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Introduction

Welcome to the Department of Cardiopulmonary Science and the Respiratory Therapy Program! Your acceptance into this program suggests that you are serious about your studies and 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, meeting all assigned deadlines, 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. Any policies and procedures set forth in the Catalog/Bulletin, SAHP Student Handbook, or orientation materials have not been repeated in this manual. 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 OR the cardiovascular sonography program. Successful completion of the Cardiopulmonary Science curriculum requires two years of study at the LSUHSC and leads to a Bachelor of Science degree in Cardiopulmonary Science. 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. The Department of Cardiopulmonary Science adheres to this policy in its admissions to, participation in, or employment in the Department of Cardiopulmonary Science.
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.

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

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/

Respiratory Therapy Program Goal and Objectives

Goal: 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). Upon completion of the program, graduates will be competent RRTs.

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 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.

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 interpersonal and communication skills to effectively interact with diverse population groups.

Description of the Respiratory Therapy Program and Eligibility for National Credentialing Examinations

The Respiratory Therapy Program involves didactic and laboratory instruction in respiratory therapy that is supplemented with clinical experience in every semester except the first. Upon successful completion of 19 months of study, each student receives a Special Letter of Completion issued by CoARC. This letter states that the student has successfully completed the courses approved by CoARC and has met the requirements for this special letter of completion.
in lieu of the National Board for Respiratory Care’s (NBRC, [http://www.nbrc.org/](http://www.nbrc.org/)) graduation and degree requirement in respiratory therapy. Also, that the student is eligible for the Therapist Multiple-Choice Examination. Thus, when registering for the exam students are considered enrolled in an accredited respiratory therapy education program in an institution offering a baccalaureate degree and have been awarded a special certificate of completion approved by the CoARC.

Note: the NBRC Board of Trustees voted to authorize the Special Certificate as a route for admission to the Therapist Multiple-Choice Examination for individuals who are issued such a certificate by a program authorized to do so by CoARC until December 31, 2015. Candidates utilizing this exception to the admissions policy must apply and test by December 31, 2015. After this date, all candidates must meet the admission requirements for the Therapist Multiple-Choice Examination previously approved by the NBRC, which require graduation from an institution supporting a CoARC accredited respiratory therapy education program. After completing the Respiratory Therapy Program, students take an additional semester (5 months) of courses that includes polysomnography to earn a bachelor’s degree in Cardiopulmonary Science.

**Advanced Placement**

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

**Earning CRT and RRT Credentials**

In 2015, 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 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/](http://www.nbrc.org/))

**Becoming a Licensed Respiratory Therapist**

In order to practice respiratory therapy in most states, including Louisiana, one must hold a minimum of a CRT credential and obtain a state respiratory therapy license. Students are encouraged during the months leading up to receiving their special letter of completion/graduation to start the application process with the Louisiana State Board of Medical Examiners (LSBME, [http://www.lsbme.louisiana.gov/](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.

**Additional Program Related Costs to Students**

<table>
<thead>
<tr>
<th>Required</th>
<th>Approximate Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Textbooks and lab supplies</td>
<td>$1500</td>
</tr>
<tr>
<td>• Clinical background check and supplies (i.e., scrubs, stethoscope,</td>
<td></td>
</tr>
<tr>
<td>bandage scissors, hemostat, and safety goggles)</td>
<td>$250</td>
</tr>
<tr>
<td>• LSUSC Parking and gate card</td>
<td>$90</td>
</tr>
<tr>
<td>• Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS),</td>
<td></td>
</tr>
<tr>
<td>Pediatric Advanced Life Support (PALS) Provider cards</td>
<td>$23</td>
</tr>
<tr>
<td>• Diploma, Cap and Gown</td>
<td>$47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profession Related</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• NBRC Therapist Multiple-Choice Examination</td>
<td>$190</td>
</tr>
<tr>
<td>• NBRC Clinical Simulations Examination</td>
<td>$200</td>
</tr>
<tr>
<td>• Each NBRC credentialing exam (CPFT, RPFT, NPS, SDS, ACCS)</td>
<td>$200-$300</td>
</tr>
<tr>
<td>• Renewal of AARC Membership (before/after graduation date)</td>
<td>$50/$90</td>
</tr>
<tr>
<td>• Louisiana State Respiratory Care Conference and Exhibits</td>
<td></td>
</tr>
<tr>
<td>Registration (Student-AARC Member/-Non-ARRC Member)</td>
<td>$0/$65</td>
</tr>
<tr>
<td>• Louisiana Respiratory Therapy licensure fee/renewal</td>
<td>$125/85</td>
</tr>
</tbody>
</table>

**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 (both your person and your property)
- Dress in the appropriate attire
- Have the needed materials/equipment
- Wear your Identification Badge (on campus an 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 social and 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 leadership also incorporates the service of the health care profession in that professionals are expected to share their knowledge with other professionals and to participate in the training of students and new staff members.

As a student, you are expected to:

- Master the presented material beyond the recall level
- Demonstrate mastery of the fundamental principles and techniques
- Pursue education outside of the classroom
- 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, membership in professional organizations, attendance at state and national conferences, and earning the highest credentials in respiratory therapy.

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.

C. Health Screening

Students are occasionally asked to help provide health screenings to the LSUHSC network employees or to members of the community. This is an opportunity for students to provide educational information related to respiratory therapy and cardiovascular technology to the community, as well as gain valuable insight into patient care. Students may have the opportunity to participate with the American College of Allergy, Asthma, and Immunology in providing free spirometry testing at the St. Thomas Community Wellness Center, as part of National Asthma Awareness Week.

D. Membership in Professional Organizations

Membership in your professional organization is critical to ensure a united, strong voice that speaks for all its members to advocate for patients in areas of access to appropriate health care professionals, quality of patient care, and patient services. 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

During the course of the program, students become eligible to sit for national board exams for respiratory therapy offered by the NBRC (www.nbrc.org). Upon successful completion of the respective exams, they become certified respiratory therapists and then registered respiratory therapists. Students who hold either the CRT or RRT credential are able to apply for state licensure (www.lsbrme.org), which is required to practice respiratory therapy in Louisiana.

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. In addition to earning the RRT credential, students and therapists can provide leadership and specialized training by becoming an Asthma Educator, Basic Life Support Provider and Instructor, Advanced Cardiac Life Support Provider and Instructor, Pediatric Advanced Life Support Provider and Instructor, Neonatal Resuscitation Program Provider and Instructor.

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

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 Clinical Policies and Procedures section of this handbook. Policy and Procedures Relating to Academic Misconduct are located in the LSUHSC, SAHP Catalog/Bulletin and SAHP Student Handbook (Appendix C).
Course syllabi provide specific guidelines on examinations. Faculty members administer and review for exams at their discretion. Exams are returned to students for review and discussion and then collected during the same class period. Students are encouraged to keep a record of their exam performances. A student may review their grades acquired during a course either by scheduling a meeting with the course director or by using the online secure course management system (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 and annual tuberculin skin test.*
4. *Maintain current certification in CPR for Health Professionals.*
5. *Completed 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.*
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 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 Technical Standards and conduct himself or herself in a manner consistent with the Student-Clinic Relationship and Clinical Policies and Procedures 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 Student-Clinic Relationship and Clinical Policies and Procedures will result in a clinical course grade of F, or failing.

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 (See Appendix C).

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 (See Appendix C).

**Requirements for Special Letter of Completion (SLC) and 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 (SLC and graduation).

2. The student must have met all financial obligations to the LSU System at least ten days prior to, receiving SLC, or graduation.
3. The student must be registered in the semester of anticipated graduation and pay the appropriate diploma fee.

4. The student must attend commencement ceremonies, unless excused, in writing, by the Dean.

**Student Responsibilities and Rights (Appendix A, CM-56)**

https://www.lsuhsc.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. Student 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

If the Health Sciences Center or specific school already has a policy concerning the student’s complaint, procedures indicated in that policy should be used; if the Health Sciences Center or specific school has no specific policy, the following procedure should be used. Specific school policies should include the following basic elements:

A. Informal Conflict Resolution

1. Discuss the conflict with the person against whom the complaint is made. In the event that the complainant does not feel comfortable doing so, the complaint should be directed to the Office of the Associate Dean for Academic/Student Affairs of the specific school.
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 complainant 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 complainant.

