Student Handbook
Respiratory Therapy Program
Department of Cardiopulmonary Science
School of Allied Health Professions
LSU Health Sciences Center
New Orleans, Louisiana

http://alliedhealth.lsuhsc.edu/
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**Appendix I**
- NBRC Detailed Content Outlines for Therapist Multiple-Choice Exam
- NBRC Detailed Content Outlines for Clinical Simulation Exam
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 that you are motivated toward establishing a career in the allied health profession of respiratory therapy. We the faculty will do everything we can in order 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 intended to supplement 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 will be located 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’s degree in Cardiopulmonary Science. The Department provides professional preparation in the allied health specialties of respiratory therapy (including polysomnography) 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 60 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.
Respiratory Therapy Program Accreditation

The Respiratory Therapy Program is accredited by the Commission on Accreditation for Respiratory Care (CoARC). The Program’s accreditation is for a period of 10 years from 11/30/2011 to 11/30/2021. Our CoARC Program Reference # is 200251. The Program is not accredited in polysomnography.

Commission on Accreditation for Respiratory Care
http://www.coarc.com/
1248 Harwood Road
Bedford, TX 76021-4244
Phone: 817.283.2835; Fax: 817.354.8519

Website link to Programmatic Outcomes http://www.coarc.com/47.html

Respiratory Therapy Program Goal 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 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 the 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 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.
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 a REGISTRY credential in respiratory therapy. Applicants who have previously earned one of these credentials will only be exempted from didactic and clinical courses directly related to the earned credential and they are placed on the RRT to BS track, http://alliedhealth.lsuhs.edu/cp/credentialtobs.aspx.

Eligibility for National Credentialing Examinations and Earning CRT and RRT Credentials

The Therapist Multiple-Choice (TMC) Examination and the Clinical Simulation Examination 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, which are offered by the National Board for Respiratory Care (NBRC). The American Association for Respiratory Care, the CoARC, and the NBRC recognize the RRT credential as the “standard of excellence” for respiratory care professionals.

Upon graduation, graduates meet the admission requirements for the Therapist Multiple-Choice Examination administered by the National Board for Respiratory Care (NBRC). Following successful completion of the Therapist Multiple-Choice Examination, one earns the CRT credential and is recognized as a certified respiratory therapist. Passing the Therapist Multiple-Choice Examination with a score above a certain high cut score also makes one eligible to take the Clinical Simulations Examination. Likewise, after successful completion of the Clinical Simulations Examination, one earns the RRT credential and is recognized as a registered respiratory therapist. The CRT and RRT credential must be earned within three years of completing the respiratory therapy program. Individuals whose three-year time limit has expired must retake and pass the Therapist Multiple-Choice Examination above a certain cut score to reinstate their eligibility for the Clinical Simulations Examination. For more information on NBRC CRT and RRT credentialing see (http://www.nbrc.org/)

Becoming a Licensed Respiratory Therapist

The CRT and/or RRT credentials are used as the basis for the licensure in all of the 49 states, including Louisiana, that regulate the practice of respiratory care. Students are encouraged during the months leading up to graduation to start the application process with the Louisiana State Board of Medical Examiners (LSBME, http://www.lsbme.louisiana.gov/) to become a
licensed respiratory therapist (LRT). A felony conviction may affect a graduate’s ability to sit for the NBRC examinations or attain state licensure. Please contact the LSBME for further details.

**Additional Program Related Costs to Students**

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<th>Approximate Costs</th>
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<td>Clinical background check and supplies (i.e., scrubs, stethoscope, bandage scissors, hemostat, and safety goggles) required for clinical training</td>
<td>$250</td>
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<td>Drug screening required for clinical training</td>
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<td>LSUSC gate card for student parking</td>
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<td>Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS)</td>
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<td>Diploma, Cap and Gown</td>
<td>$47</td>
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**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) $50/$90
- 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, effort 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 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 will be 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. In order to earn respect on both a professional and personal level, one must project the appearance of a competent professional. 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 (lab coat, scissors, black pen, 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

As a respiratory therapist, your professional success will be determined in part by your professional integrity. 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 great respect for themselves, their professors and colleagues; they are honest and embrace clinical practice with ethical and moral standards. Furthermore, these students are admired by those with whom they interact for their sympathetic and empathetic standard of care in the clinical setting.
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. In fact, it is now the policy of some hospitals to require continued education (R.R.T., asthma educator, etc.) for advancement. Educational leaders share their knowledge and skills with others (e.g., preceptor, serving on advisory committees, hospital committees, LSRC Board of Directors, or LSRC Chapter Officer).

As a student, you are expected to:

- Master the presented material beyond the recall level
- 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

There are numerous opportunities available for students 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/)

Camp Pelican is a week long 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.

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 hands-on through sharing proven study skills, time management, knowledge and experience with fellow students. You should realize that as seniors, you are constantly mentoring to juniors that will have profound effects on their professionalism.

Therapists often give of their time, knowledge, and expertise to the advancement of their profession by becoming clinical instructors/preceptors, unit coordinators, shift supervisors, and managers. They participate in research, and provide seminars, inservices and continuing education.

C. Service Learning

Students are occasionally asked to help 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 of you has the ability to both 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 the state and national meetings you will have the opportunity to hear the latest research regarding the profession, be introduced to new technology and equipment, and network with other professionals from around the nation.

E. Credentialing

In order 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 (RRT). As a student of an advanced respiratory therapy program, 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, or becoming an Asthma Educator, Basic Life Support Provider and Instructor, Advanced Cardiac Life Support Provider and Instructor, Pediatric Advanced Life Support Provider and Instructor, and Neonatal Resuscitation Program Provider and Instructor.

III. Helpful Hints to Success

A. Commit Yourself

No, not to a mental institution, but to truly learning cardiopulmonary sciences. You can’t go about learning respiratory therapy in a halfhearted fashion. In order 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.
C. Take Responsibility for What You Don’t Know

If you don’t 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 the material that you don’t 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’re paying for this, so get your money’s worth.

D. Focus on the Material, Not on the Exam

In order to make your time here a rewarding and enjoyable (well, at least less stressful) experience, your goal must be to learn the material, not just pass the exams. The primary purpose of the exams is to get you to study. 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

If you enjoy headaches, then by all means study the material at the last minute. However, if you want to reduce stress in your life, keep up with the material!

Grading Policy and Process of Seeking Remediation

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

A student who receives a failing grade on an exam is strongly encouraged to seek immediate guidance from the course director on possible means for improving his/her performance. These may include scheduled meetings with the course director or instructional faculty, seeking out tutoring, 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 this handbook.

**Statement of Satisfactory Academic Progress**

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

1. Maintain a grade-point average that is consistent with the academic standards set by the Department’s grading policy.
2. Satisfactorily complete the required number of credit hours per semester established by the Department.
3. *Meet the LSUHSC, SAHP health requirement related to hepatitis vaccine series, annual tuberculin skin test and influenza (flu) vaccination.*
4. *Maintain current certification in CPR for Health Professionals (American Heart Association).*
5. *Complete required compliance training.*
6. Meet the technical standards of the Cardiopulmonary Science Program as defined in the LSUHSC Catalog.
7. Satisfactorily complete all course work required for graduation in not more than eight calendar years.

*Students are required to submit evidence of compliance with all health requirements to the Student Health Services and Records (Lions Building, Rm 716, 2020 Gravier St.) and CPR compliance to the Program’s Director of Clinical Education. Students are required to complete required on-line compliance training through the Office of Compliance. The Assistant to the Dean for Clinical Affairs will inform the Department Head when students are in noncompliance. The Office of Compliance notifies students when they are not in compliance and instructs them on how to complete the required training. Students cannot enroll in semester courses until evidence of compliance is current. If a student comes due for one of the requirements during a semester, he/she must comply before continuing participation in semester coursework or clinical rotations.

