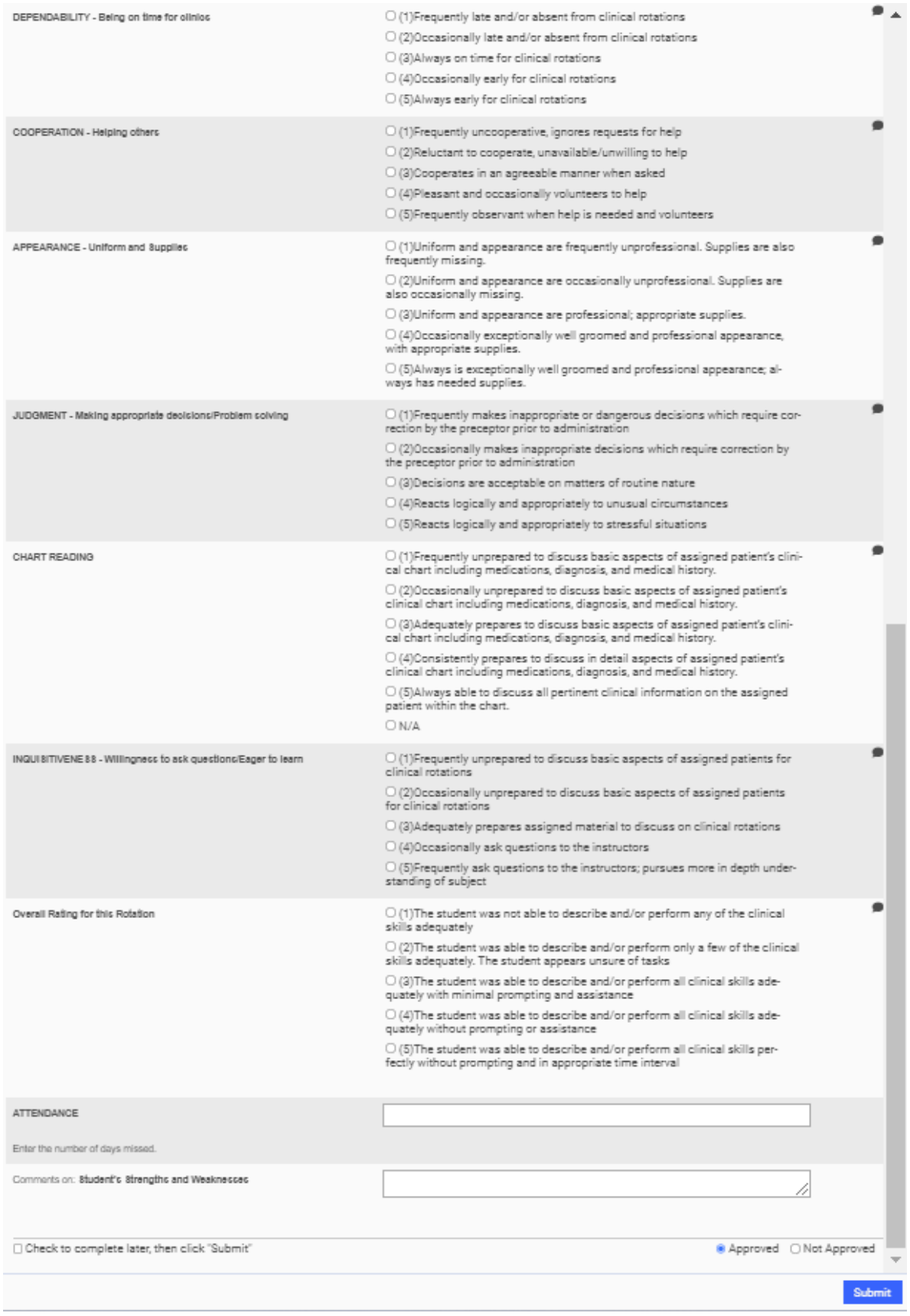
PROFESSIONAL CONDUCT – Appropriate discussions and willingness to do procedures
○ (1)Frequently causes friction, appears bored and disinterested during clinical rotations, frequently avoids minimal responsibilities
○ (2)Occasionally appears disinterested, makes inappropriate remarks during clinical rotations, occasionally avoids responsibilities
○ (3)Appears interested, makes appropriate and tactful comments, occasionally takes on extra responsibilities
○ (4)Appears enthusiastic, frequently keeps busy
○ (5)Very enthusiastic, tackles heavy workloads and stressful situations with tact and courtesy

COMMUNICATION SKILLS - Good interaction with staff, and other students
○ (1)Frequently makes inappropriate remarks
○ (2)Occasionally makes inappropriate remarks
○ (3)Polite, minimal interactions with patients and staff
○ (4)Good interaction with staff, students and preceptor
○ (5)Good interaction with Staff, students and preceptor. Friendly, caring interactions, conscientiously follows up on special situations