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 complainant’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 complainant’s formal written request plus a statement of actions taken by the Associate Dean to resolve this matter.
IV. Referral to the Vice Chancellor of the Academic Affairs

The Vice Chancellor for Academic Affairs:

May make a decision as to how the matter can be resolved. This decision shall be communicated to all concerned parties in writing; if for any reason the Vice Chancellor for Academic Affairs chooses not to render a decision, he/she may empanel an ad hoc committee comprising three faculty members, at least one of which is from the pool of elected members of the Faculty Senate and two students appointed by the appropriate Student Government Association President. The Committee shall meet in an effort to resolve the matter within a period of 10 working days. The Committee may meet with the concerned parties and others who can provide information that is helpful in resolving the matter. The Committee meetings will be closed, and information provided during the meeting shall be held in strictest confidence.

The Committee shall reach a decision as to the resolution of the matter and make its written recommendation to the Vice Chancellor of Academic Affairs within five working days. The Vice Chancellor for Academic Affairs, upon receipt of the Committee’s recommendation, will make a decision and communicate this decision in writing to all concerned parties and the Dean of the appropriate school. The decision of the Vice Chancellor for Academic Affairs is final and non-appealable.

In the event that the formal written complaint involves a violation of CM-44 - Campus Security Policy, the Vice Chancellor of Academic Affairs shall empanel an ad hoc committee as described above. All members of the committee shall have completed annual training on the issues related to campus violence and how to conduct an investigation and hearing process that protects the safety of the victims and promotes accountability. The Committee shall meet with the concerned parties and others who can provide information that is helpful in resolving the matter. Each concerned party may be accompanied by an advisor of their choice, the Committee meetings will be closed, and information provided during the meeting shall be held in strictest confidence.

Once the Committee has reached its decision, the concerned parties shall be notified in writing of the decision. Either party may appeal the decision in writing to the Vice Chancellor for Academic Affairs within five working days of receiving notice of the decision. The Vice Chancellor for Academic Affairs shall make a decision on the appeal within ten working days of receipt of the written notice. Written notification of the decision shall be sent simultaneously to all concerned parties. The decision of the Vice Chancellor for Academic Affairs is final and non-appealable.
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 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 may not be used in lieu of class attendance.

E. Proper Attire is Required for all Classroom, Laboratory, and Clinic Cessions.

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 (See Appendix C) 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 6B2 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); faculty can leave messages in the student’s box (located in room 6B2)
   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

Mailboxes in room 6B2 are provided for students. Please check your boxes regularly. 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 of 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)

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 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 inconvenient times. 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 assess student performance throughout a course of study including clinics and strongly recommend 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 declare to the faculty any illness, injury or condition that could present the risk of potential danger in either the lab or clinical settings directly to the course coordinator or the program director. 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 the skills labs.
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 and provocative 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. The student must report to the Student Health Services and Records to obtain a "Clearance for Class/Clinical Form" (See Appendix G). The student must provide a portion of this completed form to the Director of Clinical Education.

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 in the menu on the left.

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
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. (In case of 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
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.

**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 graded either pass or fail. Competencies that the student must demonstrate are listed in appendix E.

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
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 prior to Clinics I. In addition, annual student verification of Influenza flu vaccine is required prior to Respiratory Clinics I and Respiratory Clinics 4.

**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.lsuhsc.edu/cp/credentialtobs.aspx](http://alliedhealth.lsuhsc.edu/cp/credentialtobs.aspx).

**The Clinical Experience**

Students participate in four consecutive semester clinical courses to develop the clinical skills necessary to become a competent respiratory care professional. The clinical experience in respiratory therapy begins during the first fall semester (Respiratory Clinics I). 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 144 hours of combined adult and pediatric floor care.

Students gain competence in the respiratory care of adult patients in critical care units during the spring semester (Respiratory Clinics II). Emphasis is placed on introduction of monitoring techniques, blood gas sampling and analysis, mechanical ventilation, patient weaning 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
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 LSRC 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 clinicals that week.

Students gain competence in the respiratory care of pediatric and neonatal patients in critical care units. Emphasis is placed on neonatal and pediatric monitoring techniques, blood gas sampling and analysis, mechanical ventilation, weaning and extubation. This summer clinical rotation (Respiratory Clinics III) last approximately 7 weeks (3 days per week). Students will rotate between 3-4 clinical sites spending approximately 168 hours in neonatal and pediatric critical care units.

Students gain competence in the respiratory care of critically ill patients and patients receiving pulmonary diagnostic tests, pulmonary rehabilitation, home care, and pediatric and adult patients in need of lung and airway emergency management, including intubation. Emphasis is placed on time management, advanced monitoring and pulmonary diagnostic techniques, advanced modes of mechanical ventilation, emergency airway management, chronic pulmonary disease management through exercise prescription and education, and application of skills learned from previous clinical experiences. This clinical rotation (Respiratory Clinics IV) last approximately 13 weeks (2-3 days per week). Students will rotate between clinical sites spending approximately 272 hours in clinics (adult critical care, 168 hours composed of 8 and 12-hour shifts, adult pulmonary diagnostics, 48 hours, pulmonary rehabilitation, 24 hours, home care, 8 hours, and anesthesia/intubation and emergency room care, 24 hours).

As part of earning a Bachelor of Science degree in Cardiopulmonary Science, students are required to take a fifth clinical course (Respiratory Clinics V) during their final spring semester. This course is designed to give the student an 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 a teaching assistant, and care for patients with chronic pulmonary disease in outpatient clinic settings. 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 220 hours over the course of the semester (sleep lab, 60 hours, critical care units, 88-144 hours, pulmonary disease clinic, 23 hours, teaching assistant, 24 hours, community service, 5 hours, and professional service, 24 hours).

In order to achieve satisfactory performance in the patient care setting, each respiratory therapy student must meet the Department of CPS Technical Standards as described in the SAHP Catalog (See Appendix E) and conduct himself or herself in a manner consistent with the
The Student-Clinic Relationship (Standards/Expectations)

Students are guests of the various clinical institutions and therefore must abide by the policies and practices of each host institution. The institution may ask for the removal of any student based on violation of any of the recommendations below.

I. Standards of Student Dress Attire

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. 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 itself expects the people who are acting as agents of the hospital to adhere to its standards. For respiratory care clinics, students will refer to their student handbook for general guidelines and to their lead instructors for specific information regarding their assigned affiliate’s policies.

Dress code:

A. Navy blue scrub top and pants; style of top and pants is student’s choice.
B. LSUHSC- SAHP patch is to be 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

II. Standards of Student Grooming

Like dress, grooming is an underlying and important factor in a student’s ability to act effectively with patients. The hospital’s standards here again are to be followed. In general, the following recommendations are made:

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. Nail polish is according to hospital standards.
D. Artificial fingernails cannot be worn when providing hands-on patient care.
E. Jewelry is appropriate to society’s expectations. It should be minimal and in all cases out of the way if it interferes or distracts.

F. **Colognes are not recommended.** Certain smells can be distressing to patients and will make it difficult for you to work with them.

### III. Standards of Student-Patient Interaction

Patience and understanding are necessary to interact with people who are perhaps not at their best. The student should respect the patient’s rights to courtesy, dignity, and privacy at all times.

A. Upon interacting with a patient, students must identify themselves as a respiratory therapy student from LSUHSC. The student’s School I.D. badge must be visible at all times.

B. Students do not solicit, expect or accept material or monetary gifts or favors for the services they provide.

C. The student must abide by the code of ethics as outlined by the AARC (See Appendix D, AARC Statement of Ethics and Professional Conduct).

D. Students must 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. Students must be ethical. 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.