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 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. 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. Policies related to remediation opportunities in a given 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 conduct himself or herself 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 Associate Dean of Academic Affairs in accordance with the SAHP’s policy on student professional misconduct.

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 by the Dean.
Student Responsibilities and Rights (Appendix A, CM-56)

http://www.lsuhs.edu/administration/cm/cm-56.pdf

The Louisiana State University Health Sciences Center (LSUHSC) in New Orleans is dedicated to providing its students, residents, faculty, staff, and patients with an environment of respect, dignity, and support. The diverse backgrounds, personalities, and learning needs of individual students must be considered at all times in order to foster appropriate and effective teacher-learner relationships. Honesty, fairness, evenhanded treatment, and respect for students’ physical and emotional well-being are the foundation of establishing an effective learning environment.

I. Students’ Responsibilities

Students are responsible for complying with all policies/procedures, rules and regulations and other information published by the Health Sciences Center. In addition, students are expected to abide by all federal, state and local laws. Students are expected to:

A. Exhibit the highest standard of personal, academic professional and ethical behavior.
B. Treat faculty, staff, peers, clients, patients, and others with dignity and respect.
C. Abide by the Code of Conduct that applies to their specific professional discipline.

Students who violate any of the above when involved in any school or school related activity/function, whether on or off campus, will be subject to disciplinary action.

II. Students’ Rights

Mistreatment and abuse of students by faculty, residents, staff or fellow students is contrary to the educational objectives of the LSUHSC in New Orleans and will not be tolerated. Mistreatment and abuse include, but are not limited to, berating, belittling, or humiliation; physical punishment or threats; intimidation; sexual harassment; harassment or discrimination based on race, gender, sexual preference, age, religion, physical or learning disabilities; assigning a grade for reasons other than the student’s performance; assigning tasks for punishment or non-educational purposes; requiring the performance of personal services; or failing to give students credit for work they have done.

Students have rights as guaranteed by the U.S. Constitution and all appropriate federal, state and local laws. Primary among those is the right to a fair and impartial hearing, if the student is accused of misconduct or violating university regulations. Additionally, students have the right to file a complaint for alleged mistreatment. The Health Sciences Center has existing policies and procedures that relate to the following: financial aid; sexual harassment; final grade appeal; student housing; parking; drugs; alcohol; firearms; student’s access to records, and privacy; computer/internet use; dress and professional conduct; health insurance; and liability insurance. Issues that relate to these specific policies, which
may be found on the Health Sciences Center website, should be addressed to the appropriate office. The Office of Student Affairs of the appropriate school can help students with information about those policies.

III. Procedure for Addressing Student Complaints

A. Informal Conflict Resolution

1. Students should first discuss the conflict with the person against whom the complaint is made. In the event that the student does not feel comfortable doing so, the student should be directed to the Office of the Associate Dean for Academic/Student Affairs of the School of Allied Health Professions.
2. The Associate Dean of Academic/Student Affairs will meet with the individual against whom the complaint has been made in an effort to resolve the conflict.

B. Filing a Formal Complaint

If the conflict cannot be resolved informally, the student must make a formal written complaint to the Associate Dean of Academic/Student Affairs. The written complaint must include the following:

1. A statement of the complaint,
2. Identification of individual/office against whom the complaint is made,
3. The relief sought,
4. The complaint must be signed by the student.

Upon receipt of the formal written complaint, the Associate Dean of Academic/Student Affairs of the appropriate school must take immediate action to resolve the conflict. If the conflict cannot be resolved to the student’s satisfaction within a period of 10 working days, the matter will be referred to the Vice Chancellor for Academic Affairs of the Health Sciences Center by the Associate Dean. The referral will include the student’s formal written request plus a statement of actions taken by the Associate Dean to resolve this matter. Refer to Policy CM-56 for additional procedural policy.

Respiratory Therapy Program General Policies and Procedures

I. Professional Behavior

A. Class Attendance is Required

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 his/her instructor via 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 the serious illness or emergency occurs on a day the student is scheduled at a clinical facility, it is the student’s responsibility to inform the Director of Clinical Education as well as the supervisor of the clinical facility. Timelines for notification are described under the clinical policies and procedures section of the handbook. All missed clinical days must be made up. In the event of serious illness or emergency, the student and Director of Clinical Education 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 e-mail account through LSUHSC. 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 the student correspond with faculty members through the LSUHSC e-mail account. Students are expected to check their e-mail regularly, at least daily.

C. In Class-Computer Use

Courses may require the use of computers for classroom activities, 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, it is 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. Students failing to comply with this policy will be reported to the Dean’s office, Department Head, and/or appropriate designee for disciplinary action and may be subject to dismissal from continuing their education at the School of Allied Health Professions.

D. Mechanical Devices

Cell phones are to be turned off during all classes and during all meetings with faculty. In the rare case of a true emergency, the student is to ask for permission from the faculty member in charge of a given class or meeting to keep a cell phone turned on in order to receive the emergency call. Students whose electrical devices disrupt class may be asked to leave class and will not be permitted to return for the session. Tape recorders may be used in lecture classes only with prior permission of the faculty, in order to reinforce content acquisition. They are not be used in lieu of class attendance.

E. Proper Attire is required for all Classroom, Laboratory, and Clinic Sessions.

Patients/clients frequent the LSUHSC daily. Therefore, students are required to dress in attire suitable for the professional environment in which their classes are held, not just
during visits to clinical sites. Bare feet, short shorts, sleeveless tops, spaghetti straps, tube tops, short skirts, and other revealing outfits are not considered professional or acceptable attire. Faculty will give instructions for laboratory and clinical dress as indicated.

F. **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.

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

Being part of a profession requires that one display various professional behaviors.

1. Students are expected to treat fellow students and other colleagues in a professional manner, meaning with respect and dignity. Disrespectful behaviors are not tolerated.
2. Professionals are expected to be life-long learners. They are also expected to participate in their respective professional organizations. All students are required to become Web-based members of the AARC. It is strongly recommended that students obtain full membership in the AARC upon graduation.

I. **Hall Conduct**

Students need to be cognizant when talking and gathering in the halls that noise travels easily. We ask that you make an effort to keep the noise at a minimum, particularly since we share the floor with other offices.
J. 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, papers, etc. Bulletin boards are intended for the display of instructional and professional materials, not personal or social items.

K. 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 keep them clean at all times. 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.

L. The Use of Alcohol

The use of alcohol is prohibited in classroom buildings, laboratories, auditoriums, library buildings, faculty and administrative offices, athletic facilities, and all other public campus areas.

M. The 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.

N. We are committed to a violence-free workplace.

Consistent with this policy, it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or a dangerous weapon, by a student or non-student on University property at any time. This includes but is not necessarily limited to school sponsored functions or in a firearm-free zone. Violators will be arrested and prosecuted to the fullest extent of the law.

II. Appointments with Faculty Members

A. Appointments with a faculty member should be made out of class.

B. It is preferred that students make non-emergency appointments with faculty members in advance.
C. Faculty members are available during office hours as listed on course syllabi and on an as-needed basis.

D. Students or faculty may initiate a meeting.

E. The student or faculty member will need to make an appointment at a time that is convenient to both parties.

F. 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 or the faculty member can ask for an appointment before class, during a class break, or after class. Keep in mind that faculty often does 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.
   4. A student can leave a message in writing in the faculty member’s box (located in the Cardiopulmonary Science Office, room 6C1)
   5. If a message is left (either over the phone or in writing), indicate two to four possible meeting times in order to expedite the process of establishing an appointment, along with a phone number.
   6. If a faculty member's door is open, it is preferred that students knock and directly request to speak with the faculty member.
   7. 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.