ORGANIZATION SKILLS - Time management and quality of work
○ (1)Frequently disorganized and unable to complete normal workload
○ (2)Occasionally disorganized and unable to complete normal workload
○ (3)Arranges workload in appropriate sequence and completes all assigned responsibilities
○ (4)Occasionally anticipates special situations and is able to respond appropriately
○ (5)Frequently able to accommodate difficult and changing situations

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Student Clinical Evaluation by Clinic Supervisor/Preceptor Continued



DEPENDABILITY - Being on time for clinics

- (1)Frequently late and/or absent from clinical rotations
- (2)Occasionally late and/or absent from clinical rotations
- (3)Always on time for clinical rotations
- (4)Occasionally early for clinical rotations
- (5)Always early for clinical rotations

COOPERATION - Helping others

- (1)Frequently uncooperative, ignores requests for help
- (2)Reluctant to cooperate, unavailable/unwilling to help
- (3)Cooperates in an agreeable manner when asked
- (4)Pleasant and occasionally volunteers to help
- (5)Frequently observant when help is needed and volunteers

APPEARANCE - Uniform and Supplies

- (1)Uniform and appearance are frequently unprofessional. Supplies are also frequently missing.
- (2)Uniform and appearance are occasionally unprofessional. Supplies are also occasionally missing.
- (3)Uniform and appearance are professional; appropriate supplies.
- (4)Occasionally exceptionally well groomed and professional appearance, with appropriate supplies.
- (5)Always is exceptionally well groomed and professional appearance; always has needed supplies.

JUDGMENT - Making appropriate decisions/Problem solving

- (1)Frequently makes inappropriate or dangerous decisions which require correction by the preceptor prior to administration
- (2)Occasionally makes inappropriate decisions which require correction by the preceptor prior to administration
- (3)Decisions are acceptable on matters of routine nature
- (4)Reacts logically and appropriately to unusual circumstances
- (5)Reacts logically and appropriately to stressful situations

CHART READING

- (1)Frequently unprepared to discuss basic aspects of assigned patient's clinical chart including medications, diagnosis, and medical history.
- (2)Occasionally unprepared to discuss basic aspects of assigned patient's clinical chart including medications, diagnosis, and medical history.
- (3)Adequately prepares to discuss basic aspects of assigned patient's clinical chart including medications, diagnosis, and medical history.
- (4)Consistently prepares to discuss in detail aspects of assigned patient's clinical chart including medications, diagnosis, and medical history.
- (5)Always able to discuss all pertinent clinical information on the assigned patient within the chart.
- N/A

INQUISITIVENESS - Willingness to ask questions/Eager to learn

- (1)Frequently unprepared to discuss basic aspects of assigned patients for clinical rotations
- (2)Occasionally unprepared to discuss basic aspects of assigned patients for clinical rotations
- (3)Adequately prepares assigned material to discuss on clinical rotations
- (4)Occasionally ask questions to the instructors
- (5)Frequently ask questions to the instructors; pursues more in depth understanding of subject

Overall Rating for this Rotation

- (1)The student was not able to describe and/or perform any of the clinical skills adequately
- (2)The student was able to describe and/or perform only a few of the clinical skills adequately. The student appears unsure of tasks
- (3)The student was able to describe and/or perform all clinical skills adequately with minimal prompting and assistance
- (4)The student was able to describe and/or perform all clinical skills adequately without prompting or assistance
- (5)The student was able to describe and/or perform all clinical skills perfectly without prompting and in appropriate time interval

ATTENDANCE

Enter the number of days missed.

Comments on: **Student's Strengths and Weaknesses**

☐ Check to complete later, then click "Submit"

◉ Approved ○ Not Approved

Submit

Table of Contents

Appendix I NBRC Detailed Content Outlined for Therapist Multiple-Choice Exam and Clinical Simulation Exam