F. Students should 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 (See Appendix E, AARC Position Statement on Cultural Diversity).

G. The patient has the right to know what therapy or diagnostic test is being provided, who ordered it and why he or she is receiving it.

H. Students are not to release any information to the patient that relates to his or her condition, diagnosis, prognosis or any therapy that they did not administer. Refer all those questions to the patient’s nurse and/or physician.

I. The patient has the right to refuse any therapy. The refusal must be recorded on the chart along with the reason given by the patient and reported to your instructor.

J. Always, respect the morals, privacy, and ideas of both your 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.
IV. Standards of Student-Supervisor/Coordinator/Clinical Faculty Interactions

The student is a guest of the hospital, 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.

A. The student is to wear his/her School I.D. badge at all times and upon first meeting a clinical affiliate staff member should identify himself/herself as a respiratory therapy student from LSUHSC.
B. Conform to standards of dress and grooming as outlined above. Attendance and punctuality guidelines are found below under Clinical Policies and Procedures Related to Student’s Clinical Attendance.
C. 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 worth and knowledge and none of us know everything.
D. Be responsible about complying with department paperwork, 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 preceptors/supervisors in private.
E. 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 preceptor/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.
F. Accept the responsibility that has been given to you. Always follow established Department and School policies. You are responsible for completing all treatments (respiratory) assigned to you. If you cannot complete your assignment, notify the instructor well in advance of the completion of your shift.
G. Always, attempt to conserve and protect hospital or school supplies and equipment.
H. 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.
I. 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.
V. Expectations of Students

A. Students are expected to meet the Technical Standards of the CPS Department (See Appendix E).

B. Students are expected to 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. The student should become familiar with the clinical affiliate’s policy and procedure manual including emergency disaster plans.

D. Students should be ethical and professional at all times. Students are subject to dismissal for shoddy work, unsafe conduct or any unprofessional behavior.

E. Students should 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 (having the supervisor find other therapists who have unfinished therapy), review charts, prepare case reports, or review for classes and evaluation.

F. Students are 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.

G. Students should observe all procedures prior to performing them for the first time.

H. Students shall not provide patient care without a clinical supervisor, or LSUHSC Cardiopulmonary Science faculty member at the bedside.

I. It is students’ responsibility to ask the clinical supervisor to verify in Trajecsys that a procedure was completed.

J. Students are not allowed to have cell phones in clinic.

K. Students should not count on a morning break for breakfast. Lunch is to be scheduled around scheduled treatments/procedures and patient meal times.

L. Prior to attending each semester’s clinical, students must sign the Clinical Guidelines and Rules Sign-off Sheet attesting to have read and understand the student-clinical relationship and clinical policies and procedures, as outlined in the Respiratory Therapy Program’s Student Handbook.

Clinical Policies and Procedures Related to Student’s Clinical Attendance

I. Attendance

A. The student is required to attend all days of a clinical rotation.
B. Each clinic day lasts from the time report begins until report is given to the next shift.
C. Students are required to log daily attendance in Trajecsys, as described in course syllabi.
D. Failure to login or logout of clinic during an assigned clinic day will result in an absence.
E. After three failed logins or logouts, each failed login or logout will result in an unexcused absence.
F. Students unable to attend clinic are required to notify both their Director of Clinical Education and affiliate site’s Clinical Coordinator in a timely manner (preferably before clinic start time) that he/she will be absent from clinic.
G. A request for an excused absence must be made prior to the beginning of clinic on the day to be missed. Such a request can only be granted by the Director of Clinical Education.

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. The student must report to the LSSHSC, Student Health Services and Records to obtain a "Clearance for Class/Clinical Form" (Appendix G).
D. The student must provide a portion of this completed form to the Director of Clinical Education.

III. 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 Director of Clinical Education and the affiliate site’s Clinical Coordinator if they are going to be late or may be late.
C. After properly notifying the Director of Clinical Education and affiliate site’s Clinical Coordinator, students may still attend clinic if they arrive no later than 15 minutes after report time.
D. Three late arrivals (> 1 min < 15 min after report time) by a student results in an unexcused absence. On the third and subsequent late arrivals the student is to attend clinic but will be charged with an unexcused absence.
E. Clinical Coordinators must send home students who arrive more than 15 minutes after clinic report time. Students will not be given credit for having attended clinic and are given an unexcused absence. The student should not attend clinic that day. The student must notify the DCE and their lead instructors that you they will not be attending clinic.
IV. Leaving Clinic Early

A. Prior approval must be obtained from the student’s Director of Clinical Education if known in advance.
B. Prior approval must be obtained from the affiliate site’s Clinical Coordinator if an emergency occurs. Once time permits, the Director of Clinical Education should be notified of leaving the clinic due to an emergency.
C. Report must be given to the Preceptor/Supervisor before the student may leave.
D. Leaving the clinic or assigned area without proper approval will result in an unexcused absence.

Clinical Remediation Policy and Procedures

I. Absences

A. Any absence will be made up at a ratio of 1:1 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 from the Director of Clinical Education.
C. The second unexcused absence will result in a conference with the Director of Clinical Education and Program Director.
D. Three unexcused absences 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. The student must report to the LSHHSC, Student Health Services and Records to obtain a "Clearance for Class/Clinical Form" (Appendix G).
D. The student must provide a portion of this completed form to the Director of Clinical Education.
E. 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 evaluations indicate deficiencies (scores < 3).
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 (see Appendix C)
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 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 clinic then the student will receive a failing grade of “F” or disciplinary actions according to the SAHP Student Conduct Policy and Procedures (see Appendix G)

IV. 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 (Appendix C) and SAHP Academic Calendar (Appendix B) 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.
V. Mandated Withdrawal from Clinic Course

A. A student may be removed from a clinical course for the following reasons:

1. Extended illness lasting more than 3 days
2. Three unexcused absences
3. Persistent problems after counseling with the Program Director
4. Unsatisfactory clinical practice/behavior

B. Students may appeal their grade according to the SAHP, Student Grade Appeals Policy (See Appendix C).

Clinical Evaluation of Students

I. 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 three components of the grading system will result in a failing grade. **Minimum competency is as follows:**

A. Trajecsys Report System (Appendix F)

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).

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 patient 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 three (3) in all areas, competency and professionalism, is required by the end of a clinical rotation.
2. Clinical preceptors/supervisors should 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 (see Appendix K, Universal Precautions). 

C. All patients should be considered as potentially infected. 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 (See Appendix A).
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, 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.

**Procedure Guidelines for Unsatisfactory Clinical Behavior**

I. **Unsatisfactory Clinical Behavior**

When an unsatisfactory behavior in the clinical setting is identified, the affiliate clinical coordinators, supervisors, Program faculty and students will adhere to the following procedures:

A. The student will be counseled by the clinical supervisor regarding the clinical behavior in question. The student will be advised that the behavior in question will be discussed with the clinical coordinator and Program faculty to validate the unsatisfactory clinical behavior. The validated behavior in question will be reported on the appropriate area of the clinical incident form (See Appendix J).

B. The student is given the opportunity to meet with the Director of Clinical Education and Program Director to discuss the clinical behavior.

C. A student conference with the clinical supervisor and Director of Clinical Education will be held to review the incident.

D. When unsatisfactory behavior has been documented in which a student manifests behavior in the clinical area, which negatively affects a patient’s status, the Program Director will counsel the student. At this time, the student will be informed in writing that they are being charged with professional misconduct and will be reported to the Office of the Associate Dean for Academic Affairs within 5 days for procedural matters. The student will not be allowed to attend clinics and a grade of “I” (incomplete) will be assigned, until a decision has been rendered.
E. Sanctions imposed on the student may include one or more of the following disciplinary actions:

1. Be required to show active participation in the work of counseling
2. Disciplinary Warning: verbal or written notification that the student has not met the School’s standards of conduct, and that a repeat offense will result in more serious disciplinary action. It is not the case that first offenses automatically receive a warning; most first offenses receive a stricter response, with warnings reserved for cases with unusual mitigating circumstances
3. Reprimand: a written statement censuring a student for violating School regulations, and stating that another offense will result in more serious action. This is normally considered a lenient response, even for first offenses
4. Restitution: requirement that the student compensate the School or other persons for damages, injuries, or losses. Failure to comply results in canceled registration and a hold on future registration
5. Disciplinary Probation: an action that places conditions on the student’s continued enrollment in the School, including the statement that further violation of School policies will likely result in dismissal. The Committee fixes the term and conditions of academic probation. First offenses often result in probation
6. Suspension from the School of Allied Health Professions. Period of time to be determined by the Dean
7. Dismissal from the School of Allied Health Professions

E. If the student chooses to appeal, the student may continue to attend class (but not clinical), pending results of the appeal process (if utilized). However, progression policies will still apply.