G. Students are not permitted in faculty offices unsupervised.

H. 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, he or she may 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, he or she may 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.

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 other areas of the Department are off-limits after 5:00 pm and on weekends, unless faculty approval has been obtained.
V. Telephone Access

A telephone is available for student use (with permission) in the main Cardiopulmonary Science office, room 6C1. **Campus emergency phone numbers** are placed in all classrooms and on all telephones.

VI. Mail Boxes

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

VII. 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.

VIII. Clinical Course Work Expenses (i.e., parking, tolls, lodging and meals, background check, drug screening, and additional liability insurance if required)

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.

IX. Employment

Employment during academic sessions is not recommended.

X. Safety Tips

The campus is located in an urban environment and theft does 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. When walking to and from your vehicle, be vigilant of your surroundings. Attacks on persons 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!**

**XI. 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 on evenings and on weekends. Students should determine when the University Library is open to students in advance of assigned work to insure timely completion.

**XII. 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 LSU Health Sciences Center, New Orleans 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.

**XIII. 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. Faculty members include on all course syllabi their office location and semester office hours and/or a statement informing students that they can make an appointment to meet with them. Faculty assesses student performance throughout a course of study including clinics and strongly recommends to a student who receives a poor performance evaluation to seek immediate guidance from the course director on possible means for improving his/her performance. These may 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 keep secure and in confidence a written record of all out-of-class counseling with students.

**XIV. 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 handled carefully. Items of equipment may NOT be removed from the lab. If the lab is locked during regular hours, contact a faculty member for access. 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 maintained 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 for and contraindications against 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.

If a student demonstrates psychomotor behaviors indicative of injury or illness, he/she 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 insure that accommodations 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 anytime 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. Operator's manuals are maintained for equipment stored in the lab. Refer to these manuals when operating specific items of equipment.
2. Medical gas cylinders are to be stored chained to the wall. Guidelines for safely handling medical gas cylinders will be distributed in the laboratory session and are to 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. Equipment with frayed, loose, or other observable dysfunctional wiring must NOT be use and be reported to Program faculty immediately.

II. Student Illness / Injury

All students in clinical courses with health conditions (illnesses / infections / injury) which necessitate extended absences (3 or more days) must discuss the reason for the absence with the Director of Clinical Education. 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.
Emergency Disaster Plan

I. General Information

In the event of an emergency situation, LSUHSC—New Orleans 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. Emergency Preparedness links are located in the menu on http://www.lsuhsc.edu/. It is here that you can learn more about how the LSUHSC-NO Emergency Alert System works, why it was created, and a host of other detailed information to help you understand and make yourself available to this vital service.

Mass emails are sent to LSUHSC-NO faculty, staff and student email addresses as another method of informing our users.

To stay informed on-the-go, you may also opt-in to receive text messaging and/or email alerts through our e2Campus subscription. If you would like to sign up to receive emergency alerts from LSUHSC-NO, please follow the Text/Email Alerts link under the Text Messaging Alert System link.

LSUHSC-NO has also implemented digital signage on campus which will also be used to distribute emergency messages

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 make an effort 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 answer 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) 4847879 (home)

Alternatively, the following individuals may be contacted.
B. John Zamjahn  
(504) 237-0728 (cell)  (504) 568-4228 (office)  (504) 737-0905 (home)  

C. Helena Midkiff  
(504) 231-5074 (cell)  (504) 568-4234 (office)  (504) 887-5074 (home)  

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 answer machine in the Department main 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  

Clinical Education Building  
1542 Tulane Avenue, 8th Fl. Office 866  
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. The program also offers assistance to supervisors who are working with troubled individuals. 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.

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 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 control
- 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 their patients

Affective: The student will

- Demonstrate 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.

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 and pediatric patients receiving non-intensive care. Emphasis is placed on routine patient care, including such modalities as oxygen therapy, use of aerosol humidity devices, aerosol delivery of medication, airway clearance techniques, and hyperinflation therapy. The fall clinical rotation is composed of a total of six weeks (3 days per week) of experience at different clinical sites. Students are exposed to 168 hours of combined adult and pediatric floor care.

B. Respiratory Clinics II (Spring Semester)

Students gain competence in the respiratory care of adult patients in critical care units during their first spring semester. Emphasis is placed on introduction of monitoring techniques, blood gas sampling and analysis, mechanical ventilation, patient liberation from mechanical ventilation and extubation. The spring clinical rotation lasts approximately 8 weeks (3 days per week). Students will rotate between clinical sites spending approximately 2-3 weeks at each site. Students are exposed to 196 hours in the respiratory care of adult patients in critical care units. Students are afforded 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 adult critical care clinic that week.

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. Emphasis is placed on neonatal and pediatric monitoring techniques, blood gas sampling and analysis, mechanical ventilation, patient liberation from mechanical ventilation and extubation. This summer clinical rotation last approximately 7 weeks (3 days per week). Students will rotate between 3-4 clinical sites spending approximately 144 hours in neonatal and pediatric critical care units. Students also spend an additional 24 hours in adult critical care units.

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. Emphasis is placed 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 last approximately 13 weeks (2-3 days per week). Students will rotate between clinical sites spending approximately 256 hours in clinics (adult/neonatal critical care (128 hours), adult pulmonary diagnostics (64 hours), pulmonary rehabilitation including COPD management and smoking cessation (48 hours), home care (8 hours), and attending the LSU Muscular Dystrophy Association/Amyotrophic Lateral Sclerosis Clinic (8 hours).

C. Respiratory Clinics V (Spring Semester)

Students have the opportunity to rotate through a sleep lab, provide community outreach in the forms of respiratory services and education related to pulmonary disease management and the respiratory therapy profession, serve as teaching assistants, and care for patients with chronic pulmonary disease in outpatient clinic settings and pediatric and adult patients in need of lung and airway emergency management, including intubation. Additionally, students complete a management rotation with respiratory therapy department managers and work on their time management skills as they specialize in areas that they wish to work upon graduation (pulmonary diagnostics, critical care, rehabilitation, or acute trauma/emergency room care.)
Through patient contact in a sleep lab, students acquire the clinical experiences necessary to develop the psychomotor skills and clinical competence associated with advanced-level polysomnographic technology. 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. Students gain additional physician interaction during outpatient management of patients with lung disease. This clinical consists of approximately 244 hours over the course of the semester (sleep lab, 60 hours, critical care units, 72-132 hours, pulmonary disease clinic, 12 hours, teaching assistant, 24 hours, community and professional service, 28 hours, and, anesthesia/intubation and emergency room care, 24 hours)

The Pre-Clinical Competencies/Requirements

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. These competencies are listed on course syllabi and graded either pass or 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 tested 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.

The SAHP, Assistant to the Dean, Clinical Affairs verifies that each student has completed a full background check and drug screening, maintained up-to-date health records, proof health insurance and LSUHSC, continuing compliance education that includes but not limited to HIPPA, confidentiality, social media, portable devices, removable media, and fire and safety. The Assistant to the Dean, Clinical Affairs notifies the Program Director when a student is delinquent in any of the above requirements that would exclude him/her from attending clinic. Clinic sites may request verification of the above requirements at any time by contacting the Assistant to the Dean, Clinical Affairs (elevit@lsuhsc.edu, (o) 504-568-4250 or (f) 504-568-4249).

Students must have BLS provider status (AHA-2yr) prior to Clinics I. In addition, annual student verification of Influenza flu vaccine is required prior to Respiratory Clinics I and Respiratory Clinics 4. Prior to attending each semester’s clinical, students must sign the Clinical Semester
Rules Acknowledgement Form (Appendix ) attesting to have read and understood the policies and procedures related to clinics, as outlined in the Respiratory Therapy Program’s Student Handbook. Also, students must have signed the Acknowledgement of Program’s policies and Procedures and Consent to Fieldwork Experiences.