Effective: January 2020

Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level: Recall	Cognitive Level: Application	Cognitive Level: Analysis	Totals
I. PATIENT DATA		**15**	**27**	**8**	**50**
A. Evaluate Data in the Patient Record		4	6	0	10
1. Patient history, for example, • history of present illness (HPI) • orders • medication reconciliation • progress notes • DNR status / advance directives • social, family, and medical history					
2. Physical examination relative to the cardiopulmonary system					
3. Lines, drains, and airways, for example, • chest tube • vascular lines • artificial airway					
4. Laboratory results, for example, • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers					
5. Blood gas analysis and / or hemoximetry (CO-oximetry) results					
6. Pulmonary function testing results, for example • spirometry • lung volumes • DLCO					
7. 6-minute walk test results					
8. Imaging study results, for example, • chest radiograph • CT scan • ultrasonography and / or echocardiography • PET scan • ventilation / perfusion scan					
9. Maternal and perinatal / neonatal history, for example, • APGAR scores • gestational age • L / S ratio					
10. Sleep study results, for example, • apnea-hypopnea index (AHI)					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
11. Trends in monitoring results					
a. fluid balance					
b. vital signs					
c. intracranial pressure					
d. ventilator liberation parameters					
e. pulmonary mechanics					
f. noninvasive, for example, • pulse oximetry • capnography • transcutaneous					
g. cardiac evaluation / monitoring results, for example, • ECG • hemodynamic parameters					
12. Determination of a patient's pathophysiological state					
B. Perform Clinical Assessment		3	6	1	10
1. Interviewing a patient to assess					
a. level of consciousness and orientation, emotional state, and ability to cooperate					
b. level of pain					
c. shortness of breath, sputum production, and exercise tolerance					
d. smoking history					
e. environmental exposures					
f. activities of daily living					
g. learning needs, for example, • literacy • preferred learning style • social / cultural					
2. Performing inspection to assess					
a. general appearance					
b. characteristics of the airway, for example, • patency • Mallampati classification • tracheal shift					
c. cough, sputum amount and character					
d. status of a neonate, for example, • APGAR score • gestational age					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
e. skin integrity, for example, • pressure ulcers • stoma site					
3. Palpating to assess					
a. pulse, rhythm, intensity					
b. accessory muscle activity					
c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and / or tracheal deviation					
4. Performing diagnostic chest percussion					
5. Auscultating to assess					
a. breath sounds					
b. heart sounds and rhythm					
c. blood pressure					
6. Reviewing a chest radiograph to assess					
a. quality of imaging, for example, • patient positioning • penetration • lung inflation					
b. presence and position of airways, lines, and drains					
c. presence of foreign bodies					
d. heart size and position					
e. presence of, or change in,					
(i) cardiopulmonary abnormalities, for example, • pneumothorax • consolidation • pleural effusion • pulmonary edema • pulmonary artery size					
(ii) diaphragm, mediastinum, and / or trachea					
C. Perform Procedures to Gather Clinical Information		4	7	1	12
1. 12-lead ECG					
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					
3. Peak flow					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity					
5. Blood gas sample collection					
6. Blood gas analysis and / or hemoximetry (CO-oximetry)					
7. Oxygen titration with exercise					
8. Cardiopulmonary calculations, for example, • $P(A\text{-}a)O_2$ • V_D / V_T • P / F • OI					
9. Hemodynamic monitoring					
10. Pulmonary compliance and airways resistance					
11. Plateau pressure					
12. Auto-PEEP determination					
13. Spontaneous breathing trial (SBT)					
14. Apnea monitoring					
15. Apnea test (brain death determination)					
16. Overnight pulse oximetry					
17. CPAP / NPPV titration during sleep					
18. Cuff management, for example, • tracheal • laryngeal					
19. Sputum induction					
20. Cardiopulmonary stress testing					
21. 6-minute walk test					
22. Spirometry outside or inside a pulmonary function laboratory					
23. DLCO inside a pulmonary function laboratory					
24. Lung volumes inside a pulmonary function laboratory					
25. Tests of respiratory muscle strength - MIP and MEP					
26. Therapeutic bronchoscopy					
D. Evaluate Procedure Results		2	4	4	10
1. 12-lead ECG					
2. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					
3. Peak flow					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
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4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity					
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9. Pulmonary compliance and airways resistance					
10. Plateau pressure					
11. Auto-PEEP					
12. Spontaneous breathing trial (SBT)					
13. Apnea monitoring					
14. Apnea test (brain death determination)					
15. Overnight pulse oximetry					
16. CPAP / NPPV titration during sleep					
17. Cuff status, for example, • laryngeal • tracheal					
18. Cardiopulmonary stress testing					
19. 6-minute walk test					
20. Spirometry outside or inside a pulmonary function laboratory					
21. DLCO inside a pulmonary function laboratory					
22. Lung volumes inside a pulmonary function laboratory					
23. Tests of respiratory muscle strength - MIP and MEP					
E. Recommend Diagnostic Procedures		2	4	2	8
1. Testing for tuberculosis					
2. Laboratory tests, for example, • CBC • electrolytes • coagulation studies • sputum culture and sensitivities • cardiac biomarkers					
3. Imaging studies					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
4. Bronchoscopy					
a. diagnostic					
b. therapeutic					
5. Bronchoalveolar lavage (BAL)					
6. Pulmonary function testing					
7. Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous					
8. Blood gas and/or hemoximetry (CO-oximetry)					
9. ECG					
10. Exhaled gas analysis, for example, • CO_2 • CO • FENO					
11. Hemodynamic monitoring					
12. Sleep studies					
13. Thoracentesis					
II. TROUBLESHOOTING AND QUALITY CONTROL OF DEVICES, AND INFECTION CONTROL		**8**	**9**	**3**	**20**
A. Assemble / Troubleshoot Devices		4	8	3	15
1. Medical gas delivery interfaces, for example, • mask • cannula • heated high-flow nasal cannula					
2. Long-term oxygen therapy					