F. Student behaviors that may be indicative of psychological maladjustments may result in immediate removal of the student from the clinical setting and mandatory counseling.

II. Unsatisfactory Performance in the Patient Care Setting

In order to achieve satisfactory performance in the patient care setting, each respiratory therapy student must meet the Technical Standards and conduct him- or herself in a manner consistent with the Student-Clinic Relationship and Clinical Policies and Procedures 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 Student-Clinic Relationship and Clinical Policies and Procedures will result in a clinical course grade of F, or failing.
III. Unsatisfactory Pre-Clinical Competency Evaluations

A. 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 graded either pass or fail.

B. 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.

Student "At Risk" Incidents (See Appendixes A, C, and J) (i.e., needle stick, puncture or cut from a potentially contaminated source)

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

I. The student must immediately report the incident to his/her immediate supervisor as determined by each school/department. The supervisor is responsible for reporting the incident and following procedures to ensure proper testing and health care are provided.

II. If the incident occurs at an off-campus location, the student should be referred to the institutional infection control office (usually, their employee health service).

III. For on-site occurrences, the student should be referred to Student Health at 3700 St. Charles Avenue, 2nd floor, New Orleans, LA (504-412-1100).

IV. The CDC and OSHA guidelines for risk exposure will be followed and appropriate reporting provided. Follow up lab studies for all students should be handled through LSUHSC Student Health. During hours when the Student Health Clinic is not open, students should seek emergency care at the Fast Track emergency room at the Interim LSU Public Hospital at 2021 Perdido Street New Orleans, LA 70112 - (504) 903-3000. The student is entitled to seek his/her health care of choice. Health care will be made available if requested by the student at either the LSUHSC-NO Student Health Clinic, or if contracted to another facility or location, from that satellite location following their policy for "at risk" incidents. Injured students may also seek treatment from their personal health care provider. In all cases, the First Report of Injury and Supervisor's Accident Investigation Report must be filed with the
Louisiana Office of Risk Management for eligibility under Student Health Needlestick Insurance. The health care provider treating the student must be notified that the student has had an "at risk" incident for HIV/HBV/HCV and that proper testing must be performed. Based on the initial testing, additional testing or treatment may be warranted and must be recommended by the examining health care provider at time of treatment. A form entitled First Report of Injury must be promptly completed and forwarded to the Office of Human Resource Management within 30 days. The Supervisor's Accident Investigation Report (DA 3000) must also be completed. All students have a limited amount of insurance to cover costs of lab work that may be necessary as a result of exposure. Specifics about this insurance may be obtained directly from the Student Health Office.

V. Counseling for LSUHSC-NO students is available through the LSUHSC-NO Student Health Mental Health Counselors or the Campus Assistance Program. The Student Health Clinic can also provide access to the Expert Review Panel (ERP) on behalf of students.

Summary of steps to be taken when and "at risk" incident occurs:

A. Report incident to supervisor  
B. Provide immediate attention, testing  
C. File required paperwork  
D. Seek counseling and access to ERP, if necessary.

Clinical Tips for 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. Be punctual.  
5. 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.  
6. 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.  
7. Keep in mind that there are several ways to do any procedure. Even though you may have knowledge of a way to do something that may appear to be better, approach the subject tactfully and in private with your clinical coordinator/ supervisor. You are encouraged to make suggestions that are appropriate to the improvement of patient care. You are not encouraged to criticize in a random or inappropriate manner.  
8. Accept the responsibility that has been given to you.  
9. Always follow established Department and School policies.  
10. Always follow established clinical site policies and procedures.
11. You are responsible for completing all treatments (respiratory) assigned to you. If you cannot complete your assignment, notify your supervisor well in advance of the completion of your shift.

12. Accept constructive criticism. 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.
Appendix A

1. Bylaws and Regulations of the Board of Supervisors for Louisiana State University and Agricultural and Mechanical College:
   http://www.lsuhsc.edu/administration/subscriptions/

2. LSU System Permanent Memoranda: http://www.lsuhsc.edu/administration/pm/

3. LSUHSC-New Orleans Chancellor Memoranda:
   http://www.lsuhsc.edu/administration/cm/
   a. CM-25 LSUHSC Policy on Individuals Infected with Human Immunodeficiency Virus (HIV)/Hepatitis B Virus (HBV)/Hepatitis C Virus (HCV):
      http://www.lsuhsc.edu/administration/cm/cm-25.pdf
   b. Student Health Info: In case of needle stick injury:
      http://www.lsuhsc.edu/orgs/studenthealth/
   c. CM-56 Student Responsibilities and Rights:
      https://www.lsuhsc.edu/administration/cm/cm-56.pdf

4. Office of Compliance Programs: http://www.lsuhsc.edu/no/administration/ocp/

Appendix B

LSUHSC Calendar – PM 5: http://www.lsuhsc.edu/administration/pm/

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

Appendix C

SAHP Catalog: http://catalog.lsuhsc.edu/content.php?catoid=5&navoid=937

SAHP Student Conduct Policy and Procedures:
http://alliedhealth.lsuhsc.edu/Admin/studentconduct.aspx

SAHP, Grading System Policy (examinations, Grading and Evaluation of Performance, and Student Grade Appeals): http://catalog.lsuhsc.edu/content.php?catoid=5&navoid=785

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

Copy this form and sign and return it to the Program Director for Advanced Respiratory Therapy. This form will be part of your permanent 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, and 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 violation of the policies and procedures of the Respiratory Therapy Program, School of Allied Health Professions, and the LSUHSC.

Student signature ________________________________

Print name ________________________________

Date ________________________________
Clinical Semester Rules Sign-Off Sheet

1. **All absences** will be made up at a ratio of 1:1.

2. **Three unexcused absences** will result in me receiving a grade of “F” for this semester’s clinical course.

3. **Three late arrivals (>1 min < 15 min after report time)** will result in an unexcused absence. On the third and subsequent late arrivals the student is to attend clinic but will be charged with an unexcused absence.

4. 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.

5. **After three failed login or logouts**, each failed login or logout will result in an unexcused absence.

6. **Leaving clinic without proper approval** will result in an unexcused absence.

7. There are to be **NO CELL PHONES IN CLINIC**.

8. **Respectful, professional behavior and appropriate language is REQUIRED in all areas of the hospital**, including patient rooms, corridors, cafeteria, elevators, and breakroom. Failure to conform to this standard will result in me receiving a grade of “F” for this semester’s clinical course.

9. In order to successfully complete this clinic course, a **minimum score of three (3)** is required in all areas of an evaluation.

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 Student-Clinic Relationship and Clinical Policies and Procedures will result in a clinical course grade of “F”, or failing.