Fieldwork Tracking

Our Program uses Trajecsys Report System (www.trajecsys.com) to track student’s 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 instructor evaluations of preceptors. 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.

Preceptors are strongly advised, after informing a student of a violation (i.e. improper attire, grooming, demonstration of inappropriate patient or co-worker interaction, tardiness, shoddy work or falsification of documents) to dismiss the student immediately from clinics and notify the DCE.
I. **Dress Attire and Grooming**

The student must realize that patients and hospital workers view him or her as a segment of a professional health care team and therefore, expect him or her to present a professional appearance. A student’s dress attire and grooming are important factors in a student’s ability to interact effectively with patients. When a member of the public perceives him or her to be unprofessional, then that professional’s ability to interact and work with that patient is compromised. 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 provide them prior to their assignment.

**General Dress Code:**

A. Navy blue scrub top and pants; style of top and pants is student’s choice.
B. LSUHSC–SAHP patch worn on the scrub top’s left shoulder
C. School I.D. badge must be worn at all times.
D. Clean, tennis shoes (recommended leather), no open-toed shoes of any kind, this includes clogs
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.
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 a respiratory therapy student 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 patient affairs in public areas such as hallways, elevators, cafeteria, etc. Patient affairs should be discussed 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 and co-workers. At no time should one violate the privilege of knowledge of their 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 in order not to jeopardize 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 an 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 very 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.
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 conflicts in orders for therapy should be discussed with the Clinical Supervisor, shift Supervisor 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 the time should be focused 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 log sheets of procedures performed, 2) complete procedural competency evaluations when applicable, and 3) complete their student evaluation at the end of each rotation.
K. not have cell phones in use during clinic hours.
L. expect lunch time to be scheduled around patient’s treatments, procedures and meals.
M. always, attempt to conserve and protect hospital supplies and equipment.
N. be responsible about complying 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, 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 in a timely manner (preferably before clinic start time or as soon as time permits) that he/she will be absent from clinic. 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 may be late.

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 is a student is dismissed.
   - The student is not to attend clinic that day.
   - The student must notify the DCE that he/she has been dismissed.

D. Students may remain at clinic if they arrive no later than 15 minutes after report time and had properly notified their Clinical Coordinator and DCE.
   - Three late arrivals results in the student receiving an unexcused absence.
   - Four late arrivals results in the student receiving a grade of “F” and he/she will not be 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/Ilness: early dismissal is allowed by the Clinical Coordinator / Supervisor and the DCE should 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

Students are expected 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 affiliation to allow the student to make-up the missed days.

**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.
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 his/her assigned clinical rotation while this 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. Absences

A. Any absence will be made up at a ratio of 1:1 (ratio of 1:2 if absence occurred the day before a course exam) during the last week, 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. The first unexcused absence will result in a written warning and conference with the Director of Clinical Education and Program Director.
C. The second unexcused absence will result in a 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 (3 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 Director of Clinical Education 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 Director of Clinical Education will be written up by the Director of Clinical Education and signed by all parties involved. If a problem persists, the Program Director will be involved in future counseling sessions.
D. Persistent problems after counseling with the Program Director will result in a failing 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. There are to be NO CELL PHONES IN CLINIC. Students are required to leave personal cell phones / pagers out of clinic during clinic time. If a student is caught with a personal cell phone / pager in use during clinic then the student is to be sent home and receives an unexcused absence and must meet with the DCE for counseling before attending the next schedule clinic day. If a student is caught a second time with a personal cell phone / pager in use during clinic then the student will receive a failing 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
   - Use of a cell phone during clinic hours for non-educational 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 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 reports, 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. Any procedures not available at an affiliate site must be brought to the attention of the student’s Director of Clinical Education **by the student.** The Director of Clinical Education will try to find these procedures for the student at another facility. If not available, the Director of Clinical Education will sign off the procedure in Trajecsys as not available (N/A).
5. Daily log sheets must be completed by the student before he/she clocks out of clinic.
6. Daily log sheets completed by a student after he/she clocks out of clinic will not be accepted and it will be deleted from the student’s record by the DCE. The student will not receive credit for the day’s procedures that he/she performed.

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 passing score of 3 (5-point Likert scale) in all areas, competency and professionalism, 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. All students will receive within the Trajecsys System a formative evaluation by their clinical supervisors within the first half of any rotation lasting more than one week and each time a student completes a rotation or leaves a clinical site.

Clinical Affiliation Assignments

I. Assignment of Students to Clinical Affiliations

A. The Director of Clinical Education 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 Director of Clinical Education based upon criteria established by the Program.

C. Students will receive prior to clinics a copy of their assigned schedule of clinical rotations that includes clinical sites, dates and times of rotations and each clinical site’s contact information.

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. All patients should be considered as potentially infectious. Current information concerning Universal Precautions is reviewed by the students at the beginning of each clinical course.

D. 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 the competencies and skill sets, and are not used simply for backlog work in the absence of appropriate staff.

B. **Students may work in clinical setting 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](https://www.louisiana.gov/lultime/','https://www.louisiana.gov/lultime/'), 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 support role (ex: department secretary, equipment technician, 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**
**Refer to the “In Case of Needlestick Injury” Link on the Student Health Website for details of steps to take that include blood monitoring schedule, source risk assessment questionnaire, BlueCross Blue Shield of Louisiana Insurance Company-Louisiana State University Needle Stick Standalone Benefit Summary detailing coverage and provider sites where services must be received. Any services provided outside of providers are excluded from coverage.**

**Summary of steps to be taken when an exposure incident occurs:**

1. Administer first aid, wash needlestick or cut with soap and water. Flush splash exposed areas extensively with water, saline, or sterile irrigation solution
2. Report incident to Clinical Supervisor and Coordinator, and Program Director.
3. Follow clinical affiliate’s policy and procedures for handling exposure incident
4. Assess risk: characterize exposure (route of exposure, biological material), evaluate exposure by medical history, and evaluate and test exposed individuals.
5. Perform Quick HIV test - this test is usually available at your nearest hospital ER (**see note above, p. 39). The rapid HIV test should be performed on the Source Patient.
6. Seek medical attention as soon as possible. HIV prophylaxis is most effective if started within 2 hours of exposure. The decision to initiate post exposure Prophylaxis is a clinical judgment. For assistance, please contact the Center for Disease Control at 1-888-232-6348 or Dr. Angela McLean of Student Health (504) 525-4839.

**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.
3. Conform to Program’s standards of dress, grooming, and attendance.
4. Accept that some therapists may feel burdened by the presence of students within their departments. This may exhibit itself as jealousy, ambivalence, or ridicule. Keep in mind that every person has his/her worth and knowledge and none of us know everything.
5. Be responsible about 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.
6. 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.
7. Accept the responsibility that has been given to you.
8. Always follow established Department and School policies.
9. 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. It is offered as guidance and advice, not as an admonishment. You should seek clarification if the rationale or content is not understood.