3. Medical gas delivery, metering, and /or clinical analyzing devices, for example, • concentrator • liquid system • flowmeter • regulator • gas cylinder • blender • air compressor • gas analyzers					
4. CPAP / NPPV with patient interfaces					
5. Humidifiers					
6. Nebulizers					
7. Metered-dose inhalers, spacers, and valved holding chambers					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
8. Dry-powder inhalers (DPI)					
9. Resuscitation equipment, for example, • self-inflating resuscitator • flow-inflating resuscitator • AED					
10. Mechanical ventilators					
11. Intubation equipment					
12. Artificial airways					
13. Suctioning equipment, for example, • regulator • canister • tubing • catheter					
14. Blood analyzers, for example, • hemoximetry (CO-oximetry) • point-of-care • blood gas					
15. Patient breathing circuits					
16. Hyperinflation devices					
17. Secretion clearance devices					
18. Heliox delivery device					
19. Portable spirometer					
20. Testing equipment in a pulmonary function laboratory					
21. Pleural drainage					
22. Noninvasive monitoring, for example, • pulse oximeter • capnometer • transcutaneous					
23. Bronchoscopes and light sources					
24. Hemodynamic monitoring					
a. pressure transducers					
b. catheters, for example, • arterial • pulmonary artery					
B. Ensure Infection Prevention		2	0	0	2
1. Adhering to infection prevention policies and procedures, for example, • Standard Precautions • donning/doffing • isolation					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
2. Adhering to disinfection policies and procedures					
3. Proper handling of biohazardous materials					
C. Perform Quality Control Procedures		2	1	0	3
1. Blood analyzers					
2. Gas analyzers					
3. Pulmonary function equipment for testing					
a. spirometry results					
b. lung volumes					
c. diffusing capacity (DLCO)					
4. Mechanical ventilators					
5. Noninvasive monitors					
III. INITIATION AND MODIFICATION OF INTERVENTIONS		**10**	**30**	**30**	**70**
A. Maintain a Patent Airway Including the Care of Artificial Airways		3	4	3	10
1. Proper positioning of a patient					
2. Recognition of a difficult airway					
3. Establishing and managing a patient's airway					
a. nasopharyngeal airway					
b. oropharyngeal airway					
c. esophagealtracheal tubes / supraglottic airways					
d. endotracheal tube					
e. tracheostomy tube					
f. laryngectomy tube					
g. speaking valves					
h. devices that assist with intubation, for example, • endotracheal tube exchanger • video laryngoscopy					
4. Performing tracheostomy care					
5. Exchanging artificial airways					
6. Maintaining adequate humidification					
7. Initiating protocols to prevent ventilator-associated infections					
8. Performing extubation					
B. Perform Airway Clearance and Lung Expansion Techniques		2	2	1	5
1. Postural drainage, percussion, or vibration					
2. Suctioning, for example, • nasotracheal • oropharyngeal					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
3. Mechanical devices, for example, • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation					
4. Assisted cough, for example, • huff • abdominal thrust					
5. Hyperinflation therapy					
6. Inspiratory muscle training					
C. Support Oxygenation and Ventilation		1	5	9	15
1. Initiating and adjusting oxygen therapy					
2. Minimizing hypoxemia, for example, • patient positioning • secretion removal					
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. Recognizing and correcting patient-ventilator dyssynchrony					
6. Utilizing ventilator graphics					
7. Performing lung recruitment maneuvers					
8. Liberating a patient from mechanical ventilation					
D. Administer Medications and Specialty Gases		1	3	0	4
1. Aerosolized preparations					
a. antimicrobials					
b. pulmonary vasodilators					
c. bronchodilators					
d. mucolytics / proteolytics					
e. steroids					
2. Endotracheal instillation					
3. Specialty gases, for example, • heliox • inhaled NO					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
E. Ensure Modifications are Made to the Respiratory Care Plan		1	7	10	18
1. Treatment termination, for example, • life-threatening adverse event					
2. Recommendations					
a. starting treatment based on patient response					
b. treatment of pneumothorax					
c. adjustment of fluid balance					
d. adjustment of electrolyte therapy					
e. insertion or change of artificial airway					
f. liberating from mechanical ventilation					
g. extubation					
h. discontinuing treatment based on patient response					
i. consultation from a physician specialist					
3. Recommendations for changes					
a. patient position					
b. oxygen therapy					
c. humidification					
d. airway clearance					
e. hyperinflation					
f. mechanical ventilation					
4. Recommendations for pharmacologic interventions					
a. bronchodilators					
b. anti-inflammatory drugs					
c. mucolytics and proteolytics					
d. aerosolized antibiotics					
e. inhaled pulmonary vasodilators					
f. cardiovascular					
g. antimicrobials					
h. sedatives and hypnotics					
i. analgesics					
j. narcotic antagonists					
k. benzodiazepine antagonists					
l. neuromuscular blocking agents					
m. diuretics					
n. surfactants					
o. changes to drug, dosage, administration frequency, mode, or concentration					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
F. Utilize Evidence-Based Practice		0	2	4	6
1. Classification of disease severity					
2. Recommendations for changes in a therapeutic plan when indicated					
3. Application of guidelines, for example, • ARDSNet • NAEPP • GOLD					
G. Provide Respiratory Care in High-Risk Situations		0	2	3	5
1. Emergency					
a. cardiopulmonary emergencies, excluding CPR					
b. disaster management					
c. medical emergency team (MET) / rapid response team					
2. Interprofessional communication					
3. Patient transport					
a. land / air between hospitals					
b. within a hospital					
H. Assist a Physician / Provider in Performing Procedures		1	3	0	4
1. Intubation					
2. Bronchoscopy					
3. Specialized bronchoscopy, for example, • endobronchial ultrasound (EBUS) • navigational bronchoscopy (ENB)					
4. Thoracentesis					
5. Tracheotomy					
6. Chest tube insertion					
7. Insertion of arterial or venous catheters					
8. Moderate (conscious) sedation					
9. Cardioversion					
10. Withdrawal of life support					
I. Conduct Patient and Family Education		1	2	0	3
1. Safety and infection control					
2. Home care and related equipment					
3. Lifestyle changes, for example, • smoking cessation • exercise					