_________________________  ___________________________  __________
Student (Print)            Director of Clinical Education (Print)      Date

_________________________  ___________________________  __________
Student’s Signature        Director of Clinical Education’s Signature         Date
## Procedures

<table>
<thead>
<tr>
<th>Skill Name</th>
<th>Times Before Pass</th>
<th>Mandatory</th>
<th>Exam</th>
<th>Participation Level for Exam</th>
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<td>Critical Care - 15:5 Routine Patient Ventilator Assessment</td>
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<td>Critical Care - 3:5 Monitoring Cuff Pressure</td>
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<td>Critical Care - 3:5 SVN or MDI in-line with Ventilator</td>
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<td>Critical Care - 5:5 Closed Suctioning</td>
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<tr>
<td>Floor Therapy - 2:3 Large-Volume Nebulizer (Aerosol Therapy)</td>
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<tr>
<td>Floor Therapy - 3:5 Chest Percussion and Postural Drainage Therapy (HFCW-the Vest)</td>
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<td>Floor Therapy - 3:5 Hand Washing</td>
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<td>Floor Therapy - 3:5 Incentive Spirometry Therapy</td>
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<tr>
<td>Floor Therapy - 3:5 Low-Flow Oxygen Therapy( NC / Simple Mask / PRBM / NRBM)</td>
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<td>Floor Therapy - 3:5 MDI</td>
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<tr>
<td>Floor Therapy - 3:5 PEP Therapy (Acapella/Flutter/PEP/Flute)</td>
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<td>Floor Therapy - Initiate an IPPB treatment</td>
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<td>Floor Therapy - Initiate an IPV treatment</td>
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<tr>
<td>Floor Therapy - Sputum Induction</td>
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<td>Intubation - Intubation Attempted</td>
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<td>NICU/PICU - 3:5 Capillary Blood Gas Sampling</td>
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<td>NICU/PICU - 3:5 Closed Suctioning-Endotracheal Tube/Tracheostomy</td>
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<td>NICU/PICU - 3:5 Open Suctioning - Endotracheal Tube/Tracheostomy</td>
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<td>NICU/PICU - 3:5 SVN or MDI in-line with Ventilator</td>
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<tr>
<td>PFT - Nitrogen Washout / Helium Dilution</td>
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<td>PFT - Pulmonary Function Test Quality Assurance</td>
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</tr>
</tbody>
</table>

Add New...
Course Director
Helena Midkiff, MSHCM, RRT, RPFT, AE-C
Assistant Professor of Clinical Cardiopulmonary Science
Director of Clinical Education
Office hours: by appointment (SAPH: 6A5)
Telephone: 568-4234 (Office); (Cell) 504-231-5074
Email: hmidki@lsuhsc.edu

Clinical Instructors
Helena Midkiff, MSHCM, RRT, RPFT, AE-C
Affiliate Hospital/Clinic Preceptors

Class Times:  6:30 am – 3:00pm  Tuesdays, Wednesdays and Thursdays.
Exact times depend on the specific rotation. See Trajecsys
(http://www.trajecsys.com/) for individual affiliated hospital schedules and
clinical coordinators/supervisors contact information

Affiliated Hospital/Clinic Site
Access Respiratory Home Care Sleep & Wellness Center
Baton Rouge General Hospital (Bluebonnet Campus)
Baton Rouge General Hospital (Downtown Campus)
Children’s Hospital
East Jefferson General Hospital
Interim LSU Public Hospital
North Oaks Health System
Ochsner Medical Center-Jefferson
Ochsner Medical Center-Kenner
Ochsner Medical Center-Westbank
Our Lady of the Lake Regional Medical Center
Southeast Louisiana Veterans Health care Systems
St. Tammany Parish Hospital
Touro Infirmary
Tulane -Lakeside
Tulane University Hospital and Clinic
West Jefferson General Hospital
Woman’s Hospital

Course Goal:  This course is the second of five clinical courses during which the student
develops the skills to become a respiratory care professional. In this course, the student will
gain competency in the respiratory care of patients in the critical care setting.

Course Objectives:  At the end of this clinical rotation, the student will be able to perform the
following skills:

Psychomotor:
(1)The student will be able to properly administer the following therapies with proper equipment
and techniques: bronchial hygiene therapy, airway care, mechanical ventilation, and arterial
blood gas sampling.
(2) The student will be able to properly perform patient assessments including: vital signs, pulse oximetry, and chest x-rays.

Cognitive:
(1) The student will be able to describe the physiology, indications, contraindications, goals, and side effects of each therapy applied in the critical care management of patients.
(2) The student will be able to describe the classifications, actions, side effects and dosages of all respiratory medications.
(3) The student will be able to describe the category and use of all other patient medications.
(4) Student will be able to interpret the results of patient assessment findings including: physical assessment, blood gas analysis results, and mechanical ventilation parameters.

Affective:
The student will demonstrate professional behaviors regarding interaction with patients, faculty, clinical instructors, other health professionals, and colleagues.

Required Textbooks: All required textbooks in RT Fundamentals, Cardiopulmonary Physiology, Critical Care Concepts, Neonatal/Pediatrics, and Pathophysiology. In addition, the AARC Clinical Practice Guidelines relevant to the areas of pediatrics, critical care and pulmonary diagnostics should be reviewed.

Required supplies: navy blue scrubs with LSUHSC patch on left shoulder, white tennis shoes, and watch with seconds, stethoscope, goggles, scissors, pocket calculator, and hemostat.

Grading: This is a pass / fail course. You will be graded by both didactic faculty and clinical faculty. Grading will be based on psychomotor skills, cognitive knowledge, and professional behavior. These are evaluated in three components: completion of the procedure competencies, satisfactory clinical evaluations, and satisfactory case report.

This evaluation has 3 components:
1. Completion of the procedure competency evaluations
2. Satisfactory clinical evaluations

You must pass all three to successfully pass this course.

Attendance

Policies, Procedures, Guidelines, Academic Standards and Calendar

Policies and procedures related to student conduct: http://alliedhealth.lsuhsc.edu/Admin/studentconduct.aspx

Guidelines for students with disabilities: http://alliedhealth.lsuhsc.edu/Admin/studentswithdisabilities.aspx

Academic standards: http://alliedhealth.lsuhsc.edu/Admin/academicstandards.aspx

Academic calendar: http://alliedhealth.lsuhsc.edu/Admin/academiccalendar.aspx

Catalog/Bulletin: http://catalog.lsuhsc.edu/
I will be posting information here throughout the semester. **Please read all announcements daily.**

- Mr. Cordes

### Daily Logsheets

- 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

- **Mid-clinical rotation (1 week):** At the conclusion of the first week of clinic, please click the "Evaluations" menu item at left and submit a clinical supervisor evaluation for each clinical supervisor who instructed you while attending clinic.
- **End-clinical rotation (2 weeks):** At the conclusion of the clinic rotation, please click the "Evaluations" menu item at left and submit a clinical supervisor evaluation for each clinical supervisor who instructed you while attending clinic.

### Supervisor/Coordinator Responsibilities:

1) **Approve Time Records**

- Daily or at least quite regularly, please click the "Approve Time Records" menu item at left. If all is in order, click the "Approved" button and you are through.
- If you find records in the lower section, students are still at your site (they are today's records) or for some reason have not clocked either in or out. The easiest thing to do is just click "Generate Email Notifications" and the students will receive an email asking them to file a "Time Exception" - a substitute time record. Once they have done so, you can approve them.

2) **Approve/Disapprove Daily Log Sheets**

- Daily or at least quite regularly, please click the "Daily Log Sheet" menu item at left.
- Please review each student's self-reported procedures (Daily Log Sheets) and click either the "Approved" button or "Disapproved" button.

3) **Perform Student Evaluations**

- **Daily:** throughout the day and especially at the end of the day, please discuss with the student what he or she did well and what areas he or she needs to improve/focus on for the next day (this may be procedural, time management, professionalism, or knowledge of a subject area). This will serve to establish goals for the next clinic day.
- **Mid-clinical rotation (1 week):** At the conclusion of the first week of clinic, please click the "Evaluations" menu item at left and submit a student clinical evaluation for each student who attended clinic.
- **End-clinical rotation (2 weeks):** At the conclusion of the clinic rotation, please click the "Evaluations" menu item at left and submit a student clinical evaluation for each student who attended clinic.