13. The clinical situation can be very 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.

Appendices

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
• Competency Requirements for the Provision of Respiratory Care Services
• Cultural Diversity
• Respiratory Care Scope of Practice

Appendix B

Patient’s Bill of Rights

Appendix C

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (p. 66 speaks to Standard Precautions)
http://www.cdc.gov/niosh/topics/bbp/universal.html

Standard Precautions in Health Care
http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf
Appendix D (LSUHSC and SAHP web links)

Academic and Professional Misconduct, SAHP
http://alliedhealth.lsuhsc.edu/Admin/studentconduct.aspx

Academic Calendar, SAHP
http://alliedhealth.lsuhsc.edu/Admin/academiccalendar.aspx

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

By-laws and Regulations & Chancellor's Memoranda (CM)
http://www.lsuhsc.edu/administration/subscriptions/
- Student Responsibilities and Rights (CM-56)
- LSUHSC Policy on AIDS and Hepatitis Virus (CM-25)

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

Grading System Policies
http://catalog.lsuhsc.edu/content.php?catoid=6&navoid=1047

Office of Compliance Programs (Training Requirements for Students)
http://www.lsuhsc.edu/administration/ocp/training_requirements.aspx

Student Handbook, SAHP
http://alliedhealth.lsuhsc.edu/Admin/docs/StudentHandbook051915.pdf

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

Students with Disabilities, SAHP
http://alliedhealth.lsuhsc.edu/Admin/studentswithdisabilities.aspx

Technical Standards, SAHP, CPS
http://alliedhealth.lsuhsc.edu/cp/technicalstandards.aspx
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, 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 __________________________
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 will be 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 by the student before he/she clocks out of clinic.

7. Daily log sheets completed by a student after he/she clocks out of clinic will not be accepted and it will be deleted from the student’s record by the DCE. The student will not receive credit for the day’s procedures that he/she performed.

8. Respectful, professional behavior and appropriate language is **REQUIRED** in all areas of the hospital, including patient rooms, corridors, cafeteria, elevators, and staff lounge.

9. It is the student’s responsibility to obtain procedural competency evaluations from their clinical preceptors for all procedures requiring a competency evaluation.

10. 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.

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 Director of Clinical Education 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 standards. Also, 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.

<table>
<thead>
<tr>
<th>Student’s Name (Print)</th>
<th>Director of Clinical Education’s Name (Print)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Director of Clinical Education’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44
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
http://alliedhealth.lsuhsc.edu/cardiopulmonary/

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

- **Director of Clinical Education:** Helena Midkiff, MSHCM, RRT, RPFT, AE-C
  Room 6A5, Nursing/Allied Health Building
  Office Phone: (504) 568-4234; Cell Phone: (504) 231-5074

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
1248 Harwood Road
Bedford, TX 76021-4244
Phone: 817.283.2835
Fax: 817.354.8519
http://www.coarc.com/

Louisiana State Board of Medical Examiners
1515 Poydras Street, Suite 2700
New Orleans, LA 70112
Phone: 504.568.6820
Fax: 504.568.3176
http://www.lsbme.louisiana.gov/

National Board for Respiratory Care Executive Office
18000 W. 105th Street
Olathe, KS 66061-7543
Toll-Free: 888.341.4811
Phone: 913.895.4900
Fax: 913.895.4650
http://www.nbrc.org/
Appendix H (Trajecsys Screenshots)

Student Home Page

I will be posting information here throughout the semester. Please read all announcements daily.
- Helena Midkiff, MSHCM, RRT, RPFT, AE-C

Daily Logsheet
- If you are reporting procedures not completed on today's date, you must reset the date by clicking the datepicker icon. You must also click "Reset Records Date".
- You may return to the logsheet at any time to add or delete procedures for any selected date. Reset Records Date - You can file logsheets from previous days. Select a date by clicking the calendar, then click this button. You MUST click this button after resetting the date before continuing.

Evaluation of Clinical Supervisors
- End-clinical rotation: At the conclusion of each clinic rotation, please click the "Evaluations" menu item at left and submit a clinical site evaluation (you will have the opportunity to list the names of clinical supervisors who instructed you while attending clinic and comment on those that stood out).

Documents

Junior Fall Semester
- Junior Clinical Schedule Fall 2015
- CPSC 3285 Respiratory Clinics I Syllabus Respiratory Clinics I
- CPSC 3285 Syllabus

Senior Fall Semester
- Locations and contact numbers to the hospitals
- Fall 2015 Senior Clinical Schedule
- Overview of Faculty, Preceptor, and Student Responsibilities for Respiratory Clinics IV, 2015
- Syllabus (Respiratory Clinics IV, 2015)

Student Clinical Evaluation Form (Printable Version)
- You may print and use this form to have your preceptor (supervisor) evaluate your clinical rotation. Only use this the printed form if your preceptor is not registered in Trajecsys. Otherwise have him/her complete your evaluation online in Trajecsys.

Student Handbook
- Revised 5.27.2015
- The purpose of this handbook is to give you the student a convenient reference for familiarizing yourself with the policies and procedures that are pertinent primarily to our Respiratory Therapy Program.
Clock In

Clock IN
Time: 1:09 PM

*Site: University Medical Center

Clock Out

Clock OUT
Time: 1:44 PM

*Site: University Medical Center
### Daily Logsheet

#### Major Study
- **Critical Care**
  - (15:5) Routine Patient Ventilator Assessment
  - Participation Level: Performed
  - Amount: 2
  - Pathology: Adult, CHF, Ventilator: Measured Servoi
  - Supervising Employee: ZAMIAHN, JOHN

- **Floor Therapy**
  - (2:5) Incentive Spirometry Therapy
  - Participation Level: Performed
  - Amount: 3
  - Pathology: Postoperative atelectasis
  - Supervising Employee: ZAMIAHN, JOHN

- **Floor Therapy**
  - (3:5) MOI
  - Participation Level: Performed
  - Amount: 2
  - Pathology: Adult, Asthma
  - Supervising Employee: ZAMIAHN, JOHN

- **Intubation**
  - (2:5) Oral endotracheal intubation performed with assistance
  - Participation Level: Performed
  - Amount: 1
  - Pathology: RDS
  - Supervising Employee: ZAMIAHN, JOHN

- **NICU/PICU**
  - (2:5) ABG from an A-line (UAC)
  - Participation Level: Assisted
  - Amount: 2
  - Pathology: RDS
  - Supervising Employee: ZAMIAHN, JOHN

- **PFT**
  - (2:5) Pre/Post Bronchodilator Study
  - Participation Level: Performed
  - Amount: 2
  - Pathology: Asthma, COPD
  - Supervising Employee: ZAMIAHN, JOHN

- **Pulmonary Rehab**
  - (1:15) E-Minute Walk Distance Test
  - Participation Level: Performed
  - Amount: 1
  - Pathology: COPD
  - Supervising Employee: ZAMIAHN, JOHN

---

**Last 20 records**

---

### Skill

<table>
<thead>
<tr>
<th>Major Study</th>
<th>Skill</th>
<th>Participation Level</th>
<th>Pathology</th>
<th>Supervising Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Floor Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICU/PICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary Rehab</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PFT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intubation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Participation Level

- Discussed
- Observed
- Assisted
- Performed with Pathology
- Performed

### Pathology

- With Pathology
- Without Pathology

- Acute epiglottitis
- Adult
- Angina/MI
- ARDS
- Asthma
### Competency Evaluation

**University Medical Center**

#### (3:5) Incentive Spirometry Therapy Competency Evaluation

<table>
<thead>
<tr>
<th>STUDENT, TEST</th>
<th>(3:5) Incentive Spirometry Therapy</th>
<th>10/28/2015</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verifies the physician's order</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Obtain needed equipment/supplies</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Observes universal precautions, including washing hands</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Introduction</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Identifies patient/ Explain therapy to the patient</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Monitors the patient before therapy</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Places the patient into proper position</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Monitors the patient after therapy HR/RR/BBS/Volumes achieved</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Encourages and assists the patient to breathe deep and cough</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Emphasizes the importance of self-motivation to the patient</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Leaves the device within the patient's reach</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Disposes of excess equipment Washes hands before leaving the room Leaves the patient's area clean and safe</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Documents the therapy appropriately</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
<tr>
<td>Student can state the indications, hazards, contraindications for IS Therapy</td>
<td>Fail</td>
<td>Pass</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Check to complete later, then click "Submit"
- Approved
- Not Approved
- Simulated