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Therapist Multiple-Choice Examination Detailed Content Outline *Items are linked to open cells.*	Ethics	Cognitive Level			Totals
		Recall	Application	Analysis	
4. Pulmonary rehabilitation					
5. Disease / condition management, for example, • asthma • COPD • CF • tracheostomy care • ventilator dependent					
Totals	**3**	**33**	**66**	**41**	**140**

Additional Specifications			
Patient Type	**Target**	**Minimum**	**Maximum**
Pediatric – 1 month to 17 years of age	4	3	8
Neonatal – birth to 1 month of age	3	2	5
Adult or General	balance		
Total	140		

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Patient Conditions

GENERAL

COPD

ASTHMA

HEART FAILURE

POST-SURGICAL

GERIATRIC

CARDIOVASCULAR

INFECTIOUS DISEASE

PULMONARY VASCULAR DISEASE

TRAUMA

IMMUNOCOMPROMISED HOST

NEUROLOGIC

RDS

PEDIATRIC

DISORDERS OF PREMATURITY

PULMONARY EMBOLISM

SHOCK

BARIATRIC

NEONATAL

BRONCHIOLITIS

NEUROMUSCULAR

PSYCHIATRIC

CONGENITAL DEFECTS

CYSTIC FIBROSIS

BURN/INHALATION INJURY

LUNG TRANSPLANTATION

APNEA

INTERSTITIAL LUNG DISEASE

DRUG OVERDOSE

TRAUMATIC BRAIN INJURY (TBI)

SEPSIS

LUNG CANCER

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Therapist Multiple-Choice Examination
Admission Requirements

Please ensure you meet the following requirements before applying for the TMC Examination:

1. Be 18 years of age or older.

and

2. Be a graduate of and have a minimum of an associate degree from a respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

or

3. Be a CRT for at least four years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

4. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a minimum of an associate degree from an accredited entry-level respiratory care education program.

or

5. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a baccalaureate degree in an area other than respiratory care and shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

6. Hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

Therapist Multiple-Choice Examination
Examination Fees

New Applicant	Repeat Applicant
$190	$150

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Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading,
for example, I.A, II.B

I. PATIENT DATA

A. Evaluate Data in the Patient Record

1. Patient history, for example,
   - history of present illness (HPI)
   - orders
   - medication reconciliation
   - progress notes
   - DNR status / advance directives
   - social, family, and medical history
2. Physical examination relative to the cardiopulmonary system
3. Lines, drains, and airways, for example,
   - chest tube
   - vascular lines
   - artificial airway
4. Laboratory results, for example,
   - CBC
   - electrolytes
   - coagulation studies
   - sputum culture and sensitivities
   - cardiac biomarkers
5. Blood gas analysis and / or hemoximetry (CO-oximetry) results
6. Pulmonary function testing results, for example
   - spirometry
   - lung volumes
   - DLCO
7. 6-minute walk test results
8. Imaging study results, for example,
   - chest radiograph
   - CT scan
   - ultrasonography and / or echocardiography
   - PET scan
   - ventilation / perfusion scan
9. Maternal and perinatal / neonatal history, for example,
   - Apgar scores
   - gestational age
   - L / S ratio
10. Sleep study results, for example,
    - apnea-hypopnea index (AHI)