4) **Comp Evals**

- Once a student completes a mandatory procedure (there are 10) a required number of times (varies with procedure) without assistance, you may be asked to observe the student performing the procedure and complete a competency evaluation.
- Please click the "Comp Eval" item at left, then select from the pull down menu the student, major area, and procedure evaluated and click next.
- **What to do if procedure was done satisfactorily:** Select the "Approved" button and then click submit button.
- **What to do if procedure was done with unsatisfactory steps to procedure:** Deselect all steps that were not performed satisfactorily and click submit. The results will be made available to the student so that any steps not performed satisfactorily can be addressed by the student before requesting another competency evaluation of that procedure.

If you should have questions, please contact a faculty member for assistance. Assistance is also available in the Trajecsys User Guide at left.

Thanks!

Tim Cordes, MHS, RRT-NPS, AE-C
tcorde@lsuhsc.edu
504-568-4234
Clock IN
Time: 1:51 PM

*Site: East Jefferson General Hospital

Clock OUT
Time: 1:53 PM

*Site: East Jefferson General Hospital
### Daily Logsheet

**Classic Logsheet Version**

**Date:** 08/21/2014  
**Site:** Southeast Louisiana Veterans Health Care Systems

<table>
<thead>
<tr>
<th>Major Study</th>
<th>Skill</th>
<th>Participation Level</th>
<th>Amount</th>
<th>Pathology</th>
<th>Supervising Employee</th>
<th>Comments</th>
<th>Approve Date</th>
<th>Approved By</th>
<th>Simulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>(15:5) Routine Patient Ventilator Assessment</td>
<td><strong>Performed</strong> 3</td>
<td>Adult, ARDS, Burn</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Critical Care</td>
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<tr>
<td>Critical Care</td>
<td>(15:5) Routine Patient Ventilator Assessment</td>
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<td>08/21/14</td>
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<tr>
<td>Floor Therapy</td>
<td>(3:5) Chest Percussion and Postural Drainage Therapy (HFCWC-the Vest)</td>
<td><strong>Performed</strong> 2</td>
<td>Adult, Pneumonia</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Intubation</td>
<td>Intubation Attempted</td>
<td><strong>Performed with assistance</strong> 4</td>
<td>Adult Tamra</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>NICU/PICU</td>
<td>(3:5) Capillary Blood Gas Sampling</td>
<td><strong>Assisted</strong> 4</td>
<td>RDS</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Pulmonary Rehab</td>
<td>Bronchoscopy Assisting</td>
<td><strong>Observed</strong> 2</td>
<td>Lung CA</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Pulmonary Rehab</td>
<td>O2 Assessment during Exercise</td>
<td><strong>Performed with assistance</strong> 4</td>
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<td>08/21/14</td>
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Last 20 records
Date: 08/21/2014  Site: Southeast Louisiana Veterans Health Care System

**Simulation**  
**Study**  
**Skill**  
**Participation Level**  
**Amount**

- **Critical Care**  
  (15:5) Routine Patient Ventilator Assessment  
  Performed 3

- **Critical Care**  
  (15:5) Routine Patient Ventilator PICU Assessment  
  Performed 6

- **Critical Care**  
  (15:5) Routine Pulmonary Rehab Assessment  
  Performed 8

- **Floor Therapy**  
  (3:5) Chest Intubation  
  Performed 2

- **Intubation**  
  Intubation Attempted  
  Performed with assistance 4

- **NICU/PICU**  
  (3:5) Capillary Blood Gas Sampling Assisted  
  Performed 4

- **PFT**  
  Bronchoscopy Assisting  
  Observed 2

- **Pulmonary Rehab**  
  O2 Assessment during Exercise  
  Performed with assistance 4

---

Pathology: Adult, ARDS, Burn  
Supervising Employee: ZAMJAHN, JOHN  
Comments:  
Approve Date: 08/21/14  
Approved By: JOHN ZAMJAHN

Pathology: Adult, Pneumonia  
Supervising Employee: ZAMJAHN, JOHN  
Comments:  
Approve Date: 08/21/14  
Approved By: JOHN ZAMJAHN

Pathology: Adult, Trauma  
Supervising Employee: ZAMJAHN, JOHN  
Comments:  
Approve Date: 08/21/14  
Approved By: JOHN ZAMJAHN

Pathology: RDS  
Supervising Employee: ZAMJAHN, JOHN  
Comments:  
Approve Date: 08/21/14  
Approved By: JOHN ZAMJAHN

Pathology: Lung CA  
Supervising Employee: ZAMJAHN, JOHN  
Comments:  
Approve Date: 08/21/14  
Approved By: JOHN ZAMJAHN

---

Last 20 records
### Daily Logsheet

#### Classic Logsheet Version

*Date:* 08/21/2014  
*Site:* Southeast Louisiana Veterans Health Care Systems

Retain values on logsheet submissions (clear)

Amount: [ ]  
Supervising Employee (New): [ ]

#### Pathology | Supervising Employee | Comments | Approve Date | Approved By
--- | --- | --- | --- | ---
Adult, ARDS, Burn | ZAMJAHN, JOHN | 08/21/14 | JOHN ZAMJAHN

Adult, Pneumonia | ZAMJAHN, JOHN | 08/21/14 | JOHN ZAMJAHN

Adult, Taruna | ZAMJAHN, JOHN | 08/21/14 | JOHN ZAMJAHN

RDS | ZAMJAHN, JOHN | 08/21/14 | JOHN ZAMJAHN

Lung CA | ZAMJAHN, JOHN | 08/21/14 | JOHN ZAMJAHN

### Tasks Performed:

- **Critical Care:**
  - Patient Ventilator Assessment (15:5 Routine)
  - Hand Washing
  - Oxygen Therapy (HFCWC-the Vest)
  - Intubation Attempt
  - Capillary Blood Gas Sampling
  - Bronchoscopy Assisted
  - Pulmonary O2 Assessment Assisted
  - Initiating an IPPB treatment

- **Floor Therapy:**
  - Chest Percussion and Postural Drainage
  - Large-Volume Nebulizer (Aerosol Therapy)
  - DPI
  - Hand Washing
  - High-Flow Oxygen Therapy (Air-entrainment Mask / Venti Mask / HFNC)
  - Incentive Spirometry Therapy
  - Low-Flow Oxygen Therapy (NC / Simple Mask / PRBM / NRBM)
  - MDI
  - PEP Therapy (Acapella/Flutter/PEP/Flute)
  - SVN Continuous B2 Tx

- **Simulation:**
  - Cough Assisted Device
  - Initiate an IPPB treatment
  - Initiate an IPV treatment
  - Peak Flow Meter
  - Sputum Induction

---

**User Guide:**

Your email is not confirmed. Learn more.
### Daily Logsheets

**Classic Logsheet Version**

#### Supervising Employee

- **Amount:**
  - Supervising Employee (New): 

#### Participation Level

<table>
<thead>
<tr>
<th>Major Study</th>
<th>Skill</th>
<th>Participation Level</th>
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<td>Performed</td>
<td>3</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Patient Ventilator Assessment</td>
<td>Performed with assistance</td>
<td>6</td>
</tr>
<tr>
<td>Critical Care</td>
<td>Patient Ventilator Assessment</td>
<td>Performed</td>
<td>8</td>
</tr>
<tr>
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<td>Performed</td>
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<tr>
<td>Intubation</td>
<td>Intubation Attempted</td>
<td>Performed with assistance</td>
<td>4</td>
</tr>
<tr>
<td>NICU/PICU</td>
<td>(3:5) Capillary Blood Gas Sampling</td>
<td>Assisted</td>
<td>4</td>
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<tr>
<td>PFT</td>
<td>Bronchoscopy Assisting</td>
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<td>2</td>
</tr>
<tr>
<td>Pulmonary Rehab</td>
<td>O2 Assessment during Exercise</td>
<td>Performed with assistance</td>
<td>4</td>
</tr>
</tbody>
</table>

**Pathology**

- Adult, ARDS, Burn
- Adult, ARDS, Burn
- Adult, Pneumonia
- Adult, Pneumonia
- Adult, Taruma
- RDS
- Lung CA