Competency Attempts:
10/13/2015 3:44:43 PM Ochsner Medical Center - Jefferson by MIDKIFF, HELENA FARO, Coordinator Approved: Yes

Submit
# Evaluations: Clinic Site

---

**Clinic Site Evaluation | 10/28/2015**

*Select evaluation subject:*  
Select an Option

---

## 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  
- [ ] NCU/PCU  
- [ ] Pulmonary Care  
- [ ] Rehab  
- [ ] Intubation Care  
- [ ] Home Care

**Instructor Evaluation**

**Instruction provided by:**
- [ ] Hospital Supervisor(s)  
- [ ] LSUHSC Faculty

**How well organized were the instructors?**
- [ ] Not well organized  
- [ ] Occasionally organized  
- [ ] Adequately well 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 clear standards of work and achievement  
- [ ] Adequately clear standards of work and achievement  
- [ ] Frequently clear standards of work and achievement  
- [ ] Always very clear standards of work and achievement

**How knowledgeable were the instructors on course content?**
- [ ] Not at all knowledgeable on course content  
- [ ] Occasionally knowledgeable on course content  
- [ ] Adequately knowledgeable on course content  
- [ ] Frequently knowledgeable on course content  
- [ ] Always very knowledgeable 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

**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 sensitive to student’s feelings and problems  
- [ ] Occasionally sensitive to student’s feelings and problems  
- [ ] Adequately sensitive to student’s feelings and problems  
- [ ] Frequently sensitive to student’s feelings and problems  
- [ ] Very sensitive to student’s feelings and problems

**Please rate the**
- [ ] Never  
- [ ] Occasionally  
- [ ] Adequately  
- [ ] Frequently  
- [ ] Always
### Evaluations: Clinic Site Continued

<table>
<thead>
<tr>
<th>Instructors' ability to answer student's questions.</th>
<th>able to answer student's questions</th>
<th>able to answer student's questions</th>
<th>able to answer student's questions</th>
<th>able to answer student's questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the instructors promote student interaction with physicians?</td>
<td>☐ Never promoted student interaction with physicians</td>
<td>☐ Occasionally promoted student interaction with physicians</td>
<td>☐ Adequately promoted student interaction with physicians</td>
<td>☐ Frequently promoted student interaction with physicians</td>
</tr>
<tr>
<td>Did the instructors provide timely feedback on student performance and allow time for remediation?</td>
<td>☐ Never provide timely feedback on student performance or allowed time for remediation</td>
<td>☐ Occasionally provide timely feedback on student performance and allowed time for remediation</td>
<td>☐ Adequately provide timely feedback on student performance and allowed time for remediation</td>
<td>☐ Frequently provide timely feedback on student performance and allowed time for remediation</td>
</tr>
</tbody>
</table>

#### 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"  ☑ Approved ☐ Not Approved

Trajeysys Report System © Copyright 2005-2015
# Physician Interaction Record

## Critical Care
15 points required. All information must be completed to receive point credit.
Please explain every selection in the comments section at your right.

## Floor Care
10 points required. All information must be complete to receive point credit.
Please explain every selection in the comments section at your right.

## Patient Focused

<table>
<thead>
<tr>
<th>Interaction Type</th>
<th>Points</th>
<th>Time Range</th>
<th>Hotkey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>&gt; 15</td>
<td>15 min</td>
<td>None</td>
</tr>
<tr>
<td>Floor Care</td>
<td>&gt; 10</td>
<td>15 min</td>
<td>None</td>
</tr>
<tr>
<td>Patient Focused</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Questionnaire

1. **Point System**
   - 1 point = < 15 min
   - 2 points = 15 - 30 min
   - 3 points = 31 - 45 min
   - 4 points = > 45 min

### Follow-up Questions

#### Questionnaire

1. **Patient Focused**
   - 1 point = < 15 min
   - 2 points = 15 - 30 min
   - 3 points = 31 - 45 min
   - 4 points = > 45 min

#### Tutorial

1. **Point System**
   - 1 point = < 15 min
   - 2 points = 15 - 30 min
   - 3 points = 31 - 45 min
   - 4 points = > 45 min

### Summary of Interactions:

- **Small Group**
  - 1 point = < 15 min
  - 2 points = 15 - 30 min
  - 3 points = 31 - 45 min
  - 4 points = > 45 min

- **Large Group**
  - 1 point = < 30 min
  - 2 points = 30 - 60 min

- **Not applicable**

1. **Check to complete later, then click "Submit"**
2. **Approved**
3. **Not Approved**

Trajector Report System

© Copyright 2005-2015
# Student Evaluation of Physician Interaction

**Home** ▪ **Documents** ▪ **Clock in/out** ▪ **Time Exception** ▪ **Daily Logsheet** ▪ **Reports** ▪ **Comp Evals** ▪ **Send Email** ▪ **Comments** ▪ **Evaluations** ▪ **Log Out** ▪ **Change Password** ▪ **User Guide** ▪ Your email is not confirmed Learn more

---

**Student Evaluation of Physician Interaction | 10/28/2015** ▪ Last 20 submissions:

---

**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

**MO's name:**

---

**Clinical Rotation:**

<table>
<thead>
<tr>
<th>Floor Care</th>
<th>Critical Care</th>
<th>NICU/PICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

---

**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):**

---

☐ Check to complete later, then click “Submit”

☑ Approved ☐ Not Approved

---

Submit
Student Clinical Evaluation by Clinic Supervisor/Preceptor

Student Clinical Evaluation | University Medical Center | STUDENT, TEST | 10/30/2015 | Last 20 submissions from this site:

Evaluator Information

Please provide the information requested below.

First Name: 
Last Name: 
RT Credential: CRT, RRT, N/A (CRNA)
Highest Academic Degree: Associate, Bachelor's, Master's, Doctorate
PFT Credential: Cardiopulmonary Function Test (CPFT)
Certified Asthma Educator (FACE): Yes, No
Sleep Disorders Specialist (SDS): Yes, No
Adult Critical Care Specialist (ACCS): Yes, No

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.

Clinician Rotation:
- Pulmonary Care
- Critical Care
- Respiratory Care
- Home Care

Professional Conduct – Appropriateness and willingness to do professional duty:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Communication Skills – Good interaction with staff, patients, and other students:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Organization Skills – Good work habits and organizational skills:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Dependability – Being on time for clinical rotations:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Cooperation – Helping others:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Appearance – Professionalism and appropriate attire:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Judgment – Making appropriate decisions:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Chart Reading – Allotted time to complete chart:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Inquisitiveness – Asking questions:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Overall Rating for This Rotation:
- 1) Frequency of patient interactions
- 2) Appropriateness of patient interactions
- 3) Appropriateness of patient interactions
- 4) Appropriateness of patient interactions
- 5) Appropriateness of patient interactions

Attendance:
- Enter the number of days absent.

Comments on: Student's Strengths and Weaknesses.
Student Clinical Evaluation by Clinic Supervisor/Preceptor Continued

Physician Evaluation of Student Interaction (May be completed by clinical supervisor/preceptor)

Appendix I  NBRC Detailed Content Outlined for Therapist Multiple-Choice Exam and Clinical Simulation Exam
## detailed content outline

Each scored form will include 20-item pretests.