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

11. Trends in monitoring results
a. fluid balance
b. vital signs
c. intracranial pressure
d. ventilator liberation parameters
e. pulmonary mechanics
f. noninvasive, for example, • pulse oximetry • capnography • transcutaneous
g. cardiac evaluation / monitoring results, for example, • ECG • hemodynamic parameters
12. Determination of a patient's pathophysiological state
B. Perform Clinical Assessment
1. Interviewing a patient to assess
a. level of consciousness and orientation, emotional state, and ability to cooperate
b. level of pain
c. shortness of breath, sputum production, and exercise tolerance
d. smoking history
e. environmental exposures
f. activities of daily living
g. learning needs, for example, • literacy • preferred learning style • social / cultural
2. Performing inspection to assess
a. general appearance
b. characteristics of the airway, for example, • patency • Mallampati classification • tracheal shift
c. cough, sputum amount and character
d. status of a neonate, for example, • Apgar score • gestational age
e. skin integrity, for example, • pressure ulcers • stoma site

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading,
for example, I.A, II.B

3. Palpating to assess
    a. pulse, rhythm, intensity
    b. accessory muscle activity
    c. asymmetrical chest movements, tactile fremitus, crepitus, tenderness, tactile rhonchi, and / or tracheal deviation
4. Performing diagnostic chest percussion
5. Auscultating to assess
    a. breath sounds
    b. heart sounds and rhythm
    c. blood pressure
6. Reviewing a chest radiograph to assess
    a. quality of imaging, for example,
        - patient positioning
        - penetration
        - lung inflation
    b. presence and position of airways, lines, and drains
    c. presence of foreign bodies
    d. heart size and position
    e. presence of, or change in,
        (i) cardiopulmonary abnormalities, for example,
            - pneumothorax
            - consolidation
            - pleural effusion
            - pulmonary edema
            - pulmonary artery size
        (ii) diaphragm, mediastinum, and / or trachea

C. Perform Procedures to Gather Clinical Information

1. 12-lead ECG
2. Noninvasive monitoring, for example,
    - pulse oximetry
    - capnography
    - transcutaneous
3. Peak flow
4. Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity
5. Blood gas sample collection
6. Blood gas analysis and / or hemoximetry (CO-oximetry)
7. Oxygen titration with exercise

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

8.	Cardiopulmonary calculations, for example, • $P(A\text{-}a)O_2$ • V_D / V_T • P / F • OI
9.	Hemodynamic monitoring
10.	Pulmonary compliance and airways resistance
11.	Plateau pressure
12.	Auto-PEEP determination
13.	Spontaneous breathing trial (SBT)
14.	Apnea monitoring
15.	Apnea test (brain death determination)
16.	Overnight pulse oximetry
17.	CPAP / NPPV titration during sleep
18.	Cuff management, for example, • tracheal • laryngeal
19.	Sputum induction
20.	Cardiopulmonary exercise testing
21.	6-minute walk test
22.	Spirometry outside or inside a pulmonary function laboratory
23.	DLCO inside a pulmonary function laboratory
24.	Lung volumes inside a pulmonary function laboratory
25.	Tests of respiratory muscle strength - MIP and MEP
26.	Therapeutic bronchoscopy
D.	**Evaluate Procedure Results**
1.	12-lead ECG
2.	Noninvasive monitoring, for example, • pulse oximetry • capnography • transcutaneous
3.	Peak flow
4.	Mechanics of spontaneous ventilation linked to tidal volume, minute volume, maximal inspiratory pressure, and vital capacity
5.	Blood gas analysis and / or hemoximetry (CO-oximetry)
6.	Oxygen titration with exercise

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

7. Cardiopulmonary calculations, for example,
   - $P(A\text{-}a)O_2$
   - V_D / V_T
   - P / F
   - OI
8. Hemodynamic monitoring
9. Pulmonary compliance and airways resistance
10. Plateau pressure
11. Auto-PEEP
12. Spontaneous breathing trial (SBT)
13. Apnea monitoring
14. Apnea test (brain death determination)
15. Overnight pulse oximetry
16. CPAP / NPPV titration during sleep
17. Cuff status, for example,
    - laryngeal
    - tracheal
18. Cardiopulmonary exercise testing
19. 6-minute walk test
20. Spirometry outside or inside a pulmonary function laboratory
21. DLCO inside a pulmonary function laboratory
22. Lung volumes inside a pulmonary function laboratory
23. Tests of respiratory muscle strength - MIP and MEP

E. Recommend Diagnostic Procedures

1. Testing for tuberculosis
2. Laboratory tests, for example,
   - CBC
   - electrolytes
   - coagulation studies
   - sputum culture and sensitivities
   - cardiac biomarkers
3. Imaging studies
4. Bronchoscopy
   a. diagnostic
   b. therapeutic
5. Bronchoalveolar lavage (BAL)
6. Pulmonary function testing

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

7. Noninvasive monitoring, for example,
   - pulse oximetry
   - capnography
   - transcutaneous
8. Blood gas and/or hemoximetry (CO-oximetry)
9. ECG
10. Exhaled gas analysis, for example,
    - CO_2
    - CO
    - FENO
11. Hemodynamic monitoring
12. Sleep studies
13. Thoracentesis