**Simulations**

- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN
- 08/21/14 JOHN ZAMJAHN

#### Last 20 records

- **Date:** 08/21/2014
- **Site:** Southeast Louisiana Veterans Health Care Systems

- **Amount:**
  - Supervising Employee (New): 

- **Participant Level:**
  - Observed

- **Pathology:**
  - Adult, ARDS, Burn
  - Adult, ARDS, Burn
  - Adult, Pneumonia

- **Simulations:**
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
  - 08/21/14 JOHN ZAMJAHN
## Daily Logsheet

**Classic Logsheet Version**

- **Date:** 08/21/2014
- **Site:** Southeast Louisiana Veterans Health Care Systems

### Major Study

<table>
<thead>
<tr>
<th>Study</th>
<th>Participation</th>
<th>Supervising Employee</th>
<th>Comments</th>
<th>Approve Date</th>
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<tbody>
<tr>
<td>Critical Care</td>
<td>(15:5) Routine Patient Ventilator Assessment</td>
<td>ZAMJAHN, JOHN</td>
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<td>JOHN ZAMJAHN</td>
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<td>(15:5) Routine Patient Ventilator Assessment</td>
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<td>ZAMJAHN, JOHN</td>
<td></td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
</tbody>
</table>

### Floor Therapy

- **(3:5) Chest Percussion and Postural Drainage Therapy (HFCWC-the Vest)**
  - Performed 2 Adult, Pneumonia
  - Performed 4 Adult, ARDS, Burn

### Intubation

- **(3:5) Capillary Blood Gas Sampling**
  - Assisted 4 Adult, RDS

### PFT

- **Bronchoscopy Assisting**
  - Observed 2 Lung CA

### Pulmonary Rehab

- **O2 Assessment during Exercise**
  - Performed with assistance 4 Adult, RDS
**Date:** 08/21/2014  
**Site:** Southeast Louisiana Veterans Health Care System

<table>
<thead>
<tr>
<th>Skill</th>
<th>Participation Level</th>
<th>Amount</th>
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<th>Approved By</th>
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<tbody>
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<td>JOHN ZAMJAHN</td>
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<tr>
<td>(15:5) Routine Patient Ventilator Assessment</td>
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<td></td>
<td>08/21/14</td>
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<tr>
<td>(3:5) Chest Percussion and Postural Drainage Therapy (HFCWC-the Vest)</td>
<td>Performed 2</td>
<td></td>
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<td></td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Intubation Attemped</td>
<td>Performed with assistance 4</td>
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<td>Adult taruma</td>
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<td>Lung CA</td>
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<td>08/21/14</td>
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<tr>
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<td>ZAMJAHN, JOHN</td>
<td></td>
<td></td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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# Daily Logsheet

**Class Logsheet Version**

<table>
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<th>Date: 08/21/2014</th>
<th>Site: Southeast Louisiana Veterans Health Care Systems</th>
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Retain values on logsheet submissions (clear)

Amount: [ ] Supervising Employee (New):

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<th>Pathology</th>
<th>Supervising Employee</th>
<th>Approve Date</th>
<th>Approved By</th>
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</thead>
<tbody>
<tr>
<td>Adult, ARDS, Burn</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Adult, Pneumonia</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
<tr>
<td>Adult, Taruna</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
<tr>
<td>RDS</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
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<tr>
<td>Lung CA</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
</tbody>
</table>

**Last 20 Pathologies:**

- Adult, ARDS, Burn
- Adult, Pneumonia
- Adult, Taruna
- RDS
- Lung CA

**Critical Care:**

- Adult
- T1:50 on HV, Ventilator Assessment Performed 6
- Non-INTE on HV, Ventilator Assessment Performed 8

**Floor Therapy:**

- Bronchoscopy and Tracheal Intubation Performed 2
- Bronchoscopy, Intubation, and Trachea (BV)

**Intubation:**

- Burn Intubation Attempted Performed with assistance 4
- (3-5) Capillary Blood Gas Sampling Assisted 4
- Congenital diaphragmatic hernia Bronchoscopy Assisting 2

**PFT:**

- Congenital heart defect

**Pulmonary Rehabilitation:**

- O2 Assessment During Exercise Performed with assistance 1

**Other:**

- Fungal disease
- Guillain-Barre syndrome
- Interstitial lung disease
- Kyphoscoliosis
- Laryngotracheobronchitis
- Lung Abscess
- Lung cancer
- Meconium aspiration
- Myasthenia Gravis
- Near drowning
- Pediatric
- Pleural effusion
- Pneumonia
- Pneumothorax
- Postoperative atelectasis
- Pulmonary air leak syndrome
**Daily Logsheet**

**Classic Logsheet Version**

- **Date:** 08/21/2014
- **Site:** Southeast Louisiana Veterans Health Care Systems

**Retain values on logsheet submissions (clear)**

- **Amount:** ✔️
- **Supervising Employee (New):** ✔️

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### Logsheet Entries

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<td>Critical Care</td>
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<td>(15:5)</td>
<td>Routine</td>
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<td>3</td>
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<td>Critical Care</td>
<td>Patient Ventilator Assessment</td>
<td>(15:5)</td>
<td>Routine</td>
<td>Performed</td>
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<td>Critical Care</td>
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<td>Routine</td>
<td>Performed</td>
<td>8</td>
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<td>Postural Drainage Therapy (HFCWC-the Vest)</td>
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<td>JOHN ZAMJAHN</td>
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<tr>
<td>Intubation</td>
<td>Intubation Attempted</td>
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<td></td>
<td>4</td>
<td>Adult, taruma</td>
<td>ZAMJAHN, JOHN</td>
<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
<tr>
<td>NICU/PICU</td>
<td>Blood Gas Sampling</td>
<td>(3:5)</td>
<td>Capillary</td>
<td>Assisted</td>
<td>4</td>
<td>RDS</td>
<td>ZAMJAHN, JOHN</td>
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<tr>
<td>PFT</td>
<td>Bronchoscopy Assisting</td>
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<td>Observed</td>
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<td>Lung CA</td>
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<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
</tr>
<tr>
<td>Pulmonary</td>
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<td>Perfomed with</td>
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<td>08/21/14</td>
<td>JOHN ZAMJAHN</td>
<td></td>
</tr>
</tbody>
</table>

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_Last 20 records_
### Instructor Evaluation

**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.**

**Orientation:**
- Floor Care
- Critical Care
- NICU/PICU

**Instructor provided by:**
- Hospital Supervisor(s)
- LSUHSC Faculty

**How well organized was the instructor?**
- Not well organized
- Occasionally organized
- Adequately organized
- Frequently well organized
- Always very well organized

**Did the instructor provide practical applications or 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 instructor set clear and definite standards of work and achievement?**
- Very unclear standards of work and achievement
- Occasionally provided very clear standards of work and achievement
- Adequately provided very clear standards of work and achievement
- Frequently provided very clear standards of work and achievement
- Always provided very clear standards of work and achievement

**How knowledgeable was the instructor on course content?**
- Not at all knowledgeable on course content
- Occasionally explained information clearly
- Adequately explained information clearly
- Frequently explained information clearly
- Always explained information clearly

**Did the instructor 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

**Did the instructor 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 instructor 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 was the instructor sensitive to student’s feelings and problems?**
- Never insensitive 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 instructor’s ability to answer student’s questions.**
- Never able to answer student’s questions
- Occasionally able to answer student’s questions
- Adequately able to answer student’s questions
- Frequently able to answer student’s questions
- Always able to answer student’s questions

**Did the instructor promote student interaction with physicians?**
- Never promoted student interaction with physicians
- Occasionally promoted student interaction with physicians
- Adequately promoted student interaction with physicians
- Frequently promoted student interaction with physicians
- Always promoted student interaction with physicians

**Did the instructor provide timely feedback on student performance and allow time for remediation?**
- Never provide timely feedback on student performance or allowed time for remediation
- Occasionally provide timely feedback on student performance and allowed time for remediation
- Adequately provide timely feedback on student performance and allowed time for remediation
- Frequently provide timely feedback on student performance and allowed time for remediation
- Always provide timely feedback on student performance and allowed time for remediation