<table>
<thead>
<tr>
<th>Cognitive Level</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. PATIENT DATA EVALUATION AND RECOMMENDATIONS</td>
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</tr>
<tr>
<td>A. Evaluate Data in the Patient Record</td>
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<td>• admission data</td>
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<td>• progress notes</td>
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<td>• DNR status / advance directives</td>
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<td>• social history</td>
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<tr>
<td>2. Physical examination relative to the cardiopulmonary system</td>
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<td>3. Drainage and access devices, for example,</td>
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<tr>
<td>• chest tube</td>
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<td>• artificial airway</td>
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<td>4. Laboratory results, for example,</td>
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<td>• CBC</td>
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<td>• culture and sensitivities</td>
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<td>• sputum Gram stain</td>
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<td>• cardiac enzymes</td>
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<td>5. Blood gas analysis results</td>
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<td>7. 6-minute walk test results</td>
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<td>8. Cardiopulmonary stress testing results</td>
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<td>9. Imaging study results, for example,</td>
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<td>• chest radiograph</td>
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<td>• ultrasonography</td>
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<td>• ventilation / perfusion scan</td>
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<td>• Apgar scores</td>
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<td>• O₂ consumption / CO₂ production</td>
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<td>• respiratory quotient</td>
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<td>12. Sleep study results</td>
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<td>13. Trends in monitoring results</td>
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<td>a. fluid balance</td>
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<td>b. vital signs</td>
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<td>c. intracranial pressure</td>
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<td>d. weaning parameters</td>
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<td>e. pulmonary compliance, airways resistance, work of breathing</td>
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<td>f. noninvasive, for example</td>
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<td>• pulse oximetry</td>
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<td>• transcutaneous O₂ / CO₂</td>
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<td>• capnography</td>
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<td>14. Trends in cardiac monitoring results</td>
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<td>a. ECG</td>
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<td>b. hemodynamic parameters</td>
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<td>c. cardiac catheterization</td>
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<td>d. echocardiography</td>
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<td>B. Gather Clinical Information</td>
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<tr>
<td>1. Interviewing a patient to assess</td>
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<tr>
<td>a. level of consciousness and orientation, emotional state, and ability to cooperate</td>
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<td>b. level of pain</td>
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<td>c. presence of dyspnea, sputum production, and exercise tolerance</td>
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<td>d. smoking history</td>
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<tr>
<td>e. environmental exposures</td>
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<tr>
<td>f. activities of daily living</td>
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</table>
Each scored form will include 20-item pretests.

<table>
<thead>
<tr>
<th>g. learning needs, for example</th>
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<tbody>
<tr>
<td>• literacy</td>
<td>• culture</td>
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<tr>
<td>• preferred learning style</td>
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2. Performing inspection to assess

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<thead>
<tr>
<th>a. general appearance</th>
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<tbody>
<tr>
<td>b. characteristics of the airway, for example</td>
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<tr>
<td>• patency</td>
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<td>c. cough, sputum amount and character</td>
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<tr>
<td>d. status of a neonate, for example</td>
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<tr>
<td>• Apgar score</td>
<td>• gestational age</td>
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</table>

3. Palpating to assess

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<thead>
<tr>
<th>a. pulse, rhythm, force</th>
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<tbody>
<tr>
<td>b. accessory muscle activity</td>
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<tr>
<td>c. asymmetrical chest movements, tactile fremitus crepitus, tenderness, secretions in the airway, and tracheal deviation</td>
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4. Performing diagnostic chest percussion

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5. Auscultating to assess

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<thead>
<tr>
<th>a. breath sounds</th>
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<tbody>
<tr>
<td>b. heart sounds and rhythm</td>
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<tr>
<td>c. blood pressure</td>
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6. Reviewing lateral neck radiographs

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7. Reviewing a chest radiograph to assess

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<thead>
<tr>
<th>a. quality of imaging, for example</th>
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<tbody>
<tr>
<td>• patient positioning</td>
<td>• penetration</td>
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<tr>
<td>b. presence and position of tubes and catheters</td>
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<td>c. presence of foreign bodies</td>
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<td>d. heart size and position</td>
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<tr>
<td>e. presence of, or change in</td>
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<tr>
<td>(i) cardiopulmonary abnormalities, for example</td>
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<tr>
<td>• pneumothorax</td>
<td>• pleural effusion</td>
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<td>• consolidation</td>
<td>• pulmonary edema</td>
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<td>(ii) hemidiaphragms, mediastinum, or trachea</td>
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C. Perform Procedures to Gather Clinical Information

<table>
<thead>
<tr>
<th>1. 12-lead ECG</th>
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<tr>
<td>2. Noninvasive monitoring, for example</td>
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<tr>
<td>• pulse oximetry</td>
<td>• transcutaneous</td>
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<tr>
<td>• capnography</td>
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<td>3. Peak flow</td>
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<td>4. Tidal volume, minute volume, and vital capacity</td>
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<td>5. Screening spirometry</td>
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<td>6. Blood gas sample collection</td>
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<td>7. Blood gas analysis / hemoximetry</td>
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<td>8. 6-minute walk test</td>
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<td>9. Oxygen titration with exercise</td>
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<td>10. Cardiopulmonary calculations, for example</td>
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<td>• P(A-a)O2</td>
<td>• P / F</td>
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<td>• V̅O2 / V̅T</td>
<td>• oxygenation index</td>
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<td>11. Hemodynamic monitoring</td>
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<td>12. Pulmonary compliance and airways resistance</td>
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<td>13. Maximum inspiratory and expiratory pressures</td>
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<td>14. Plateau pressure</td>
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<tr>
<td>15. Auto-PEEP determination</td>
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<td>16. Spontaneous breathing trial</td>
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<td>17. Apnea monitoring</td>
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<td>18. Overnight pulse oximetry</td>
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<td>19. CPAP / NPPV titration during sleep</td>
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<tr>
<th>Recall</th>
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<td>Recall</td>
<td>Application</td>
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| 20. Tracheal tube cuff pressure and / or volume |
| 21. Sputum induction |
| 22. Cardiopulmonary stress testing |
| 23. Pulmonary function testing |

### D. Evaluate Procedure Results

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

### E. Recommend Diagnostic Procedures

<table>
<thead>
<tr>
<th></th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
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</table>
| 1. Skin testing, for example  
  - TB  
  - allergy |
| 2. Blood tests, for example  
  - electrolytes  
  - CBC |
| 3. Imaging studies |
| 4. Bronchoscopy |
| 5. Bronchoalveolar lavage (BAL) |
| 6. Sputum Gram stain, culture and sensitivities |
| 7. Pulmonary function testing |
| 8. Noninvasive monitoring, for example  
  - pulse oximetry  
  - capnography  
  - transcutaneous |
| 9. Blood gas analysis |
| 10. ECG |
| 11. Exhaled gas analysis, for example  
  - CO₂  
  - NO (FENO)  
  - CO |
| 12. Hemodynamic monitoring |
| 13. Sleep studies |
| 14. Thoracentesis |

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

<table>
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<td>2. CPAP devices</td>
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<td>3.</td>
<td>Humidifiers</td>
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<td>4.</td>
<td>Nebulizers</td>
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<td>5.</td>
<td>Metered-dose inhalers (MDI), spacers, and valved holding chambers</td>
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<td>6.</td>
<td>Dry powder inhalers</td>
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<td>7.</td>
<td>Resuscitation devices</td>
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<td>8.</td>
<td>Mechanical ventilators</td>
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<td>9.</td>
<td>Intubation equipment</td>
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<td>10.</td>
<td>Artificial airways</td>
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<td>11.</td>
<td>Suctioning equipment, for example</td>
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<td></td>
<td>• regulator</td>
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<td></td>
<td>• canister</td>
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<td>12.</td>
<td>Gas delivery, metering, and clinical analyzing devices, for example</td>
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<tr>
<td></td>
<td>• concentrator</td>
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<td></td>
<td>• liquid system</td>
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<td></td>
<td>• flowmeter</td>
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<td></td>
<td>• regulator</td>
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<td>13.</td>
<td>Blood analyzers, for example</td>
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<tr>
<td></td>
<td>• hemoximetry</td>
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<td>• point-of-care</td>
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<td>15.</td>
<td>Incentive breathing devices</td>
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<td>16.</td>
<td>Airway clearance devices, for example</td>
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<td></td>
<td>• high-frequency chest wall oscillation</td>
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<td></td>
<td>• vibratory PEP</td>
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<td>Heliox delivery device</td>
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<td>21.</td>
<td>Noninvasive monitoring devices, for example</td>
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<tr>
<td></td>
<td>• pulse oximeter</td>
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<td></td>
<td>• capnometer</td>
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<td>Gas analyzers</td>
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<td>23.</td>
<td>Bronchoscopes and light sources</td>
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<td>Hemodynamic monitoring devices</td>
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<tr>
<td></td>
<td>a. pressure transducers</td>
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<td></td>
<td>b. catheters, for example</td>
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<td></td>
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<tr>
<td></td>
<td>• arterial</td>
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<tr>
<td></td>
<td>• pulmonary artery</td>
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**B. Ensure Infection Control**