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

A. Assemble /Troubleshoot Devices

1. Medical gas delivery interfaces, for example,
   - mask
   - cannula
   - heated high-flow nasal cannula
2. Long-term oxygen therapy
3. Medical gas delivery, metering, and /or clinical analyzing devices, for example,
   - concentrator
   - liquid system
   - flowmeter
   - regulator
   - gas cylinder
   - blender
   - air compressor
   - gas analyzers
4. CPAP / NPPV with patient interfaces
5. Humidifiers
6. Nebulizers
7. Metered-dose inhalers, spacers, and valved holding chambers
8. Dry-powder inhalers (DPI)
9. Resuscitation equipment, for example,
   - self-inflating resuscitator
   - flow-inflating resuscitator
   - AED
10. Mechanical ventilators

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

11. Intubation equipment
12. Artificial airways
13. Suctioning equipment, for example,
    - regulator
    - canister
    - tubing
    - catheter
14. Blood analyzers, for example,
    - hemoximetry (CO-oximetry)
    - point-of-care
    - blood gas
15. Patient breathing circuits
16. Hyperinflation devices
17. Secretion clearance devices
18. Heliox delivery device
19. Portable spirometer
20. Testing equipment in a pulmonary function laboratory
21. Pleural drainage
22. Noninvasive monitoring, for example,
    - pulse oximeter
    - capnometer
    - transcutaneous
23. Bronchoscopes and light sources
24. Hemodynamic monitoring
    a. pressure transducers
    b. catheters, for example,
        - arterial
        - pulmonary artery

B. Ensure Infection Prevention

1. Adhering to infection prevention policies and procedures, for example,
    - Standard Precautions
    - donning/doffing
    - isolation
2. Adhering to disinfection policies and procedures
3. Proper handling of biohazardous materials

C. Perform Quality Control Procedures

1. Blood analyzers
2. Gas analyzers
3. Pulmonary function equipment for testing
    a. spirometry results

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

b. lung volumes
c. diffusing capacity (DLCO)
4. Mechanical ventilators
5. Noninvasive monitors
III. INITIATION AND MODIFICATION OF INTERVENTIONS
A. Maintain a Patent Airway Including the Care of Artificial Airways
1. Proper positioning of a patient
2. Recognition of a difficult airway
3. Establishing and managing a patient's airway
a. nasopharyngeal airway
b. oropharyngeal airway
c. esophagealtracheal tubes / supraglottic airways
d. endotracheal tube
e. tracheostomy tube
f. laryngectomy tube
g. speaking valves
h. devices that assist with intubation, for example, • endotracheal tube exchanger • video laryngoscopy
4. Performing tracheostomy care
5. Exchanging artificial airways
6. Maintaining adequate humidification
7. Initiating protocols to prevent ventilator-associated infections
8. Performing extubation
B. Perform Airway Clearance and Lung Expansion Techniques
1. Postural drainage, percussion, or vibration
2. Suctioning, for example, • nasotracheal • oropharyngeal
3. Mechanical devices, for example, • high-frequency chest wall oscillation • vibratory PEP • intrapulmonary percussive ventilation • insufflation / exsufflation device
4. Assisted cough, for example, • huff • abdominal thrust
5. Hyperinflation therapy
6. Inspiratory muscle training

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

C. Support Oxygenation and Ventilation
1. Initiating and adjusting oxygen therapy
2. Minimizing hypoxemia, for example, • patient positioning • secretion removal
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. Recognizing and correcting patient-ventilator dyssynchrony
6. Utilizing ventilator graphics
7. Performing lung recruitment maneuvers
8. Liberating a patient from mechanical ventilation
D. Administer Medications and Specialty Gases
1. Aerosolized preparations
a. antimicrobials
b. pulmonary vasodilators
c. bronchodilators
d. mucolytics / proteolytics
e. steroids
2. Endotracheal instillation
3. Specialty gases, for example, • heliox • inhaled NO
E. Ensure Modifications are Made to the Respiratory Care Plan
1. Treatment termination, for example, • life-threatening adverse event
2. Recommendations
a. starting treatment based on patient response
b. treatment of pneumothorax
c. adjustment of fluid balance
d. adjustment of electrolyte therapy
e. insertion or change of artificial airway
f. liberating from mechanical ventilation
g. extubation
h. discontinuing treatment based on patient response
i. consultation from a physician specialist

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

3. Recommendations for changes
a. patient position
b. oxygen therapy
c. humidification
d. airway clearance
e. hyperinflation
f. mechanical ventilation
4. Recommendations for pharmacologic interventions
a. bronchodilators
b. anti-inflammatory drugs
c. mucolytics and proteolytics
d. aerosolized antibiotics
e. inhaled pulmonary vasodilators
f. cardiovascular
g. antimicrobials
h. sedatives and hypnotics
i. analgesics
j. narcotic antagonists
k. benzodiazepine antagonists
l. neuromuscular blocking agents
m. diuretics
n. surfactants
o. changes to drug, dosage, administration frequency, mode, or concentration
F. Utilize Evidence-Based Practice
1. Classification of disease severity
2. Recommendations for changes in a therapeutic plan when indicated
3. Application of guidelines, for example, • ARDSNet • NAEPP • GOLD
G. Provide Respiratory Care Techniques in High-Risk Situations
1. Emergency
a. cardiopulmonary emergencies excluding CPR
b. disaster management
c. medical emergency team (MET) / rapid response team
2. Interprofessional communication
3. Patient transport
a. land / air between hospitals
b. within a hospital