**Overall instructor 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?
- 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
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

2 points - < 15 min
4 points - 15 - 30 min
6 points - 31 - 45 min
8 points - > 45 min

Patient Focused. ☐ < 15 min ☐ 15 - 30 min ☐ 31 - 45 min ☐ > 45 min ☐ Not applicable

Tutorial

1 point - < 15 min
2 points - 15 - 30 min
4 points - 31 - 45 min
6 points - > 45 min

Tutorial. ☐ < 15 min ☐ 15 - 30 min ☐ 31 - 45 min ☐ > 45 min ☐ Not applicable

Small Group

1 point - < 15 min
2 points - 15 - 30 min
3 points - 31 - 45 min
4 points - > 45 min

Small Group. ☐ < 15 min ☐ 15 - 30 min ☐ 31 - 45 min ☐ > 45 min ☐ Not applicable

Large Group

1 point - < 30 min
2 points - > 30 min

Large Group. ☐ < 30 min ☐ > 30 min ☐ Not applicable

Summary of Interactions:

☐ Check to complete later, then click “Submit” ☢ Approved ☐ Not Approved
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

| Clinical Rotation: | | | |
|-------------------|-----------------|-----------------|
| Floor Care        | Critical Care   | NICU/PICU       |

- The information was presented at a level appropriate for my experience.
  - 1 2 3 4 5

- The information was covered completely and at a reasonable pace.
  - 1 2 3 4 5

- This interaction was a positive experience.
  - 1 2 3 4 5

- The information was relevant to my clinical work.
  - 1 2 3 4 5

- The physician took time to explain principles that are relevant to the practice of respiratory care.
  - 1 2 3 4 5

- The physician was receptive to discussion and student participation.
  - 1 2 3 4 5

- The interaction improved my communication skills with physicians.
  - 1 2 3 4 5

List the type of interaction (Large Group, Patient Focused, Small Group, Tutorial)

- [ ] Check to complete later, then click “Submit”

- [ ] Approved  [ ] Not Approved
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<th>Task Description</th>
<th>Fail</th>
<th>Pass</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Verifies the physician’s order</td>
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<td></td>
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</tr>
<tr>
<td>Reviews patient’s chart/ventilator notes</td>
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<td></td>
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</tr>
<tr>
<td>Observes universal precautions, including washing hands</td>
<td></td>
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</tr>
<tr>
<td>Identifies patient/ explain therapy to the patient</td>
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<td></td>
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<tr>
<td>Assesses the patient’s vital signs; HR /RR/ BBS/ Temp /SpO2</td>
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<tr>
<td>Checks for functioning resuscitation bag &amp; mask/suction equipment at the bedside</td>
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<td></td>
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</tr>
<tr>
<td>Inspects and assesses patient status:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Color</td>
<td></td>
<td></td>
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<tr>
<td>- Breathing pattern</td>
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<td>- LOC</td>
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<td>Checks endotracheal/tracheostomy tube for:</td>
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<td>- Position</td>
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<td>- Cuff pressure</td>
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<tr>
<td>Suctions the patient if needed</td>
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<tr>
<td>Checks all ventilator settings and alarm limits</td>
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<tr>
<td>- Correlates pre-set values with those monitored</td>
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<tr>
<td>- Verifies appropriate alarm settings</td>
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<tr>
<td>Checks HME or humidifier; Checks airway temperature and adjusts, if necessary</td>
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<tr>
<td>Drains ventilator circuit of condensation</td>
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<tr>
<td>Perform oral care as needed:</td>
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<tr>
<td>- Changes tape or ET tube holder</td>
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<tr>
<td>- Suctions mouth</td>
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<tr>
<td>- Changes tube position</td>
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<tr>
<td>- Inspects skin for breakdown</td>
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<td>Administers adjunctive therapy as ordered:</td>
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<td>- Aerosol therapy</td>
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<td>- CPT</td>
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<td>- Weaning parameters</td>
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<td>- Arterial blood-gas analysis</td>
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<tr>
<td>Performs calculations according to department policy</td>
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<tr>
<td>Leaves the patient’s area clean and safe</td>
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<tr>
<td>Notifies nurse/physician/staff therapist of any changes in patient status</td>
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<tr>
<td>Documents neatly, accurately and completely</td>
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<tr>
<td>Washes hands before leaving the room</td>
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</tbody>
</table>
**Student Clinical Evaluation | 8/21/2014**

**Southeast Louisiana Veterans Health Care Systems**

**Student Clinical Evaluation**

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

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

---

**Clinic Rotation:**
- Floor Care
- Critical Care
- NICU/PCU

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

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

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

**DEPENDABILITY - Being on time for clinicals**
- (1) Frequently late and/or absent from clinical rotations
- (2) Occasionally late and/or absent from clinical rotations
- (3) Usually punctual and rarely absent from clinical rotations
- (4) Occasionally early for clinical rotations
- (5) Always on time for clinical rotations

**COOPERATION - Helping others**
- (1) Frequently uncooperative, ignores requests for help
- (2) Occasionally uncooperative, ignores requests for help
- (3) Cooperates in an agreeable manner when asked
- (4) Reassuring and occasionally volunteers to help
- (5) Frequently observant when help is needed and volunteers

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

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

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

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

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

**ATTENDANCE**
Enter the number of days missed. 0

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

Student was quick to learn. He demonstrated a good work ethic and was always willing to patient care. The student needs to spend more time discussing the benefits of therapy with the patient.

**Check to complete later, then click “Submit”**

Approved ☐ Not Approved

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Physician Evaluation of Student Interaction

Instructions: 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

Clinical Rotation:  
- Floor Care
- Critical Care
- NICU/PICU

The student has a good understanding of the information presented.
1 2 3 4 5

The student provided accurate objective data.
1 2 3 4 5

The student used appropriate medical terminology.
1 2 3 4 5

The student provided appropriate subjective information.
1 2 3 4 5

The student could explain relevant principles of practice.
1 2 3 4 5

The student answered directly and appropriately.
1 2 3 4 5

The student was able to suggest well-reasoned alternatives.
1 2 3 4 5

The student was receptive to feedback.
1 2 3 4 5

☐ Check to complete later, then click “Submit”  ☐ Approved ☐ Not Approved
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS

CLEARANCE FOR CLASS/CLINICAL

TO:  Faculty/Course Coordinator  (or designee)

From:  Assistant Dean of Student Services

RE:  ________________________________
     (Student’s Name)

A Medical Release-Fitness for School Form has been received and data is on file in the student’s record stating that the student may return to class and/or clinical experience giving direct patient care on

______________________________  (Date)

Health/ medical care has been given in Student Health Services and the student may return to class and/or experience giving direct patient care on

______________________________  (Date)

______________________________  (Signature)  ________________________________  (Date)

TO FACILITATE STUDENT’S RETURN TO CLASS/CLINICAL, PLEASE  FAX
Information to 504 568-4249 Attention: Assistant Dean for Student Services
Appendix H

Important Addresses

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/

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/

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.la.gov/

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: 504.568.4249
http://alliedhealth.lsuhs.edu/cp/default.aspx
Appendix I

AARC Position Statements:  
https://www.aarc.org/resources/professional-documents/position-statements/

- Competency Requirements for the Provision of Respiratory Care Services
- Development of Baccalaureate and Graduate Education Degrees
- Statement of Ethics and Professional Conduct
- Cultural Diversity

Appendix J

Incident or Accident Reporting and Investigation Policy and Forms:  
http://www.lsuhsc.edu/admin/pfm/ehs/iaform.aspx

Appendix K

Universal Precautions:  
http://www.cdc.gov/niosh/topics/bbp/universal.html  
http://www.who.int/csr/resources/publications/EPR_AM2_E7.pdf

The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities:  
http://www.aha.org/content/00-10/pcp_english_030730.pdf

Patient’s Bill of Rights:  