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

**C. Perform Quality Control Procedures**

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

**III. INITIATION AND MODIFICATION OF INTERVENTIONS**

| 1. | Proper positioning of a patient |
| 2. | Recognition of a difficult airway |
### 3. Establishing and managing a patient’s airway

a. nasopharyngeal airway
b. oropharyngeal airway
c. laryngeal mask airway
d. esophageal-tracheal tubes / supraglottic airways, for example
   - Combitube®
   - King®
e. endotracheal tube
f. tracheostomy tube
g. laryngectomy tube
h. speaking valves

### 4. Performing tracheostomy care

### 5. Exchanging artificial airways

### 6. Maintaining adequate humidification

### 7. Initiating protocols to prevent ventilator associated pneumonia (VAP)

### 8. Performing extubation

#### B. Perform Airway Clearance and Lung Expansion Techniques

1. Postural drainage, percussion, or vibration
2. Suctioning, for example
   - nasotracheal
   - oropharyngeal
3. Mechanical devices, for example
   - high-frequency chest wall oscillation
   - intrapulmonary percussive ventilation
   - vibratory PEP
   - insufflation / exsufflation device
4. Assisted cough, for example
   - huff
   - quad
5. Hyperinflation, for example
   - incentive spirometry
   - IPPB
6. Inspiratory muscle training techniques

#### C. Support Oxygenation and Ventilation

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

#### D. Administer Medications and Specialty Gases

1. Aerosolized preparations, for example,
   - MDI
   - SVN
2. Dry powder preparations
3. Endotracheal instillation
4. Specialty gases, for example,
   - heliox
   - NO

#### E. Ensure Modifications are Made to the Respiratory Care Plan

1. Treatment termination, for example,
   - life-threatening adverse event
2. Recommendations
   a. starting treatment based on patient response
   b. treatment of pneumothorax
1. Determination of a patient’s pathophysiological state
2. Recommendations for changes in a therapeutic plan when indicated
3. Application of evidence-based or clinical practice guidelines, for example, ARDSNet, NAEPP

F. Utilize Evidence-Based Medicine Principles

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<th>Analysis</th>
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G. Provide Respiratory Care Techniques in High-Risk Situations

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<th>Analysis</th>
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H. Assist a Physician / Provider in Performing Procedures

<table>
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<th>Analysis</th>
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Each scored form will include 20-item pretests.

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<tr>
<td>1. Safety and infection control</td>
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<tr>
<td>2. Home care and equipment</td>
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<tr>
<td>3. Smoking cessation</td>
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<tr>
<td>4. Pulmonary rehabilitation</td>
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<td>5. Disease management</td>
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<tr>
<td>a. asthma</td>
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<tr>
<td>b. COPD</td>
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<tr>
<td>c. sleep disorders</td>
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Clinical Simulation Examination

Detailed Content Outline

Each section of each problem is classified to a minor content heading (e.g., I.A, II.B) described below. Each scored form will include 2-problem pretests.

## I. PATIENT DATA EVALUATION AND RECOMMENDATIONS

### A. Evaluate Data in the Patient Record

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

2. Physical examination relative to the cardiopulmonary system

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

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

5. Blood gas analysis results

6. Pulmonary function testing results

7. 6-minute walk test results

8. Cardiopulmonary stress testing results

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

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

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

12. Sleep study results

13. Trends in monitoring results
    - fluid balance
    - vital signs
    - intracranial pressure
    - weaning parameters
    - pulmonary compliance, airways resistance, work of breathing
    - noninvasive, for example,
      - pulse oximetry
      - transcutaneous O₂ / CO₂
      - capnography

14. Trends in cardiac monitoring results
    - ECG
    - hemodynamic parameters
    - cardiac catheterization
    - echocardiography

### B. Gather Clinical Information

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

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

E. Recommend Diagnostic Procedures
1. Skin testing, for example,
   • TB
   • allergy
2. Blood tests, for example,
   • electrolytes
   • CBC
3. Imaging studies
4. Bronchoscopy
5. Bronchoalveolar lavage (BAL)
6. Sputum Gram stain and sensitivities
7. Pulmonary function testing
8. Noninvasive monitoring, for example,
   • pulse oximetry
   • transcutaneous
   • capnography
9. Blood gas analysis
10. ECG
11. Exhaled gas analysis, for example,
   • $CO_2$
   • NO (FENO)
12. $CO$
13. Hemodynamic monitoring
14. Sleep studies
15. Thoracentesis
II. TROUBLESHOOTING AND QUALITY CONTROL OF EQUIPMENT, AND INFECTION CONTROL

A. Assemble and Troubleshoot Equipment

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

B. Ensure Infection Control

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

C. Perform Quality Control Procedures

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

III. INITIATION AND MODIFICATION OF INTERVENTIONS

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

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

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

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

E. Ensure Modifications are Made to the Respiratory Care Plan
1. Treatment termination, for example,
   - life-threatening adverse event
2. Recommendations
   a. starting treatment based on patient response
   b. treatment of pneumothorax
   c. adjustment of fluid balance
   d. adjustment of electrolyte therapy
   e. insertion or change of artificial airway
   f. liberating from mechanical ventilation
   g. extubation
   h. discontinuing treatment based on patient response
3. Recommendations for changes
   a. patient position
   b. oxygen therapy
   c. humidification
   d. airway clearance
   e. hyperinflation
   f. mechanical ventilation parameters and settings
4. Recommendations for pharmacologic interventions
   a. pulmonary vasodilators, for example,
      - sildenafil
      - inhaled NO
      - prostacyclin
   b. bronchodilators
   c. antiinflammatory drugs
   d. mucolytics and proteolytics
   e. cardiovascular drugs
   f. antimicrobials
   g. sedatives and hypnotics
   h. analgesics
   i. neuromuscular blocking agents
   j. diuretics
   k. surfactants
   l. vaccines
   m. changes to drug, dosage, or concentration

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

G. Provide Respiratory Care Techniques in High-Risk Situations
1. Emergency
   a. cardiopulmonary emergencies, for example,
      - cardiac arrest
      - tension pneumothorax
      - obstructed / lost airway
   b. disaster management
   c. medical emergency team (MET) / rapid response team
2. Patient transport
   a. land / air between hospitals
   b. within a hospital
1. **Assist a Physician / Provider in Performing Procedures**
   1. Intubation
   2. Bronchoscopy
   3. Thoracentesis
   4. Tracheostomy
   5. Chest tube insertion
   6. Insertion of arterial or venous catheters
   7. Moderate (conscious) sedation
   8. Cardioversion
   9. Cardiopulmonary exercise testing
   10. Withdrawal of life support

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

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**Specifications for Each Test Form**

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

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<td>B. Adult trauma</td>
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**Total** 20