Clinical Simulation Examination
Detailed Content Outline

Each section of each problem is classified to a minor content heading, for example, I.A, II.B

H.	**Assist a Physician / Provider in Performing Procedures**
1.	Intubation
2.	Bronchoscopy
3.	Specialized bronchoscopy, for example, • EBUS • navigational bronchoscopy (ENB)
4.	Thoracentesis
5.	Tracheotomy
6.	Chest tube insertion
7.	Insertion of arterial or venous catheters
8.	Moderate (conscious) sedation
9.	Cardioversion
10.	Withdrawal of life support
I.	**Conduct Patient and Family Education**
1.	Safety and infection control
2.	Home care and related equipment
3.	Lifestyle changes, for example, • smoking cessation • exercise
4.	Pulmonary rehabilitation
5.	Disease / condition management, for example, • asthma • COPD • CF • tracheostomy care • ventilator dependent

Test Form Assembly Specifications	Problem Count
A. Adult Chronic Airways Disease	**7**
1. Intubation and mechanical ventilation	2
2. Noninvasive management -for example, medical treatment, noninvasive positive pressure ventilation	2
3. Outpatient management of COPD -for example, medical treatment, discharge planning, rehabilitation	1
4. Outpatient management of asthma -for example, medical treatment, discharge planning, rehabilitation	1
5. Diagnosis -for example emphysema, chronic bronchitis, bronchiectasis, asthma	1
B. Adult Trauma	**1**
C. Adult Cardiovascular	**2**
1. Heart failure	1
2. Other -for example, arrhythmia, pulmonary hypertension, myocardial ischemia / infarction, pulmonary embolism	1
D. Adult Neurological or Neuromuscular	**1**
E. Adult Medical or Surgical	**5**
1. Cystic fibrosis or non-cystic fibrosis bronchiectasis	1
2. Infectious disease	1
3. Acute respiratory distress syndrome	1
4. Other -for example, immunocompromised, shock, bariatric, psychiatric	2
F. Pediatric	**2**
1. Asthma	1
2. Other -for example, infectious disease, bronchiolitis, chronic lung disease of prematurity, congenital defect	1
G. Neonatal	**2**
1. Respiratory distress syndrome	1
2. Resuscitation	1
Total	**20**

Table of Contents

Clinical Simulation Examination
Admission Requirements

Please ensure you meet the following requirements before applying for the CSE Examination:

1. Be a CRT and have successfully completed the Therapist Written Examination (WRRT) or the Therapist Multiple-Choice Examination (TMC) at the high cut score.

and

2. Be a graduate of and have a minimum of an associate degree from an advanced level respiratory therapy education program supported or accredited by the Commission on Accreditation for Respiratory Care (CoARC).

or

3. Be a CRT for at least four years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or its equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

4. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a minimum of an associate degree from an accredited entry-level respiratory care education program.

or

5. Be a CRT for at least two years prior to applying for the examinations associated with the RRT credential. In addition, the applicant shall have earned a baccalaureate degree in an area other than respiratory care and shall have at least 62 semester hours of college credit from a college or university accredited by its regional association or equivalent. The 62 semester hours of college credit must include the following courses: anatomy and physiology, chemistry, microbiology, and mathematics.

or

6. Hold the Canadian Society of Respiratory Therapists (CSRT) RRT credential.

Three-Year Limit on Eligibility after Graduation

Effective January 1, 2005, new graduates of accredited advanced-level education programs will have three years after graduation to earn the RRT credential. Individuals who do not earn the RRT credential within this time limit will be required to retake and pass the Therapist Multiple-Choice Examination at the CRT cut score to regain eligibility, and any previous passing performance to earn the RRT credential shall be nullified. Following regaining eligibility by taking and passing the Therapist Multiple-Choice Examination at the CRT cut score, the candidate will have another three years to earn the RRT credential. The individual must apply as a new candidate and pay all applicable fees to take the Therapist Multiple-Choice and Clinical Simulation Examinations.

NBRC's mission is to evaluate the competency of respiratory therapists and to support the profession of respiratory care. It's a role that we take very seriously. As the provider of the RRT, the credential that is considered the "standard of excellence" in respiratory care, it is our responsibility to ensure that graduates of advanced-level education programs have the opportunity to earn the RRT credential. During a time when there is a shortage of qualified respiratory therapists to provide the excellent care that patients expect, advanced-level graduates who earn the RRT credential are in high demand nationwide and can help to fill this shortage.

Clinical Simulation Examination Examination Fees

New Applicant	Repeat Applicant
$200	$200